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Five Years Later: Resiliency Among Older Adult Survivors of Hurricane Katrina

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The purpose of this study was to examine the resilience of older adult survivors of Hurricane Katrina in light of their traumatic experiences and multiple losses. Ten Mississippi Gulf Coast residents who have survived Hurricane Katrina and its aftermath were interviewed. The participants were 65 years old or older. Their responses were audiotaped and transcribed. The transcripts were analyzed using phenomenological methodology and NVivo 2.5 software. Three major themes emerged. Participants described finding personal gratification, realizing their ability to cope, and developing a new interest in life through their novel experiences.

KEYWORDS older adults, elderly, resilience, Hurricane Katrina, trauma, qualitative study, phenomenology, natural disaster

INTRODUCTION

Hurricane Katrina devastated the Mississippi Gulf Coast in late August of 2005, affecting more than 90,000 square miles of coastline. Although no particular demographic of persons was spared, the elderly population was most gravely affected. In fact, according to Sharkey (2007), “old age [was] the single most important factor in determining who fell victim to Katrina” (p. 487). Hurricane Katrina confirmed the assertion by Ngo (2001) that elderly persons are among those most vulnerable in disasters. The literature focusing on natural and human-made disasters (Busuttil, 2004; Hooyman & Kiyak, 2008; Rokach & Neto, 2005) is replete with descriptions of the negative effects of trauma, loss, and relocation (the major aspects of any large scale disaster) on the elderly. The expected negative impacts of Hurricane Katrina...
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and its related disruptions of life among the elderly, however, were not universal. Thus, the aim of this study was to examine the stories of those individuals who seem to have not only eluded many of the negative consequences associated with large scale disasters, but thrived in spite of them. This phenomenon is referred to as resilience.

The literature is replete with varying definitions of resilience, but the common thread running through the variety of perspectives is the relationship between adversity and adaptation. Further, most—though not all—researchers agree that resilience is more than surviving adversity. In fact, most resilience theorists describe the phenomenon as one through which individuals garner new strengths and abilities that they would never have acquired had it not been for the adversity (Crosnoe & Elder, 2002; Garmezy, Masten & Tellegen, 1984; Norman, McCluskey-Fawcett, & Ashcraft, 2002; Werner & Smith, 1982).

For the purposes of this study, resilience is defined as a highly individualized set of coping skills developed out of, and in response to, high-risk experiences (Fraser & Richman, 1999). Emphasis is placed on the process of developing new skills because of highly stressful experiences. Focus is on the abilities to cope with subsequent stressors garnered as a result of previous stressors. Some studies of resilience in old age, such as one published by Brown and Lowis (2003), have utilized Erikson’s principles in measuring life satisfaction and adaptability in late life. The authors found that there was evidence of a ninth stage of development, as hypothesized by Erik and Joan Erikson (1997) in which growth and development continue and elderly people are able to meet the challenges of extreme old age. In fact, the ninth stage presents the opportunity for a new outlook on life, enhanced meaning, and a refocusing on the world around them. This finding is important to our study in that this study presumes that resilience is a developmental construct and, therefore, resilience in old age is dependent on one’s continued psycho-social growth and development as one ages.

Roberta Greene (2002) described the striking phenomena of resilience development in survivors of the Holocaust. In a qualitative study including interviews with 13 survivors, Greene found that resilient survivors were not immune from distress, but that even in the midst of enduring the atrocities of WWII, they were able to remain connected to other human beings, maintain a level of resolve, and to find meaning in what their experiences.

Other researchers have also confirmed that traumatic experiences are opportunities for growth. Hooyman and Kiyak (2008) wrote that many elders, over the course of their lives, have developed resilience through successfully navigating challenging life experiences. The actual ability for an individual to cope is unique and based on his or her own developed coping skills, as well as various factors associated with life events. Such factors include an individual’s cognitive assessment of the life event, the overall anticipation of the event, the accessibility of social support, and, finally, prior
experiences of comparable events (Hooyman & Kiyak, 2008). In fact, many people seem to develop great resilience by experiencing and successfully coping with challenging, even traumatic events.

Assimakopoulos (2001) hypothesized that for each individual who experiences trauma, there is a “pivotal moment” in which the individual moves from victim to resilient person. People transform themselves from pathological to adjusted, from victim to survivor. She went on to identify the following eight themes in this process of adaptation: (a) reframing adversities as an opportunity for growth, (b) internalizing a sense of competence leading to improved self-esteem, (c) exhibiting a pattern of successful adaptation, (d) finding a sense of purpose or meaning in life, (e) rejecting the victim role, (f) possessing a clear perception of what constitutes resilience, (g) describing a pivotal moment when they moved from a defensive adaptation to a healthier mode of coping; and (h) contextualizing their traumatic experience and any subsequent reactions to it.

Richardson (2002) argued that life is full of disturbances, some expected and others unexpected, and that those who merely get through those disruptions, rather than growing from them, become stagnant. The resilient person realizes growth in mastering crises.

To say that life was disrupted by Hurricane Katrina is a gross understatement. The violence of the storm left the land unrecognizable and the basic requirements for human survival nonexistent. Even those who eluded the direct impact of the storm by evacuating found themselves in alien worlds and without resources. The ordeal was especially difficult for older adults. Shelters were unprepared to accommodate their needs, temporary living situations were far less than adequate, and the trauma of their losses was compounded by the enormity of the devastation.

UNDERPREPARED SHELTERS

One major issue that Gulf Coast residents faced in the wrath and aftermath of Katrina was the lack of appropriate shelters and services designed specifically to meet the needs of the thousands of displaced elderly residents. Although the various established shelters certainly did not turn the elderly evacuees away, they were not adequately prepared to provide appropriate care to these individuals. Krisberg (2007) wrote that, according to AARP’s CEO, Tom Nelson, it was evident that the needs of the elderly were not considered in disaster planning, including shelter planning. Of the more than 1,000 shelters that opened within the region, few were prepared for the needs of older evacuees. Personnel managing the Reliant Astrodome Complex in Houston, Texas, for example, reported that many of the evacuees aged 65 and older who were without family members experienced unintended discrimination due to age-related difficulties,
such as being unable to read signs guiding evacuees to various stations designed to provide assistance. According to Baylor College of Medicine and the American Medical Association (2008), many elderly persons in the Astrodome were “so debilitated they could not advocate for themselves or access the on-site services . . . [thus] they languished on their cots unnoticed, usually suffering in silence as busy volunteers and staff attended to the needs of more able-bodied evacuees” (p. 1). Fortunately, a multidisciplinary team of gerontological workers was later formed at this particular shelter to better provide for the elderly evacuees.

Forced Relocation

Adjusting to a new location is certainly achievable as most individuals are able to adapt successfully and adjust to new surroundings (Rokach & Neto, 2005). However, relocation among the elderly is often experienced with overwhelming stress and anxiety when the elderly individual has little to no control in the decision to relocate (Hooyman & Kiyak, 2008). Clearly, the loss of control, added to the trauma created by the loss of property and deaths of friends and relatives, was overwhelming to many older residents of the Mississippi Gulf Coast.

Of course, thousands of Gulf Coast residents were forced to relocate after the hurricane, and many had no control over where they went, or even if they went. Relocation was particularly difficult for older people, because it was a psychological stressor that exacerbated the individual’s separation from a familiar environment and support systems (Rokach & Neto, 2005). Oftentimes, older individuals experienced greater difficulty adapting to changes in the physical environment than younger persons, because many older people lived in the same home for many years and were very accustomed to their particular surroundings (Hooyman & Kiyak, 2008).

Effects of Trauma

According to Busuttle (2004), typical life events experienced by the elderly, such as loss of spouse, loss of a role in the workplace, forced isolation, sensory decline, and a decline in such areas as physical health, may exacerbate distress over past ordeals. According to Chung, Werrett, Easthope, and Farmer (2004), elderly persons were more at risk of experiencing posttraumatic stress disorder than were younger persons following a natural disaster. Certainly, the older adults who experienced Hurricane Katrina were at risk for complicated symptoms of psychological trauma.

Recovery

In the years since the storm, very little attention has been given to the lasting impact of Hurricane Katrina on the quality of life among elderly
residents of the Mississippi Gulf Coast. The national media, at the time of the disaster and since, focused most on the plight of New Orleans residents and the destruction caused by the levee breaks. Few reports covered the plight of those in Mississippi who survived the brunt of the surge, and fewer still examined the storm’s impact on older adults in the area. A front-page editorial in the Gulf Coast’s major newspaper, *The Sun-Herald*, received a Pulitzer Prize for pointing out the uneven coverage of the disaster on South Mississippi and its consequences.

If the American people and their elected representatives do not truly know the scope of the destruction here, and if they are not shown the ongoing conditions afflicting so many, then there are consequences . . . in Washington, where Congress will act, or not act, to relieve the incredible pain that has reduced the condition of so many American citizens to Third World status or worse. (“Mississippi’s Invisible Coast,” 2006, p. A1).

Federal and state governments also ignored the storm’s impact on the elderly as they did with other low-to-moderate income individuals who continued struggling to rebuild their lives in the face of overwhelming challenges (Sanchez, 2009).

In direct contrast to what has been shown to be the norm, or expected, personal responses to disaster or major large-scale disasters and upheavals, is the remarkable resiliency of survivors. In the absence of the world’s awareness of their horrible plight, with a lack of support and encouragement, and with few tangible resources; some elderly survivors of Katrina demonstrated an extraordinary ability to cope, both during and after the storm. In fact, it appears as though some elderly survivors not only weathered the storm, but thrived and grew, even finding new purpose and meaning in their lives. The aim of this qualitative study was to investigate the stories of elderly Gulf Coast residents who did not respond in predictable ways to large-scale disaster, but thrived and grew in the wake of Hurricane Katrina.

**METHOD**

This study sought persons who demonstrated great psychosocial strength. Participants (*n* = 18) were recruited over a 3-month period (September through November, 2007) through fliers displayed at various recovery agencies along the Gulf Coast. The fliers asked for input from people 65 and older who had experienced Hurricane Katrina first-hand and who would tell their stories to help researchers understand the strengths of survivors. Among those who responded, 10 older adult Katrina survivors from the hardest hit areas of the Mississippi Gulf Coast (Bay St. Louis, Pass Christian, and Long Beach) were selected and subsequently included in this study. Selection was
based on resilience as evidenced by the absence of depression and a high quality of life (Bonanno, Galea, Bucciarelli & Vlahov, 2007; Keller, 2005) and measured by scores on the Beck Depression Inventory II and a modification of Hale’s (1982) life satisfaction scale respectively. The modified Life Satisfaction Scale included ten areas of life that Hale (1982) found to be associated with the presence or absence of depression in a sample of 68 men and women aged 63 to 94. Participants were asked to rate themselves in each area using a five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). It was chosen for use in this study because it measures satisfaction in the major areas of the participant’s life, and it is easily scored. A score of 14 or lower on the Beck Depression Inventory was required for an individual to be included in this study, because a score in that range indicates the absence of depression (Beck, Steer, & Brown, 1996). A score of 35 on the life satisfaction scale was required, as such scores indicate that the participant has better than average satisfaction with various life domains.

Of the 10 participants, seven were White and three were African American. The average age was 73.4 years. The youngest participant was 67, and the oldest 83. Four held master’s degrees, two had bachelor’s degrees, two associate’s degrees, one a high school diploma, and one a GED. Six were women and four were men. All participants had survived Katrina’s 125-mile-per-hr winds and 30-foot storm surge. They each experienced the loss of lives of people they had known in their communities and survived living for months in shelters or the homes of relatives.

Semistructured interviews were used to collect the raw data. Each interview lasted between 1-1/2 to 2 hr. Participants were asked, among other questions, to describe their experiences of Katrina, their initial reactions to the devastation, what coping skills they used to manage their stress, and how the experience fit into their whole life story. Answers were recorded on audio tape and notes were taken with pen and paper. The tapes and notes were then transcribed into NVivo 2.5 software (QSR International Pty Ltd., 2000).

Following Giorgi’s steps for data analysis, the transcripts were first carefully read to obtain a broad perspective of the individual’s story. Second, the researcher reviewed the text to discern concepts common among the 10 interviews. Paying particular attention to each participant’s perspective on the world and his or her place and role in it, the researcher looked for patterns of thoughts and behaviors. These are deemed meaning units (Giorgi & Giorgi, 2003). Next, the researcher developed conceptual themes that encapsulate the essence of the shared experiences and the meanings given to them by the participants. To enhance the trustworthiness of this study, the researcher utilized peer debriefing. A second researcher who has considerable experience in qualitative research and is a professor of social work reviewed the data. After a discussion of the methodology and the data, the researchers compared their findings and concurred. Finally, the
FINDINGS

Helping the Community

Managing to cope successfully with this traumatic experience resulted in a new sense of community and mutual support. Having been displaced to unfamiliar environments, the participants returned to their communities to find their neighborhoods, homes, personal effects, and lives completely decimated. In the midst of the destruction and chaos, participants discovered that they were not alone. Indeed, thousands of other people were experiencing the same devastation. As friends, neighbors, and strangers came together to manage life without the barest essentials, such as water and electricity, study participants realized that they could receive and, more important, give support. One participant who had nothing left of her house except a shell said, “Now we’re trying to help the community make good decisions about how we will rebuild.” Another survivor remarking on his efforts in his community noted, “You just do. . . . It’s built into you. The help of your friends—you can’t operate in a vacuum—that’s what gets you through things.” All participants reported experiencing a new sense of commitment and belonging to their communities and a rediscovery of their abilities to make valuable contributions.

Handling What Comes My Way

All 10 participants also listed their personal strengths as instrumental in helping them cope. They described a new sense of confidence in their own abilities and, therefore, of their capacity to bring about positive change for themselves. One 72-year-old woman stated, “My high energy level has been a really important strength; my physical strength and good health, optimism, intelligence, and ability [to problem solve]. It reaffirmed my beliefs that I am resilient enough to handle anything that comes my way.” An 83-year-old participant said she coped by “calling on former ways of doing things. I’m an assertive person. I can stay on top of the contractors rebuilding my house and harass them until the job is completed.” Another participant reported that his skills in being specific and following through helped him get his rebuilding started and keeping it organized. “There’s always something you can do. I set up a system . . . systematizing my behaviors.” To their surprise and delight, participants found that they had retained and could put to effective use the knowledge and skills they had developed over their lifetimes. Circumstances demanded that they draw on their past experiences to
navigate new challenges. Taking into consideration the cohort effects of this generation, one might surmise that having survived the Great Depression, World War II, rationing, and economic depression, the study participants had a wealth of strategies for coping with the scarcity of resources and difficult living conditions imposed on them by Hurricane Katrina.

New Interest in Life

One male participant described his experience of the storm in these words:

During Katrina, we didn’t have time to be afraid. We climbed into the attic with the dogs and cats. One cat died. A tornado actually went by right behind the house during the storm. It was scary when we got down from the attic because all we could see was probably six or seven inches of mud and water and debris. Trees and limbs and everything were everywhere in the house.

Describing his life since the storm, he said:

At one time [before the storm], I was totally anticipating making it to 70 and then if I lived beyond that I didn’t care. Then I got to 75 and the storm hit, and now it’s been so interesting because I’m more interested in living a while longer now than I was before. So, now I’m fully prepared to go, but it’s a lot more interesting hanging on and finding out different things and meeting different people and so forth.

This new sense of interest and appreciation for life was common among all 10 participants. As one stated, “Life is more interesting. It made me appreciate what I have, you know, in each other. I very much could have lost my husband in the storm, and I realize that.”

The participants in this study experienced confusion, if not panic, in the preparations and evacuations as the massive Hurricane Katrina approached the Gulf Coast. The residents of the Gulf Coast had just recently evacuated for Hurricane Dennis, which proved to be of little consequence. Then, early reports of Katrina’s approaching the Gulf Coast seemed to indicate little need for preparation. When authorities and residents realized the real and imminent danger Katrina posed, there was little time to plan, prepare, or evacuate. Those who did evacuate took very little with them. Some took neither clothes nor medicines. Fewer still managed to take sufficient medications, food, clothes, important documents, photographs, or valuables.

Study participants experienced fear, if not terror, as the United States’ second-worst natural disaster ensued. Several participants described climbing into their attics or out on to their roofs to escape the rising water. One told the story of her good friend, Leroy, drowning.
Leroy, the one that drowned, they tried to hold him up as much as they could. He kinda panicked like and he told them don't hold him no more, just save themselves, and he finally just turned loose and let go and he drowned, and his body laid there in that room once the water went down for about 2 days.

The study participants experienced grief and frustration, if not despair, in the weeks after the storm as they started their lives over again in the midst of the overwhelming devastation. As a male participant stated, “Everything was out of control, out of sync, and you were facing some new tragedy every moment.” At some point, they realized that they had survived the ordeal, and thus had to put their lives back together. Additionally, they discovered they had the capacity to, and were needed to, help their neighbors and their communities rebuild. Through rediscovering their ability to manage challenging situations and by contributing to the rebuilding of their communities, the participants demonstrated an understanding that, although the devastation was beyond their control, their reactions to it were not. Rather than seeing themselves as victims of the disaster, virtually every participant described himself or herself as having control of his or her own destiny. Each maintained an internal locus of control with regard to personal responsibility and life choices. They could have given in to despair, but they chose instead to persevere. They could have remained victims, but they chose instead to become survivors. They realized that, although they could not control the devastating losses, they could control how they reacted to them.

In fact, according to most participants, they influenced those around them to reframe their losses. One participant, while comforting another survivor distraught over her losses, said, “Why are you crying? You haven’t lost a person. As long as you’re alive and the ones you love are alive, you can rebuild your life.” Participants also noted that they seemed to be able to cope with the loss of power, water, and telephones much better than the younger people around them. A study participant said, “We remember what it was like before we had all these things. To us, those lost things were luxury items. To younger people they were necessities.” Older adults were able to use skills learned through their experiences with war and economic depression to cope with post-Hurricane Katrina conditions. A woman in her 70s recalled how she got her morning coffee. Each night she heated water on her charcoal grill and put the water in a thermos. In the morning she would add instant coffee to the warm water. “It was awful,” she said, “but it was coffee.”

DISCUSSION

These stories support Rotter’s (1966) attribution theory. Specifically, the concept of locus of control was seen in the participants’ reactions to the
devastation Hurricane Katrina left behind. The study participants described a process of learning what parts of their lives and situations were within their ability to control. They realized that the hurricane and its destructive forces were outside their control. They believed their reactions were the products of their own choices and not the products of fate, luck, God, society, or some other external force. The participants in this study described independence of thought and behavior as a resilient trait. In other words, they maintained an internal locus of control and saw themselves as survivors, not victims. Further, they saw their experiences, as traumatic as they were, as beneficial, providing opportunities to reclaim their self-efficacy and tap into new interests and utilize skills they had not used for some time. Although full of loss and discomfort, the participants found that the disaster provided an opportunity to become engaged with life in new and meaningful ways.

Assimakopoulos (2001) described a “pivotal moment” in which the individual’s perspective of self moves from victim to resilient person. The participants in this study did describe themselves as being initially distraught and grief stricken, but none could pinpoint such a pivotal moment. Some noted that they knew immediately how fortunate they were to be alive and instantly understood themselves to be survivors. Others described being in a state of shock or trauma for days or weeks before coming to that same conclusion. There was no pattern among the participants of this study with regard to a pivotal moment. Clearly, though, at some point in the days and weeks after the storm, they realized that they were lucky and grateful to be alive. They set their sights on rebuilding their lives and their communities. This individualistic experience was a transformative moment, a force that “alter[ed] the intrapsychic map, moving coping from maladaptive coping to a healthier adaptation” (Assimakopoulos, 2001, p. 3).

The results of this study point out some basic characteristics of resilient older adults. First is the desire to give and receive mutual aid, and benefits derived from doing so. This characteristic has been noted in other studies as well, notably by Blundo and Greene (2007) who found that empowering older survivors involves building on community relationships. Second, the ability to handle what comes their way, or in other words self-efficacy, is common among older survivors of disasters. Norman (2000) found this to be the most significant characteristic in resilient people. Finally, the resilient older adult is one who is interested in and excited about new experiences. Challenging times are opportunities for resilience to emerge in the individual who has the curiosity to learn and grow from them (Greene & Greene, 2009). The process of becoming resilient among these elderly study participants was a function of interaction between themselves and their environments. These individuals learned, grew, and developed as a result of this large scale disaster. Clearly, these unique individuals made peace with a harsh environment. In the process, they not only survived, but found a new sense of purpose. Their sense of competence and renew interest in life was awakened.
IMPLICATIONS FOR SOCIAL WORK

Limitations

Although this study generated some important implications for social workers, there are some limitations. The purposive sampling weakens the generalizability of the findings. Also, several themes have been identified that bear further investigation. More research is needed in the area of trauma survival and resiliency among older adults as our aging population burgeons and the number and force of hurricanes increase with climate changes. Further, some findings may be unique to the culture of southern Mississippi, and coping skills and styles may differ across cultures and geography.

Practice

This study identifies some of the factors involved in developing healthy adaptations to trauma. The findings can be applied in practice with older adults in any number and type of human-made or natural disaster. Descriptions of how the resilient members of this population develop the ability to make psychological and emotional gains in light of their experiences make a valuable contribution to social work practice by providing insight into resilience building and by pointing to relevant and effective interventions for use with less resilient clients. Understanding the roles self-efficacy, internal locus of control, and the ability to find meaning even in catastrophic experiences will enable clinicians to develop effective assessments and interventions with older adult clients. The following paragraphs provide some examples of doing so.

For several years now, researchers have sought to describe how practitioners might apply interventions that would create resilience in otherwise impaired clients. Richardson (2002), for example, described the process of helping clients understand that they can work toward personal growth in the wake of trauma, to reframe negative experiences into opportunities for growth, and therefore, to value those experiences.

According to these authors, the social worker’s task is to utilize reframing and life review techniques to encourage and guide the client through the steps of the processes of examining stressful experiences for opportunities for growth and applying those opportunities to their lives.

Above all, practitioners should approach older adults with the same perspective as they would any other client, from a strengths perspective. They should eschew the stereotype seen in many text books of the older adult as fragile and dependent. The resiliencies identified in this study should be validated and affirmed in the lives of all older clients. The relationships and support networks that many older people have developed can be extraordinarily helpful in a time of need; they are often extremely independent and have made their lives profoundly meaningful.
The finding that participants demonstrated resiliency through community involvement with recovery efforts suggests that social workers would do well to assist less resilient clients in similar involvement. As noted, Blundo and Greene (2007) found that empowering older survivors involves building on community relationships. Involvement at the community level provides increased socialization as well as a sense of usefulness and belonging. Social workers can refer clients to volunteer programs, encourage involvement, and reinforce the psychosocial benefits therein.

This study also points out the benefits the participants experienced through a feeling of competence. In providing services to less resilient older clients, practitioners would do well to consider the results of this study and examine self-efficacy and locus of control. This is at the heart of utilizing the strengths perspective. Social workers can help clients identify and affirm their strengths and resources. Research has shown assessment and intervention in each of these areas to be effective in addressing mental health issues such as depression and anxiety. Practitioners should also assess the client’s locus of control to examine what issues the client perceives as being internally and externally controlled. Assisting clients in clarifying what truly is and is not within their own control facilitates the empowerment of the individual. Also, logotherapy as espoused by Frankl (1992) or existential therapy as espoused by May (1983) and Yalom (1980) assists clients in meeting life and all its conditions and creating their own life’s meaning. It is a

phenomenological-personal psychotherapy with the aim of enabling a person to experience his or her life freely at the spiritual and emotional levels, to arrive at authentic decisions and to come to a responsible way of dealing with himself or herself and the world around them. (Langle, 2005, p. 5)

Social worker practitioners should look for evidence based practices in this area.

Closely related is assisting clients by highlighting the new and interesting changes and challenges brought by disaster. The role of the social worker here is to guide the client to an appreciation of the hardships and the responses, such as new relationships and/or the recognition of the value of long-term relationships. Maintaining positive, rather than negative, associations with an event requires reinforcement over time. Social workers can help clients make these new associations by tying the personal and community benefits realized from the disaster to the event itself.

Advocacy

Social workers have a unique set of knowledge and skills that, along with the profession’s mandate to advocate for social justice, empowers them to
influence related public policy. Tully (2002) pointed out that public policies can foster resilience (as evidenced by the Americans with Disabilities Act) or discourage it. Public policy with regard to disaster preparedness and response has worked to discourage resilience among older adults, primarily due to the exclusion of older adults from disaster planning and response activities. Evidence of resilience in old age can help advocates to address these injustices and lobby for the inclusion of older adults in creating relevant and empowering services and programs for older adult disaster victims. “Empowering older people in order to address their own needs and develop a voice that can be heard is essential” (Deeny, Vitale, Spelman, & Duggan, 2010, p. 78).

REFERENCES


