

# Post-Katrina Aftermath and Helpful Interventions on the Mississippi Gulf Coast

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This article is a personal reflective account that describes the impact of Hurricane Katrina on the major university on the Mississippi Gulf Coast and surrounding communities. There is discussion of how a resident social work instructor constructed a multifaceted postdisaster response: coordinating, networking, and providing housing assistance and educational and clinical activities. Specific and practical educational, psycho-educational, and clinical interventions that proved most helpful are described. There also is discussion comparing postwar

adjustment with post-Katrina adjustment, the nexus between post-Katrina responses, the Iraq War, and national policy, and posttraumatic growth at both individual and community levels.

**Keywords:** Hurricane Katrina; Hurricane Katrina in Mississippi; stages of disaster recovery; FEMA; postdisaster psycho-education; postdisaster counseling; posttraumatic stress; posttraumatic growth; Iraq War; Vietnam War

**T**his article offers a first-person perspective by a Mississippi Gulf Coast resident mental health professional and university faculty member who also is a Hurricane Katrina and Vietnam War survivor. In navigating the turbulent journey on the Gulf Coast that began on August 29, 2005, the author continues to be engaged in a series of postdisaster activities and interventions as both a survivor and provider. This descriptive account offers readers a series of practical and strategic social service, psychoeducational, and clinical intervention learning points that are grounded in the realities of immersion in post-Katrina life in a very devastated area of the Gulf Coast. Also, there is discussion of the commonality and interface of individual and political contextual experiences and reactions after the Vietnam War as compared with those following Hurricane Katrina and the concurrent deployment of our Armed Forces to Iraq. Finally, actual and potential posttraumatic growth at both a personal and community-wide level is described.

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## Extent of Katrina's Destruction and Disruption

The University of Southern Mississippi–Gulf Coast (USM-GC) campus sits directly on the usually placid Mississippi Gulf Coast, about 100 yards from the gulf. The destruction from Hurricane Katrina on August 29, 2005, was particularly severe across all 12 communities on the Mississippi Gulf Coast. The USM-GC campus is located in one of these 12 communities, Long Beach, and was heavily damaged by Hurricane Katrina winds and storm surge. There was severe damage to many of the buildings on campus, to include complete destruction of the small wooden-framed building that housed the School of Social Work. The damage was so severe that no functions could be continued on the campus, and 6 months later it is still unknown if the university will ever return to the campus. Furthermore, fully 30% of the university's 350 staff and faculty were displaced due to destruction or heavy damage to their residences and personal belongings.

Through the remarkable collective efforts of university staff and faculty, led by Associate Provost Patricia Joachim and Dr. Richard Hadden, a temporary campus location was established at a former hospital low-rise site located about 2 miles from the

campus. Classes began on October 10 on a modified summer-session-like schedule. About 65% of the students enrolled pre-Katrina followed through and attended classes, in spite of severe personal challenges and losses, and the spring 2006 enrollment rose to 75% of pre-Katrina levels. Illustrating the impact on students: 8 out of the 14 MSW students in our current cohort either were rendered homeless (6) and lost practically all of their possessions or their homes were severely damaged (2). Several MSW students lost their jobs, and almost every field placement agency was either severely impacted or closed down, requiring major modifications to field placement learning. In fact, four of the students took on new field placements midstream with disaster relief agencies who themselves were fraught with disorganization and overwhelmed resources.

The destruction to the surrounding southern Mississippi communities was massive:

- More than 235 confirmed deaths and 68 still missing as of December 7, 2005 (G. Pender, 2005b)
- 68,700 homes and businesses were destroyed, 65,000 sustained major damage, and 60% of the forests in the coastal communities were destroyed along with much of the shipping and fishing industry (Editor's Notebook, 2005a)
- The neighboring community of Pass Christian had 80% of its homes destroyed, four out of the five primary and secondary schools, and the town lost 100% of its sales tax revenue, as no gas stations or shops were reopened (Editor's Notebook, 2005b)
- There was 34 feet high storm-surge from Katrina in western Mississippi that was propelled inland as far as 10 miles from the coast through myriad rivers and bayous, severely damaging or destroying homes and communities that had never previously been flooded by storm surges. And damaging hurricane-level winds and tornadoes swept up through the central and north central areas of the state. (Walsh, 2006)
- An estimated 350 buildings listed in the National Register of Historic Places were washed or blown away, along with most of the evidence of 300 years of Gulf Coast history. This makes Katrina the worst historic preservation disaster in our nation's history (Huffman, 2006)
- As of March 13, 2006, almost 100,000 Mississippians were living in FEMA trailers, and hundreds of other displaced residents are not eligible for FEMA trailers (Copeland, 2006)
- The two major east-west bridges on the Mississippi Gulf Coast that connect the three coastal counties together were totally destroyed. This has cut

off many resident from direct access to Harrison or Jackson Counties (and vice versa), resulting in substantially longer driving distances and related traffic congestion to circumvent the lack of water-crossings. Even a partial rebuilding of either bridge is projected to be 1 to 2 years away. The projected very long delays until both bridges are completed has been a regular source of controversy and disgruntlement, publicly played out in the local newspaper and on the television stations. One local coast resident reported that he had just been to the dentist and was told that he "had a Katrina mouth." He asked what a Katrina mouth was, and the dentist replied: "You need two bridges."

The time-lag for rebuilding destroyed homes and buildings is no laughing matter. It took more than a decade for the 28,000 homes in Florida wrecked in 1992 by Hurricane Andrew to be rebuilt; Mississippi alone has 4 times that number of homes to be rebuilt (Rubinkam, 2005). Besides the loss of lives, homes, and personal property, hundreds of thousands of Katrina survivors in Mississippi have been experiencing a profound sense of loss, grief, and malaise over the destruction of places of employment, small and large businesses, churches, schools, neighborhoods, recreational facilities, historic sites, and even entire communities—the loss of so much about life that was familiar and cherished along the entire Mississippi Gulf Coast (Scurfield, 2006a).

### *The Doubly-Disadvantaged: Low- and Moderate-Income Citizens Who Become Disaster Survivors*

People who are already disadvantaged prior to Katrina, such as the poor and the near-poor, the sick and the elderly, find themselves disadvantaged even more in the face and wake of natural disasters. After my family had decided that we were not going to evacuate, we went to our church, St. Thomas, early in the morning of August 28, to pray in the adoration chapel. While there, we saw one other person, someone we knew whose wife was wheelchair bound. I asked him, "Are you going to evacuate or stay?" His reply still tugs at my heart: "We're staying. We have nowhere to go, and no money to get there with."

Yes, this double-disadvantage for many sectors of our society in the aftermath of disasters makes a successful postdisaster readjustment from a very difficult series of traumatic events even more complicated and difficult. In addition, Mississippi has one

of the highest taxes in the nation on food—a tax disproportionately hurtful to the less well-to-do. And a number of Mississippi politicians continue to be against reducing the food tax (Stallworth et al., 2006). Furthermore, the availability of affordable housing—always at a premium—has become almost nonexistent in the wake of Katrina’s destruction. Most of what was not destroyed is being used by disaster relief and reconstruction workers. And there has been a significant spike in rental rates for the few units that are available; indeed, there are reports of rental rate increases of up to over 200% from pre-Katrina rates (Copeland, 2006).

### *Personal Impact of Katrina*

Unlike many of my colleagues and community residents, I was fortunate to still have a home that was habitable. Even a home with moderate damage inside and substantial outside damage paled in comparison to those who returned to find concrete slabs where homes and neighbors once were—and for many no flood insurance (since most homes were not in designated flood zones) to cover the loss from hurricane-driven storm surge. And the ongoing battles with the insurance companies as to what damage was caused by wind and rain versus storm-surge water are extremely contentious and complex; many homeowners have been left feeling that they are being ripped off by their insurance companies—with disastrous financial consequences.

My greatest personal loss was that my university office was totally destroyed. Thirty years of data, backup data stored on floppy discs, raw data collected over several years from two research projects, 1,000+ books, hundreds of videos and journals, artwork, and so on—all were swept away by Katrina. And it appears that neither personal nor university insurance will cover any of the loss.

My wife, Margaret, and my daughter, Helani, and I managed to find a circuitous route through several streets and yards where the debris was piled high and wide, to walk to the college campus 2 days after Katrina. I must admit that I was almost in a state of shock as we turned the corner and saw what was left of the School of Social Work building and my office: walls gone, almost all contents swept out into the street and intermixed with debris and contents from other buildings. I did find two file cabinets that were stuck in one corner of what was left of my former office. Even though the contents were completely water-logged and laced with storm-surge

muck, we decided that I ought to go through the files and take away whatever seemed most important—on the off chance that I would be able to actually salvage some of the contents later. We located two garbage cans that I dumped files into and found two battered office chairs to put the cans on to wheel them back through the debris and across the railroad tracks.

*Lessons learned:* Never, ever have your backup data on the same campus, let alone in the same building or in the same room, as your primary data. That doesn’t help when the campus is swept away. Also, many of us have become experts in some aspect of post-Katrina salvage work. I have become an expert at salvaging techniques to dry out files soggy with storm-surge muck. Here are a few tips about what I have learned. Dump the files into a garbage can with a lid and put it in the garage out of the sunlight; this allows the paper to remain damp until you have time to peel the pages apart, page-by-page and set them out in rows to dry in the sun—as long as the wind isn’t blowing. Only after about the fourth week of my several days a week routine of laying out yet another stack of wet papers to dry (I couldn’t do it every day, it was too depressing) did I discover, right before my eyes all along, the perfect anti-breeze strategy to keep the papers from blowing away—a common garden hose—heavy enough to keep a long line of papers from blowing away and narrow and light enough that the paper directly under the hose also would dry. I also found out that red pen notations are illegible when the paper has been immersed in storm-surge, blue-pen notations are hard to read, and black-pen notations are quite legible. And most amazingly, I discovered the untold wonder of yellow sticky notes throughout my files—they remained, remarkably resilient, stuck right to the pages where they had originally been placed months or years ago, and readable.

And the most important lesson was to find the humor in it all—or the loss would have been unbearable. The couch of my colleague, Patricia Davis, was sitting out in the street in the middle of the debris from several buildings. One of my most precious photographs is of me sitting on that couch, surrounded by debris, a small end table propped in front of me, and me studiously reading a remnant of something—and laughing. Or I would have been sobbing. . . . And yes, there are days when it still hurts. And I am one of the luckier ones; I know folks who lost both their offices or businesses and their homes.

## Coordination of Emergency Housing Assistance

Because I still had my roof overhead, I was more available than many to take a lead role in offering to help with the reestablishment of the university as a functioning entity. In particular, if the university were to be able to get back on its feet reasonably quickly, something had to be done to help the 90+ faculty and staff who were homeless in the aftermath of Katrina. I volunteered to help coordinate and ended up taking a lead role to expedite emergency housing arrangements for university employees, with considerable assistance from Shelia White, director of university relations; Pat Smith, history professor; and Linda Skupien, public relations officer at our Gulf Coast Research Laboratory in Ocean Springs.

There was considerable daily activity required to compile and maintain updated information as to who was in need of housing, whether or not they had a site to put a trailer on, if the university would be able to make land available for some of our employees to put FEMA trailers on (after many roadblocks from federal agencies, this great idea was abandoned), having the Long Beach City mayor willing to designate our employees as "essential personnel" to hopefully expedite their receiving trailers, working with the Long Beach School District to have some of our employees placed in trailer sites along with their teachers, interfacing with numerous FEMA officials at several locations in the three coastal counties, and backdoor discussions with congressional and state officials to put pressure on the lagging federal response.

There was inordinate difficulty in being able to get accurate and updated information from FEMA officials. In fact, our entire set of trailer application packets for our employees was lost by FEMA and had to be resubmitted. And it seemed as if no one either knew or was willing to delineate the exact procedures for trailer applications, criteria for expedited processing, the status of the trailer requests, or who would get a trailer and when. One university staff member described a typical experience with FEMA:

My wife and I had been going to the nearest FEMA Disaster Recovery Center every week (for about 10 weeks consecutively) to check up on our trailer application. And we were repeatedly assured that our application was complete and was moving along. And then, when we heard from you last week about how FEMA had lost the trailer applications of university employees, I decided to call the national FEMA

telephone number to check with them that our application was complete and in process. But when I got through on the telephone, FEMA told me that they had no record that we had ever even submitted a trailer application!

Individual federal and other disaster relief employees and volunteers from national relief organizations typically were very friendly and well intentioned. Many have appreciated that which they did receive. However, the challenges of attempting to respond to such unprecedented (in the United States) numbers of storm survivors were immense, and many survivors found much to complain about, to include the labyrinth of bureaucracy to be navigated that was almost impenetrable and that the disaster relief resources were overwhelmed. No wonder that four of the more common acronyms for FEMA that supplanted "Federal Emergency Management Agency" were "Failure to Effectively Manage Anything," "Forget Ever Moving Ahead," "Federal Employees Missing in Action," and my personal favorite: "Fix Everything My A\*\*" (Lee, 2005).\*

And the almost impossible task that persisted for months in trying to get through on the telephone to overwhelmed telephonic response systems, particularly at FEMA and the Red Cross, was captured perfectly in the words of a Gulf Coast resident. He announced: "I found a number where the Red Cross finally answered the phone. It's 1-800-I AM BUSY" (Sound Off, 2005b).

Yes, if we didn't laugh at the extraordinary and unrelenting series of obstacles and roadblocks to receiving help, we would all have been crying incessantly or been enraged or totally numbed. Unfortunately, it appears that the disillusionment phase of postdisaster recovery has now arrived for increasing numbers of south Mississippi residents. We almost surely will be facing a markedly prolonged response in the face of the immense recovery tasks still ahead.

## Postdisaster Counseling and Psycho-Educational Services

Our USM-GC campus is by far the smaller of the two campuses of the University of Southern Mississippi; the larger campus is in Hattiesburg, 75 miles to the

\*The last acronym was provided by an attendee at my post-Katrina workshop at the annual meeting, MS Chapter of the National Association of Social Workers, Jackson, MS, March 9, 2006.

north. One glaring longstanding lack at our campus has been the absence of any university student health or counseling services; our students have had to commute to Hattiesburg to avail themselves of such university-provided services. In the immediate aftermath of Hurricane Katrina, the necessity to have a counseling presence at our campus was an ethical and professional mandate—not only for our students but also for our faculty and staff (a constituency that is beyond the mission of most university-based student counseling services).

I have an expertise in posttraumatic stress disorder and postdisaster services. I served as an army social worker on a psychiatric team in Vietnam and had a 25-year career in PTSD program leadership positions with the Department of Veterans Affairs (VA) prior to my current faculty position. I am a resident faculty at the USM-GC campus. And I was a fellow survivor of Katrina along with my wife and daughter. Consequently, I was in a unique position to provide a counseling and consultation response that would be optimally accessible for our students, faculty, and staff. I offered, and the university accepted, my offer to provide counseling services.

I was given a university cell phone (a necessity in the absence of any working landline phones). Also, I was given an office to counsel in, a rare commodity in that there is so little available space in our temporary campus quarters for any faculty to have private offices. Finally, the School of Social Work gave me release time from a course that I was scheduled to teach at the Hattiesburg campus so that I could concentrate on my post-Katrina efforts at the USM-GC campus. From September 17 through May 5, 2006, I provided 72 counseling sessions to 12 faculty, 19 staff, and 14 students; 13 consultations (18 sessions) with faculty and staff; and 6 presentations/discussions in classes and at meetings with staff and faculty.

### **The Complementary Roles of Counselor, Emergency Housing Coordinator, and Faculty Member**

The Hattiesburg campus counseling service might have been able to have a counselor commute to our campus only for part of one day a week on a scheduled basis, as they themselves were facing a 300% to 400% increase in student clients (many of whom were from the Gulf Coast). However, we clearly needed much more than that. I was able to make myself available on campus, Monday through Friday,

except when teaching my field seminar, and by cell phone at any time.

Also, through my coordination of housing assistance to staff and faculty, I was very visible and active daily throughout our temporary campus location, interacting with many employees about housing needs. As I had learned in coordinating disaster relief services on the island of Kauai in the aftermath of Hurricane Iniki, “The provision of goods and mediation with disaster agencies was the door through which mental health assessments and interventions could pass” (Scurfield et al., 1993, p. 47). In the course of such interactions, people would just start sharing their stories of the hurricane. In fact, it has continued to be almost a standard opening line that a person uses to greet someone not seen since the hurricane (or indeed strangers will do the same with each other, while standing in lines at the bank, grocery, and hardware stores, etc.) and ask, “How are you doing?” “How did you make out from the Hurricane?” “Do you still have your house?” And people will still spontaneously spend a few minutes, or longer, sharing their hurricane and posthurricane experiences with each other.

Over the ensuing months, I have continued to be involved in innumerable informal in-the-hallway conversations with faculty, staff, and students that have covered a wide range of topics. Inevitably, many folks will casually mention a personal difficulty they, a family member, friend, or neighbor have been experiencing. And we then, in effect, have an informal mini-counseling or consultation interaction without it ever necessarily being labeled as such. Such interactions have taken place outside the front entrance of our temporary campus building where people go to use their cell phones (because they can’t get clear telephonic connections in the back of the building) or are taking breaks; at the front counter inside the main entry; and along the hallways when passing by. Not infrequently, someone would drop by my office ostensibly to inquire about housing assistance or to check on their FEMA trailer application process, and there would be a mention of a personal difficulty, ranging from current temporary living arrangements, spousal disagreement arising out of what to do about their housing situation, or how an extended family member or friend is not doing very well. University colleagues at our Gulf Coast Research Laboratory have mentioned how this seems to be the way that the men they know are able to talk about the aftermath of Katrina. It is not through having an appointment

with a counselor. Rather, it occurs naturally when working on homes and trash removal, during breaks, through lots of small talk that actually becomes an avenue of expression and sharing among males who otherwise would see the same level of sharing in a counseling session as too touchy-feely.

Because of the concern of possibly being in an inappropriate “dual relationship” with fellow faculty or with students for whom I was their teacher, we have offered alternative counseling through the nearby Gulf Coast Mental Health Center or at the Hattiesburg campus. Also, because we were such a small campus, and our temporary campus location was so cramped for space and devoid of anonymity, there was a concern about adequate privacy and whether people would be willing to use my counseling services. Therefore, I decided that it would be a wise tactical move to advertise my counseling services within the rubric of my providing both housing assistance services and being the senior social work faculty member at this campus. I had signs posted throughout our campus building that said, “Housing Assistance, Social Work & Mental Health Counseling. Walk-In or Call Dr. Ray Scurfield at 228.234-2062.”

Thus, people sitting in my office might be there for any one of several reasons—not necessarily for personal counseling. Over the first 2 months of being identified as the counseling resource on campus, I had to shuttle from one temporary office to another until a more stable location was made available, even if the door had a doorknob hole but no doorknob (kind of like a peephole) and several copiers immediately outside of the room that many employees used. Now there is one copier 5 feet away, there is a doorknob, and I have a desk and file cabinet as well. I just brought in my one office picture and four battered plaques that survived Katrina to hang on the wall. Now it’s almost like a real office.

There has been a range of problems observed. One student had been suffering recurrent nightmares of drowning from his experience during the height of Katrina. Even though he could not swim, he dove down from a rooftop in rapidly rising waters three times to rescue an elderly couple marooned on their second floor, and helped them break through the roof and climb out on top. A Vietnam veteran with war-related PTSD was taken to a very crowded shelter 2 days after Katrina that happened to have a number of Vietnamese people present. He had a resurgence of Vietnam-related symptoms and left the shelter. Most of the counseling I have provided

has been for a myriad of problems associated with the post-Katrina aftermath and not the more narrowly defined acute posttraumatic symptoms arising out of a specific traumatic episode during and/or immediately following Hurricane Katrina. Such issues include the pervasive sense of loss of place of residence and possessions, the inability to concentrate, low energy and exhaustion, the stress of decreased academic performance, not having a place to study or the resources to study with, sudden loss of employment (the Mississippi Gulf Coast had up to a 20% unemployment rate for about 6 months post-Katrina), the day-to-day stress of too few businesses open and too many people trying to use the few that are open for business (with subsequently very long lines and delays everywhere), a marked loss of quality of life, having to deal with significant others who themselves are stressed out from the challenges of life post-Katrina, and confusion, anxiety, anger, and/or sadness over what is and might be happening to them and to our communities in the ensuing months and years.

### Helpful Postdisaster Psycho-Educational Information and Resources

Several of my colleagues sent me helpful literature on postdisaster reactions and coping, along with additional information gleaned from the Web. These include

- National Center for PTSD (NCPTSD.org)
- *Psychological First Aid: Field Operations Guide* (National Child Traumatic Stress Network at NCTSN.org)
- “Tips for Helping Students Recovering from Traumatic Events” (ED.gov)
- *My Hurricane Story: A Guided Workbook for Children* (available free of charge through [www.mercycorps.org](http://www.mercycorps.org))
- *There Was A Hurricane* (written and drawn by Sandy Appleby, Tri-City Mental Health Center, East Chicago, IN; 219.398.7050, who was a volunteer deployed with the Indiana Task Force Disaster Team)
- Colleagues Bruce Young at the NC-PTSD, Menlo Park, CA, and Judith Holland, Trauma Consultants, Honolulu, have been particularly generous of their time and expertise to send me postdisaster materials
- *Suicide Prevention resource*. I have found the *National Suicide Prevention Lifeline*, sponsored

by the U.S. Department of Health and Human Services (1-800-273-TALK) to be an immediate and responsive resource, 24 and 7—invaluable for areas such as ours where suicide prevention resources are minimal

I set up a table in the hallway outside of our office area, next to beverage and food machines, and have supplies of six handouts available for anyone to take. The sign above the table reads, “Post-Katrina handouts are available free of charge on the table below. Please take whatever you need.” So many people have availed themselves of these handouts that we still, 8 months after Katrina, have to replenish them constantly. Out of all the postdisaster literature available, one chart has been most helpful in my work with post-Katrina survivors, “Common Stages of Disaster Recovery” (Faberow & Gordon, 1981), adapted by the North Carolina Cooperative Extension Services, 1999, and used by many disaster agencies. However, I have found the original four-stage chart (heroic, honeymoon, disillusionment, and reconstruction) lacking two vital stages (tunnel vision and post-traumatic growth) and one crucial and increasingly appearing substage (delayed responses) that cuts across five of the six stages. Hence, I have modified this chart and relabeled it “Six Stages of Disaster Recovery” (Scurfield, 2006b). Also, the timelines specified for each stage need to be elongated considerably to account for the massive levels of destruction and disruption caused by Katrina. Finally, I have found Kubler-Ross’s (1969/1997) five stages of grief to be a helpful additional educational component for those who have suffered traumatic physical loss. However, in my opinion these five stages of grief are quite insufficient to use as the model for understanding common postdisaster recovery stages and phases.

### *“Delayed” Post-Katrina Response*

The fact that any “common stages of disaster recovery” do not necessarily occur in a sequential, linear fashion for all trauma survivors is poignantly illustrated by a letter that I received from a senior faculty colleague, sent to me in response to my sharing a prepublication copy of this journal article. It is reprinted with written permission by the writer. It also movingly illustrates how there can be a “delayed” response and how survivors who themselves are hurting oftentimes are wanting to do something to help others.

Thanks Ray. As I read your article on Katrina, I had a flash of understanding about myself. My make-up tends to make me appear sane and rational in the midst of the storm and in its immediate aftermath. I have delayed responses. I have known this about myself for most of my adult life. People will tell me “you are cool under fire.” Or, “you don’t lose sight of what’s important to do when others go banana when all hell breaks loose.”

I have always had delayed emotional reactions days after very difficult events. I have even remarked that the main thing I bring to the table is the ability to focus on strategy even when everything is coming apart. I get upset later; it hits me what “might have happened” if we had faltered.

Would you believe that I am having more difficulty now than in the three months after the storm?

However, some of the problems of the storm have persisted.

- The house is still a mess—I hope it will be all fixed in a month or so, but the persistence of the mess is depressing now, whereas I was not deeply emotional when doing the temporary repairs right after the storm.
- My parents are aged. I quickly recognized that I had to find a location for them the day after the storm. I coolly made the decision to relocate them to Jackson. Now they are back in their own assisted living apartment here, but they have been physically taken down by all of the moving they have had to do. Dealing with their storm related decline is turning out to be a source of continuing emotional suffering for me.
- The future of our Campus nags at me; so much of my life is plowed into the soil on the Gulf Park site . . .

I find myself feeling more overwhelmed by competing demands on me—house, job, parents, other family members—than at anytime in the immediate aftermath of the storm. And I find myself crying at some television interviews. I am mentally distracted more now than when mucking out my in-law’s ruined house and more than when we were trying to figure out how to deal with FEMA housing or reconfigure the university schedule to begin six weeks late, and those were difficult tasks.

And so, delayed response is harder for me than the immediate aftermath of the storm. You can file this and use it if you wish—maybe for the class—if it helps anyone else to know that they are not alone in this prolonged struggle. Your article just gave me the occasion to get it off my chest.

By the way, how are you doing? Caregivers have some vulnerability too, you know. [Thank you so

very much for your sharing. And, yes, you are absolutely right about care-givers! For one thing, I find myself having a difficult time slowing down and seem to be running full-tilt, 24 & 7.]

I had absolutely no idea that my colleague might communicate to me what he did above. I had merely forwarded this manuscript to him because we had worked together on several post-Katrina activities and I wanted to share it with him. However, his statement, “Your article just gave me the occasion to get it off my chest,” helped me to remember how precious each existential moment can be. You never know when your just being there for someone, especially during or after a crisis or trauma, will be an opportunity for others to share something important, or that they might take something you have said and use it to gain insight about something really meaningful for them, or where your mere caring presence is so needed and received. That is why each contact with another in and of itself is precious, ought to be experienced with genuineness, and savored. And in the aftermath of Katrina, I have found myself and others going out of our way to stop and, in spite of innumerable tasks to get done, taking the moment to enjoy chatting with each other—for no particular reason other than to make a brief yet genuine human connection. I find myself doing this with receptionists, academic counselors, security officers, I-tech advisors, administrators, library staff, secretaries, book store customers, maintenance workers, students, colleagues—and strangers.

### “Stress Management Post-Katrina” College Course

My colleague, Mark Maneval, Chair, Human Performance & Recreation, suggested that he and I, along with Faye Mitchell, Nursing, co-teach a special survey course during the spring 2006 semester. We are teaching this as an overload course, and our teaching reimbursement is being donated to help establish a recurring scholarship for a College of Health student. Mark’s idea was to have a low-impact exercise and humor emphasis, with supplemental instruction in other areas that could positively affect stress. I am teaching five of the class meetings: myths and realities about trauma (Scurfield, 2006c), coping, personal awareness, and self-care in life and at work. Other class content includes aroma therapy in stress reduction, progressive relaxation exercises,

yoga, the role of nutrition, flexibility, aerobic dance, and Pilates. We have about 25 students enrolled for credit, 15 of whom are university staff members. The importance of this course offering 6 months after Katrina is reflected in what happened during our first meeting. First, Mark made sure that the students knew that this was not going to just be a “heavy” course focusing on negatives. He pointed out how the first exam would be on a “Katrina Stress Class Vocabulary List.” Some of the vocabulary definitions provided were

FEMA Frost Syndrome: The “unexplained” thin layer of ice that forms in your FEMA trailer at 3:00 a.m. in the morning when the butane tank runs out.

KATRINA ISSUES (See FEMA CHALLENGED).

USE: “Why are your bread not toasted and the coffee cold? Because your daughter is using the hair dryer and one more appliance will trip the FEMA trailer circuit breaker.”

FEMA MARDI GRAS FLOAT: How do you recognize the FEMA float? It is the one that arrives 3 months after the Mardi Gras parade is over.

Following this much-appreciated humor, I briefly described and discussed three points about trauma: (a) trauma literally is unforgettable; (b) it is not helpful to “compare” one’s trauma with the trauma experienced by others; and (c) it is normal for many survivors to find Katrina memories and issues to be as “fresh” 6 months—or years—later as when Katrina happened. The late Chaim Shatan referred to this as “freeze-dried memories.” Then, I walked the class through the following:

- Discussion of several common myths about trauma and its impact (i.e., time heals all wounds; my trauma was not as bad as yours so I shouldn’t be feeling as badly as I do; I must have been bad or somehow deserved what happened to me; Katrina is the cause of all of my problems; if I can just forget about Katrina and its aftermath, I can move on with my life)
- Discussion of common warning signs and triggers (i.e., anniversary dates, sights, sounds, and smells reminiscent of the hurricane and its aftermath).<sup>†</sup>
- Viewed a 2-minute video excerpt of four survivors’ reactions immediately after Katrina. This was extracted from an outstanding video produced by

<sup>†</sup>If you are interested in handouts that I have developed regarding trauma myths and realities, and triggers and warning signs, please contact me by e-mail at Raymond.scurfield@usm.edu for a copy.

the local ABC station (WLOX, 2006). To our surprise, practically every student was in tears.

- Had the students complete a one-page “Katrina Awareness Inventory” for their own personal awareness. They also were told that they would be asked later if there was one item on their list that they might be willing to share with the class—and they had the option to simply say “pass” and not share any item from their personal list. There were only two questions on the inventory, with room for their comments: “How are (1) you and (2) your life different now compared to before Katrina? Negatives about you and your life: how you are, how you are reacting to people and circumstances, how your life has changed. Positives about you and your life, how you are, how you are reacting to people and circumstances, how your life has changed.”
- I then shared one negative for me—my reaction to the complete destruction of my office and 30 years of professional stuff. We then started around the room to see if anyone was willing to identify at least briefly a negative impact of Katrina. What actually unfolded was that each and every student “emotionally told her story” of what had happened during Katrina—as if it had happened yesterday. One after another, as tissue paper was passed around, the responses were poignantly heartfelt, full of pathos, impacted grief over losses, and guilt that some had not suffered the damages that others had. The sharing was so extensive that we could not carry out most of our original plan for this first class meeting; we realized that what was being shared and vented was much too important to cut short. And this was the first class meeting. And so, learning points already have emerged. First, that if provided a safe and supportive milieu in which the purpose ostensibly is to provide information, trauma survivors may spontaneously use the opportunity to vent and share, and we must be flexible to allow such to happen and not be overly concerned with sticking to a prearranged agenda. Second, a number of people who might benefit from counseling, but have not availed themselves of it, are willing to enroll in a college course for credit that will provide at least some therapeutic attention to their postdisaster coping.

Hopefully, through the completion of the course, any who still may need counseling may be more willing to seek it. And, in any case, they will have learned alternative stress management strategies and basic information about trauma and its impact—and have had some fun, perhaps the most

therapeutic element. (For a discussion of the role of positive emotion and laughter posttrauma, see Bonanno, 2004; Keltner and Bonanno, 1997.)

## Helpful Clinical Intervention Strategies

There were several intervention strategies that I have found to be most consistently helpful post-Katrina:

*Survival needs.* Before anything else, it is imperative to ensure that the person’s basic survival needs are being addressed.‡ People in need of information about and access to food, water, clothing, bedding, shelter, safety, transportation, financial assistance, acute medical assistance, or follow-up, are not going to be very interested in nor are they going to be able to retain much information that is not directly relevant to such basic survival needs. We became acutely aware of the importance of getting to the basic needs first, while simultaneously being very careful to promote the dignity of clients in such dire need. An elderly man came into our shelter in Waveland. He said that his wife just had surgery yesterday and that they were still staying at their property, even though their home was severely damaged. I asked if there was anything he needed. I still tear up when I remember what he said: “It would be nice if we could have a blanket for my wife.”§

*Written information and education.* We found that much of anything that a counselor will say to someone in postdisaster crisis or stress will go in one ear and out the other—or will soon be forgotten. Therefore, it is essential that trauma survivors be provided with written information to read through as you are talking with them and/or to take with them for reference later. The challenge is to have handouts that are easy to read (no long paragraphs and print large enough for easy reading), in a language understandable and useful to the persons you are providing services to, and containing information that the client needs to be educated and knowledgeable

‡I am indebted to several attendees at my post-Katrina workshop at the annual meeting of the Mississippi State Chapter of the National Association of Social Workers (March 9, 2006) who have been working in shelters throughout Mississippi with persons displaced by Katrina. They reminded me that survival needs need to be addressed first.

§Shared with me by a social worker at the National Association of Social Workers annual state conference in Jackson, MS, March 9, 2006.

about.<sup>4</sup> Such written information needed, depending on the setting and stage of recovery, includes locations and contact information concerning needed resources—food, water, shelter, medical care, financial assistance; the common myths and realities about trauma and its impact (i.e., “time heals all wounds,” “my trauma wasn’t as bad as others, so I shouldn’t feel bad”); common warning signs and triggers (i.e., such as anniversary dates, to include the date Katrina hit—August 29—and the official beginning of the new hurricane season—June 1); common stages of disaster response and delayed responses; dynamics of posttraumatic responses (i.e., oscillation between numbing and detachment versus physiological arousal and intrusive memories and emotions); and coping strategies (i.e., reestablishing routines; being realistic about what you will be able to accomplish and when). (To appreciate the compelling universality of posttrauma responses that are parallel in the aftermath of various types of trauma, see Scurfield [2002], recommended coping strategies in the aftermath of 9/11.)

*Advocacy and follow-up.* Posttrauma survivors oftentimes are in circumstances in which their normal abilities to cope have been diminished, or they had such abilities only marginally to begin with. Following Katrina, we found that human interactions are required to obtain needed resources from agencies or institutions that may well be very impersonal and bureaucratic and/or that may rigidly adhere to procedures—procedures that oftentimes are a mystery to the client, and to many counselors, to fathom. Also, such institutions may be facing heavy client demands, staffing turnover, staff who may be less than knowledgeable or courteous or efficient and/or are disorganized—and/or an agency that may be downright fragmented and in chaos. Please remember Scurfield’s reframe of your expectations about bureaucracy: Big bureaucracies oftentimes do not function that well in normal times. Why in the world would you expect them to function well during times of crisis?

Realistically, very few agencies in good times, let alone postdisaster, provide either (a) a truly simple, fair, and effective channel for appealing or tracking what has been requested or promised, or (b) conscientious, systematic, and proactive outreach and follow-up services. The need for follow-up is particularly

<sup>4</sup>I have several such handouts that I would be very happy to share with any readers.

relevant for trauma survivors in that, typically, they have memory and concentration difficulties and may find it very difficult to follow tasks through to completion. Also, recovery is not a straight-line progression; rather, it is more like a spiral binder, with progress and regressions that need to be attended to—and then with necessary follow-up.

*Clarifying reasonable therapeutic goals.* Are survivors aware of what are the realistic and attainable therapeutic goals in regard to recovering from their trauma experiences? Trauma will always be remembered (although substances or active survival activities can offer a temporary avoidance). It is not a realistic goal to hope or expect to totally forget what happened. However, you can be helped to learn how to achieve a more peaceful coexistence with unforgettable traumatic memories and experiences.

*Nonjudgmental, accepting, and confirming the survivor’s own story and capability for recovery.* “I hear you saying that Katrina has been the most terrible experience to ever happen to you—and even so, that you recognize you need to talk more about it and not just try to bury the feelings and memories. Is what I just said accurate?” (Yes, lest we forget the basic Rogerian counseling principles, such as accurately communicating back to the survivor that which she or he has shared, and communicating basic trust in the survivor’s ability to move forward if conditions fostering growth are present. I have found that Rogerian principles offer a powerful affirmation of the trauma survivor’s dignity and inherent strengths, and are an integral foundational context to more recently developed trauma-focused techniques and strategies.) (Rogers, 1951, 1961, 1980).

*Supporting strengths.* “I am amazed that you’ve been able to handle these challenges as well as you have—single mother, two special needs kids, the hurricane, losing your apartment, the difficulties in still not having a FEMA trailer, continuing to take college classes. How are you able to do as well as you have been in spite of all these factors?”

*Normalizing.* “What you have just described is not unusual in the aftermath of a disaster. In fact, several other students [or faculty or staff] have mentioned very similar feelings and difficulties coping.”

*Not “comparing” traumas.* “It is important that you not compare your experience of trauma to the

trauma experiences of others. Comparing traumas is a no-win proposition: you deny or minimize the validity and importance of your traumatic experience to you. It was your trauma and your trauma experience, it was real and you were impacted. This is what is essential to acknowledge to yourself” (Scurfield, 2006b).

*Validation.* Client: “Why do I feel like crying so much? I’ll be okay and all of a sudden I’ll start crying.” Counselor: “Is this something you used to do before Katrina?” Client: “No, this is not like me at all, that’s why I’m so confused and concerned.” Counselor: “Well, from what you have told me (loss of your residence and all of your possessions, your adult child not being helpful to you in your time of need, loss of your university office). You have had a lot of losses and issues going in your life that are things to cry about, yes?”

*Tunnel vision.* “Finding ways to keep your head above water and get through the day-to-day issues and needs has been called ‘tunnel vision,’ focusing on the next task to get done, day to day. How well is your use of tunnel vision working for you?”

*Sharing practical symptom-relief strategies.* “You have mentioned how difficult it is to get a good night’s sleep, that all of the tasks and activities swirling around in your head when you wake up early in the morning make it almost impossible to get back to sleep. I have had the same experience, and I use a technique that works for me and others. I get up and briefly write down a list of the things that are swirling around—just enough detail so that I will remember what it was about. Then, I usually am able to go back to sleep. However, if I find that there is still something more on my mind about what I already wrote, or if there are other things swirling around, I get up again and write those down, too. Then, I am almost always able to go back to sleep. This has the additional advantage of being the beginning of a ‘to do’ list that can help me organize my priorities after getting ready for work.”

*Clarifying pre- versus post-Katrina issues.* “You’ve mentioned several issues—losing your home and all your possessions, conflicts with your aunt in your temporary living situation, difficulties concentrating in school, being very anxious around others, something that has intensified these past several weeks. It is important to be clear which, if any, of these issues

existed before Katrina and might be aggravated by your Katrina experiences, versus which are connected to what happened during and following Katrina.” Hey, I can confuse the before and after. I like to blame Katrina for my expanding waist, and for the fact that I have a hard time remembering everything I should be remembering these days. The reality is that my waist was expanding before there was a Katrina, and I was becoming forgetful about some things before Katrina—and Katrina has not helped me with either!

*Solution-focused behavior (and strengths).* “Yes, you are having some real difficulties right now. But you didn’t always have these difficulties before Katrina, did you? Let’s look back at some things that you did or describe how you were before Katrina, including ways that you used to deal more successfully with serious issues. These are strengths that you have already in your life, yes? And so, you don’t have to come up with all new ideas” (de Shazer, 1985, 1991).

*Reestablishing routines.* “What are you doing now on a regular basis that is good for you? What are you not doing now that you used to do and know are activities that are good for you and that you need to get back into doing soon? How are you holding yourself back from doing . . . ?”

*Creativity.* Crises and trauma demand that you be willing to think outside of the box; normal solutions may not be available, or relevant. Use your ingenuity, your deviousness, your cunning, your manipulation, your political and your creative skills. I was conducting a trauma training with providers at a military base. One spouse shared that her family had lost all of her possessions when their household goods shipment had just arrived from overseas and was in a storage unit when Katrina hit and destroyed it. What she was most upset about was the complete loss of all of the pictures of her deceased mother—and that her young children would never know what their grandmother had looked like. What made it even worse was that she had gathered the few photos that her siblings had of their mother for safekeeping, because she was the most responsible sibling and she knew that she would take care of them. My initial response was a Rogerian one: “I am so very sad at your loss” (A sharing of genuine sadness). And then I followed my initial response with a creative and spontaneous, outside-of-the-box intervention. After my training, this woman came up to

me to thank me for the information that I had shared. I thanked her, and shared my sadness at her loss. Then, all of a sudden, I had some possible advice, advice that I had never had with any client before—and since I am 63 years old, that's a lot of clients not to have had this thought for! I asked if she had considered finding an artist who works for a police department and interviews crime victims to draw sketches/likenesses of suspects? After all, if such an artist could draw a reasonable likeness based on the memory of someone who had briefly witnessed a stranger while under great duress, by contrast your contacts and familiarity with your mother were much more extensive.<sup>#</sup>

*Survivors taking time for self-care.* Client: "I feel guilty that I want to take a little time each evening 'just for me'—to have an hour or two just to be by myself, and not have to deal with the kids. I'm just exhausted." Counselor: "Are you not worthy, important enough, to deserve to have some time for yourself? And why is it that on airplanes when the oxygen masks come down, the adults are instructed to put their masks on first?"

*Humor.* Examples of humor occur throughout this article; it is important to emphasize that humor is both a cardinal postdisaster intervention and a coping strategy.

## Parallel Reactions and Experiences: Post-War and Post-Katrina

As a Vietnam veteran, I am acutely aware that there are significant parallel experiences and reactions post-Katrina and post-Vietnam that may trigger war-related symptoms in a number of active duty personnel and veterans. Although this is not the focus of this article, I want to at least identify these parallel factors (Scurfield, 2006). These include (a) Physical

<sup>#</sup>A most remarkable convergence of creative thinking occurred. My wife, Margaret, who is Director of the Navy's Fleet and Family Support Center at the Naval Construction Battalion in Gulfport, was attending this training that she had arranged for her staff. While I was talking with other attendees immediately after my presentation, the above client had been talking with Margaret. Then, when she approached to thank me for my presentation and I made the suggestion about the police artist, she told me that my wife had just made the same suggestion to her! And Margaret and I are very different in many ways. Another amazing convergence.

devastation - the extent of the destruction itself is, indeed, markedly similar to what one sees in a war zone. A Vietnam veteran described the destruction as "just like a war zone, except there is no gunfire." (b) Overwhelming smells—from gasoline and noise of generators to the terrible stench from the debris, storm surge muck, and rotting organic materials strewn over miles. (c) *Marked heat and humidity*—oppressive and omnipresent. (d) *Marked disorientation*—returning (from war or following Katrina) home to a world that was now so unfamiliar and strange; indeed, it can feel as if you are a stranger in a strange land, even if it is your home (Figley, 1980). Similarly, there still is a profound sense of marked disorientation among many Katrina survivors due to the destruction and absence of so much that was familiar, for example, landmarks and street signs. (e) *Being forgotten*—the powerful and painful reminder of how forgotten many war veterans have felt and feel is now intertwined, post-Katrina, with how many Mississippians (as well as Louisiana survivors of Hurricane Rita) have discovered how forgotten we seem to have become—versus the media coverage of New Orleans. Is "out-of-sight" also now "out-of-mind" for much of the rest of the country and our national officials? Oh, yes, too many of our nation's war veterans and their families know *exactly* how that feels. (f) *Be in Iraq or be Home on the Mississippi Gulf Coast*—there were a number of letters and e-mails to the local newspaper about the anguish and agony of various Mississippi active duty military personnel being deployed to or who were in Iraq at the same time that their own families and communities were suffering terribly from Katrina. (g) *The financial costs of post-Katrina recovery and the federal response*—now there is a new Katrina-induced dilemma. How can we possibly wage a war in Iraq and Afghanistan and rebuild an entire nation overseas, while doing justice to those in Katrina-ravaged Louisiana and Mississippi? In the words of one protestor, "Make levees, not war." There is a related parallel—the oftentimes continuing troubled legacy of the Department of Veterans Affairs (the VA) being adequately funded or equipped to serve veterans—and now there has been the recurring saga post-Katrina of an inexcusable and incredibly inept disaster response by our federal government. (h) *Clash of National Priorities*—finally, once again, our nation's veterans are seeing how national politics and policies proclaim that our nation must fully fund and provide for our current massive war effort—at the expense of

programs for veterans, the sick, the elderly, and children. Indeed, an adequate budget to address the massive destruction and rebuilding required on the Gulf Coast has been pitted by a number of politicians against the massive budget for the continuing “war on terror.” Is our country willing or indeed even able to do what is right financially to help the Gulf Coast rebuild from Katrina without the Administration’s insistence that such spending for Katrina relief be offset by budget cuts elsewhere, especially by taking additional funds away from our human services programs?

### **“Inescapable Exposure” to Post-Katrina Devastation: A Negative and/or an Opportunity?**

It is almost impossible to avoid the widespread destruction from Katrina: It is seemingly everywhere, every day. One may be able to avoid driving through the most extreme devastation (unless you live in those communities), but debris-removal trucks, FEMA trailers, blue-tarped roofs, rubbish alongside the roads are seemingly everywhere. And the local media coverage is continually saturated with the latest issues concerning FEMA, home flood insurance controversies, the uncertainties of new and very high building height requirements, debris-removal news, the latest road openings and closings (due to more repairs), the markedly increased traffic congestion everywhere since Katrina, and nauseam. What will be the ultimate impact of such inescapable avoidance of re-exposure to traumatic reminders of Katrina? To what extent will such reminders be an intrusive, inescapable, and recurrent painful hurt that only compounds the negatives of post-Katrina life and fuels resentments, preoccupation with the loss of what once was, hopelessness, and disillusionment? To what extent will the “24 and 7” exposure to the destruction of Katrina spark profound detachment, isolation, and avoidance behaviors? Alternatively, to what extent will it provide an impetus to have to deal with what otherwise might be buried deeply for many years? Will each slow yet very visible sign of recovery and rebuilding (because the building of one structure in an otherwise entire block of devastation is quite prominent) exacerbate how much more there is yet to be done—or will it nurture a gradual healing and sense of recovering from the profound losses? It is too early to know.

### *Transforming Disaster*

There are a number of trauma survivors who, in addition to describing severe psychological pain over having been exposed to trauma, also report very positive impact on their overall posttrauma life. One student shared how she is coping with living in a trailer on her property that is surrounded by similarly devastated properties.

It’s the little victories that are important now. I actually found some fresh tomatoes at the store the other day, and I really became excited. I cling to small signs of progress. I have planted a tiny garden in one corner of my lot, in the midst of the devastation. That is what I focus on, not on the devastation all around me.

Indeed, there are survivors who describe a transcendently positive posttrauma life course and perspective on life. One of the most famous such survivors is Viktor Frankl, who wrote about his surviving a German concentration camp and how he transcended the horrific conditions of the camp and the aftermath (Frankl, 1963). It is important to emphasize that all trauma experiences contain the combination of both very troubling and potentially very positive aspects in terms of the possible impact on one’s posttrauma life (Scurfield, 1985, 1994, 2006c, 2006d). See the related concept of posttraumatic growth, Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 1995). There is also the important concept of adult resilience to trauma and loss. Resilience has been defined as the ability to maintain a relatively stable equilibrium of healthy levels of psychological and physical functioning in the face of trauma and loss. Furthermore, it is not just the absence of pathology; there also is a demonstrated capacity for generative experiences and positive emotions (Bonanno, 2004; Bonnano, Papa, & O’Neill, 2001. See also Kobasa, Maddi, & Kahn, 1982; McFarlane & Yahuda, 1996; Fosha, 2002). Such resilience among a number of Mississippi Gulf Coast residents has been evidenced in the aftermath of Katrina.

There has been a very frequent and interrelated set of positive changes that many survivors say has occurred as a result of Katrina. Their priorities have changed. They are no longer attached to “things” like they had been—the large home, lots of fancy furniture and possessions, and so on, are not nearly as important now. One university colleague said, “Katrina forced me to downsize.” Another student said, “I don’t want anything that I’ll have to drag to

the curb” (after it has become water logged with storm surge or destroyed by hurricane-force winds). In fact, there is only one possession that most people seemed to still value after Katrina—photographs of loved ones and of happy memories. And so, there is a much greater appreciation of simplifying life down to the basics. It’s the people, the relationships, being a good neighbor, community, their faith (in a higher power and/or in humanity) that matter the most. What country singer George Strait sings in his song *You’ll Be There* could have been written by a Katrina survivor who has discovered that personal possessions are not that meaningful anymore: “I ain’t ever seen a hearse with a luggage rack.”

### *Metamorphosis of the University of Southern Mississippi—Gulf Coast Campus*

The reestablishment of our campus at a temporary location an amazingly short 6 weeks after Katrina provides both a micro- and a mezzo-level example of the positives and hardiness that are interwoven with the tragic loss of our campus. Our former Gulf Park campus had 326,000 square feet of classrooms, research laboratories, and other work space (Hebel, 2006), nestled on a beautiful oak tree-filled campus fronting the Gulf of Mexico.

Subsequently, in moving to our temporary location in what was an abandoned former hospital, on less than picturesque grounds, we are squeezed into 50,000 square feet. Almost no faculty has an office. And yet a most amazing thing has happened in the midst of being squeezed into this single, rambling building retrofitted in 6 weeks to be a temporary campus. There is a remarkable and unprecedented sense of community among and across faculty and staff, colleges and programs, and students. Yes, we are extremely crowded. And I know, by far, many more people on a first-name and friendly basis in these 6 months than I knew in my previous 7 years on the campus—and many other university employees have had the same experience. There is now a palpably and heightened shared camaraderie, collegiality, and friendship that envelop our university community. It is unprecedented, and it is beautiful. And, ironically, it never would have happened if not for Hurricane Katrina.

### *Volunteers and Survivors Helping*

We survivors of Katrina are, indeed, blessed by the magnificent and continuing generosity of giving that

has continued to come to the Gulf Coast from tens of thousands of volunteers. And the giving also has been remarkable between fellow and sister survivors of Katrina. The famous Navy Seabee motto, “can do,” has been beautifully carried out by the Seabees post-Katrina. Most of the Seabees themselves and their families were victimized by Katrina. And yet, they were seemingly everywhere throughout the coastal communities, lending skilled hands and equipment and their labor. And many other Mississippians also have displayed that very same can-do attitude and resilience. Ed Cake, volunteer and resident of D’Iberville, described what happened in his community after it was devastated by Katrina (Lee, 2006): “We waited for FEMA to come,” Cake said. “We waited for the Red Cross to come. We waited for the Salvation Army to come. They never came, so we put it together ourselves.”

One illustration of the innumerable miracles of self-help on the Coast involved St. Thomas the Aquinas Catholic elementary school and church in Long Beach, our family church that had been obliterated by Katrina. In a remarkable 19 days, the Navy Seabees and many volunteers constructed a new school and chapel within a building that used to be a roller rink (FIXSt. Thomas, 2006). Our pastor, Louis Lohan, famous for his Irish wit and inspiration, remarked that “St. Thomas parishioners may be the first Catholics who can truly be called ‘holy rollers.’”

The following letter beautifully expresses how two friends and neighbors here in Mississippi demonstrated in the more immediate aftermath of Katrina both how neighbors were looking out for each other and what to me is the essence of the most powerful learning point that can come shining through in the aftermath of disasters such as Katrina.

#### **One who lost everything still had much to give.**

Five days after the storm . . . I decided to venture out and see who I could help. I have a young lady friend who lost everything and she decided to join me. . . . We then proceeded to a low-income neighborhood in D’Iberville that was hit hard. Almost every family we went to said they didn’t need anything, but the people down the street did. In this little community, they were looking out for each other. They were doing the best they could to spread the resources out amongst all of them. And my young friend was shaking hands, giving out meals, smiling and laughing. I watched her as she interacted with everyone and I realized that even through her loss,

she found a way to give. She gave hope and joy and love. That is the greatest lesson I learned: through it all, our spirit and lives are what live on. Thank you, my young friend, for the lesson. I will always remember it. (Hafford, 2005)

Personally, in spite of how unsettling and divisive the night before Katrina was when my family was extremely split as to whether to evacuate or not, I am blessed to have a renewed and even enhanced appreciation of the importance of my relationship with my wife and daughter, with whom we experienced together our harrowing survival of Katrina. And so many friends and relatives cared and reached out across the miles. And those things have helped to provide a potent antidote even to the toxic devastation of a Katrina.

*Where I am supposed to be.* I had a most profound realization around the 6-month mark post-Katrina. I realized that this is where I am supposed to be—right now, right here. I feel like I would be deserting our community and university in their hour of greatest need if I had left, or if I leave before the reconstruction and healing have really advanced. And that is not a knock on those who have made, or will make, the decision to relocate elsewhere. So many are displaced and temporarily living many miles away, not sure if they will ever return or where they eventually will settle. Each of us has to come to that place of inner realization and conviction of what is best for us and our families (even if it is a very ambivalent decision)—and then to carry through on that conviction to the best of our abilities. It does no good to look back once that decision has been made. I am one of the fortunate ones who knows that I am blessed to be exactly where I know that I am supposed to be.

And so, along with the post-Katrina tasks facing individuals and families, there are innumerable devastated neighborhoods and 12 devastated Mississippi coastal communities that face gigantic recovery and rebuilding challenges (El Nasser, 2005; Keller, 2005; Pender, 2005a). In the words of an ancient Yogic expression, “What you put attention on grows in your life.” We can choose to take the quicker fix (which still will take many years) and essentially rebuild our lives to BK (“Before Katrina”) levels and quality. Or, we can take the risk to choose to enter uncharted waters on a journey to attempt to fulfill a shared and carefully planned vision of recovery and enhancement beyond what was—both for our

personal lives and communities. That is a gift that may come out of even such a massive tragedy as Hurricane Katrina.

## Acknowledgments

Several of the concepts in this article were published recently in a much briefer version (Scurfield, “Social work interventions at a Mississippi University Devastated by Hurricane Katrina,” in *Social Work Today*, Online January 2006 E-Newsletter).

Also, I would be remiss not to emphasize the remarkable volunteer effort that has been undertaken and is continuing by thousands of people from throughout North America, from both faith-based and secular organizations, and volunteers and staff who are with numerous federal, state, and local organizations and municipalities. These volunteers and staff truly have gone above and beyond and continue to come to the Gulf Coast to help in our massive recovery and rebuilding that is so sorely needed. Finally, I am amazed at how our university faculty, staff, and students have been able to continue to provide and seek education and knowledge under the most trying of circumstances. I tip my hometown Super Bowl XL Champion Pittsburgh Steelers’ cap to y’all from the bottom of my heart.

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