

# **Relationships: Essential in the Process of Healing from Disasters and Leading Resilient Lives**

## **Part I**

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I have frequently noted that a basic foundation for resilience is the presence of what the late psychologist Julius Segal called a “charismatic adult,” defined as an adult from whom children “gather strength.” In elaborating on Segal’s notion, I have emphasized that even in adulthood, we all need such people in our lives.

Charismatic adults play a role in a wide spectrum of environments, including homes, schools, colleges, mental health agencies, businesses, financial settings, and law firms to name several. I have written about the healing power of supportive relationships following catastrophic events such as the 9/11 terrorist attacks, Hurricane Katrina, and more recently, the pandemic. In addition, when describing the dire emotional and physical consequences of loneliness, I have positioned positive relationships as an antidote to these consequences.

Given my interest in the power of positive connections, I was drawn to an article posted on [theconversation.com website titled](#) “Disaster Survivors Need Help Remaining Connected with Friends and Families—and Access to Mental Health Care.” The piece was co-authored by Daniel Aldrich, Professor of Political Science, Public Policy and Urban Affairs and Director, Security and Resilience Program at Northeastern University in Boston, and Yunus Emre Tapan, a doctoral student in Political Science at Northeastern.

Aldrich and Tapan began their article by discussing the earthquakes that struck southeastern Turkey and northern Syria in early February. This disaster is estimated to have killed at least 47,000 people and destroyed any approximation of a regular life for 26 million more. The authors wrote that the survivors of this disaster were in desperate need of such essentials as food, water, medications, blankets, clothing, and other essentials.

### **Psychological First Aid**

They added, “But they also need psychological first aid—that is, immediate mental health counseling along with support that strengthens their connections with their friends, relatives, and decision-makers. . . . We know that these social ties help with the recovery from traumatic events that cause significant upheaval. Often in the rush to keep survivors fed, warm, and housed, we’ve

observed that the flow of support that focuses on meeting their psychological needs falls short of what's needed."

Not surprisingly, many survivors of disasters, whether man-made or natural, are vulnerable to increased levels of anxiety, depression, and posttraumatic stress disorder. They are uprooted from their homes, from their everyday routines, and from family and friends. And for those who have lost a loved one or are still waiting to learn if a loved one is alive, the stress can prove unbearable.

Aldrich and Tapan observed, "An important lesson we've drawn from researching what occurs after disasters is that robust social networks can soften some of the blows from these shocks. Even after someone loses a home and a sense of normalcy, staying in close touch with family and friends can minimize some of the sense of loss. People who are pushed out of their routines but manage to remain connected to their neighbors—who are often going through the same ordeal—tend to have lower levels of PTSD and anxiety." A study of an earthquake and tsunami in Japan in 2011 "showed that survivors of that disaster with strong social ties recovered more rapidly and completely following the disaster."

In reflecting upon these findings and the noteworthy role of positive connections following significant loss and disruption, I recalled experiences I had following the 9/11 attacks and the aftermath of Hurricane Katrina. Well before the events of 9/11, I had scheduled a series of talks in the New York City area for October, 2011. Several in my audiences had lost loved ones in the Twin Towers. Adding to their agony was that most bodies were never recovered, further disrupting a process of mourning.

### **Comforting Actions**

Even for those who had not lost a loved one, the collapse of the Twin Towers as well as a hijacked plane being flown into the Pentagon and another crashing in a field in Shanksville, PA, contributed to a noticeable unsettling in all of our lives and a reduction in our sense of security. Those who attended my presentations talked of finding support via friends and family and attending services at their places of worship. Others described discovering comfort by engaging in charitable actions (e.g., at one school in NYC, staff and students made sandwiches for first responders and those still searching for bodies at the site of the Twin Towers—engagement in such activities is one I have often recommended as a component of resilience).

I was invited to speak at a synagogue in New Orleans several months after Katrina. While there I presented to clergy of different faiths, mental health professionals, school personnel, and parents. I also visited some of the devastated areas. In discussing the impact of Katrina on their lives, I heard some of the same themes as in the aftermath of 9/11; they spoke of the importance of feeling part of a community, of attempting to restore some sense of routine (obviously not an easy task for those who had lost family and friends and whose homes and entire neighborhoods no longer existed), and of the importance of helping others as part of the healing process.

Ironically, I am writing this article a little more than a day after devastating tornadoes ripped through the Mississippi Delta, killing at least 25 people and leaving the small, rural town of Rolling Fork in ruins. In watching the news accounts this morning, it was evident that there was little left of the town. In a news story one resident said, “I don’t care if I don’t have shoes or a hat, I’m going to go to church in the morning.” If the church building was no longer standing, I’m certain this woman would ensure that services took place outdoors. Also, people who lived a distance away arrived quickly with basic necessities for those who no longer had a home.

I thought of the residents of Rolling Fork as I reflected upon four points proposed by Aldrich and Tapan as they advocated that relief organizations and government agencies spend more on mental health services. Their recommendations included that in the face of disasters we ensure:

The presence of mental health professionals among those aid workers who arrive immediately following disasters to begin to engage in therapeutic endeavors.

That local faith-based organizations and spiritual leaders play key roles in the recovery process.

That public spaces such as cafes, libraries, and other gathering sites be up and running as soon as possible. “Even virtual get-togethers using Zoom or similar software can help maintain connections with displaced friends and loved ones—as long as survivors have working cellphone service, at a minimum.”

That disaster relief activities should place communications technology as a high priority. Food, shelter, and medical supplies should be made available, but so too should “access to free phone calls and Wi-Fi so that people whose lives have been upended can stay in contact with far-flung friends and loved ones.

### Positive Relationships in “Ordinary” Times

This emphasis on the importance of positive connections during times of disaster should not be interpreted to imply that a prime purpose for nurturing such relationships is to be prepared to handle emotional turmoil in the face of catastrophic events. It certainly helps to be prepared for the possibility of major disruptions in our lives. However, as important, if not more so, is the recognition that the existence of strong connections is associated with leading more satisfying, purposeful, resilient lives even during so-called “ordinary” times. Karen Reivich and Andrew Shatte offered a similar observation in their book *The Resilience Factor* when they asserted that the attributes of resilience were not only important when facing adversity but in leading a more gratifying, accomplished life. They wrote:

Resilience is the capacity to respond in healthy and productive ways when faced with adversity and trauma; it is essential for managing the daily stress of life. But we have come to realize that the same skills of resilience are as important to broadening and enriching one’s life as they are to recovering from setbacks.

Evidence of the power of positive relations is found in an ongoing, 85-year-old Harvard study that began in 1938 with 268 Harvard sophomore men (Harvard was an all-male school at that time, but the study has been expanded to include the spouses and children of these men as well as inner city groups). The fourth and current director of the study, psychiatrist Robert Waldinger at Harvard Medical School, recently co-authored with psychologist Marc Schulz on the faculty of Bryn Mawr College *The Good Life: Lessons from the World’s Longest Scientific Study of Happiness*, detailing findings from this research.

[In an interview with Emine Saner of \*The Guardian\*](#), Waldinger shared some of the insights gathered from the study. He noted that economic security is important to lead happier lives, but that above a certain income level, happiness doesn’t increase by much. The enduring force for happiness is relationships with other people, “being engaged in activities I care about with people I care about.”

Waldinger emphasized another finding related to an individual’s sense of satisfaction and happiness: “One interesting thing that people mention around the world is generosity and opportunities to be generous.” This comment resonated with a key point that my colleague Sam Goldstein and I highlight in our writings about resilience, namely, that when children or adults

are engaged in “contributory” or “charitable” activities—activities that enrich the lives of others—their sense of purpose is enhanced, as is a resilient lifestyle.

In her article, Saner indicated that Waldinger subscribed to the theory that happiness could be understood as falling into two major categories. One involved “hedonic well-being” that is represented by the question, “Am I having a good time right now?” The other is “eudaimonic well-being” or “that sense of life being meaningful and basically good.”

Waldinger cautioned that in some quarters “the message has become that if you are not happy, you are not doing life *right*. The good life is a complicated life for everybody. We study thousands of lives. Nobody is happy all the time. . . . The myth that you could be happy all the time if you just do all the right things is not true. Happiness waxes and wanes.”

While a plethora of variables may impact on whether or not we lead a “good life” and experience happiness, Waldinger suggested, “There are things we can put in place in our lives that make us more likely to feel happiness more of the time. Taking care of your health, diet, sleep, and exercise are big ones. If you are in better health, you are more likely to be happy. But so is taking care of your relationships. That’s partly because they help us with the flip side: they don’t just make us happy; they also help us weather the unhappy times, the challenges.”

The question of how best to develop and maintain positive relationships has frequently been asked in my clinical practice and presentations. In next month’s article I plan to share some of my thoughts in response to this question as well as several advocated by Waldinger. A few preliminary comments for now. We do not require many supportive relationships to be happy. Even having just a couple of positive connections can make a big difference. Also, some relationships that become longstanding can be forged by brief gestures or what I have called in a number of my articles, “micromoments.” In addition, maintaining meaningful connections often requires that we *intentionally* take steps to do so.

### Questions to Consider

A few final questions for you to consider in terms of positive relationships:

“Which two or three people do you feel comfortable turning towards for support and encouragement?”

“What have they said and done that led you to list them?”

“Which two or three people would list you as a source of support and encouragement?”

“What is it that you have said and done that led them to list you?”

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