

**Ministry in Disaster**

**Recovery**

**Settings:**

**Care for Survivors and**

**Self Care for Clergy.**

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## **SYNOPSIS**

Pastoral work after a disaster is a unique and demanding experience. There is nothing to compare it with, and no way to effectively prepare for it. The phases which survivors enter into and endure are intense, and their needs are great. The physical and emotional impact on individuals and communities can be devastating. While adrenaline pushes them to survive at the disaster impact, it and other hormones can become their worst enemy as they try to stabilize their lives.

There are also theological implications as people try and grapple with why God would allow a tragedy, and clergy are not exempt from this wrestle. Yet pastors still need to minister to others on a long term basis, despite their own questions, struggles and pain. Ministry in disaster settings is like walking off a solid path into space. It means entering into circumstance that is beyond the edge of normality and control. For some who have ministered in the field of disaster recovery, that walk off the edge has proven too much, and the tremendous impact has precluded them from ever entering ministry again.

Yet despite the rigors of working in a disaster recovery, there are significant moments of fulfillment. Helping people through the toughest moments of their lives is an important and satisfying work. To do so effectively, there needs to be an understanding of the issues involved – physically, emotionally, and spiritually – for both the victims of a disaster and the clergy who minister to them. This knowledge can empower a minister to work in a way which provides care for the disaster survivors, as well as adequate care for their own life and health.

As a pastor comes to understand what ministry in traumatic circumstances looks like, he or she will recognize what a hefty pricetag comes with ministry in this setting, but also what a

close connection they will have with the disaster they experienced, as well as with its victims.

## INTRODUCTION

Pastoral literature is filled with numerous methods and techniques which ministers can employ in providing pastoral care to those who have experienced sudden or severe loss. However, the unique issues and problems faced by those who have endured a disaster are not as well researched or communicated. Even less researched is the area of care for ministers in these disaster settings. Rosemary Chinnici noted this in her *Pastoral Psychology* journal article when she concluded with:

much more research needs to be done in the areas of analyzing reactions of ministers who have actually lived through a disaster, investigating ways of helping ministers respond more thoroughly following disasters, and understanding the pressures ministers experience in providing services when they themselves are victims.<sup>1</sup>

This project is aimed at exposing some of the issues faced by clergy (whether they have experienced the disaster first hand or not) as they endeavour to care for their community and themselves in a post disaster situation.

Disasters can strike at any time, whether they are by human instigation or by nature. The word 'disaster' in this context is:

A serious disruption to community life which threatens death or injury in that community and/or damage to property which is beyond the day-to-day capacity of the prescribed statutory authorities and which requires special mobilisation and organization of resources other than those normally available to those authorities.<sup>2</sup>

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<sup>1</sup> Rosemary Chinnici. "Pastoral Care Following a Natural Disaster" *Pastoral Psychology* vol.33 no. 4, 245 – 254 (Dordrecht: Springer Netherlands, 1985), 253.

<sup>2</sup> Australian Government, Attorney-General's Department, Emergency Management Australia. Cited in Stephen Robinson's *Ministry in Disaster Settings* (Lugarno, NSW: Emergency Ministry, 2007), xiii.

Disasters affect individuals, families and communities in significant and life changing ways, and often a spiritual leader from the community holds great responsibility in helping people grieve and recover. Because of the vastness and complexity of this topic, here we will only cover the first three months – from the impact of the disaster to the verge of the reconstruction phase – of ministry to those affected by disaster, and the self-care required for a pastor to sustain affective ministry. Note that the terms for clergy (minister, pastor, etc) will be intentionally intermingled to be broadly appropriate to various denominations and roles.<sup>3</sup>

It is well noted that a disaster will have phases. Although every disaster will have totally different characteristics and implications, people and communities will respond in some common ways. Generally speaking the bigger the disaster, the more intensely each phase will be felt and the longer it will last.

Figure 1.1 is a look at the phases of a disaster, followed by a discussion on the potential for intervention and involvement at each of these phases. Not all phases will be given equal weight here, but a recommended reading list will allow for further investigation beyond these discussions. Note that not all individuals or communities will experience these phases sequentially or in a linear fashion, but knowing the common experiences of disaster victims can be very helpful to those caring for them.

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<sup>3</sup> This is not to suggest that these ministry positions are the same, but rather that in the context of disaster recovery many of the same functions are performed by the various ministry personnel.

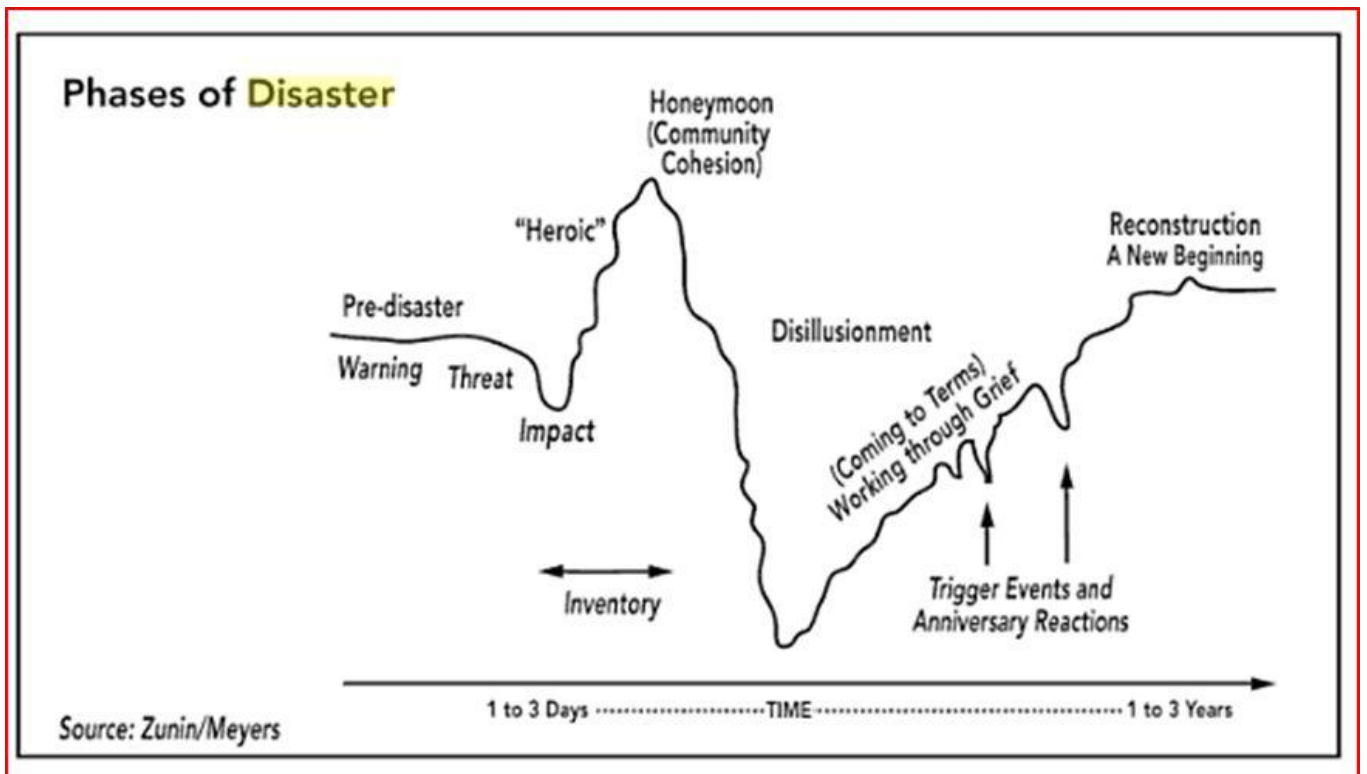


FIGURE 1.1 - Phases of a Disaster<sup>4</sup>

### PRE-DISASTER PHASE – THREAT AND WARNING

Not all disasters come with threats and warnings, but some – for example a flood - may do.

Many people can feel overwhelmed with the threat of danger and so do nothing to prepare for it. They may even say that instead of acting they are trusting in God’s protection. Here a minister can help people to recognize that ‘God will take care of me’ is usually an avoidance on action rather than a valid theological stance.

### IMPACT

This can take seconds, minutes, hours or even days, depending on the nature of the disaster. The list of possible effects on a person is almost endless, but some common experiences include: hopelessness; feeling overwhelmed; fear and heightened anxiety;

<sup>4</sup> L.M. Zunin and D. Meyers, in D.J. DeWolfe, *Training Manual for Mental Health and Human Services Workers in Major Disasters*, 2<sup>nd</sup> ed., DHHS Pub. No. ADM 90-358 (Washington, D.C.: U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services, 2000). Cited in Stephen Roberts. “Life Cycle of a Disaster” in *Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy* by Stephen Roberts and Ashley Willard (eds.) (Woodstock, VT: Skylight Path Publishing, 2008), 5.

emotional numbness and shock; memory loss; loss of attention span; difficulty making decisions; calculation problems; lowering of all higher cognitive functions; recurrent thoughts/dreams/nightmares about the event; tearful; changes in eating; overly alert; withdrawl from others; increased alcohol and drug use; fatigue; dizzy spells; headaches; sensitivity to noise.<sup>5</sup> Anyone involved in the impact of a disaster may respond with any number of these physical or cognitive effects, and this does not preclude a minister. However the difference with clergy is that there will normally still be an expectation for them to minister to others after the event, despite their own trauma.

### **RESCUE/HEROIC/MIRACLE PHASE**

For some ministers or chaplains, there will be a call to attend a disaster event, which will mean immediate contact with those who have witnessed or been part of a disaster or rescue. There may even be direct involvement at this stage in first-aid efforts, or pastoral care as family members identify bodies. There is often chaos on the scene, with a large number of emergency services personnel doing their specific tasks, and it can be difficult for a minister to understand his or her role in the event.

Stephen Robinson in his book, *Ministry in Disaster Settings*, recalls the situation for a minister named Glenn Cumbers who arrived on the scene of the Port Arthur massacres in 1996.<sup>6</sup> Upon entering the Broad Arrow Café (the scene of most of the murders) he wondered about his role:

I guess there was a lot of confusion for me about what hat I was wearing. Was I a first aider, or a minister? You'd offer up quick prayers and everything, but you had to

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<sup>5</sup> Stephen Roberts, "Life Cycle of a Disaster" in *Disaster Spiritual Care* by Stephen Roberts and Ashley Willard (eds.) (Woodstock, VT: Skylight Path Publishing, 2008),9. See article for full description of emotional, spiritual, and physical responses to impact phase.

<sup>6</sup> On April 28, 1996 Martin Bryant went on a shooting rampage, killing 35 people in the Tasmanian town of Port Arthur, beginning at the Broad Arrow Café.

do triage very quickly. The injuries were horrific, with bits of flesh... all over the floor.<sup>7</sup>

For the author of this book, who is a chaplain and also an emergency service volunteer, the need to physically change hats (one a regulation emergency services hard hat and the other a hard hat on which 'chaplain' is written) becomes necessary. This is not only so that others see which task he is performing at the time, but also as a reminder for himself.

What might occur after the initial danger is over is a sense of 'low mood', explained by

Archibald Hart:

Stress can exhaust the supply of adrenaline by imposing excessive and prolonged demands for this essential hormone. When the emergency subsides, the adrenal system demands time for recovery, and it creates a state of reduced energy, irritability, and low mood I call 'postadrenaline depression.'<sup>8</sup>

This low feeling will only last as long as the body needs to recuperate, and many will not experience it at all. However there are many occasions over the life cycle of a disaster when the body will 'demand' recovery time, and it is important to be aware of the need to allow it to. Rather than fighting the low feeling, it is better to flow with it and allow the body and mind at least a short time to rest and recuperate.

### ***Critical Incident Stress Debriefing (CISD)***

Critical Incident Stress Debriefing usually occurs for, but is not exclusive to, emergency services workers after a disaster. It is usually held between 24 to 72 hours after the incident, and involves a professional leading a group through a discussion regarding the incident. This includes covering the facts of the event - which fills in gaps for those who do not know or were not involved of all aspects of the disaster – and asking for what thoughts/reactions/symptoms have been present since the event. It is important during

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<sup>7</sup> Stephen Robinson. *Ministry in Disaster Settings: Lessons from the Edge* (Woodstock, VT: Skylight Path Publishing, 2008), 24.

<sup>8</sup> Archibald Hart. *Unmasking Male Depression* (Nashville, TN: Thomas Nelson Inc, 2001), 42.

these discussions to validate people's reactions, without suggesting that everyone should be experiencing the same. The meeting finishes with looking towards a way forward – further discussions on coping mechanisms and resources available for those who need it.<sup>9</sup> While some advocate this talking process as totally necessary, particularly for those who normally withhold feelings, others suggest that CISD can inhibit normal recovery processes. The New South Wales Disaster Mental Health Response handbook sites evidence that CISD has no significantly positive impact in recovery, and can in fact re-expose and re-traumatise some people before they have had a chance to draw on their natural internal resilience.<sup>10</sup> Should clergy be called upon to contribute to or lead some form of debriefing meeting after a disaster, it is important to understand some of the discussion points about CISD before tackling a session.<sup>11</sup>

### **HONEYMOON OR REMEDY PHASE**

In this phase there is great community cohesion. People are generally grateful for their own survival; they believe insurance will cover their losses; the government pledges support; and the community outpouring of physical and emotional support helps survivors to believe they will recover quickly. Pastors are often very busy during this time, conducting funerals, visiting wounded in hospital, meeting with other community leaders, pastorally caring for survivors and helpers, as well as trying to maintain some of their normal duties. Meyers and Wee note that morale is often quite high in this phase:

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<sup>9</sup> For further discussions on Critical Incident Stress Debriefing, see Michael Stewart and Peter Hodgkinson "Post-Traumatic Stress Reactions in the Professional" in *Coping with Trauma: The Victim and the Helper* Rod Watts and David Horne (eds.) (Brisbane, Qld: Australian Academic Press, 1994), 62-66.

<sup>10</sup> New South Wales Government, Department of Mental Health. *Disaster Mental Health Response Handbook* (North Sydney: NSW Health, 2000), 71; cited in Robinson's *Ministry in Disaster Settings*, 66.

<sup>11</sup> For more information on CISD see Jeffrey Mitchell, George Everly Jnr, George Everly. *Critical Incident Stress Debriefing: An Operations Manual for CISD and Other Group Crisis Intervention Services* (Ellicott City, MD: Chevron Publishing Corp, 2001).

People are grateful to be alive, and often report a feeling of euphoria and sense of personal vulnerability. While people are shocked and horrified by damages and losses, morale is typically high for people directing their energy into concrete, necessary and meaningful tasks. Psychological arousal results in high level activity but cognitive impairment (confusion, difficulty comprehending, problem solving, and setting priorities) often contribute to a low level of efficiency and effectiveness. People rushing to help others are often inattentive to safety, and injuries frequently occur in this phase.<sup>12</sup>

Given this cognitive impairment many experience after a disaster, strong leadership and careful planning are important even in the chaos of this phase. Ministers, as well as other community leaders, need to demonstrate leadership skills at a level that may not have been required before. It is therefore imperative that pastors take the time to rise above the chaos and rely on their spiritual connections more than ever, as well as take care physically to avoid as much as possible the cognitive impairment experienced by others. This will mean taking short snippets of time to think and ‘take stock’, as well as keep in good communication with those leading relief efforts within the church community.

It is important that a minister considers what opportunities his or her church can become involved in during this phase. Although most early work after a disaster is very practical in nature and not directly pastoral, it can inextricably link those involved in the disaster with a minister. Peter Crawford<sup>13</sup>, speaking at a disaster recovery seminar, noted that trauma brings unique opportunities which will not present themselves twice. To be involved as much as possible at each stage of the life cycle of a disaster (while still recognizing the need for adequate self care) creates opportunities to minister long term to survivors. Without early involvement it becomes difficult to interject pastoral care at a later phase.<sup>14</sup> So while opening the church doors to take donations or provide emergency relief may not seem to

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<sup>12</sup> D. Meyers & D. Wee. *Disaster Mental Health Services* (New York: Brunner-Routledge, 2005), 19.

<sup>13</sup> Peter Crawford is an Anglican minister working in the Emerald area. He was heavily involved in the recovery phase after the Ash Wednesday fires in 1983. His book, *Beauty from Ashes* (Kambah, ACT: Acorn, 1987) gives an account of the Anglican church’s involvement in the Cockatoo area.

<sup>14</sup> Dealing with Disaster Seminar, Diamond Valley Baptist Church, Greensborough, March 24, 2009.

be fulfilling its purpose of providing spiritual care, without this initial practical phase there may be no opportunity to provide that care.

#### CASE STUDY:

In the week following the Victorian bushfires in February 2009, there was an enormous outpouring of finance, clothing and other goods by local communities and beyond. In the Greensborough area the local YMCA was inundated with goods and needed another storage and sorting area. Diamond Valley Baptist Church held an emergency meeting to decide if they should be that place. After hearing several people describe their need to be doing something practical, the senior pastor decided to open the doors of the church as an overflow sorting area and relief centre. Within 3 hours of that decision, over 50 volunteers from the community were helping sort through thousands of bags of donations. During the 5 days that followed, over 200 volunteers were actively involved, and 4 shipping containers and 3 factories were filled with the contributions. Meyers and Wee's description of the high morale mixed with the horror and shock of the disaster is an appropriate way of describing the environment all week as people volunteered their time.

This early practical response by the church opened doors for an ongoing involvement with disaster relief in the community. The local council requested that the church start mobile relief centres entering into difficult areas. There has also been involvement with two shops opening for food, clothing and ministry to those grieving, as well as the fitting out of temporary housing in Flowerdale, Marysville and most recently King Lake. A full time worker was sourced from Diamond Valley Baptist (supported financially by Baptcare) who facilitates this work.

Even in these early days after a disaster it is important for the church to consider what its long term involvement might be for the survivors. Here a pastor may gather a group of people who have been heavily involved in disaster relief, whether through what the church has been doing or in the community, to develop a plan of action. Normally a church committee will take considerable time to discern the will of God for a new ministry, and even longer to implement it. There is no such luxury when a disaster is involved, and it takes an enormous amount of wisdom on behalf of the minister to balance the urgent community needs with the need to listen to what God is calling the church to do. It is vitally important that the church makes no rash promises about what it will provide if there is any doubt about it coming to fruition. If there are hollow promises, this will make the way forward even harder for survivors.

***Self-Care for Ministers During Rescue/Heroic/Remedy Phase and Honeymoon Phase of a Disaster***

Self-Care during this time is a challenge. There is so much to do – liaising with emergency workers, funerals, rites and rituals, comforting mourners, not to mention the very practical involvement a minister may have in finding shelter, food and clothing for families directly affected.

As mentioned, during the very early stages after a disaster the body releases adrenaline, which is helpful for the initial rescue phases. However, according to Tanya Raggio and Willard Ashley, this release of adrenaline or epinephrine, which causes the heart to race and blood pressure to rise, can be extremely detrimental if experienced over a long period of time (for further discussion, see below – ‘self care during disillusionment phase’). For a pastor, the work after a disaster will continue for much longer than it will for an emergency

worker or even a relief agency worker, so developing some self-care habits even in this early phase is critical.

During this time clergy need to search for brief periods of rest, prayer, mediation and sleep.

This will give additional supplies of emotional, spiritual and physical strength.

Nouwen, McNeill and Morrison in *Compassion*, describe prayer as, amongst other things, “the ongoing struggle to prevent our minds and hearts from becoming cluttered with the many distractions that clamor for our attention.”<sup>15</sup> When we can manage this feat of discipline, “prayer enables us both to discern the presence of God’s life-giving Spirit in the midst of our hectic lives and to let that divine Spirit constantly transform our lives.”<sup>16</sup> So in the first intense days after a disaster, when it would seem the most unlikely time for a minister to set aside time to seek God in prayer, it is actually one of the most important times to do so. While he or she will still be involved in a flurry of activity, if they have set aside the precious time to draw close to God, they will be more able to lead others and use godly discernment to navigate the way forward. Raggio and Ashley suggest that during this phase clergy might feel too numb spiritually or too angry to pray (and will feel guilty about these feelings) and if this is the case recommend that support be found from ministry peers outside of the disaster area.<sup>17</sup>

### **DISILLUSIONMENT PHASE**

This phase starts days or weeks after a disaster, and can be an extremely difficult time for survivors to endure. A small number of people will never fully recover from this phase<sup>18</sup>, and so it is vital to provide as much support as possible to help people grieve. It is only by

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<sup>15</sup> Henri Nouwen, Donald McNeill, Douglas Morrison. *Compassion: A Reflection on the Christian Life* (New York: Doubleday, 1982), 62.

<sup>16</sup> Ibid.

<sup>17</sup> Tanya Pagan Raggio & Willard Ashley “Self-care – Not an Option” in Roberts & Ashley’s *Disaster Spiritual Care*, 24

<sup>18</sup> Roberts, *Disaster Spiritual Care*, 10.

grieving – which is a common positive spiritual coping reaction – that people can move through the effects of the disaster and resume a new kind of normal on the other side. What often triggers entrance to this phase is the realization that life as they knew it has ceased to exist. They may have had a family member die in the disaster. The red tape of government support may have become tedious, or perhaps they have realized their insurance will not adequately cover them. Relief centres normally close fairly quickly, and sometimes friends distance themselves from survivors because they feel guilty for their loss or because they think the person should have recovered by this stage. Temporary housing can become cramped or difficult, and sometimes there is also loss of a job or school. It is at this time the physical presence and listening ear of a pastoral carer is more important than ever. Roberts notes that some of the problems faced by survivors during this disillusionment phase include:

- Spiritual struggles of faith and meaning, including a sense of abandonment by either God or their faith community
- Divorce
- Suicide
- Physical exhaustion from a lack of recreation or leisure time
- Medical, due to pre existing conditions or lack of doctors, medicine, or healthy eating
- Fatigue, due to crowding and noisy living conditions in ‘temporary’ shelters
- Increased drug use and domestic violence – a common but unhealthy way that some people handle their situations
- Greater emotional and psychological problems, including depression.
- Financial ruin caused by lack of adequate insurance, timely payment by insurers, loss of job and prospect for work in the area, bureaucratic hassles.<sup>19</sup>

Pastors ministering to people with any of these problems can easily feel overwhelmed, especially as they themselves may already be physically, emotionally and spiritually tired from the work already done. However this is when the ministry of presence and engagement is more important than ever. It would be much easier at this stage of another’s

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<sup>19</sup> Ibid., 11.

grieving to stay at arm's length, but this will not give people what they truly need. Henri Nouwen, in *The Wounded Healer*, suggests that it is truly disturbing for a suffering man or woman to encounter aloofness at their time of need. Nouwen suggests that there are some ministers who are "distant men who do not want to burn their fingers."<sup>20</sup> Of course there may be temptation to distance oneself from those grieving, given the pressure of so many great needs in so many people. If Nouwen is right, and it is true that "no one can help anyone without becoming involved, without entering with his whole person into the painful situation, without taking the risk of becoming hurt, wounded or even destroyed in the process"<sup>21</sup>, then how is a minister to survive this intensity and still make it out the other side with his or her own career, family and faith intact?

This is an incredible balancing act – to minister at a depth that will make a significant difference in the life of another, and yet preserve one's own life and faith. The scales can very easily tip the wrong way.

Apart from self-care described here, and good boundaries, the key to surviving such an enormous pastoral care work load is for a minister to engage other people – both in the faith community and professionals – in the process of helping people to grieve. This is a very important point to note. Although it seems obvious that these problems are too great for clergy to handle themselves, in reality they are not presented to us in this listed format when we sit and talk with a disaster survivor. When someone comes with one or two problems at a time, it can be tempting to want to 'fix them up' all by ourselves. In tiredness it can seem easier for a pastor to work alone rather than build and maintain a team of people to do the work. But in the long run it is far better to work on leading a team of

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<sup>20</sup> Henri Nouwen, *The Wounded Healer* (New York: Doubleday, 1979), 71.

<sup>21</sup> Ibid.

pastoral carers and practical helpers in the ministry of supporting disaster survivors. This team will need their own care and support from the minister, and while this will take time and energy, the work the team accomplishes will be far wider than what one pastor can achieve alone.

### ***Theological Questions During The Disillusionment Phase***

Whether sooner or later, victims, survivors and people in the community will begin to ask, 'Where was God in this disaster?' 'Why would God allow this tragedy?' It becomes the task of the minister to guide people through these questions - not answer as he or she would in a lecture room, but rather listen to and speak compassionately to those who have personally lost homes, families and communities.

Theodicy - the struggle to understand a good God allowing suffering - is composed of two words: theos (God) and dike (justice). It is defined as "the relationship of human suffering to divine justice."<sup>22</sup> Most clergy will have to deal at least intellectually with the issue of suffering before they are confronted with a disaster. It is certainly worth wrestling with the issue before embarking on a life of ministry where constant interaction with hurting people is likely. However, dealing with people in pain will also be an integral part of *developing* a minister's theological viewpoint on the issue of suffering.<sup>23</sup>

Gary Stern, in *Can God Intervene? How Religion Explains Natural Disasters*, exposes a wide variety of 'answers' from religious leaders to the question of why God would allow tragedy.

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<sup>22</sup> "Introduction to Job," in *The Expositors Bible Commentary*, eds. Frank E. Gaebelin and J.D. Douglas (Grand Rapids: Zondervan, 2003), 6.

<sup>23</sup> Reverend Joseph Griesedieck, and Episcopal priest, said that staring into a bucket of body parts at Ground Zero (sight of the September 11 terrorist attacks) changed his understanding of God: "After Sep 11, the face of God was a bland slate for me. God couldn't be counted on in the way that I thought God could be counted on." Cited in Gary Stern's *Can God Intervene? How Religion Explains Natural Disasters* (Westport, CT: Praegar Publishers, 2007), P. 10. Alternatively, Rev. Henry Mitchell commented on the trauma of the treatment of blacks in his childhood and said: "That's why I go back to my favourite verses, like Romans 8:28. Black people have survived because we believe things like that. Otherwise, we would have gone stone crazy." Cited in same Stern book, p. 137. Note these are only two of a myriad of theological responses to trauma and tragedy.

What Stern exposes is the diversity of answers to this largely unanswerable question. To some extent this reveals that the 'answer' itself is perhaps not the most vital concern when it comes to this issue of God allowing suffering.

Clearly there are many and varied opinions about the how's and why's of suffering, and no one appears to have a monopoly on the truth. So when a pastor is confronted with a grieving church member or survivor from the community, the foundation of the answer can be just as important as the answer itself. To this end, two important responses need to be considered: to answer with love and grace, and to do so only when the questions are asked. For this first foundation, the account of Elijah from 1 Kings 17-19 provides some insight into how God dealt with a man who had experienced stress and trauma. When Elijah is completely exhausted and burned out, God deals very gently and lovingly with him – first with his physical needs, then emotional and spiritual. Even in his appearing to Elijah, God does not come in the wind, earthquake or fire, but in the gentle whisper (1 Kings 19: 11-13). So too a minister needs to deal holistically with each grieving person, providing support through whatever means he or she has access to, and doing so with a gentleness that is so necessary to the wounded person.

The second important foundation is that of timing. Most disaster survivors will not be asking theodicy questions in the first few days, weeks, or even sometimes months after the incident. They are too consumed with very practical concerns – the health and safety of those they love, insurance, etc – to be asking 'God questions'. Pastors need not rush in with answers as though to justify God. Standing with people with godly love and compassion speaks more for God than trying to explain his action or inaction. Nor do questions, when they come, necessarily need to be answered. While some explanations may be helpful, it

needs to be acknowledged that this centuries-old question will not be fully answered this side of eternity.

What people need more than anything else during this difficult phase is hope, and not a hope based on newly constructed buildings or government hand-outs. Instead they require godly hope, which is eternal. "This hope stretches far beyond the limitations of one's own psychological strength, for it is anchored not just in the soul of the individual but in God's self-disclosure in history."<sup>24</sup> Conveying this hope to non-believers and believers is no easy task, and requires patience, love, and a slow walk with survivors through this disillusionment phase.

### ***Self-care for Ministers during the Disillusionment Phase***

This phase is often the most difficult for any disaster survivor to deal with, and clergy who are heavily involved in disaster recovery are not excluded from the afflictions of this phase. In this time it is vitally important that he or she rely on, and continue to work on, their faith journey. Much support will also be needed from denominational leaders, peers and friends. A pastor needs to concentrate on family relationships during this busy period. Time with one another and open communication are simple but vital activities for a minister. Physical health is of great concern during this time. Prolonged levels of stress lead to a heightened release of cortisol. This hormone can elevate blood pressure, create ulcers, impair the immune system, and increase fat. Chronically elevated levels of cortisol can result in increased rates of obesity and diseases. It can also lead to elevated blood pressure, elevated triglycerides, and insulin resistance or glucose intolerance.<sup>25</sup> For this reason monitoring the diet is essential, as is exercise, which releases endorphins to combat the negative effects of

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<sup>24</sup> Henri Nouwen. *The Wounded Healer*, 76.

<sup>25</sup> Tanya Pagan Raggio & Willard Ashley "Self-care – Not an Option" in Roberts & Ashley's *Disaster Spiritual Care* 21

increased levels of cortisol.<sup>26</sup> Of course many ministers will be tempted to neglect their health due to the enormity of the load at this time, but to do so is to jeopardize the long term sustainability of their ministry.

### **RECONSTRUCTION PHASE**

This phase starts when individuals or communities have worked through the worst of their grief, loss and anger. They will then be ready to rebuild their life and move on. This phase is beyond the scope of this project, though, as it normally occurs well after the three month period considered here.

There is an important point to note before leaving this section, however. It is often the experience of clergy that many around them expect that once this stage is reached (or perhaps even earlier) the incident should be over, and it is time for the minister to move on.

Robinson notes that the recovery period – for disaster victim and pastor alike - actually lasts much longer:

The reality for many is that the recovery ministry continues for years because ministry in a disaster event leaves indelible marks. In some inexplicable way they are joined to the event, which developed a life of its own and became a part of them, and they part of it. The experience of membership in a team of hundreds or thousands of people working with a common cause for good, impacts and shapes a person. Involvement in such an event, as horrific as it may have been, can make all that has proceeded and will follow seem comparatively bland. These experiences are not easy to leave behind.<sup>27</sup>

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<sup>26</sup> For a very simple explanation of this process, as well as other helpful group activities to help people through trauma recovery, see Robi Sonderegger *Empower: Making Life the Best it Can Be* (Buderim QLD: Family Challenge, 2008), 25

<sup>27</sup> Robinson, *Ministry in Disaster Settings*, 179

## **CONCLUSION**

While it is impossible to prepare adequately for ministry in disaster recovery settings, knowledge of the phases and pitfalls for ministry in this area goes some way to navigating a path through it if and when it occurs during a minister's career. Here we have discussed the probable phases for those exposed to trauma, and given some basic understandings of how clergy can deal with those grieving, along with dealing with their own care. The issues not covered here but worth exploring include: denominational support services; handling congregational expectations when a minister is busy with disaster relief; and discussion on how a minister can go about developing a network of support services including counsellors and psychologists.

This brief illumination of the issues surrounding pastoral care in disaster settings is hopefully a stimulus for ministers to explore further this fascinating field of ministry.

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