

## PART D

### MAKING PROFESSIONAL MEANING FROM MY EXPERIENCES

#### Sections:

1. How I developed the basic concepts of my practice
2. The management of self
3. The management of task
4. The management of context
5. Revealing the principles underlying my disaster management practice

The Trauma Process Map was the means by which I moved across the bridge from personal experience to an integrated professional practice. Part D moves my journey on to show how I developed an integrated disaster and trauma response practice to facilitate the healing of the human impact of tragedy. I shall focus principally on my work with major community disasters but will also refer to smaller scale incidents in schools and workplaces that have contributed to my understanding.

I shall reflect on the underlying concepts that influence the interdependent aspects of my practice and then consider each aspect separately— how I manage myself, how I manage the task in terms of process and content, and how I manage the different contexts of my work. As with the development of the Trauma Process map, I had developed the basic ideas behind many of the ideas and frameworks I present in the following pages before I joined the CARPP programme. They were further developed in the Omagh bomb cycle of action and research, and then through considerable reading of theoretical literature to be clear about the philosophical differences between my approaches and others. I have also devised simple diagrams to communicate complex processes to non-specialist audiences of community professionals and volunteers. The models are presented in their most up-to-date form and are the result of all my enquiries up until 2004.

The product of the work written about in Parts C and D will be brought together in Part E when I shall give an example of how I used action research as I worked in the aftermath of the Omagh bomb, based on the ideas and methods I had developed using action research into my practice since the Hungerford massacre.

## D 1

### HOW I DEVELOPED THE BASIC CONCEPTS OF MY PRACTICE

#### **THE BACKGROUND**

The movement from my initial Hungerford experience through the development of ideas and forging them into a professional practice was neither simple nor linear. It was a complex interaction of design, sourcing and developing resources, building, reflection and refinement as I lived the path I was making. My goal was clear. I wanted to pass on what I knew so that others could make better choices than I had done. My work at Hungerford contains the seeds of my present approach, but the seeds have flourished because they now lie in a rich bed of strong theoretical foundations and have sprouted a wider range of methods and resources, with varied tints of subtleties of application. They thrive in a quieter, well grounded confidence, though flashes of anger at injustice, denial and inaction may burst through if no one else is noticing them.

Establishing a business practice in a world where people wanted certain, concrete examples of methods and strategies was not easy for someone offering organic process work. I had to develop clearer principles and conceptual frameworks that could guide my work. I did this by using the following methods.

#### **Enquiry Methods**

##### **In-depth reflections**

My original notes and reports (Capewell, 1987) from the Hungerford shootings provided the source material for detailed study and reflection. I used a Community Development work model (Henderson and Thomas, 1980) and community action methods (Jelfs, 1982) to work out how I achieved each entry into different aspects of the response and how I established a presence, dealt with emergent issues and conflicts and jointly worked out solutions before leaving. I also used the seven stage format of critical incident stress debriefing (Mitchell, 1988; Mitchell et al, 1990) to gain perspective on my Hungerford story. I discovered beliefs behind my appraisal of my story, the thoughts, feelings and reactions to it, the critical points that could be reactivated later by reminders, and the coping strategies I employed at different stages. In addition, I exposed aspects of processes that had puzzled me, such as the reactions of my bosses, by using metaphor and turning my story into a fairy tale (see Story Box 13 overleaf). I also used Karpman's drama triangle (1968) as applied to the Cleveland

Abuse case of 1987 (Hawkins and Shohet, 1989) to help me understand the victim-persecutor-rescuer dynamic that had entangled me. Appendix I lists the learning from the reflections.

### STORY BOX 13

#### 'THE KING AND THE WHITE STAG'

*The story was inspired by an image of two senior officers given to me by a colleague reflecting on my plight. It involved:*

*'... the King and the White Stag who could only be shot by the King and no one else<sup>1</sup>, All of these characters, the King and the King's Men and a couple of women (one a henchwoman of the king, the other the little girl who flattered him and he petted) were so intent on bolstering the King's power and territory that they did not notice or care about the community in turmoil at the nether end of the Kingdom. Into that turmoil walked a woman, just arrived from a foreign land, not yet accepted into the Kingdom because she had not yet learnt the rules. Being on the edge, she was in a position to notice the turmoil in the community at the edge and too far away to be given attention by others. She at first tried to work to the procedures of the Court but her attempts to inform the King were met with ridicule and disbelief. She could not ignore what she saw and sensed, so she worked out her own rules. Only then, when she took her own power to act, did the King take note and he flew into a terrible rage.'*

*- written as part of an MSc assignment, Birkbeck College, Capewell, 1989.*

### First and second person enquiry methods

I used many of the methods described in section B4 to reflect on my own process during my post-Hungerford experiences and to restore my health and work. These (listed in Appendix I) contributed to the development of my Trauma Process Model.

### Posing questions

These questions gave direction to the core focus of my practice and enquiry:

- ☞ *"How can the gap be bridged between the disaster community and those with experience and expertise?" This stimulated subsidiary questions such as:*
- ☞ *"How can the people in the wider 'ripples' of the disaster impact be reached, especially children, young people and other marginalised groups, and how can the stigma of accepting help be broken down?"*
- ☞ *"How can the human impact of disaster be managed in a way that does not create further trauma and stress to the community and disaster workers?"*

⇒ *“How can I make sense of my seemingly illogical reactions as a worker, not a direct victim, and how do these compare with others caught up in disaster?”*

### **Creating divergent cycles of action and reflection**

Following my first disaster experience, my subsequent wide-ranging disaster responses became cycles of action research that helped me understand the variables affecting the human impact. These disaster work experiences are listed in Table 1, section A3. As I met new people and ideas, my eyes were opened to new approaches and I also tested out ideas from my first disaster responses. I learnt more about the impact on disaster staff, which contributed to my own personal recovery and, through the people I met, to the shape of my future practice.

### **Creating dialogues and networks of enquiry**

This has been undertaken with other field practitioners, clinicians and researchers in the UK and around the world, especially California, New York, Australia, New Zealand and Israel.

### **Testing out the market**

As part of my business practice, I responded to a wide variety of requests for courses and other forms of help. I also experimented with open training and experiential courses. These helped me discern what was needed and the concerns at different periods of the development of the subject.

### **Writing, reading, listening**

Writing articles and lecturing, reading fact and fiction related to disaster issues, and listening to talks and lectures all contributed to my propositional knowledge

### **Creating presentational forms**

This activity has been a vital method of encapsulating my learning so that complex ideas can be communicated simply and quickly, especially in the immediate aftermath of disaster. I utilised the fact that people seemed to be drawn into responding spontaneously to diagrams and pictures with their own information and questions as they do with metaphor and story. They my diagrams became important tools of enquiry and enabled me to check out my thinking, transmit authentic validity, and gain more knowledge. I shall use these diagrams in this section as summaries of my learning.

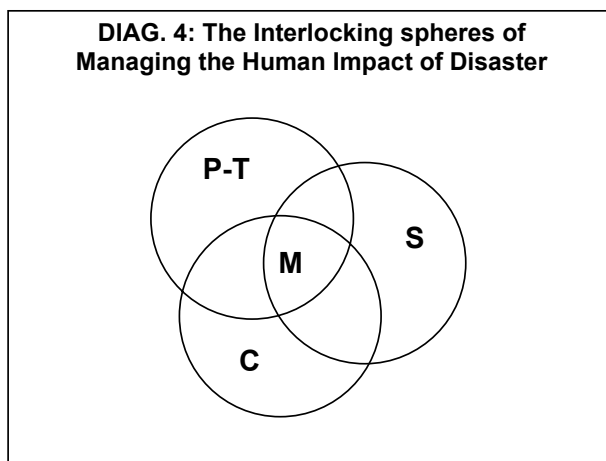
Through using this strategy of enquiry I discerned the **core aim** of my practice to be:

*“To promote conditions in which healthy adjustment and growth could occur at both individual, group and community levels”*

My primary concerns were crystallised in the questions posed above in the third method, ‘Posing questions’. Community contexts were my core concern. I worked with community agencies and schools as a means of reaching this core client, the wider community. I realised from that some of the problems I encountered with organisations stemmed from this fact. If there was ever a conflict over whose interests should be served, my loyalties always lay with the community that my client organisations were set up to serve more than the organisation itself. It also accounts for the fact that community work models have as much influence on my work as ideas from organisational management.

Deciding how to present my work has been a problem because it spans many aspects of disaster work and many different situations. However, as I reflected on my experiences I realised that a diagram I had used in a training course years before (Diagram 4 below) was still relevant. It shows the three core elements of disaster work that every piece of work must pay attention to and incorporate.

- ☞ managing the Task (process and content) – T
- ☞ managing Self – S
- ☞ managing the Context – C



It is to these spheres that I now turn, exploring each in turn in the following sections.

## D 2

### THE MANAGEMENT OF SELF

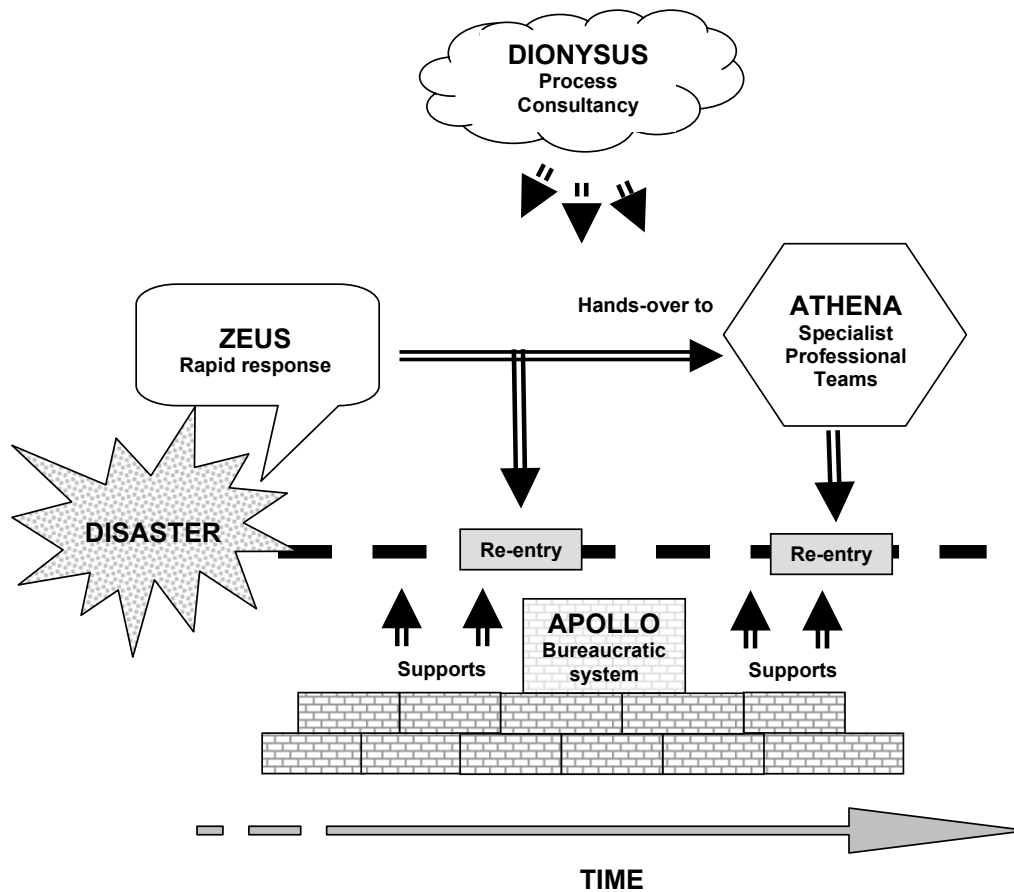
When setting up my business in 1990, I reflected on my previous jobs, skills and training to determine how I would manage myself. I saw I was at my best when working in an entrepreneurial style, and, given my experiences and personal post-Hungerford issues, I needed to be in a position where I could manage my own time and balance work and family commitments. I therefore decided to operate as a sole trader with a group of associates with complementary skills to assist when needed. I developed a network of people for personal and professional support. I wanted my practice to centre on professional expertise more than commercial objectives, though I needed to earn enough to support a professionally run practice.

As I was in competition with other more commercial consultancies and usually had to work alongside public agencies, it was important that I understood the role I could play. First, as a very small business, I decided to look for a niche where I could offer specialist expertise. Given my background in education, community work and work with young people, I chose to focus primarily on school based crisis management, organisations employing or working with young people and community disaster. My other skills and experience meant I could offer training, preventative education and planning, post-trauma response tasks and work with survivor groups and staff teams. Some short term work with individual clients was logistically possible, but not my primary focus. I could only work long-term with individuals if they could cope with my occasional, unexpected absences.

Second, to define my role as an external consultant working alongside other agencies, I used the model of disaster management styles I created for a workshop in 1989 (later mentioned in Hodgkinson and Stewart, 1991: 74; Capewell, 1992), inspired by Charles Handy's book, *'Gods of Management'* (Handy, 1989). This model is shown in Diagram 5 overleaf. Handy helped me understand why I, as a middle manager at Hungerford working in an entrepreneurial ('Zeus') style, clashed so fiercely with my bosses who continued to work in their bureaucratic ('Apollo') style. The Zeus style, supported but not trapped by an 'Apollo' organisation, is needed in the heat of the disaster recovery and immediate aftermath. Once a reasonable level of stability has been reached tasks

can be handed over to specialist ('Athena') style teams such as Trauma Centres and economic recovery units.

**DIAG. 5: THE CO-OPERATION OF THE GODS**  
Different styles of management are needed for different post-disaster phases.



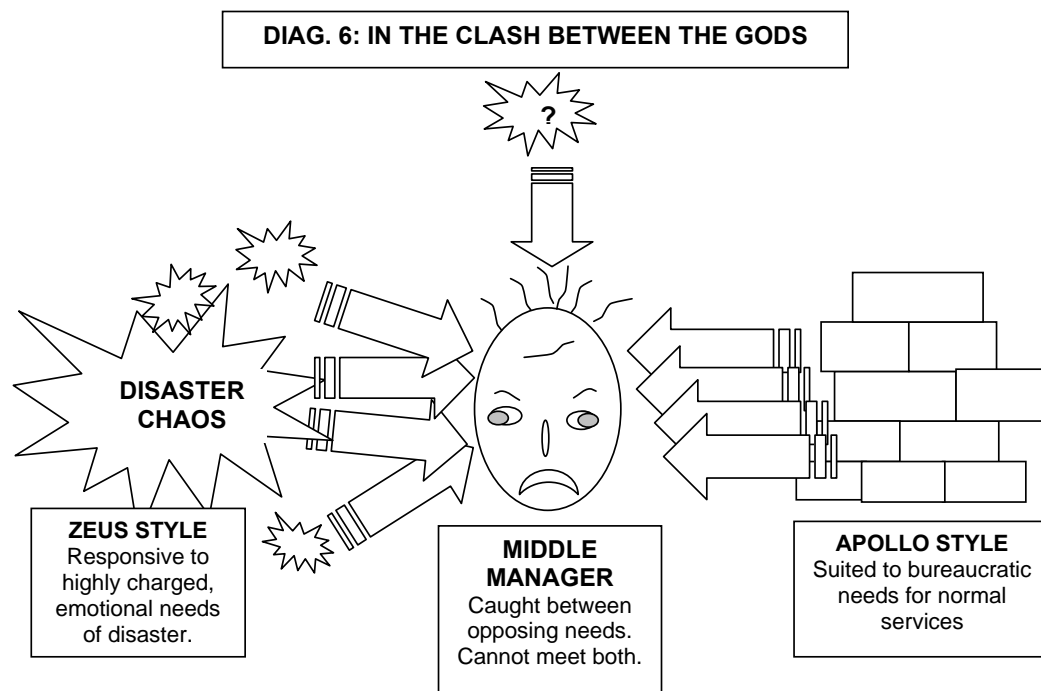
I realised that, as an external consultant, I could take either the 'Zeus' or 'Athena' role but I could also be keeping an eye on the overall process in the style of 'Dionysus', facilitating the elements that Handy believes were necessary for the smooth co-existence of diverse cultures:

- ☞ cultural tolerance
- ☞ bridges between them
- ☞ a common language

This was relevant to disaster work where the temporary disaster culture can feel like a foreign land to people on the outside.

Handy's work highlighted that *"the ways of one culture are anathema to another"* and why a move from one style of operation back to another (as when I returned from my disaster 'Zeusian' style to my normal job in the 'Apollo' bureaucracy) had to be managed well to achieve successful integration. I learnt from my own and other disaster staff that this was a very stressful transition (as in Whittam's account, Whittam and Newburn, 1993), which many did not achieve satisfactorily enough to stay in post.

Working in a style inappropriate to the task is a source of stress in itself for disaster staff. The model helps disaster staff to understand how their individual experiences are an interdependent part of complex systems which do not find it easy to adapt quickly to chaotic situations, preferring to deny the new reality. Not surprisingly they emerge from the experience using phrases such as 'crushed', 'wrung out', 'abused', 'consumed by rage' and 'not knowing who I am anymore'. I added Diagram 6 below which brings immediate recognition when I show it to people trapped in this experience. The needs of the disaster community and 'Apollo' style organisations are largely incompatible.





## D 3

### THE MANAGEMENT OF TASK

Reflections on my early cycles of action highlighted that facilitating the two aspects of my task, process and content, were inextricably intertwined. The tasks, such as structured post-trauma meetings with school staff teams, were part of the on-going process of establishing needs and gaining entry to each aspect of the work. In addition to these overt task processes, I was also working with the underlying, covert processes of the organisation and its individual parts. The balance between task and underlying organisational dynamics shifted according to my role in each disaster, for example, when I was employed in an 'Athena' role in the Liverpool Hillsborough response as a member of a consultancy team I had with very specific tasks and was not responsible for overseeing the overall response process..

Defining the essential task of my work has been important, as this guides the process and content of what I do. This core task has both a spatial and temporal dimension (Raphael, 1986). The spatial element is particularly important in the early aftermath of the disaster when the extent of the disaster community and its needs are ill-defined and when preventative work can best be done. The temporal dimension gains in importance as needs change over time. I shall describe how I developed the underlying concept that influenced where I position my business (in the gap between need and sources of help) and then consider the different methods and content, overt and covert processes that have to be managed over space and time to achieve the final task of healthy re-stabilisation of individuals, groups and communities. There is of course overlap between the two dimensions.

#### **MANAGING THE SPATIAL DIMENSION**

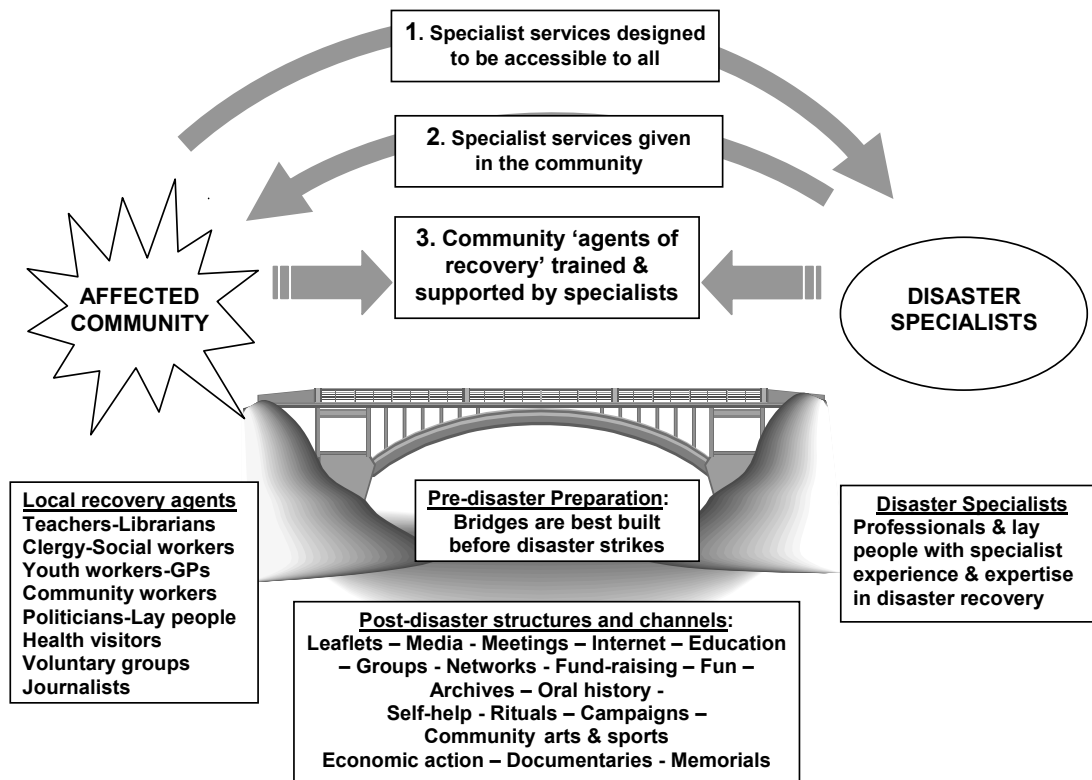
##### **Bridging The Gap: A Task-Process Framework**

The yawning gap between survivors and sources of help was one of the strongest images produced from my first three disasters and was evident in later disasters. As one Omagh bomb victim told me it was like being on a sinking island with lots of people across the water rushing about pretending to be helping, without daring to come close. Psychological blocks to asking for help included shame, denial, anxiety and the stigma of being seen 'as weak', while organisational blocks were caused by lack of preparation

and experience, and fear of distress and failure. The question I posed in section D1 about this led me to sketch out the problem and possible solutions on paper. A framework developed in which a complex of tasks (content and process) and human dynamic processes could be fitted. The 'human dynamic process' work involved attempts to remove, defuse, or by-pass such blocks in order to bridge the gap.

The model that resulted, 'Bridging the Gap' (Diagram 7, below), helped me clarify what was needed to build the bridges through the development of systems before a disaster, and by community based actions in the immediate aftermath.

**DIAG. 7: DISASTER RESPONSE OPTIONS: BRIDGING THE GAP**



The model shows the gap between the two sides needing to be connected: the affected community or individual and the sources of help. The gap is particularly wide where specialist professional help is concerned, but it can also exist for non-specialist professional services and help from family, friends, school or work-place. The supports of the bridge are best constructed before a disaster occurs through good preparation

and planning. Immediately after the disaster bridging can be achieved by a wide range of activities that directly and indirectly inform people about the multi-dimensional impact of disaster and the multi-dimensional nature of recovery in which attention needs to be given to physical, emotional, spiritual, legal and relationship issues. From my personal and practical experience, I distinguished three groups of bridging options open to support services, and these should all, I believe, be offered. The options are:

**Option 1: Specialist services are designed to be accessible to all sectors of the disaster community.** In this option, specialist services such as social support and mental health agencies would be designed to be so accessible and welcoming without any barriers to different sectors of the community. Lengthy waiting lists for treatment at National Health Service trauma centres are a major problem and referral often depends on the ability of GPs to detect and diagnose trauma reactions. Survivors of the Berkshire rail crash, 2004, reported that doctors dealt with physical injuries but ignored the injuries of traumatic shock, except perhaps to prescribe sleeping pills that interfere with natural healing processes (personal communications).

**Option 2: Specialist help is offered in community settings.** Seeking help from specialist services requires an ability to deal with bureaucratic systems and 'gatekeepers' which many traumatised people cannot handle. Thus, services are best provided at the point of need within the community, if possible utilising existing community mental health services. For example, mental health professionals worked on the football terraces with Hillsborough disaster survivors who returned there to remember and, without the barriers of clinical trappings, were able to approach people as human beings offering basic but good quality information and support that enabled them to access the next level of help.

Not all mental health professionals, however, can adapt from clinical to community settings. I have found in most of my disaster responses an unwillingness of some of them to suspend their usual protocols and work with survivors and bereaved on their terms in their locations, while at the same time complaining that their clinic based services were not being used. Following one disaster, the response co-ordinator considered replacing the local service with independent people who possessed the flexibility to adapt to what was really needed. Story Box 14 on the following page is another example, from my work after the Docklands bombing, where a clinical therapist did not grasp the importance of flexibility. Her presence could have been an important stepping stone for teachers or parents to seek specialist help in the future.

**STORY BOX 14****INFLEXIBLE STYLES**

*"I had organised teacher led class groups to provide an initial forum for children to tell their stories and share self-help ideas after the Docklands bomb. Specialist child mental health professionals turned up at the school and I allocated one specialist to each class teacher to support them in whatever way was needed on the first day back at school, while discreetly monitoring the children. Some could adapt to this non-invasive presence, even if all they did was help sharpen pencils. One in particular became difficult and wanted to run group therapy sessions for the whole class. This was quite inappropriate for a class of children in a school context where there was no permission, and probably not the need, for this kind of in-depth therapeutic work."*

– Taken from my records, 1996.

I observed that offering and receiving help were sensitive issues concerning power inequalities and stigma for people who had lost control of their lives in the disaster. My understanding was deepened after a lengthy e-mail dialogue in 1999 with an action researcher in Northern Ireland, Marie Smyth, from which we concluded that the helper-helped power difference was more important to the gap between the two than the insider-outsider dynamic. I also observed inequalities of power in the survivor group, according to their level of exposure and whether they were bereaved, injured and uninjured. This created a '**hierarchy of suffering**' (and thus the hierarchy of who 'should' be affected and who deserves help) and '**downward comparison**' (Perloff & Fetzer, 1986; Teschedi and Calhoun, 1995: 65) by which people manage the stigma of victimisation ('others are worse off than me'). The act of asking for professional and personal help often created feelings of incredible shame. I had myself noticed the loneliness of trying to find professional and other support for my daughter, myself and family during my daughter Ann's illness and after her death.

Theories from sociology offer some explanation for these phenomena, for example '**Attribution theory**' (Aronoff & Wilson, 1985) where an offer of help is a judgement of inability to cope and '**Reciprocity Theory**', (Trivers, 1971; Axelrod, 1984), where independence is maintained by a reciprocal 'give and take'. They show why some victim/survivors can only regain independence by refusing help and attacking the helpers. Messages by community leaders normalising acceptance of help are thus

important and help needs to be given in a non-patronising way that does not abuse the victim-helper power relationship. It needs to build independence and to be given without the expectation of gratitude.

### **Option 3: Empowering Community Professionals and Lay People as 'Agents of Recovery'**

Monat and Lazarus (1977: 346) suggested that community professionals act as mediators between individuals and psychologists, first to facilitate the initial contact and then to prevent premature leaving when it is realised that real recovery involves facing painful realities and emotions. Given enough preparation and training, there are many existing professionals and lay people available in the community who can offer basic information, support and ideas to mobilise individual and group coping resources (Barnard et al, 1990; Burke, 1989). The most readily available local 'Agents of Recovery' are teachers, clergy, librarians, GPs, health visitors, journalists, social workers, people in various voluntary agencies and staff in local companies and employing organisations. The better the whole community is informed, the more supportive that community will be and the better able to tolerate and manage the differences that can fragment and weaken families and communities affected by disaster. These 'agents' are in a position to reach out to many people who in turn will be supporting victims and survivors. Family members, friends, colleagues and local professionals make up the recovery environment which is an essential back-drop for specialist help. I became one of these agents in the West Berkshire community after the Berkshire rail crash, 2004, (see section F2) when I organised open information meetings for community members.

I have placed my work in the middle of the gap between survivors and specialists. Finding ways to build bridges accounts for most of my professional practice, whether it be in training community professionals and encouraging their organisations to prepare systems that will fulfil option 3, or training specialist professionals in outreach skills (Option 2) or how to make their services more accessible (Option 1). Option 3 is needed at all stages, before, during and after the disaster, because it creates an effective rescue and recovery environment, in which recovery work can begin during the rescue to reduce problems. No clinical treatments can take place in isolation from the social context (Ajdukovic, 2003) and the need for them may be reduced if the local social environment is well informed and supportive. Yet it is the community outreach element of crisis management that appears to be declining in the move to greater central control in post- September 11<sup>th</sup> national contingency plans (Turney, 2001; Civil

Contingencies Bill, 2004) and in the increased expectation that post-trauma reactions can only be solved by medical treatments or clinical interventions. This trend means that only people with, or deemed to be at risk of, clinical post-trauma reactions receive help, with sub-clinical reactions receiving little attention even though they may escalate into bigger issues of health, economic and relationship problems.

Developing this model involved a deeper exploration of the processes that contributed to the building of these bridges and the blocks they had to overcome. I shall turn to these now.

### **Community Outreach as a Facilitator of Psycho-social care**

*“Social reconstruction is a process within a community that brings the community’s damaged functioning to a normal level of interpersonal and group relations and renews the social fabric of the affected community”*

– Ajdukovic (2003)

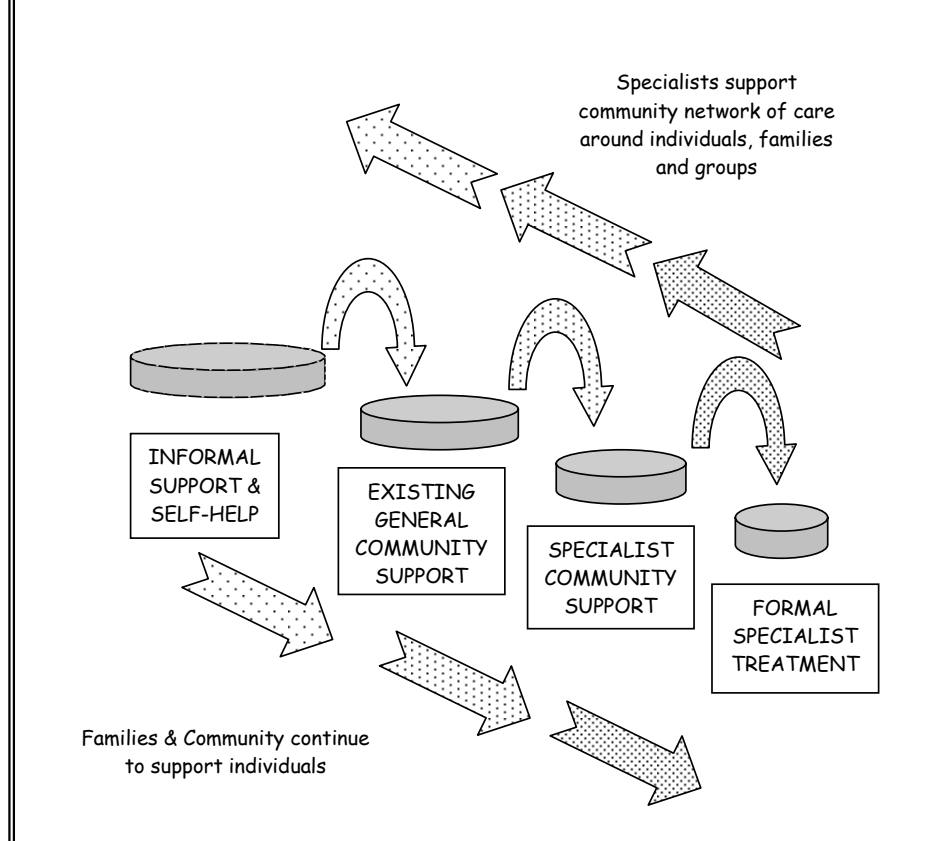
I have observed that the community work processes to which Ajdukovic alludes were instinctively understood by some but incomprehensible to those who only understood visible methods as valid work tasks. I realised I had to find ways of explaining the concept of community outreach more clearly so I developed two more diagrams (Diags. 8 & 9 on the following pages) to raise awareness. I also wanted to show how action could begin before the full extent of the disaster was fully known by service providers and before the full impact was realised by survivors. The diagrams have a temporal as well as a spatial element, but the temporal work cannot begin unless the spatial impact is managed first.

The diagrams illustrate how, in most disasters, the full extent of the disaster impact is rarely known. A wide range of options (supported self-help, community and specialist professional services) are all needed, and specialist help may not be accessed without the ‘stepping stones’ provided by various forms of community outreach and ‘recovery agents’. At first a large net has to be cast widely to offer help as generally as possible to the whole community, regardless of level of impact, so that survivors and their carers receive information and ideas. This will be enough for most people to mobilise their coping resources, but some will fall through the net and need to be ‘caught’ by the ‘nets’ of more targeted support. A few will again slip through this net to the specialist nets of medical and therapeutic treatments. I also wrote a story (Story Box 15, p. 200) as an example of what community outreach looks like in practice, showing that

outreach processes mainly involve the creation of opportunities for purposeful, high quality facilitative conversations.

### DIAG. 8: STEPPING STONES TO DIFFERENT LEVELS OF HELP

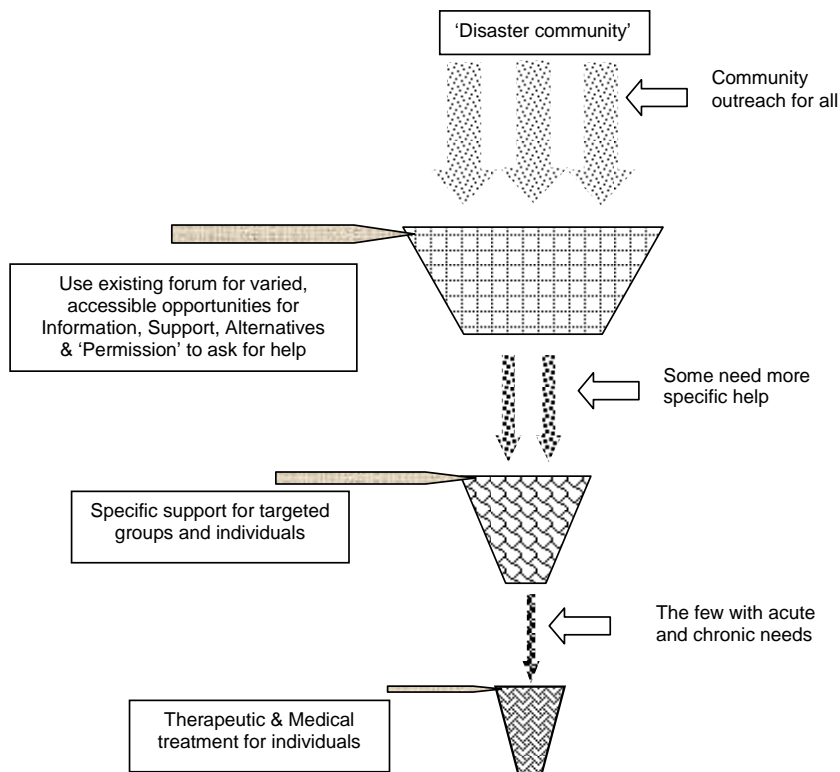
**Principle:** Trusted people give information, support and ideas so that victims have a knowledge of what can be done and the courage to ask for help for the type and level of help most appropriate to their needs.



### DIAG. 9: The Fishing Net Model for Offering Appropriate Help

#### Principle:

- Everyone benefits from an informed, supported community.
- Many people need a little information & support, only a few need specialist help.
- Catch all you can in simple 'nets' first, keep specialist 'nets' for extra need.





**STORY BOX 15****Community Outreach in Practice**

*“A house fire killed a mother and her two children. Many local residents took part in the rescue, and others saw the removal of bodies..... They sought support from the local Primary school Head teacher. The school Governors invited me, as a private consultant, to assist the school. No statutory agency, including Education welfare or psychology services, had offered help. I chose a facilitative, community based style training staff as ‘agents of recovery’. Several parents asked for my help as they felt judged by statutory services. I chatted with one at her home while she did the ironing and the children played. Eventually, she felt safe enough to talk about their trauma. She had also lost relatives in the Hungerford shootings. I found ways of affirming her abilities as a mother first and then gradually wove information into the conversation about the children’s reactions to the fire so that ideas were rooted in the existing family culture. The woman was terrified of her husband’s reactions to my presence and she panicked when she realised he had come home early. I went out to meet him to act as a buffer. Immediately, he started telling me how the fire had affected him and how it had triggered reactions to two other recent traumas, one where he pulled a body from the canal and a road accident in which he had narrowly escaped death.*

*This is what I call ‘**on-the-hoof counselling**’ - going to where people feel safe and where help and information can be given in the whole context of their lives. In the school, teachers were given skills and information which empowered them and, as it turned out, helped them deal with another trauma in the school a few weeks later. I also encouraged the school to use other sources of help including statutory agencies, who immediately made it clear my presence was resented. Social Services opened a counselling centre in a rarely used hall, with volunteers untrained in trauma or outreach skills. No one used the service, so they concluded that no one was affected. Yet people continued to seek help from the school, and an open meeting about fire safety was attended by a large audience also wanting information about their reactions.”*

*-Taken from records, November 1990*

**Managing the Blocks to Bridging the Gap: Resistance and Denial**

Crisis management could be simple if it were not for the many acts of resistance and denial that cause delays and exhaustion. Denial of the existence, impact and implications of a disaster and the need for action are elements of denial identified by Cohen (2001).

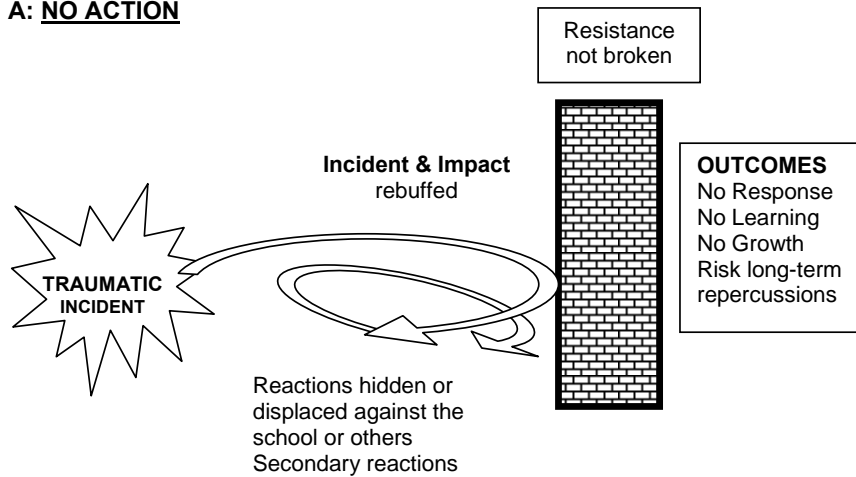
When working alongside individuals, especially senior officials, I have to work with great sensitivity. I seek to raise awareness of denial by integrating elements of information and support in all my ad hoc conversations, guided by questions that help raise awareness of their personal appraisals of the situation and styles of coping. Of greater concern is the denial embodied in official 'gatekeepers' of resources and in institutions that affect policies and services. To raise the subject of denial at an organisational level, I make use of diagrams (Diag. 10 on the following page) of three scenarios which are composites of the cases I have encountered, especially in schools. The anonymous models overcome the problem of confidentiality as organisations can easily be recognised from the details of incidents. The diagrams are based on the principle that all traumatic incidents involve unexpected change and change always creates tensions and resistance associated with fear of the unknown (Plant, 1987). Resistance is represented by the brick wall in the diagrams.

In the first scenario, there is complete denial of the need and denial of the role and responsibility of the school or organisation to respond. Thus reactions of traumatised people have to be repressed with the result that they are left to fester and develop into bigger problems for the individual and system, as Ayalon (1993) found happened with a group of students taken hostage in a terrorist attack on a school in Galilee. In the next scenario, some parts of the system refuse to respond, but a few people manage to break through or by-pass the resistance and get help covertly. This can lead to polarised attitudes and burn-out for the few who carry the burden of hearing distressing stories. The third case is the ideal, where most resistance is defused by training and support either well before an incident happens or soon after before they begin to respond. The result is that individuals and the organisation move quickly into healthy ways of coping and are more likely to achieve learning and a greater sense of cohesion.

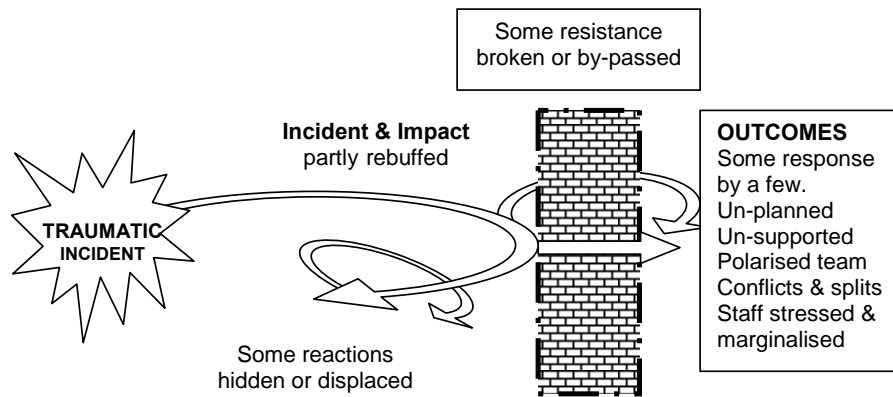
The diagrams provided me with a means for challenging 'management by denial' (Walsh, 1989: 214) in more sensitive, less reactive manner. When shown the diagrams, managers can see at a glance that they have a choice between the three options and their likely outcomes. Using the diagrams in training sessions also triggers enquiry as participants immediately start matching the models to their own schools and organisations.

**DIAGRAM 10: OPTIONS FOR DEALING WITH RESISTANCE & THEIR OUTCOMES**

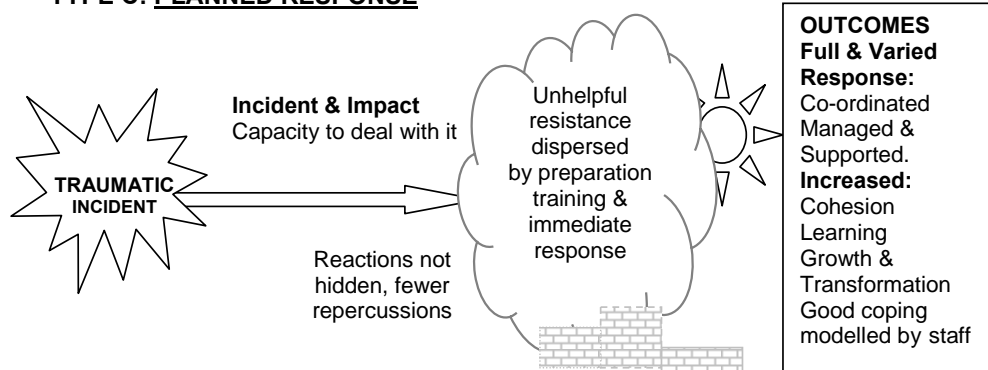
**OPTION A: NO ACTION**



**TYPE B: AD HOC RESPONSE**



**TYPE C: PLANNED RESPONSE**



## MANAGING THE TEMPORAL PROCESS PRECIPITATED BY DISASTER

### Strategic crisis management: Using the Trauma Process Map for Planning

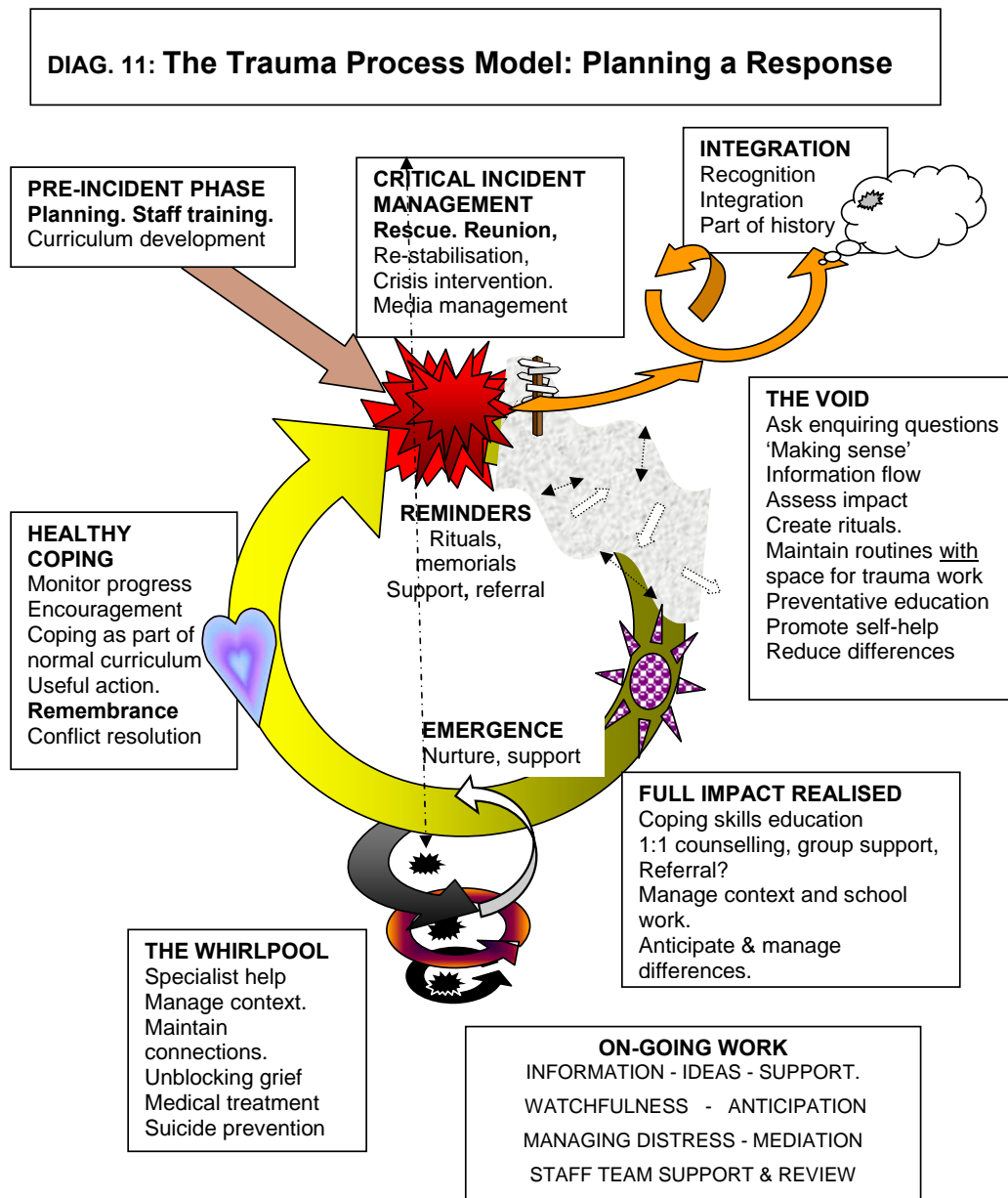
The Trauma Process Map described in Part C illustrates the temporal, longitudinal aspects of the process triggered by traumatic events. The temporal dimension is however complicated by distortions in time experienced by traumatised people and by the non-linear nature of the process. Different people also experience different phases at different times and inter-personal conflicts arise from the different speeds of progression up, down and around the spirals. I therefore adapted the Trauma Process Map to act as a template (Diag. 11 on the following page) for planning a strategic response that can be used by individuals, communities and organisations. I have also used it after disasters (see section E1) to give an overview of the temporal process and as an explanatory device to communicate to promote the need for a strategic, phased response.

Using the diagram, I can communicate the following features of post-trauma journeys:

- ⇒ the need for a wide, strategically timed range of different lay and professional responses, countering the assumption that help-lines and counselling centres are the only solution or that people must wait until psychological symptoms develop before seeking help.
- ⇒ progress after trauma is rarely simple and linear.
- ⇒ they are composed of many different elements which can lead to growth, stagnation, fruitful and degenerative choices, hope and despair at different times and that deep growth comes from negotiating all aspects of the journey.
- ⇒ preventative action in the immediate post-trauma phase is preferable to the 'wait and see' approach whereby nothing is done until problems are visible and entrenched, making recovery harder to achieve.

The model outlines the tasks required at each stage, beginning with pre-crisis planning and, in schools, a curriculum that fosters coping and emotional literacy. During the impact and immediate aftermath stage, the emphasis is on rescue and recovery that does not add to the trauma, followed by measures that are designed to process the experience and offer preventative education to reduce further problems and create an informed, supportive recovery environment. The 'Whirlpool' is the time for specialist help and a wide range of support strategies, while those who reach the phase of healthy adjustment will be supported by encouragement and watchfulness. When

reminders of the trauma are reactivated, the need is for anticipatory guidance and self-help techniques, referral to specialist treatments. Planned reminders include community events and memorials.



The springboard for a good long-term response is the good management of the confusion and anxiety in the immediate aftermath. Clear process guidelines for managers were needed to help managers move from helplessness and anxiety into action. I devised the following questions (Table 3, below) from the enquiring questions I had posed to myself when designing the Docklands bomb school response.

**TABLE 3: KEY QUESTIONS WHEN DESIGNING A RESPONSE**

- WHAT ARE THE FACTS & SIGNIFICANCE OF THE EVENT TO THE PARTS AND THE WHOLE OF THE COMMUNITY?
- IS IT OUR BUSINESS?
- WHO IS IN CHARGE?
- WHO IS AVAILABLE TO RESPOND?
- WHO IS DIRECTLY INVOLVED IN THE INCIDENT?
- WHO ELSE IS AFFECTED (Ripple effect)?
- WHO NEEDS TO KNOW?
- HOW SHALL WE TELL THEM?
- HOW SHALL WE RECORD DATA?
- WHAT CAN WE DO NOW? - practical responses, psychological responses, media responses?
- WHAT CAN WE DO NOW TO PREPARE FOR THE FUTURE?
- HOW DO WE CARE FOR OURSELVES

The means of gathering the data from which solutions could be derived also became part of the response and made early action possible when managers expected to see visible activity even though the situation was unclear. The list of questions in Table 3 was simple enough to be used by any manager, trained in disaster impact or not. Prior planning and preparation could speed the process, but the questions could still be used where this had not been done.

#### **Managing the consultancy process: Entry, Staying the course and Endings**

Another aspect of process lies in the overlap between the management of self and task and is vital to anyone entering disaster as a helper. My experiential learning from all my cycles of action taught me the difficulties of **entering** a disaster community, of **establishing and maintaining** one's presence to conduct useful tasks in a volatile process and of **leaving** in a timely way once the task had been completed with local people empowered to continue the recovery work. I reflected on these experiences in great depth using different debriefing techniques and first-person methods such as the

Ladder of Inference and the Learning Pathways grid (see section B4). I now offer a brief summary of my findings.

### **a. The Entry Process**

As I entered each new disaster and as I read and heard stories from other disaster workers, I realised how much the issue of entry shaped the effectiveness of the work that could be achieved and the stresses felt by disaster workers and consultants. Further, anyone offering help, even if invited to do so, had their entry complicated by accusations in the media and by some community leaders of being 'ambulance chasers', 'so-called experts rushing in and leaving too soon', and 'armies of counsellors converging on unsuspecting victims'. From my experiences, where there was a reasonable level of organisation, most disaster responders were present in their statutory or invited roles and only the most affected people were offered the help they needed. This is not just an issue for the caring professions. A solicitor in Newbury with proven expertise in acting for the Paddington train crash survivors told me of his frustration in knowing how to 'enter' the latest rail disaster to hit the town (the Berkshire rail crash, November 2004). Knowing how to offer his expertise from which many survivors could benefit without being unfairly accused of ambulance chasing was a constant issue for him. My entry as a volunteer facilitated his entry.

Every time news broke of new disasters, I developed the discipline of using real-time action inquiry to investigate the micro-processes involved in making a decision to respond. In addition I monitored media comments and the way the disaster was being interpreted. I generated knowledge about these processes by looking for common themes in stories of entry into disaster (Erikson, 1976, 1979; Raphael, 1986; Hodgkinson and Stewart, 1991, Newburn, 1993a, 1993b, 1993c; Barnard & Kane, 1995; Mead, 1996; Whittam & Newburn, 1993, Crumpton-Crook et al, 1997, & Alexander, 2002). I also gathered and analysed detailed accounts of entry from several associates involved in disasters such as the Hillsborough tragedy and Australian forest fires. My assumptions that problems I had encountered with entry were to do with my own personal failings were dispelled after talking to eminent specialists who had many stories of rejection of their offers of help by schools and communities. One man reported that as soon as he entered a room in Aberfan after the 1966 disaster, everyone began to speak Welsh. Erikson wrote of his entry to the Buffalo Creek Floods in the USA:

*"I came to Buffalo Creek a stranger ... not only was I unacquainted with the people and their ways but also I was a truly strange person from every point of view... Few of them knew or cared what sociologists do for a living... and there was nothing in my manner during the first few visits to dispel their very reasonable doubts as to whether I had anything of value to offer. .. They were asked to accept me as an expert on community life, and yet ... I was largely ignorant about the only forms of community that mattered to them."*

- Kai Erikson (1976)

I learnt that entry was not a finite event but a process. Once initial entry had been gained, many other entry processes to different parts of the community and to other agencies had to be negotiated. I therefore decided that since much of my work involved entry processes, I would adapt these to ensure assessments, information exchange and preventative education could be delivered quickly. When I compared entries in different roles, especially as a statutory community professional on the 'inside' of a disaster compared with an external consultant, I realised that the 'insider-outsider' dynamic was not the real issue. Even relatives close to victims and bereaved felt like outsiders. Being a 'victim' that took on the role of initiating and facilitating the Newbury Community Epidemiology study (Capewell, 1998c) immediately made me different from the others in the 'leukaemia community' and I realised that there were advantages in being the external consultant. The real dynamic seemed to be about the differences in power between victims and helpers and the process of giving and receiving help, as described in theories such as Reciprocity and Attribution theories (see D3, Bridging the Gap). I have discussed this issue at length in a paper, *'Parachutists, Voyeurs, Do-Gooders or Useful Partners in Recovery'* (Capewell, 2004a), drawing heavily from an e-mail dialogue with Marie Smyth from *'Cost of the Troubles Project'* (Smyth, 1998, 2004) an intensive action research project with communities in Northern Ireland. This dialogue developed from a chance encounter at the project's exhibition in Derry when I was working in Donegal after the Omagh bombing.

### **b. Staying the Course**

This part of the consultancy process involves two elements: first to walk alongside people through their chaos and, second, to maintain a presence long enough to complete the task of the consultancy.

First, I explored my ability to hear the horror of the disaster stories and walk alongside people while they find their way from the early shock to the long-term repercussions



such as claims for compensation and justice. Having had little direct experience of death and trauma until a year before the Hungerford shootings, I was curious about the capacity I discovered to do this. My enquiries led me to possible influences behind this: a stoical nature that at times overcame a natural fearfulness to reach beyond myself to act where others did not, for example, as a volunteer setting up a hostel for ex- Borstal trainees when I was twenty three. This had given me experience of dealing with a hostile local press and community over a prolonged period. Experiential training, for example the two year experiential humanistic psychology course in the mid-80's in Bath, taught me how to stay with challenging group processes and more than anything else prepared me for my disaster work. I gained cognitive understanding into constructive and destructive community processes from the work of Randall and Southgate, (1980). Learning from my Hungerford experiences and the illness and death of my daughter meant that I no longer feared entering other disaster affected communities or meeting bereaved parents, survivors and relatives.

Relationships with people traumatised by disaster are extraordinarily complex (Wilson & Lindy, 1994; van der Kolk 1994, et al 1996), because the *'interpersonal aspects of the trauma, such as mistrust, betrayal, dependency, love and hate tend to be replayed in the therapeutic dyad'*.(van der Kolk, 1996, preface). The complexity of these processes is multiplied in group and organisational settings, as shown in my stories, Story Box 2 and Part E.

The second aspect of the process was much harder to achieve as it entailed convincing community officials and leaders to agree to preventative measures at the transitional phase between the chaos of immediate aftermath and first visible signs of restoration of stability. This superficial restoration, often quite rapid and a natural response to being out of control, was too often mistaken for complete recovery. The public discourses that demanded people get back to normal made it hard for others to admit they were still suffering. Distress disappeared underground to fester and accumulate until it manifested in more complex forms later.

One of the biggest problems was the difficulty of planning a response while never knowing if, in the midst of many displaced anxieties, minds would be changed. I had to approach every piece of work as if it would never be continued. The story in Box 16 on the following page shows how quickly attitudes can change and my story 'Giving Myself justice' (Story Box 2, p.55) shows the volatility of many work situations. From each cycle of disaster action, I learnt that managers in control of resources find it hard to

believe the response should be a long-term process. Having information about the need was not enough. It required wisdom that could bear the non-linear nature of the trauma process plus vision and courage to persist against the derision of colleagues and act. To agree to long-term work required an act of faith.

#### STORY BOX 16

##### The Rapid Turnaround

The rapid changes in attitude about needs were seen clearly following a horrific train crash:

*"After the crash it was originally estimated that up to 130 people could be dead and overwhelmed by hopelessness, local councillors promised that support would be available with no efforts or money spared. The final death toll was 'only' 31, still high by UK disaster standards, with 259 injured, yet elected councillors blamed Local Authority Officers for exaggerating the impact and an 'over the top' response. The help-line and Drop-in Centre closed, two days after it had been refurbished by a local company. The number of injured was high but their names and the impact was not yet known. No one had any idea of the total number of indirect victims such as uninjured passengers and relatives. Our early involvement was intense and we were quickly given a desk and facilities and a lot of responsibility. It ended with equal speed and management inefficiency...*

*At the First Anniversary and during the Inquest, the true horror of the injuries and the extent of the impact began to emerge. One of the injured was so desperate for contact with other survivors, a survivors' group was formed. The repercussions of Inquiries and compensation went on for 5 more years and the long-term impact on some still goes on"*

- extracted from records and newspaper reports, 1999-2004

I partly resolved this dilemma by accepting that the role I usually played was short-term. I used images gained from a collaborative enquiry with colleagues. We likened our role to that of others that were more readily understood- to a paramedic doing first-aid before handing over the patient to specialists, or to a mid-wife facilitating the birth of the recovery process. My role was not to rescue the whole community but to empower local professionals and lay people to continue what I had started, with follow-up visits at key moments to consolidate learning and keep the process going. Enquiring into the process from different angles has also helped, as has comparing my experiences with those of others.

It was these experiences that motivated my third person action to disseminate information and encourage policy makers to put crisis management, including preparation as well as post-incident response, on the agenda and make it a legitimate part of normal general management. Advocacy work of this kind has been undertaken with senior managers of organisations and the Department of Education.

Other strategies that became important included:

- Being clear in my own minds about our role and the likely length of our involvement, and communicating this clearly to clients.
- Good contracting - vital, even in emergency situations in writing
- Insisting on an early meeting with all stakeholders who have an investment in the problem and solutions so that issues are confronted at the start, such as resistance, team problems ( not our business to solve), power games, ambivalence and predictable low points in the process, and exit strategies.
- Paying attention to the capacity of Managers for absorbing information while stressed.
- Integrating informal and formal review sessions with key personnel.
- Networking and keeping in touch with the 'grass-roots' in a community or agency and encouraging organisations to establish collaborative groups and networks to tap into information from all parts of the system. Information about continuing needs can also be gained from local media and newspapers; survivor group newsletters, oral and other archives and, increasingly, on-line networking.
- Mirroring (Hodgkinson & Stewart, 2001:218,224) - awareness of how I embodied my experience. *"It is through my body that I understand other people"* (Merleau-Ponty, 1962)

The rush after a disaster to employ people to solve problems immediately does however mean that time for good preparation and contracting is not always possible to achieve. Even where the people being served value the work and want more, their managers cannot always be persuaded of the necessity to do so for sustainable results to be achieved. An example is given in Story Box 17 on the following page.

**STORY BOX 17****LIVING WITH UNCERTAINTY**

*“... In 6 intense days of work at a Middle Eastern airport with all kinds of staff involved in the recovery of wreckage and bodies after a plane crash, we assessed and ‘defused’ about 160 people in groups or individually, having had to adapt to a very different culture. Many staff told us with great emotion that our presence had been a symbol that someone cared. Their bosses reported great changes in their demeanour and were only too ready to have us back. As requested we presented our proposal to the Director and were told that a decision would be made. With everything looking good for clearance, nothing more was heard, in spite of strong representations made on our behalf by the people who had initially arranged and paid for the response. The uncertainty was particularly difficult, trying to work out whether the delay was a case of different cultural time scales. In the end I decided it was just plain rudeness by any cultural standards.”*

- Taken from records, 2000

**c. Endings**

The difficulties of maintaining a presence naturally mean that the ending of a contract can also be an issue worthy of enquiry, not least because of the consequences for the management of mine and my team’s reactions. Much of my practice has developed from my need to make sense of my ‘endings’ in my job after the Hungerford work. It helped to know that other disaster workers also had their work ended abruptly, and with much unfinished business. This suggested that this was a common feature of disaster work, only solvable by better preparation and education. These stories of distressing endings have come from all kinds of disaster workers, not just those working in psycho-social areas. An economist sought my help after his managers suddenly recalled him for a spurious reason from reconstruction work in Kosovo. He was angry and grief stricken that he had no chance to say goodbye to people who had worked with through distressing times.

Likewise, I was at a seminar when a group of BBC journalists who covered the Soham murders spoke of the pain of reporting the case and their pride that it was their information and action that had led directly to the killer’s arrest. When they went to the local pub that evening, they were met with a notice saying ‘members of the Press not welcome’. They perceived that they were no longer wanted now they had served their purpose, in spite of what they had achieved. Two years later they clearly still felt betrayed and bitter and could not make sense of what had happened. One cried at the

memories, the others were incensed and spoke with an emotional charge that I recognised from my own experiences of sudden and seemingly unfair rejection. I was able to help them make sense of their experiences, using my Trauma Process Map to explain the idiosyncrasies of post-trauma community dynamics.

Having studied my own 'leavings', I have found these types of endings:

- ☞ Ill-defined or left in abeyance
- ☞ Endings resulting from poor management, inefficiency and suspected sabotage by people with other interests.
- ☞ Ending of one contract, but with the creation of new ones with different clients in the same disaster.
- ☞ Endings after review and learning sessions when the work has been completed
- ☞ Endings leading to other spin-offs to the next level of systemic change, such as the writing of general guidelines for national agencies after the Omagh bomb (Capewell, 2000a).

However, as many victims will say, "*disaster never ends*" and my contact has continued over many years up to the present with survivors and grass-roots staff from several disasters, notably Hungerford, Lockerbie, Hillsborough, Dunblane and Omagh, as we continue our own ad hoc collaborative enquiries into the events that changed our lives.

### **THE DEFINABLE TASKS OF DISASTER RESPONSE**

The need to market my business made me define the tasks of disaster response that I most used, even if I adapted them for specific situations. A menu of actual post-trauma methods is given in Appendix II. My key task is to offer methods that help people become more aware of the significance and impact of the disaster on all channels of their being, and their appraisals of their situation. I do this in order to help them choose their journey forward with more information, support and ideas. In other words I want to encourage them to become good first-person, then second-person enquirers by:

- ☞ creating quality conversations that raise people's awareness of their disaster experience, alone or with others
- ☞ creating safe structures, with individuals or groups, in which people can gain control over their situation, process their reactions and decide how to move forward.

These tasks apply both to victims/survivors and their helpers - disaster managers and staff in organisations either offering services or with a duty of care towards them. I will either seek to create these conversations and structures myself or refer to others who can. I shall now outline some of the key strategies that I created or adapted which run through all my response work.

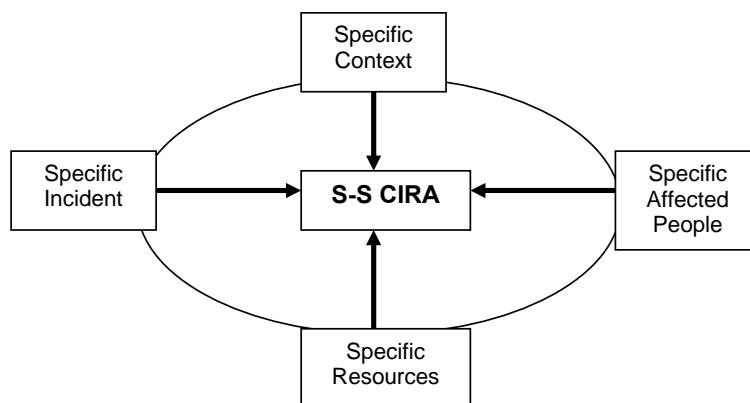
#### **TASK A: ASSESSMENT OF IMPACT AND NEED**

##### **Method A1: Assessing the overall scale and nature of the response - A personal framework, S-S. CIRA (Site-Specific Critical Incident Review and Action).**

Though every situation I worked in had common themes, no two situations were the same each having distinctive features and significance only explainable once the details were known. This observation informed my belief that the impact of disaster was a product of the relationship of an external event and the subjective experience of it. I gradually built up my own procedures for ensuring local details were understood before decisions were made about the response. I can apply these to smaller incidents in schools and workplaces as well as major disasters. It ensures that off-the-shelf trauma methods are not applied before the needs have been understood.

I decided to call my strategy **Site-Specific Critical Incident Review and Action (S-S. CIRA)** (Diag. 12 below).

#### **DIAG. 12: SITE-SPECIFIC CRITICAL INCIDENT REVIEW AND ACTION**



I borrowed the 'Site –Specific' concept from choreography where the dance grows out of a specific setting, such as a beach or garden. My disaster response strategy would likewise grow from the very specific set of circumstances of each disaster, relating to

the specific features of the incident, the site, the resources available, the time, the context and the specific characteristics of all the different people involved. My aim was to help people **review** their specific situations from which their plans for **action** would form. This was also congruent with an action research approach. This model formalised what I had learnt when I created a response to Hungerford without any specific disaster knowledge: that a well prepared mind, a questioning approach and an ability to listen at many levels provides a solid foundation for a response which is collaborative and responsive to the local conditions.

This strategy ensures that all elements of the disaster are considered. I use the same **CIRA** acronym for these elements – **C**ontext, **I**ncident, **R**esources available and the **A**ffected community before decisions are made about how to proceed. Even if the community and resources are known before the disaster, they have to be reviewed again in the aftermath when everything could be changed. As soon as I am approached to assist with an incident, I begin to assess all these aspects of the disaster. I elicit information from as many sources as possible, such as local contacts, the national and local media reports (even if inaccurate they tell me a great deal about perceptions and local issues) and, increasingly, the internet. Methods for assessing the circles of vulnerability and resilience in the affected community are described in point 2 below.

The model considers the four principle variables found in any helping situation in a disaster or part of a disaster, and how they interrelate. The variables are:

#### **Context**

The political, social, cultural and economic context of the incident and those involved influence the significance of the impact on different people and likely complications. The context will also influence the boundaries of the response and the role of helpers. Context questions include: *“Has the event hit a community, an organisation, or special community such as a school? What is your role and status? Who is in charge, who has power? Are you working in a planned and prepared context, or do responses have to be created spontaneously? What are the political consequences of offering help?”* The context will also affect and be affected by the actions and interpretations of the media.

#### **Incident**

The actual traumatic incident is assessed in terms of its scale, nature, significance and the details which define its uniqueness. The kind of questions that will elicit answers

include, *“Is it an incident that has directly hit a community, nation or is it more separate, with victims drawn from a wider area? Is it the result of accident or intent? Is it a criminal or political act; technological; or environmental, with or without elements of human mismanagement? Are the perpetrators internal or external to the community? Is it a single incident, a series of incidents, on-going or complex? What is its significance and meaning to individuals, groups, and communities? What is the nature of threatening and shocking sensory images and stimuli that have the potential to cause traumatic reactions – both during the incident and in the aftermath?”*

### **Resource**

Disasters have to make use of the human resource available. Adapting the existing methods of helpers is preferable to applying methods requiring new training. Questions include: *“Who is available to offer support? What are they trained to do? How adaptable are they to new conditions? What resources are available? How sophisticated are existing services in the area? What external services are available and acceptable? How will agencies co-operate? Knowing how the resource is to be organised is also important - Is it a centralised, authoritarian ‘control and command’ approach? Are different professional and voluntary agencies, each with their different management lines and operational styles, having to work under rigidly defined pre-determined plans that may be impossible to operate (Drabek, 1997, 1986, Drabek & McEntire, 2002)? Is there flexibility with agencies keeping their own identities while working in co-operation towards a common goal (Hills, 1994)?”* My style works best in a community orientated response with decisive but flexible leader who can set the procedures in motion and allow them to interact and adjust to each other, doing what each does best.

### **Affected community**

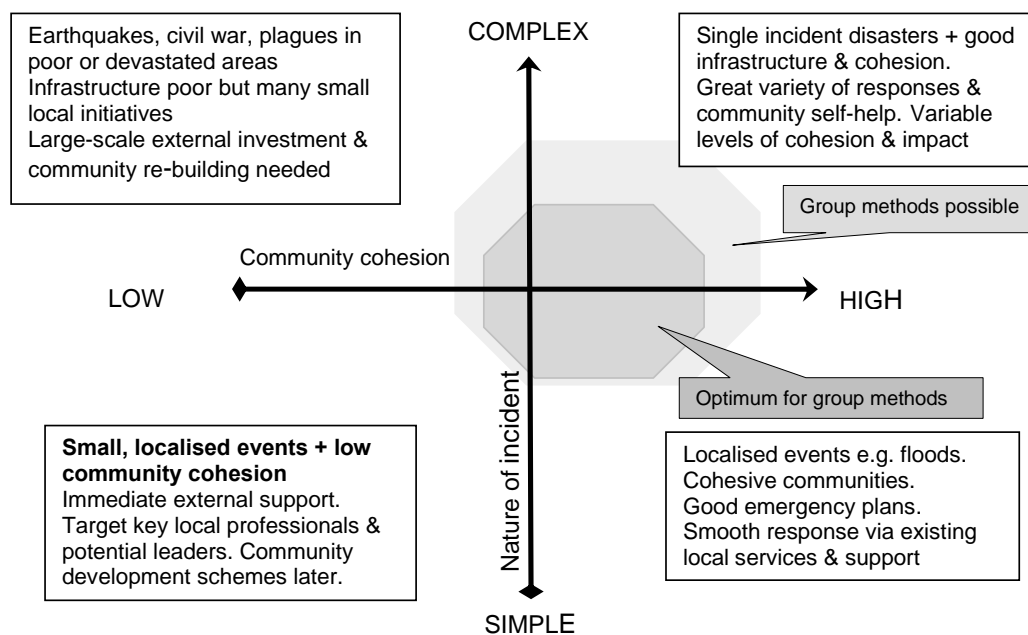
The questions that need to be asked to assess the extent and nature of the affected community are of the kind, *“What are the characteristics of the people involved and the dynamics in the community? What is the significance of the incident to them? What are the ‘circles of vulnerability’? How can tentative assessments be made of their vulnerability and resilience to stress reactions - in terms of the risks from exposure to the incident, the support available to them, their history and current situation - as individuals and as members of various groups and communities. Whose needs might be denied and for what reasons? Who are the leaders and who do they represent? Which groups might be ignored? What are the appropriate means for reaching all parts of the community?”*



A vital element of recovery is the discovery of a person's or community's unique ability to deal creatively with chaos. There will always be limits to what we know and have available. The final choices made about the journey after traumatic events and its repercussions must rest with the person or community concerned, but we can ensure they have the best information, support and ideas available.

In general the less organised the situation and the more complex the incident and its significance, the greater the range of support and follow-up needed. The support needs to attend to all levels - individual, group through to community and organisational systems. It also needs to be holistic with interactions between educational, social, spiritual and medical support. As a simple means of assessing the range and level of response needed, rather than repeating the same solutions for every event regardless of scale, I produced the grid below. Diagram 13 below shows the version devised for community disaster response.

**DIAG. 13. SCALE OF RESPONSE GRID: COMMUNITY DISASTER**



In the diagram, the appropriate range of responses is given for each segment. The nature of the response is determined by two axes – the level of cohesion of a group or community and the complexity of an incident. An incident is deemed to be complex if it

is horrific, extreme, unexpected, with multiple loss and multiple components and if the timing, place, or meaning makes it particularly significant to the unit affected. The shaded areas have been added because group methods are often inappropriately applied to every situation. Conditions for a formal group or team 'debriefing' of their experience are at their optimum in incidents which are neither so simple that it is unnecessary nor so complex that a group cannot cope. A sufficient level of cohesion is required for the group to co-operate, have a common experience and be well supported with opportunities for follow-up (Everley & Mitchell, 1997, 2000).

#### **Method A2: Assessing Circles of Vulnerability (Ripples of Impact)**

A further assessment is needed of the '**Circles of Vulnerability**' (Ayalon, 1993) to assess the ripples of the impact and bring some order into the chaos. The levels of risk to reaction are assessed according to the geographical, social and psychological proximity to the event, thus needs can be differentiated and a strategy of meeting them designed. This prevents premature, and usually limited, solutions being applied to all regardless of risk. It also means that people who are not showing visible reactions are not ignored. With the use of good quality dialogue, such tasks can be adapted to begin the recovery work in a discreet manner which carries no stigma.

To help this process, I developed a 'triage' system to work out tentative circles of vulnerability for use in schools. In the Docklands school where I first used it directly, I noticed how it reduced the feelings of helplessness in teachers and gave them a simple practical task which meant they systematically considered the impact on every pupil, rather than only focussing on those with visible, often 'inconvenient' reactions:

*"When asked which pupils were affected, class teachers would give a few names - usually the ones with physically injured relatives and those who cried a lot (usually girls). However, when asked to take a copy of their class register and systematically assess vulnerability according to the criteria given to them, every child, present or absent had to be considered and a different picture emerged, Assessments were reviewed as more information emerged from using other class based methods. The staff then realised how many more children had been affected by the bomb than first imagined. Having the class lists also provided a concrete focus for discussion which made working with resistant staff easier."*

–Extract from records, 1996

This model and triage method first gave my team a simple way of beginning our own assessment of needs and thus became a useful enquiry to inform action for ourselves in collaboration with managers, as follows:

- ☞ Before arrival, I begin to map likely circles of vulnerability from the information I have been given or can glean from the media.
- ☞ As soon as I arrive in the area, I pick up more information using any means possible – from local paper headlines, overheard remarks to ad hoc conversations with any conversations my colleagues and I can stimulate.
- ☞ On entering the organisation my colleagues and I chat spontaneously, but with an underlying purpose, to receptionists, caretakers and whoever we meet in passing.
- ☞ I use the joint information gathered as a basis for planning the response, before repeating the exercise as new information emerges.

As my experience grew I collected other ways that non-specialists could use for tentatively assessing circles of vulnerability. The methods included:

☞ **Mapping the key sites of the incident (Geographical vulnerability)**

This idea came from the research by William Parry Jones (lecture, 1992) on compensation claimants in Lockerbie. Highest levels of trauma were found near the key sites of activity in the event and aftermath.

☞ **Mapping where the dead lived and injured live (Social vulnerability)**

This gives clues to which families may be more affected or involved in giving support to bereaved families, and which families may feel excluded because they live far away.

☞ **Plot known family and friendship links of the dead (Social vulnerability)**

This helps a school or workplace build up a picture of who may be affected and it shows up less obvious links between people in different schools and age groups.

☞ **Checklist of those with existing vulnerabilities (Psychological vulnerability)**

Individuals and families with existing mental health problems, those known to have previously experienced traumas or losses, or who identify by age, sex, situation etc. (Janis, 1971)

☞ **Early preventative work and 'being around'**

Formal and informal conversations provide information, especially where exposure is not obvious. More general fears and problems in the wider population may be exposed.

### ☞ **Creative methods**

Drawings, writing and other creative work may give clues about the degree of impact, especially on children, and can be used to open a dialogue with them

Having people involved in a range of methods will help build a picture that can be checked out at different stages after the incident. It is a form of **collaborative assessment** similar to that described by Luna in her work in Los Angeles (Tortorici Luna, 1992, 2002 and personal communications) which is informed by participative action research and the ideas of Paolo Freire (1970).

### **TASK B: POST-TRAUMA PROCESSING OF THE EXPERIENCE**

When I was setting up my business in 1990, I used the methods of group facilitation learnt in various trainings to help people process their experiences. It was a general, flexible process with no particular name for its application to trauma (Capewell, 1997, 1999). I realised that I had to be more precise when a method known as critical incident stress debriefing (CISD, see Appendix III), (Mitchell 1988; Mitchell & Bray, 1990), rapidly spread throughout the world as the post-trauma method of preference (Herrick, 1993; Richards, 1994). Unfortunately, it was not always implemented within a well planned critical incident stress management (CISM) programme as it should have been. I felt pushed by this movement to offer CISD as organisations came to believe that this was what crisis response actually was. In 1995, the article mentioned in A2 appeared in the British Medical Journal (Raphael et al, 1995) attacking Mitchell's methods. Further attacks followed with increasing venom from certain professionals who appeared to be intent on destroying it (Bisson et al, 1997; Kennardy et al, 1996; Gist, 1998). All these research studies had applied a misrepresentation of the CISD method to people (such as physically injured, Bisson et al, 1997) and situations for which it was never designed (such as child birth, Lavender et al, 1998; Small et al, 2000) and were also used in attempts to draw conclusions from meta-analyses of them (van Emmerick et al, 2002; Wessely et al, 1999, Rose et al, 2002).

I had never used Mitchell's methods but mine were not that different, being guided by similar principles and was caught in a dilemma. The process of defending my own preferred method involved dissociating myself from bad practice in Mitchell's methods, but also defending the basic principles and proper implementation of his CISM/D programmes. The media reports (Coghlan, 2003) that distorted and misrepresented the debriefing process, and, quite unfairly, counselling in general (Hodson, 2003), began to affect the community based aspects of disaster work in which I was involved, since the

reports were often used to suggest that no help at all of any kind should be given to victims immediately after a tragedy. Fearing a return to the days of little post-disaster action, I undertook a prolonged enquiry into the roots of this debate (Capewell, 2004a). First, I was drawn in personally through contacts in Australia and an invitation to a conference in Western Australia in 1996 where I experienced the personal nature of the controversy and posed the question, "*What is this really about?*" I studied many lectures, discussions and research studies for (see papers under Mitchell, Flannery, Everley, Dyregrov, Robinson, Chemtob et al, 1997; Turnbull et al, 1997) and against the method (Deahl et al, 1994; Hobbs et al, 1996; Kennardy et al, 1996; Bisson et al, 1997; Avery & Ørner, 1998; Kennardy 1998, 2000; Mayou et al, 2000; Small et al, 2000; Ehlers & Clark, 2000; Rick & Briner, 2000; Rose et al, 1998, 2000, 2002, 2003; McNally et, 2003). I took part in a consultation and conference instigated by the British Psychological Society about the method (BPS, 2002) which attempted to give a more balanced view of debriefing, as did other papers (Robinson & Mitchell, 1995; Ursano et al, 2000; Richards, 2001; Irving, 2001) and Deahl, who moved sides to defend debriefing in his later papers (2000, 2002). My awareness of different research paradigms led me to conclude that people were arguing from very different, but rarely stated, perspectives, roles and aims. Such basic concepts did not seem to be addressed by either side of the debate. I also concluded that the debate was as much personal and political, in terms of professional jealousies and territories, as scientific.

The article I produced is too detailed for inclusion here but on the day it was completed, I was asked for help by colleagues in Croatia who had to present a paper in reply to one of the fiercest opponents of debriefing. They were professionals who worked mainly in schools and found the proper practice of CISD extremely beneficial, as most practitioners do, and who feared their work would be jeopardised. My document found an immediate and effective use there and in other places since. Mainly, it provides the cognitive framing for people to disentangle the complexities of the debate and gives them confidence to pursue the development of their own interpretations of debriefing. It also had the capacity to make people think differently and became a form of third-person enquiry.

In the meantime, I had been developing my own form of debriefing suited to the unplanned, volatile situations I usually worked with. I first reflected on the forms of 'debriefing' I had developed myself with staff at Hungerford, then compared this with my first practical introduction to Mitchell's debriefing in 1989. I collected other experiences in different situations and types of disaster, and also used my 'debriefing'

work in commercial companies for convergent cycles of action and reflection (in one company, I have undertaken nearly sixty incident responses). Crisis management procedures were rarely in place and Mitchell's procedure could not therefore be used. I searched for other methods and found that Ayalon's '**Empowerment model**' (Gal et al, 1996) suited both my style of facilitation and unpredictable circumstances. This model focussed on questions through which participants built up their own maps of what was helping and not helping them. I also studied the adaptations of the Mitchell method called '**Critical Incident Processing and Recovery**' (CIPR) made by Galliano and Lahad that included individual assessments in the group version (Galliano, 2000) and versions for children (Lahad 2002).

My model uses a management strategy that involves all affected directly in an incident as well as their managers and colleagues who will influence their recovery. I apply the assessment techniques described earlier and interview every person individually before deciding on the next steps, but for incidents affecting a group, I aim eventually to bring them all together in some way. How I conduct the session depends on my assessment of the situation. With young adults I use active participative mapping, with children I use creative, story making methods and for others purely verbal dialogue. This, with a follow-up session, forms a base from which self-help or specialist 1:1 help can proceed.

### **TASK C: BUILDING RESILIENCE AND INCREASING CHOICES**

Finally, I want to mention two concepts that I use throughout all the tasks I undertake, whether it be a short ad hoc conversation, a formal group meeting, or a consultancy with a manager. They are both simple enough for working in highly stressful situations and give purpose and a structure to my conversations, turning them into opportunities for offering of basic but high quality support.

#### **Method C1. Kfir's crisis intervention model** (Kfir, 1989)

In this model, every interaction involves an exchange of information, support and alternative ideas (about ways of coping and appraising the event). The model is practical and matches the real experience of being in the field in encounters with real people, as well as encouraging an action inquiry approach. It reduces anxiety and focuses energy on the immediate needs for survival in the immediate future

This simple model improved the quality of my attention from mere listening to stories for gaining information to active engagement for encouraging reflection, however small, and to stimulate the realisation that things can be different. Adding the questions: '*What **CAN** you do?*', '*What can **YOU** do?*' '*Who **else** can help you?*' and '*Is there anything*

*you would like from me now?*' mobilised action further. The pattern of these questions mirrors the appraisals made by victims during a disaster and thus countered negative appraisals of helplessness made (van der Kolk, 2002) at that time by giving important messages:

- ☞ it was possible to move out of 'stuck' positions of thought, feeling and behaviour
- ☞ the responsibility for action lay with the person themselves, indicating that they were in fact capable of finding their own solution
- ☞ they did not have to do this alone
- ☞ I, the helper, could be used as a resource now, but only if they wanted it and in the way they specified. It also relieved me of being put on a pedestal and being expected to do the impossible.

The story in Story Box 18 is an example of the transformative power of this kind of dialogue.

### **Story Box 18**

#### **Transformation through Dialogue**

*"In a post-disaster class session in a school, use had been made of the children's dialogue skills, already taught in school. Just after the session, Razia, whose father had been badly injured and was still in a coma, came into her class for the first time since the bombing. She was questioned by one of her friends who asked what few adults would have dared to ask a child: 'And what would you do if your Daddy died?' This challenged Razia to confront the real fear facing her, facilitating the next step to thinking about how she would deal with her worst dread. My colleague, Lilian, was able to move in and support the dialogue between the two girls. Thus, Razia identified the real problems facing her and the real loss felt when her father brushed her away unconsciously when she visited him. Using the question, 'What CAN your do?', Razia, was able to think through ideas for keeping a connection with her father whether he died or whether he came out of the coma. The change in her demeanour was remarkable - the sorrowful little girl with sad eyes was transformed into a girl with bright eyes and a big smile. As we left the school for the last time, she came running over to Lilian, flung her arms round her and said 'Thank you, thank you, thank you.'"*

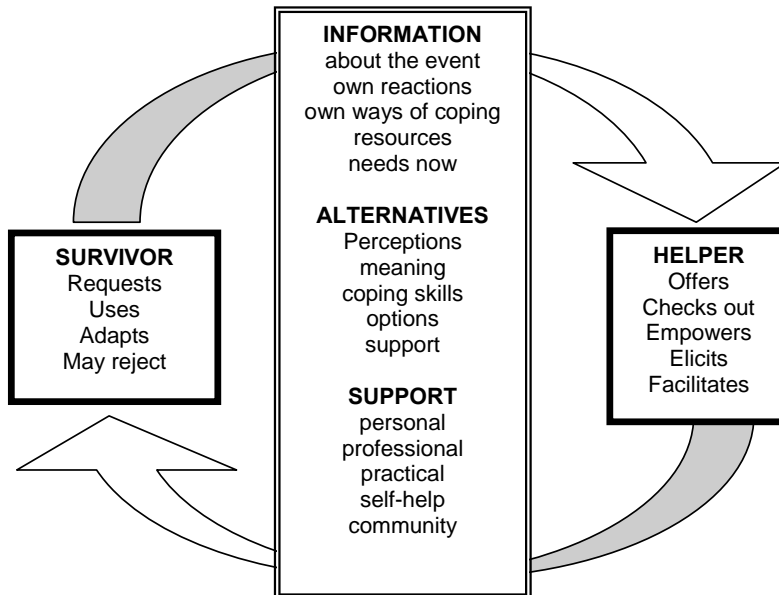
-Taken from my records, 1996.

All of these messages are important for traumatised people who have characteristically been rendered helpless and are often fearful of change, isolated and mistrustful of self and others. The diagram I devised to communicate this idea is shown overleaf (Diag.

14)

**Diag. 14: IMMEDIATE SUPPORT AFTER A CRITICAL INCIDENT**

**IN ANY CONVERSATION  
AN EXCHANGE IS NEEDED OF  
INFORMATION, SUPPORT, ALTERNATIVES**



**A SIMPLE CRISIS INTERVENTION FORMAT:**

Make the most of every minute you have. Aim to mobilise the person into taking the next step in their thinking, feeling or action. If they are over-whelmed in one channel, help them switch to another (e.g. feeling to activity). In every inter-action the aim is:

- ☞ to validate their experience & give permission to own it and seek help
- ☞ to help the person make sense of what has happened and how they are coping
- ☞ to help you assess needs for this client and for the wider disaster response
- ☞ to create a partnership to support the person to become active 'agents of recovery.'



**Method C2: Lahad's Multi-dimensional coping model** (Lahad, 1992, 1993)

I learnt this method from Lahad and then developed it further to meet my needs. When producing material in the Docklands bomb for use with young people, I coined a different acronym to avoid technical terms such as affect and cognitive, as shown in the diagram 15 below.

<b>Diag. 15: <u>The Multi-Modal Coping Model</u></b>	
<u>Lahad's version</u>	<u>Capewell's adaptation</u>
<u>BASIC-Ph</u>	<u>BE FIT &amp; Phys</u>
<b>B</b> eliefs and values	<b>B</b> eliefs and values
<b>A</b> ffect	<b>E</b> motion
<b>S</b> ocial and organisational	<b>F</b> amily, Friends, Social role
<b>C</b> ognition reality and knowledge	<b>T</b> hinking
<b>P</b> hysical – body & environment	<b>P</b> hysical – body & environment

The uses I have discovered can be summarised as follows:

- ☞ **As a self-assessment method** as described in section B3
- ☞ **As a means of identifying learning or coping styles** of an individual in need of support.
- ☞ **To improve choice about how a coping style is used.** People in distress will often repeat the phrase – 'nothing helps' or 'there's nothing I /anyone can do' while at the same time giving evidence that they are actually using several coping strategies.
- ☞ **To improve the focus and quality of my attention.** The model requires close attention to what is and is not being said, how it is being presented, including the context, patterns, metaphor, content and links.
- ☞ **Creating stories of coping.** More advanced applications include the creative versions, such as 6-piece story-making (Lahad, 1992, 1993), based on the Jungian concepts of the unconscious and archetypes (von Franz, 1987).
- ☞ **A creative tool for planning activity programmes** Crisis response teams in schools use the model to develop a curriculum for building coping skills before an incident or for promoting healthy coping after one has happened, ensuring all coping channels are covered.

- ⇒ **As a training method.** For checking out how people are faring through a course, teaching self-care and, in its story-making forms, as a safe way of dealing with personal issues and identifying vulnerabilities and strengths.
- ⇒ **As a research tool.** The model has been used for research by Lahad et al (1993) and in research into the assessment of personality disorder in the UK (Dent-Brown, 2003). I regard it as a very useful action research method for co-researching coping styles in groups and with individuals.
- ⇒ **To encourage carers to communicate with children, and children with each other,** as this story in Story Box 19 illustrates:

### STORY BOX 19

#### ENQUIRY & TRANSFORMATION IN THE PLAYGROUND

*“A popular PE master of a preparatory school hanged himself prior to a court appearance for sexual abuse allegations. I had worked in a team of three with the staff, parents and pupils for several days. One break-time, I was in the playground when a 7 year old boy asked to see the puppets he saw in my bag and, knowing he had been very upset by the death, I used the opportunity to chat to him using the puppets. He was a child who loved scientific facts and figures but had few ideas about coping with emotions. When I tried to encourage him to use his imagination, he looked at me blankly, but another boy came up and spontaneously took the puppets and began making up a story. He demonstrated a different way of expressing and dealing with feelings to the first boy. It was only a glimpse but he caught the spirit of the magic of imagination and his whole demeanour changed as he began to relax and smile for the first time. I was able to talk to the boy’s father later and encourage him to open up this new channel of expression”*

- Taken from my records, 1998

## D 4

### THE MANAGEMENT OF CONTEXT

The fact that my business has been conducted in many different contexts and organisation has meant convergent cycles of action research have been possible. I could monitor subtle changes in my experience and practical actions according to the context and how far the different contexts affected the impact of an incident and recovery. I shall give a summary of what I have found from personal reflection, an analysis of my records, the subtle changes in practice made by trial and error, and various forms of second person enquiry.

#### **Context A: WORKPLACES**

The workplace context of trauma response covers a wide range of situations from responses to staff affected by incidents such as armed robberies in the work-place to responses to staff suffering primary or vicarious trauma because their jobs deal with rescue, recovery or management of traumatised people. I realised this range and the difference context made when researching a chapter about organisational responses to loss, grief and trauma in children (Capewell, 1996c). I had to cover the range of organisations from children's hospice staff dealing with trauma continually to schools where responses to incidents are rare. Here I shall concentrate on incidents affecting staff teams in companies not engaged in rescue or recovery work, though even here, the range of organisational cultures and staff teams is wide. My learning is drawn from my principle experience with retail outlets, such as supermarkets, off-licence stores and fast-food outlets and with incidents such as armed robberies, in-store customer deaths (drug-related deaths, murders, suicides), riots and involvement in major disasters. I have found that context is a contributing influence in the following ways:

- ⇒ The recovery must be seen as a process not a one-off event, requiring management strategies and varied post-trauma options (Capewell, 1993c; Williams, 1993; Richards, 1994, 2001)
- ⇒ The company and staff have access to insurance and company health schemes and this means that money is available for recovery work. Staff are involved in a major community disaster may also have access to such schemes and thus they can make an important contribution to the creation of a healthy recovery community and relieve some of the burden from statutory services.

- ☞ Companies can sometimes be guilty of providing a response in a minimal and tokenistic manner for the main purpose of preventing compensation claims. Staff members are left without the depth of support they need and may feel, often because of suggestions made by managers, that it is their fault if they do not recover in a few days.
- ☞ The impact on individuals can be made far worse by bad management practice, inaction or negative action. Thus the response should not be conducted at 'arms length' of normal management systems. Managers need to be involved in the pre-trauma planning and post-trauma recovery process. Recovery can be delayed if there is no recognition from the Company and line managers that the person suffered in the service of the organisation.
- ☞ Incidents affecting a team need a response involving the whole team, individually and, if appropriate, in groups, regardless of differences in impact. This means the whole team can support each other and team problems can be reduced.
- ☞ The impact of trauma on the work-place and the differences and divisions created between people is a microcosm of the impact on larger communities and is thus a useful context for learning, training and maintenance of skills.

#### **Context B: SCHOOLS AND OTHER EDUCATION AGENCIES.**

Schools mirror community post-disaster processes even more than workplaces and provide a complex set of circumstances that have to be considered when planning a post-trauma response. Individual staff, of course, may be victims/survivors, witnesses, rescuers and/or bereaved in their own right. They are also paid employees with rights to care and attention, but they also in turn have a duty of care to their pupils, making their own personal processing of a traumatic event even more crucial. I have had to work with several Head teachers who were so traumatised that they were not in a healthy position to make good decisions for anyone. For example, one school decided not to say anything to children about a teacher's suicide and their decision to send letters home to parents instead meant they lost control of the information giving and reactions – many letters were lost or opened by the children first. Stress in the leader can cause more stress for the staff, a subject studied extensively by Lahad (1988a). Examples of this are given in Story Box 20 overleaf. In addition the issue of trauma, death and children carries many taboos, myths and sensitivities that make inaction and lack of preparation common in schools.

**STORY BOX 20****(a) THE 'ABSENT' HEAD TEACHER**

*“A Junior school head teacher could not be found when I arrived to work with her staff after the suicide of the Reception class teacher. Eventually, she came in with a long list of issues that she wanted me to cover in an hour - bullying, bereavement, divorce and many others except the suicide of their colleague. After a quick negotiation, I began the task I was appointed to do by the Head of the whole school. I soon discovered every staff member had past and recent experience of suicide or traumatic death. The Junior School Head maintained a determined silence throughout, leaving quickly at the end ‘because she had to phone the vet’. It was clear that her personal issues were preventing other concerns in the staff team from being aired and resolved. Just before the next session, her Deputy confided in me that she had been upset by the hurtful remarks made to her by the Head. It was made more difficult because the Head was not attending meetings. We never did get to the reason for her resistance, but other silences were broken in the staff team after angry explosions from the supply teacher, the replacement for the dead teacher. Her horrendous stories about abuse and suicide threats in her family explained her reluctance to deal with the children’s questions and reactions. Hers was obviously an inappropriate appointment for this difficult job” - Taken from my records, 1991*

**(b) STRESS CREATED BY STRESS**

*“A young local car-racer crashed and killed 6 children, 3 of them pupils at a Junior school. The Head had been to every funeral and was in a highly aroused state, causing further mayhem in the school. Her relationship with her staff team, managers and the community were already poor and school psychologists were also having problems with her and they had to work in a space in the corridor. She had incorrectly told the staff team I was giving a relaxation session. When I arrived, a small group of staff insisted that the staff teddy bear sat in the group and then tried to sabotage the meeting. The school suffered a sequence of stresses after the accident. It was broken into every night after the accident (the culprits turned out to be pupils); the over-stressed secretary took sick leave, and the school was invaded by rats. After several visits to the school, I discovered that the Head had herself experienced several traumatic incidents in her life and a few months before the accident her latest partner had died traumatically. After a term she took long-term leave. – Taken from my records, 1992.*

My conclusions about working in the context of education have been drawn not only from my experience of pioneering this work in UK schools, but also from my conversations and studies in different parts of the world such as Israel, Australasia and New York and with many people in this country (Capewell, 1994a, 1996c). The major influences on me have been the contacts with Kendall Johnson (1989/98, 1993), Ofra Ayalon, Mooli Lahad and colleagues (see CSPC volumes, I-V and papers under their names), Åtle Dyregrov (1989, 1991) and Louise Rowling (1994, 1995, 2003) in Australia. I have also drawn on these contacts in my third-person enquiries into how this sensitive subject can be disseminated and implemented in my submissions to the English Department of Education (Capewell, 2001). I gathered key learning statements from them and others around the world that illustrated the benefits of policy makers who have taken a proactive stance in implementing school crisis management. I also gained a great deal of information into the conditions needed for the point of take-off to be reached and the process of implementation in schools and systems by mapping the processes with key initiators in New York and three Australian states.

Major learning points included:

- ⇒ The health of children is a crucial factor in the health of families and therefore is key to the long-term health and recovery of the whole community.
- ⇒ Teachers and other education staff are in a good position to become 'agents of recovery' and can give both strategic and specific support to children and families.
- ⇒ Different kinds of support and services can be channelled through the usual roles of the school. In particular, help can be given to indirectly affected children through normal school and class activities in a non-stigmatising manner. They are in turn in a better position to support, or at least not make matters worse for, directly affected children.
- ⇒ The existing structures and routines in schools mean that offering support through them is more possible than in less contained community settings.
- ⇒ Some aspects of schools may militate against them taking on a recovery role, not least the belief that it interferes with the school's core tasks.
- ⇒ The school's involvement is legitimised through the impact of disaster on behaviour and the ability to learn. Inaction merely stores up problems for the future, especially in the staff team (Capewell, 1993, 1994a, b, c, Capewell & Beattie, 1996, Johnson, 1989, Lahad, 1988a).
- ⇒ Schools as a workplace are very prescribed and inflexible. Thus it is difficult to make time for processing the reactions of managers and staff and caring for affected staff

without disrupting the school routines, the very structures that provide safety for children. (Rowling, 1994, 1995). Schools are not a good environment for the recovery of traumatised staff. A secondary school teacher who was traumatised, but physically uninjured in a rail crash returned to work immediately but within a few days could not cope in such a stressful job. She felt guilty about taking sick-leave, especially as two pupils in the same crash were seen to be 'fine'. The lack of understanding by colleagues was adding to her distress. Even when they began to understand they it hard to know how best to help as they tried to guess what was needed rather than checking things out first with the survivor.

- ⇒ Resistance in schools and Education systems to this subject has been high, regardless of country and culture (Johnson, 1989, 1998; Lahad, 1988b; Fisher et al 1993). Central policies and resources are usually required for general take-up of school crisis planning and response, often achieved only after a major incident (e.g. the Ash Wednesday Fires in Victoria State Department of Education; the Scud missile attacks in Israel; September 11th USA attacks in the English Department of Education). Interviews with teachers in Israel showed how much more straightforward the work had become once it had been made an accepted part of normal school management by the Ministry of Education. As an interviewee told me in 1996, *"It took a long time for systems to be developed, but now we work on three levels –national, city and school"*
- ⇒ Placing the subject in an existing school policy framework, such as 'Promoting a Healthy School (Rowling, 1995, 2003) can help reduce resistance.

The learning points above mainly involve systemic issues requiring changes in attitude and policies from politicians, executives, school Governors and Head teachers. These people are all vital to the process of bridging the gap between the needs of communities and expert help and it for this reason my work is focussed on systemic issues. I rarely work directly with children, the exceptions being the Docklands response (Story Box 18) and one part of the Omagh work (described in section E3), so I made the decision not to include this aspect of my work in this thesis. However, I cannot work through teachers, managers and policy makers without understanding the impact of trauma on children (Wraith, 1988; Wraith & Gordon, 1987b; Campion, 1998; Pynoos & Nader, 1988, 1993) or having a wide repertoire of methods for working with children (Wraith, 1997, 2000; Yule, 2001). When I began my business in 1990, there was little literature on these issues apart from the pioneering books for schools by Barbara Ward (1987, 1989), the books of drama-therapists (Gersie, 1991) and my early mentors (Ayalon, 1988; Johnson 1989) who taught me as I worked with them.

### **Context C: COMMUNITY.**

The community or wider social context of disaster is a constant thread throughout my work. Much of my disaster experience has occurred in community settings and the community cannot be divorced from the meaning given to the disaster, the way its impact is handled and the interactions between community and individuals that influence the speed and nature of adjustment and recovery. As Alfred Adler stated:

*“Man is a social being. The human being and all his capabilities and forms of expression are inseparably linked to the existence of others, just as he is linked to cosmic facts and to the demands of this earth.”*

- Adler, 1924

Community is a term with messy boundaries. It can mean the geographical community where the disaster takes place (Hungerford, Aberfan); the wider, often very dispersed, community of people directly and indirectly affected by a disaster; or a specific community such as a school, organisation or group, such as the gay community targeted by the London Soho bombing in 1999. The definitions themselves can lead to problems. For example the Hungerford massacre and Omagh bomb affected people from the district around and further away who often complained of being given less attention than people in the town where the incidents occurred. When I refer to community, I mean any wider group of people linked together by having some kind of relationship to the disaster itself and the recovery process. It is of course important to establish the exact nature of the community affected by each new incident, since working with a compact community directly struck by a disaster or attacked by a perpetrator has different implications from working with communities hit by an event in which unconnected people from far flung home communities were involved (as in transport disasters). I classified them as **Community Disasters** (e.g. Aberfan, 1966; **Intrusive Disasters** (such as the Marchioness ferry disaster, 1989, and the Paddington train crash, 1999) and **Complex Disasters** (such as in Lockerbie, 1988), where the town was directly hit, but the plane carried people from around the world. Other classifications and sub-classifications could be made according to the political or symbolic significance of an event at a national or international level, duration and frequency, and whether the impact was predominantly physical, social, psychological or economic.



The tacit knowing I gained from my early disaster work about the dynamics of post-disaster communities alerted me to the problems created if they were not managed well. For example, the disaster and its repercussions exaggerated existing differences within and between groups and the resulting splits were then the cause of further fragmentation. Many of my ideas resonated with my findings in Melbourne, with Rob Gordon (Gordon, 1989) in particular where there was a strong tradition of attending to community aspects of disaster. I produced a series of diagrams to bring my tacit, practical and propositional knowledge together into a communicable form (Capewell, 2003b). I use these myself to understand community dynamics but they are still too complex for inclusion here and I continue to work on their development.

### **The importance of the community dimension**

The importance of dealing with the impact of disaster on communities was highlighted in the remarkable sociological study by Kai Erikson about the impact of the human-induced floods at Buffalo Creek (Erikson, 1976, 1979). He found that the trauma was not just about the threat to life and the events of the disaster itself, but also, and in some cases to a greater extent, due to the loss of communality and the attachment to place. This loss was caused by badly managed relocation that paid no attention to the importance of maintaining family and community ties in social health and order. Similar concerns have led to the development of the community approach found in the work of architects (e.g. El Masri, 1993 – after the Yemen earthquake, 1982) and aid workers at the Post-War Reconstruction and Development Unit at York University. For example, Maria Kojakovic, an architect from Dubrovnik, recognised that physical and psychological reconstruction went hand in hand when she organised community groups to make rapid repairs throughout the siege in 1991 so that buildings and monuments that had meaning to the community would not be lost. This work gave people social contact, physical activity and purpose.

My work at a community level involves the tasks of rebuilding broken internal and external social connections. I am especially concerned with reducing the marginalisation that victims and people on the edge of the disaster feel. As already described in my 'Bridging the Gap' model, my work is also about connecting victims to sources of help. As with individuals, communities need to be reconnected to themselves and the flow of life. Different parts of the disaster community need to be given a platform for their stories so that the whole can move forward and build the disaster story into their history and future.

Adlerian philosophy provides a framework for these aims – the belief that people are stronger and healthier if they recognise their interdependence with each other and the cosmos:

*“The development of self and connectedness are recursive processes that influence one another in positive ways. The greater one’s personal development, the more able one can connect positively with others; the greater one’s ability to connect with others, the more one is able to learn from them and develop oneself. ...The feeling of interconnectedness among people is essential not only for living together in society, but also for the development of each individual person.”*

- Adler, quoted in Stein and Edwards, 1998

Since a major consequence of disaster is internal and external disconnection, marginalisation and breaking of bonds, efforts to reconnect people with themselves, with society and with life are a priority for good community and individual recovery. As Zinner and Williams point out (1999) kinship and the feeling of connection is important if other people are to be relied on to come to the assistance of the vulnerable and those who cannot survive on their own. Disaster may break bonds but it also offers a very tangible opportunity for a shared experience where normal inhibitions are broken down and kinship can be created or reinforced, even where the dead and injured are not personally known to others. In my own experience of being involved with both disaster and death of a child, many deep friendships have been created through our shared experiences when disaster has exposed the essence of our common humanity.

Empathy, sympathy and identification are the building blocks of social connections according to Rando (preface, Zinner and Williams, 1999), fuelled by opportunities to imitate, to be caught up in the contagious responses of others, to have permission to express certain feelings publicly and to deal with one’s own unresolved grief with others. In the western industrialised world, these are counter to the lonely process that grief and mourning have become. A tape called *‘Tangihanga - Grief Is for Sharing’*, given to me after my daughter’s death by Dr. Haare Williams, a Maori GP, about the community mourning rituals of his people showed me another way of being and acting.

### **Community based recovery (psycho-social or community outreach)**

Community based psycho-social outreach programmes aim to inform, support, manage and mobilise altruism and internal and external coping resources. I view them as a form of action research, where a system is working in partnership with disaster specialists and managers to discover what it needs and create its own solutions with support. Like others (Hills, 1994), I question whether rigid co-ordination procedures from a central control point is possible. To be responsive and useful to people on the ground, such programmes need to be emergent, flexible and creative. This does not mean a lack of planning and systematic approaches to ensure all aspects of the community are reached. Efforts by different parts of the community can be orchestrated to produce harmony to avoid unrealistic attempts to control agencies that have very different systems and methods of working. After previous disasters, many agencies have displaced their anxieties into time-wasting power games, especially over ownership of the response (Raphael, 1986; Hodgkinson & Stewart 1991/2001).

Through systematic reflections of what I actually did in community disasters, I realised my principle role was as a facilitator of community adjustment working within the community system. Key to this was learning to identify the people I could work alongside: the people and agencies with power of entry and resources; the people and agencies that represent and care about the community; and the various groups of victims, survivors and bereaved. Even though my primary client differed, I always worked with people from each of these groups. Most often I was present by invitation of a local government department or school. The one exception is the case of the Ufton Nervet rail crash, 2004, where, as I write, I am responding purely as a voluntary member of the community. In the past, my role has usually included the following:

- ☞ to build rapport and participation with key leaders, in order to undertake the process described in the community work model outlined at the start of this chapter
- ☞ to transform the personal and organisational blocks that prevented recovery work from being undertaken at all and for long enough
- ☞ to disseminate information and ideas for recovery and adjustment to as many people as possible who may be affected through newsletters, media, public meetings, seminars and internet. Good information may be all some need for recovery
- ☞ to help the system identify and set up safe structures and spaces in which creative things can happen to process the impact, deal with and manage repercussions and plan for the future

- ☞ to encourage multi-directional information feedback and review systems so that the full nature of the impact could be understood and ideas could be exchanged thus influencing further action
- ☞ to give cognitive framings and 'permissions' to keep healthy conversations and dialogue going between different parts of the community system on a regular basis
- ☞ to reach people who felt or were excluded from the central service provision, such as children and adolescents, the elderly living in care homes (as I discovered in Dunblane) and people with disabilities (such as the parent rescued from the Jupiter Cruise ship whose profound deafness excluded him from the help available)
- ☞ to empower the social milieu of survivors to improve the quality of support they are given by their families, friends, schools, places of worship and work
- ☞ to inform, support and make recommendations to my client agency, the managers and staff involved in the rescue and response
- ☞ to recommend and deliver personal consultancy and procedures for managers and staff to deal with their own reactions as they respond

I discovered a key part of my role was to unblock resistance to receiving help and get the systems moving again, leaving behind systems and enough ideas, skills and information for the community to continue learning about and responding to needs without external facilitation. No one person or agency or profession could do it all. Timely actions in the right place, especially by agencies that had power to reach many sectors, could do much more to set positive ripples in motion to counter the potentially destructive ripples of disaster. The opportunity to test out my learning more thoroughly came with the Omagh bomb response and this will be described in Part E.

Community based work is not however easy, as Lindy et al (1981) had also discovered after the Buffalo Creek disaster. Without good facilitation further stressful situations and conflicts could emerge, especially if people had not had opportunities for processing their emotions and displaced them elsewhere. Many other tasks have to be part of the facilitator's repertoire such as informal and formal conflict resolution, mediation and the promotion of messages of tolerance and insights. The latter are best given as soon as possible after a disaster by key community leaders and personalities that people will take notice of, and at regular intervals afterwards, including significant moments such as anniversaries and inquests when polarised attitudes emerge. A group I facilitated in Dunblane provides an illustration of this need and also how community leaders can promote conflict:

*“Conflicts between local politicians and local people were the subject of intense feelings in sessions held for local volunteers and workers. Local voluntary groups had successfully operated an Information and Drop-in centre from a shop in the High Street for 6 months. It had been closed down, they believed, because of the influence of a local politician who felt it had been there long enough. The level of anger exhibited by the volunteers indicated a deep sense of betrayal.”*

– Field notes, 1996

The same politician caused further aggravation a year later when her comments in the media about the town being held back by the anti-gun campaign by bereaved families was given as the cause of two families moving from the town. Some of the initiatives started by the bereaved, especially the high profile campaigning, had caused marked divisions. Their requests, such as for a large Christmas tree in the cemetery, made others in the community feel the bereaved parents were becoming too powerful. The use of one of the three public Disaster Funds to build a community centre rather than being given to families also caused anger

### **Community Based Recovery Initiatives: Examples**

My practice and research about other disasters showed me the multi-purpose nature of many community based responses:

- ☞ For defining circles of vulnerability and assessing the full range of need
- ☞ For creating normal, non-stigmatising activities which contain the requirements for recovery
- ☞ To provide occasional distraction and relief from distress and pre-occupation with the disaster
- ☞ To create channels through which more direct help could be offered and taken up
- ☞ To understand and work with the whole context of people affected by the trauma and to promote the idea of a healthily coping community
- ☞ To stimulate individual and community development which can be used after the disaster response is finished

I have described community methods according to their primary purpose in terms of the Be-FIT & Phys model described earlier. Further examples, such as a Community Oral history project, which links the emotional, social and cognitive channels of coping, will be given in the final section on the Omagh bomb response.

### Examples of Community Methods

Each channel can be used as follows to promote recovery, though of course some methods cover a range of channels according to the purpose it is used for.

- ☞ **BELIEFS:** e.g. to ensure community leaders and others give recognition of the disaster and its impact on individuals and the community. Providing the community with resources and control is vital. Community activities that also recognise the reality of a disaster and lost lives include quilt-making, recognising the event and people who died, and the community research project and book of the Ardoyne, Northern Ireland) Commemorative Project (2002)
- ☞ **EMOTIONAL CHANNEL:** the creation of community arts, drama and dance projects and rituals for remembrance to allow indirect opportunities for emotions to be expressed and processed. The newsletters produced after the Towyn Floods and Hillsborough disasters provided opportunities for people to write and share their poetry and thoughts.
- ☞ **FRIENDS, FAMILY, SOCIAL CHANNEL:** the Liverpool Hillsborough Centre organised a day out for children with their parents at a Theme Park and indirectly brought people together. Others gained a purpose in having a social role at the Centre, such as publishing the newsletter and maintaining the accommodation. Self-help groups, campaigning and fund-raising also fulfil this purpose, as did the opening of the Youth club after the Hungerford shootings. The gun trauma project I visited in New York, set up by the Harlem Medical Centre (Lipson, 1990), used an artist in residence to encourage multi-traumatised young people to paint well, a means by which the participants could engage with society by showing and selling their artwork.
- ☞ **IMAGINATION:** a community project to create their own ritual after the Charleville floods in Queensland also provided fun, distraction, socialisation, creative activity and emotional expression. The participants made their Flood Dragon which was later paraded down through the town and ritualistically cast off out of the community down the river (personal communications with the organisers).
- ☞ **THINKING CHANNEL:** Public meetings and the dissemination of information through different media are all useful methods in this channel, especially where information and ideas can be exchanged. The internet is transforming the situation with many web-sites being set up by self-help groups (e.g. the Paddington Survivors Group [www.paddintonsg.org.uk](http://www.paddintonsg.org.uk)), churches, youth organisations and official

agencies. Media-run sites, e.g. the BBC and Sky News sites, actively invite the sharing of stories.

- ☞ **PHYSICAL:** Community sports initiatives and outdoor activities help deal with the physical consequences of disaster as well as providing fun and social connection (Barnard et al, 1999). In Croatia, scout camps were actively used for these purposes to aid the recovery of young people (Bošnjak et al, 1994). Others have found quieter physical channels in massage and similar therapies individually and in groups, providing safe opportunities to touch and be touched (important for refugees and others who have been tortured and abused). Other community based projects meet the need for peaceful surroundings for reflection, such as memorial gardens, or as a means for people to regain control over their own surroundings. In a refugee camp I visited in Karlovac, Croatia in 1995, refugees had been able to customise their temporary homes to construct traditional porches and grow their own vegetables and flowers. In New York I visited the Harlem Medical Centre Injury Prevention Project, whose community volunteers turned small patches of derelict land and run-down playgrounds into areas where children could play safely and mended windows in high level to reduce the number of children falling from them (Martin, 1991)

#### **Challenging myths about disaster communities: Third person action**

Community aspects of disaster are not well understood. I have closely monitored media reports for the way they are portrayed, and Mick North, one of the parents bereaved by the Dunblane massacre has become an ally in responding to them. They include the following:

##### **Myth 1: Disaster communities are often described as 'close knit'**

The close bonding and altruism that is visible after a disaster is often confused by the media to be the norm for the community. Community leaders perpetuate this view because of the natural need to promote the idea that the town or village is fine as a defensive action and to boost morale. Rarely do people define what they mean by close-knit, but an analysis of what they say suggests that they mean a homogenous community, self-sufficient in terms of emotional support, usually because of some special strength derived from its history or identity. Small towns such as Hungerford, Lockerbie, Dunblane, Soham and even Omagh (in spite of the visible religious divides) were seen as the traditional stoical communities, while others such as the Isle of Dogs and Liverpool gained their special status from their histories of surviving adversity. The Cornish village of Boscastle, devastated by a flash flood in August, 2004, was

described as tough with a special strength derived from its Cornish roots and history (The Independent, 18th August 2004).

However, my experience within such communities told me that the families and community were not always as strong and helpful as the public discourse suggested. This discourse made asking for help more difficult for those who were less stoical or who wanted to explore their trauma in a healthy and positive manner. Help had to be sought indirectly from accessible local professionals or volunteers who would listen. In fact people's reactions were often compounded or made worse by the reactions of those around them and the views expressed publicly by community leaders, politicians and the media. The view that 'we must forget' or that Hungerford is 'a close-knit community that can support its own' (even though one of its own had killed his neighbours), meant that some were afraid to admit they couldn't forget or that their family and community were more of a hindrance than a help. The strength of community conflicts after a disaster challenges the 'close-knit' label, as does the vandalism of memorials, for example at Enniskillen, Hungerford and Omagh. My own definition of a strong community is one that has boundaries and networks flexible enough to be accepting of newcomers and external support but strong enough to be at ease with difference and divisions which are inevitable in any human group.

**Myth 2: Communities are a homogenous entity with leaders who speaks for all**

The media are quick to single out a key member of the community who is able to deal with the media and who often seeks out this role for themselves. This person is then portrayed as if they are the spokesperson for the community, which is regarded as a single entity that can be spoken for. The 'leader' often represents a very particular view or section of the community and other views are not represented, as happened at Dunblane. Groups that are in a minority or do not have power may also go unrepresented. For this reason, I try to reach non - formal groups and unattached individuals and grass-root workers, such as health visitors and youth workers, so that the voices and needs of the 'unheard' can be given a platform.

**Myth 3: Communities recover quickly, often without the need for external help**

After the Soham child murders in 2002, the Observer newspaper carried articles about the fact that communities like Dunblane and Hungerford had successfully 'got over' their disasters. One commentator had only recently returned to Dunblane after living abroad and the others were 'community leaders'. The articles implied that recovery was speedy and achieved from within, as shown by the speed with which normal activities



were resumed and people were getting on with their lives. To a large extent this is so, but it denied the on-going, often up and down journeys that some sectors of the community still make (as shown in many TV documentaries shown at disaster anniversaries and in the uproar in Hungerford about a new documentary film, *The Hungerford Massacre*, BBC1, 7<sup>th</sup> Dec. 2004). The Observer articles denied the many small ways in which external help was given and received in the community. Such help often remains invisible because it is fed quietly into the community through familiar people and existing structures. People are not always aware that they are being helped. The professional expertise behind self-help tips or a leaflet picked up in a library is seldom regarded as external or professional support.

## D 5

### **REVEALING THE PRINCIPLES UNDERLYING MY DISASTER MANAGEMENT PRACTICE**

This section is about the principles I discerned that lay behind the work I had developed instinctively from my experience and practice. The reader may prefer to leave this section until they have read the account of my work in Omagh in Part E as this work, and the reading I have done since then, has contributed greatly to the thinking presented in this section. I have made a decision to place this section here so that Part D provides a comprehensive account of my disaster management principles and practice.

Understanding the principles more clearly has helped me locate my work in relation to that of others in disaster management and helped me to define what I do more effectively. This in itself takes my work into a political sphere of challenging establishment views about disaster management and contingency planning.

#### **MY TACIT UNDERSTANDING OF DISASTER MANAGEMENT THEORY**

Disaster work in the UK was hardly established at the time of the Hungerford shootings, especially in relation to schools. I only had the templates being developed by the first UK specialist consultancy set up in 1989 by people who had worked in the disasters just prior to Hungerford. I approached the work from the perspectives I knew best, one based in community work (Henderson & Thomas, 1980), preventative education, approaches from humanistic and transpersonal psychology (e.g. Maslow (1956), Assagioli (1975), counselling and group work theory (Egan, 1986) facilitation theory (Heron, 1990). This was congruent with my own practical understanding of disaster work. I understood the trauma experience as a holistic process in which the people affected were an integral, self-determining part of the journey.

Thus my theoretical stance was clear to me tacitly, if not propositionally, and it resonated with other accounts of UK disaster managers suddenly thrust into this role following the spate of UK disasters in the 1980's (Newburn, 1993a; Mead, 1996). However, I did not know the full range of what was available and what I was rejecting. At that time, the psycho-social view of disaster response was generally accepted, as

shown by the fact that the first Government Disasters Working Party consisted mainly of Social Workers (Home Office report, 1991). Raphael's book *'When Disaster Strikes'* (1986) was regarded as the definitive text for psycho-social disaster response. It drew on the work of disaster sociologists such as D.S. Mileti et al (1975), Thomas Drabek (1986), Enrico Quarentelli (1978) and Russell Dynes (1970) who were influential in challenging the theoretical models of civil Emergency management from the military command and control models to those requiring partnership with communities. Other early practitioner researchers were social psychologists with a strong feel for viewing the individual in their social context (e.g. Lifton, 1968; Erikson, 1976; Lindy et al, 1981).

My propositional enquiries helped me unravel the many dimensions involved in disaster work, each with their own theories, concerning spatial impact, the temporal stages, the scales and types of event, levels of impact (personal to community), types of survivor, aspects of impact (psychological, physical, social), and organisational issues. This complexity is rarely covered in one integrated theoretical model as these examples show: environmental hazards (Kroll-Smith & Couch, 1993), war (Milgram, 1993); their context, e.g. work-place (Mitchell, 1983; Williams, 1993), schools (Ayalon, 1988; Johnson, 1989,1993; Capewell 1994, 1996); or the stage or type of involvement, such as psycho-social (Hodgkinson & Stewart, 1991, preventative (Ayalon, 1988, Lahad et al in CSPC vol. 1,1988, 1993) and age or social group (Gordon & Wraith, 1993, Figley, 1985, 1989).

Trying to construct my own theory as an external, independent consultant made me appreciate that my confusions arose because models were designed for official, organisational responses or for a narrow aspect of the disaster, such as psychological treatment, rather than for my role. General management models of consultancy were geared to planned, longer term involvement in organisations. My reality was that I was contracted by policy makers and managers who had little or no experience of making decisions in this kind of environment. They relied on, as noted by Berger and Luckman (1966:15), non-theoretical or 'common sense' assumptions. Unfortunately, in the volatile disaster climate, 'common sense' may be heavily distorted by personal reactions and social constructions of the meaning of disaster and needs of survivors.

## THEORIES OF DISASTER MANAGEMENT

### Developing my theoretical understanding of my work

My reflections on my practice showed that what I was learning from articles and other professionals was influenced by a combination of the following theories, models and principles based on:

1. **Accumulated human wisdom and folk tradition** in which horror has to be confronted with the help of others and cosmic powers resulting in some kind of transformation and growth, for example the Native American rituals for the reintegration of warriors, 'dehumanised' by war, into the community (Wilson, 1989). In more restrained societies, a different wisdom of emotional control and public inaction developed.
2. **Medical and psychological recovery models**, ranging from the management of 'moral cowardice' (war trauma) by hanging or firing squad to 'talking cures' of Breuer, Rivers and Freud (Beveridge, 1996) in which social support would speed their recovery. Some models moved beyond the deficit view of trauma (focussing on symptoms and dysfunction) to disaster management as a means of mobilising coping and resilience (Caplan, 1964, Lazarus, 1977). Green, Wilson and Lindy's model (1985) was particularly influential and sought to accommodate cross-sectional and the longitudinal, stage elements of disaster.
3. **Emergency Planning models of disaster management** The concept of strategies for responding to whole community threat and damage had its roots in the research of Quarentelli (1978, 1984) and Drabek (1986). Emergency planner's predominantly used stage models, according different sets of tasks and priorities to each phase, with A.F.C. Wallace in 1956 first defining the stages: warning, threat, impact, inventory, rescue and remedy, recovery and rehabilitation (Kroll-Smith and Couch, 1993: 81). These were later refined by others to become: warning, impact and rescue, immediate aftermath (including phases of euphoria and close bonding), medium-term (as the impact sinks in, disillusionment) and long-term with either recovery at a different or enhanced level of adaptation or disintegration (Raphael and Wilson, 1993). Sociologists have questioned the stage model as too simplistic for every kind of disaster and the differential recovery of different parts of the community (Kroll-Smith and Couch, 1993: 81).
4. **Community Preventative Educational Models**  
These models grew from a salutogenic approach to disaster (Caplan, 1964, Lazarus, 1977), where coping styles, not symptoms, were emphasised and recovery was viewed as a communal activity. They emphasised the mitigation of

potential problems by pro-action and outreach to all parts of the disaster community because of the stigma attached to asking for help (Lindy et al, 1981). Pro-active prevention influenced Ayalon's Community Oriented Preventive Education programmes (1988); Lahad's Community Stress Prevention Centre work (Lahad et al 1988,1993,1996, 1998, 2003); and the three stage preventive action model for schools developed by Nader and Pynoos (1993). Preventative action also informs critical incident stress management and debriefing models of Jeffrey Mitchell and his associates (Mitchell, 1983, 1988; Dyregrov, 1997; and for schools, Johnson, 1989, 1998). The importance of community educational and psycho-social action in the immediate response has been recognised in the USA National Institute of Mental Health (NIMH 2002) and the work following the Omagh bomb (Gillespie et al, 2003). Zinner and Williams (1999: 237-254) have devised a '*Reference Frame for Community Recovery and Restoration*' from analyses of many community disasters that identifies characteristics in the pre-, during and post-disaster phases that, if encouraged by helpful processes, will help the community recover.

### **MY CURRENT THEORETICAL POSITION**

By looking at the different theoretical viewpoints, I was able to understand where my practice was located. My attempts to ensure hidden voices were heard resonated with the advocacy for the same by Hewitt (1995, 1998). I agreed with others (e.g. Davis, 1999, 2001) that a purely psychological view of the disaster impact was too narrow and that other aspects need attention, such as the impact on the economy (Hirshleifer, 2002). On the other hand, some emergency planning models pay insufficient attention to psychological issues and Dynes believes that social capital, not the destruction of physical infrastructure should be the primary base for community response (Dynes, 2003: 15). I also concur with Dynes who argues that previous writing has focussed too much on past situations rather than considering models for the future:

*"...outmoded ideas [are codified and presented] as universal truths. In the future, unconventional "hazards" will impact non-traditional social units. Standardizing a format could delimit flexibility and creativity ... an iron cage in conceptualizing the future."*

- Dynes, 1999

Throughout my work, I have noted my unhappiness with fixed protocols and the military 'command and control' model that has dominated many statutory emergency planning departments. Dynes argues that:

*"legislative and technological 'improvements' often make emergency planning more rigid and increasingly inadequate. A more adequate model [is] based on conditions of continuity, coordination, and cooperation."*

- Dynes, 1994: 141-158

Rigid control is rarely necessary as total chaos in a community is uncommon unless there are strong pre-existing grievances and inequalities (Dynes, 1970, 2003; Drabek, 1986). People have always been active in their own rescue and recovery, pointing to the 9/11USA rescue as being *"flexible and adaptive, not centrally directed"* (Dynes, 2003). Indeed, others believe that such spontaneous networks are vital for the rapid dissemination of information and for innovative information gathering and response (Comfort and Cahill, 1988:181). In many situations *"lower level personnel are faced with on-site decisions ... for which there are no clear pre-existing policies or standard operating procedures"* (Lewis, 1988:175), a situation also found in the Hillsborough disaster (Davis & Scraton, 1997: 13). Unfortunately, many of the post 9/11 US Homeland Security concepts have seen a return to:

*"... clean Command and Control lines with the public viewed as disruptive and lacking in skills – [with the ironic result that the] fight to remove the burka [will serve] only to keep our own population shrouded in burkas of control."*

- Dynes, 2003

My thoughts have also led me to think about the application of Chaos Theory to disaster management and I discovered from internet searches that this has been explored in California by Koehler, whose conclusion in the last line is the same as my own:

*"Generally, the implications of chaos theory is that 'no grand theory of management is likely to appear' and by extension, no grand theory of disaster management will appear that applies to all disasters and all environments particularly in varying social time contexts. Sweeping theories are replaced by bounded classes of rules of thumb. But, in a disaster situation, even rules of thumb may be unstable. The challenge is to develop managers who possess*

*the capacity and tempered self-assurance to contend with these ever-expanding rules of thumb."*

- Koehler (1996)

Such thoughts may have even more relevance with the massive changes noted by t'Hart in recent years with the 'politicisation and globalisation of crises, the greater involvement of media and the empowerment of victims and survivors' (t Hart, 2001)

Alternative models of crisis management have been sought. Dynes called for a **problem solving** approach that allows solutions to be improvised in the response period, building on patterns of pre-disaster behaviour rather than trying to plan for every situation (Dynes, 1994:152 Dynes). Hills prefers to speak of 'liaison' between different agencies rather than command and even co-ordination, as this 'provides an environment in which co-operation and feedback can thrive' (Hills, 1994). These desires for models that can accommodate divergence, emergence, platforms for hidden voices and unpredictability back my assertion that **action research** has relevance to strategic disaster work and its methods.

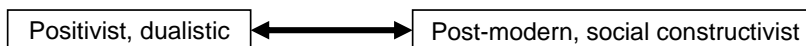
Such strategies are by no means new. From early on in my practice I was aware of models of community based strategies akin to participative action research in the work of people dealing with mass emergencies in non-westernised countries (McCallin, 1992, Tortorici, 1992, Brinton Lykes, 2001). The community-centred approach was recommended by the World Health Organisation in 1976 (Métraux & Aviles, 1991) while others were promoting an ecological or 'person-in-environment' perspective of disaster management (Germain, 1981); holistic approaches (Dagnino, 1991) and empowerment and participation by Jareg (1991). I felt western disaster response could learn from them, yet they seemed to be ignored and then subsumed by attempts to set up trauma clinics based on western medical treatments. Some of these ideas have, however, been integrated in the west, for example Joanne Tortorici Luna's '*Collaborative, Community Diagnosis and Healing*' designed to guide a school to evaluate its own psychosocial state and then to develop ways to impact on the problems identified by its inhabitants. (Tortorici Luna, 2002:3).

Dynes recent ideas for the future of disaster management (Dynes, 2003) in terms of social capital and social mobilisation also have the characteristics of action research. Building community resilience, he claims needs **creativity; flexibility** (the ability to swap roles); **wisdom** (the ability to question what is known, know limits, and seek new

knowledge, **respectful Interaction** (the capacity to listen to others and either act on what they say or integrate with their own ideas), the ability to self-organise, and the courage to **by-pass old experience** (Dynes, 2003)

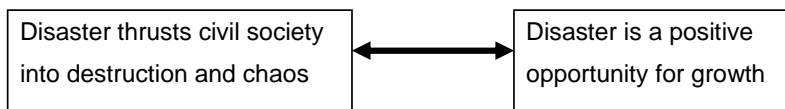
A synthesis of all my practical, experiential and propositional learning has helped me understand how different theories correspond to where people place themselves along different axes of thought and how I need to clarify where I stand. I have drawn below the axes which I think are important. The extreme position is given in the boxes at either end and I have added a statement of where I believe my practice is located along each axis:

### Axis 1: Underlying philosophical world-view



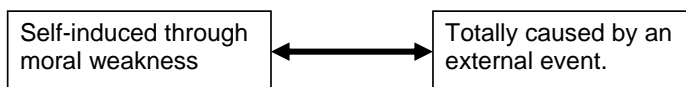
**I believe** the impact of disaster is an interaction between the objective reality of the external event and the subjective realities of the people experiencing it. I agree with the view that *'crises are the domain of multiple realities and conflicting cognitions.'* (t Hart, 1993: 48).

### Axis 2: Beliefs about human behaviour:



**I believe** that disaster created both chaos and growth but that chaos often contains the seeds for new ideas and resourcefulness. Human resilience outlives physical infrastructure and communities quickly self-organise and adapt to the new situation, though this may be speeded by timely, high quality assistance

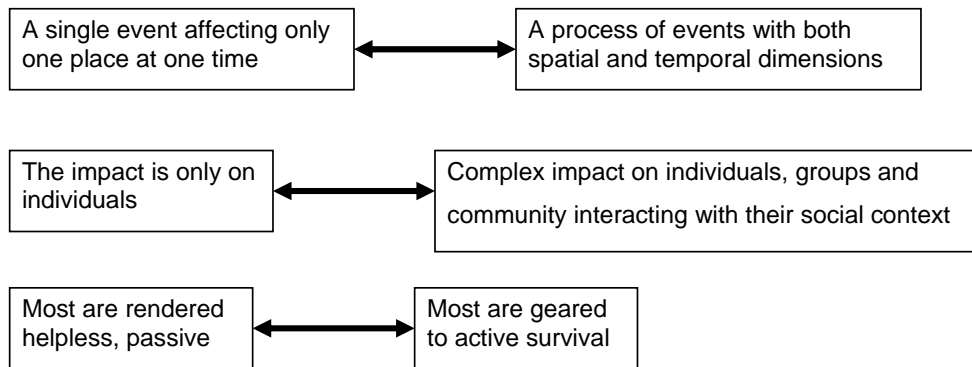
### Axis 3: Beliefs about the cause of traumatic stress reactions



**I believe** they result from an interaction between personal psychological and biological factors, internal and external coping resources and the specific features of the person's experience of the event. Anyone can be traumatised, though some are more likely to develop clinical reactions than others



#### Axis 4: Beliefs about the extent and nature of impact



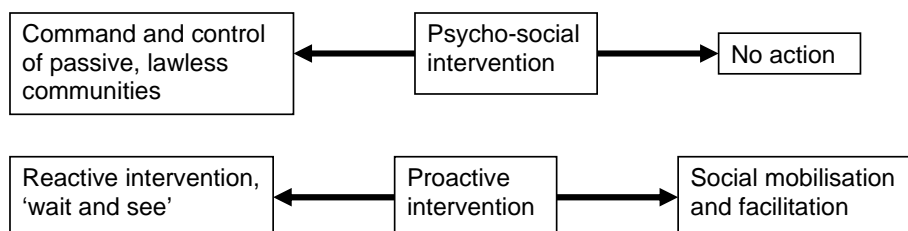
**I believe** that disasters set off processes spatially, (the 'ripple effect', affecting far more people than those directly exposed), and temporally, with definable phases though these may operate at different times in different places. The impact could be individual, collective and cumulative but variable in terms of intensity, timing and speed of recovery depending on many variables. While some people may be rendered helpless and passive, self-help and organisation of lay people would always be present especially before professional organisations are mobilised

#### Axis 5: Professional perspective



**I believe** that the impact of a disaster is an ecological issue but that my professional interest focussed my attention to social, psychological and educational aspects

#### Axis 6: Disaster response styles



**I believe that** different styles of response are needed at different times and places with flexible approaches geared to social mobilisation and empowerment. I preferred to be facilitative rather than interventionist, but believed that doing something rather than

nothing was always preferable even if only to determine that no action was needed. I believed it was immoral to wait for problems to develop for the want of preventative action to deal with problems while they were small.

In practical terms these underlying beliefs translated in to beliefs about how I would practice, especially where there was no predetermined community disaster response plan beyond the initial rescue and recovery, and no plans in the organisations I worked with. Action research strategies, in which knowledge was gathered collaboratively in cycles of action, reflection and planning, was ideal for these volatile situations.

A few years after I began my business, I began to include a document about the principles guiding my work in the information pack I sent to clients. This is my most recent version:

### CCME's GUIDING PRINCIPLES

- ☞ **The good management of an incident and its aftermath is important in reducing the primary stress of the incident and mitigating secondary stress and other repercussions.** Just providing post-trauma support services is not enough.
- ☞ **The basis of good crisis management is good general management.** If integrated as a normal part of general management then the movement to managing disaster or will be smooth. Disaster has the power to reveal weaknesses in organisations, such as poor communication, staff morale and administrative systems.
- ☞ **The disaster response needs systems which allow fast, flexible and informed thinking.** Bureaucratic processes needed for normal decision making will need to be supplemented with a more flexible and responsive style.
- ☞ **A rapid response reduces unnecessary secondary trauma and long-term costs.** Time and energy will not be wasted dealing with preventable stress, team and organisational issues.
- ☞ **Most individuals, schools and communities are capable of coping with and managing their own incident IF supported and empowered to do so.** Trained, supported and resourced 'recovery' agents can reach parts of the community not easily served by statutory agencies and provide the stepping stones to specialist help.
- ☞ **Vicarious traumatic stress in staff can be reduced by appropriate management.** Both staff and managers, whether directly or indirectly involved in the

response, can be affected. Good management of the incident and its aftermath, pre-incident training can significantly reduce staff stress.

- ☞ **Teams, communities and organisations need attention, not just individuals.**  
Team development for the disaster response team before an incident is as important as individual skills training. Support after the event is also needed for the whole team, even if not used. Any system disrupted by disaster may need assistance to anticipate and manage the friction and differences created by sudden change.
- ☞ **That no single agency or profession has a monopoly on disasters or the recovery.** There is a place for a whole range of social, medical, educational and other interventions given by a range of professional and lay organisations. Everyone has a place as long as everyone: knows their role, knows when their specific contribution is best used and respects the roles and skills of others.
- ☞ **Effective inter-agency responses rarely happen without joint preparation.**  
Issues of leadership, lines of management, different philosophies and practice, roles and professional/agency jealousies need to be addressed well before disaster strikes. Flexible co-operation between agencies is more likely to work in real disasters than rigid co-ordination (Hills, 1994)
- ☞ **Effective responses are community led, specialist supported and expert guided.** In major incidents that overwhelm local agencies, there is a place for using external expertise - as manager/team consultants, co-ordinators, or providers of top-up services. The sensitivity with which help is introduced and offered is crucial and they should know when to leave, having empowered local agencies to sustain the response.

The most recent addition to my document is:

- ☞ **Action research approaches are my preferred style of practice.** Disasters are complex, unique and contextual events that set off a process in which cumulative feedback loops are created which influence the course of events. Action research methods can accommodate the diverse nature of people, their reactions and actions. They seek to mobilise and harness helpful processes to influence the future and help the community to direct and achieve its own healing, with external support being offered in partnership, rather than being imposed.