

## Article 95

### **The Disaster Survivor's Hierarchy of Needs: What Every Disaster Mental Health Worker Should Know**

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#### **Abstract**

The Disaster Survivor Hierarchy of Needs is made up of six hierarchical needs: (1) Food, water, and shelter; (2) Safety; (3) Family and friends support; (4) Stress reaction; (5) Grief and loss; (6) Assimilation and accommodation. Disaster mental health workers need to be aware of these needs when working with disaster survivors, as lower level needs must be met before higher level needs can be met.

The field of traumatology has been growing rapidly over the past decade. Traumatology includes various trauma experiences, ranging from family violence and abuse to street violence, school and job violence, transportation accidents, and disasters. Focusing on disaster, and more specifically human-generated and natural disasters, research has been published in various areas such as disaster impact (Croope & McNeil, 2011; Pelling, Özerdem, & Barakat, 2002; Rose, 2009), disaster recovery (McAdams & Keener, 2008; Reissman, Schreiber, Shultz, & Ursano, 2009; Slate & Scott, 2009), and disaster mental health (American Counseling Association, 2009; Daly et al., 2008; Elhai et al., 2006), to list just a few. Disaster mental health is an emerging area of specialization for counselors, who assist in disaster mental health efforts through organizations such as the Red Cross. They are deployed to local, national, and international disasters of various magnitude, duration, and severity.

Counselors that function in the role of disaster mental health professionals often work with disaster survivors in the early stages of the disaster recovery. Disaster recovery can be a complex and challenging process, when bare essentials are sparse, or worse, non-existent. When there are losses of lives, property, and the community, displacement and sheltering can add additional stressors. Disaster survivors have disaster-specific needs (e.g., medical needs after a school shooting, etc.), as well as core needs (e.g. water,

food, etc.) that need to be attended to. For the purpose of this article, focus will be on the core needs, which will be identified as the Disaster Survivor's Hierarchy of Needs. The hierarchy presented here is based upon the author's extensive disaster relief experience with natural and human-generated disasters in and out of the United States. The hierarchy is also based on Maslow's (1943) hierarchy of needs.

### **Make-Up of the Disaster Survivor's Hierarchy of Needs**

The Disaster Survivor's Hierarchy of Needs will be presented by providing an overview of its various components and structure, displayed in a pyramid shape. The lowest levels of the pyramid are made up of the most basic needs (or deficiencies), whereas the complex needs (higher recovery and growth) are located at the top of the pyramid. Needs at the bottom are the basic physical needs of water, food, and shelter, which were identified by Maslow (1943, 1954) as deficiency needs (D-needs). Food, water, and shelter can be limited or non-existent immediately after a disaster. Safety is the next level in the Disaster Survivor's Hierarchy of Needs. This is an important consideration and generally relates to physical safety, which can be directly impacted by the disaster or indirectly by living conditions after the disaster. Family and friends support, as well as stress reactions and grief and loss, are all identified as recovery needs (R-needs). A recovery need does not stem from a deficiency, but rather from the exposure and survival of a disaster. More specifically, family and friends support is the next level in the hierarchy and is identified as an upper level need, focusing on the importance of having a strong support system. Stress reactions is the next upper level need, which includes the need to address issues such as nightmares, flashbacks, hypervigilance, etc. and is followed by an even higher level of need, grief and loss (e.g., family members, neighbors, friends, community). The highest level of disaster recovery is assimilation (i.e., the disaster event is incorporated into existing beliefs and values) or accommodation (i.e., existing beliefs and values have been changed by the disaster event). The last and highest level of the Disaster Survivor's Hierarchy of Needs is identified as growth needs (G-needs), since disaster survivors at this level experience post-disaster growth.

Disaster survivors' motivations to reach the highest level on the Disaster Survivor's Hierarchy of Needs are unrelated to rewards and unconscious desires, but rather to satisfying certain needs in the hierarchy. It is important to understand that disaster survivors' needs may not follow a definite hierarchical order. For example, even if the safety need is not satisfied, family and friends support may emerge. However, basic/lower level needs tend to be satisfied before upper level needs, such as family and friends support. It is believed that a satisfied need ceases to motivate. General types of disaster recovery needs, such as stress reactions and grief and loss, need to be satisfied before the disaster survivor can work on assimilating or accommodating the disaster experience, which is the highest level on the Disaster Survivor's Hierarchy of Needs and can be achieved as long as the disaster survivor is motivated to return to pre-disaster functioning. Moving toward achieving assimilation or accommodation is healthy, as it also allows for post-disaster growth to occur. Disaster survivors that are unable to achieve assimilation or accommodation should seek mental health services if they desire to return to their pre-disaster level of functioning; however, the motivation may be lower for some disaster survivors.

## Demonstrating the Disaster Survivor's Hierarchy of Needs Through the 2010 Haiti Earthquake

The six components of the Disaster Survivor's Hierarchy of Needs listed above will be described in more detail in this section. Examples of each of the needs will be focusing on the 2010 Haiti earthquake survivors. Maslow's (1954) belief that all needs become secondary to the physiological needs was adopted for the disaster survivor hierarchy of needs.



Figure 1. Disaster Survivor's Hierarchy of Needs (Jordan, 2013)

### Food, Water, and Shelter

These are the most basic needs to which the disaster survivor must attend. Based upon the magnitude and duration of the disaster, the survivor might have lived without these essential needs for some time, and resources might have been sparse for some time.

*Example: A Haitian woman arrived at one of the temporary service delivery sites set up by the United Nations for one of the non-governmental organizations (NGOs). The woman very "matter-of-factly" stated that her house was destroyed. She did not know if her husband was dead or alive, as she had not seen or heard from him since the earthquake struck. She further stated she was able to run out of the house before it collapsed and thought her children had done so as well; however, she quickly realized they were buried in the rubble. She started to move the debris with her bare hands, and with her neighbor's help, eventually reached her son, who was bruised but otherwise not hurt. Her daughter, however, was not easy to find because she was buried much deeper. When they finally freed her, she was not breathing and was dead. The woman said she felt sad, but had to take care of her son and herself, as she had nothing left and was unsure about her husband's whereabouts, suspecting he might be dead. She was clear she had to make sure she and her son had food, water, and a place to stay. She had no tears, and when she was asked if she wanted to talk about her loss, she said: "No, but can you help us find food, water, and a place to stay?" (Personal conversation with the disaster survivor, February 2010)*

## **Safety**

This includes needs for safety and security, things that are often compromised after a disaster.

*Example: A young woman with two children (her husband was missing) was no longer able to stay in her home, as one wall had collapsed and the rest of the building was no longer safe. Fear of aftershocks and being in a structurally unsafe house made her move to a tent camp, not far from her home. The tent camp however, was not a safe place as this young woman reported having been raped repeatedly over the past week, often multiple times per night. She reported there was no help from authorities. She stated: "I need to make sure that the children and I are safe. Please help us." (Personal conversation with the disaster survivor, February 2010)*

## **Family and Friends**

These needs include being reunited with family, friends, and neighbors, who serve as a support system and often have a buffering effect on disaster survivors through their support and love.

*Example: A 10 year-old girl was alone at home when the earthquake hit. She did not know that she was experiencing an earthquake. She had great fear and knew she had to get out of her home. She ran out and saw the unspeakable – dead and injured people all around, some crying out. There were no emergency services and people were using whatever they could find to free others who were trapped and carry the injured, even using wheelbarrows to transport the severely injured. The girl was overwhelmed and frightened, so she ran and ran. Eventually, she stopped at a large field and after sitting there wondering what to do, she fell asleep. She was awakened by her father, who after much searching, had found her. They hugged and walked home together, and she stayed very close to her father. She was reunited with her mother and siblings when she arrived home. She reported: "I am so glad my dad found me. I was so scared until he found me." (Personal conversation with the disaster survivor, February 2010)*

## **Stress Reaction**

These needs include understanding the reactions in response to the disaster event, which include such things as sleep disturbances, concentration problems, flashbacks, etc.

*Example: In Haiti, a woman reported that her daughter barely escaped the collapse of her school. Many of the other children never made it out and died when the building collapsed. She reported that she and her husband have been very upset with their daughter, as this once very strong student was suddenly bringing home failing grades. The woman reported that her husband spansks the daughter when she brings home a bad grade. The disaster mental health worker provided education to the mother about short-term memory impact after a disaster and the effects it has on retaining information memorized for tests. Additional information provided included psychoeducation about the short-term memory problem being a physiological problem that will get better over time and that the child should not be punished and will need support and understanding from her parents. The mother was very surprised and then reported: "I did not*

*know that. We thought our daughter was not applying herself. I am sorry we spanked her. (Pause) I will surely let my husband know about this.”* (Personal conversation with the disaster survivor, February 2010)

### **Grief and Loss**

The need to deal with the often multiple and extensive losses after a disaster must be addressed, as survivors have to deal with the loss of loved ones, as well as the loss of property and community. The need to address with these losses and grief is important to the survivor’s healing.

*Example: Residents of a tent city were told they needed to move because the rainy season was about to start. The tent city was scheduled to move to a safer location in another part of town. People in the tent city were very upset about it and refused to leave, but were told they did not have any choice. The people in the tent city had already lost their homes, which were either collapsed or structurally unsafe because of wall and foundation cracks. Many of the families had also lost loved ones and neighbors who were buried under the rubble of the collapsed houses. One adolescent said: “We cannot move. Don’t they understand that that means leaving our home (she started crying)? We cannot leave mom.” The father explained that their home collapsed during the earthquake, burying mom. He stated: “It will be hard leaving her behind.”* (Personal conversation with the disaster survivor, February 2010)

### **Assimilation/Accommodation**

The highest level of the disaster survivor’s hierarchy of needs is assimilation and accommodation. How quickly survivors achieve assimilation or accommodation varies for survivors and is an indicator that s/he has dealt effectively with the disaster and might even show post-disaster growth.

*Example: A young physician reported that when the earthquake hit, he was buried in a building. He reported being wedged in a very tight space between concrete and unable to move. He remembers calling for help and hearing others call for help. He was trapped for hours; many of the voices he first heard right after the earthquake eventually stopped and it was silent. He was wondering if he would die like this. As he was unable to move, he decided that if he was rescued, he wanted to start an orphanage, to give back, and help others. He eventually was rescued. He was shaken up and uncomfortable in close spaces, such as being inside a building; however, over the months to come, he got better, and was able to perform his duties in the hospital and even helped other earthquake survivors who were fearful of being in a building, worried about another earthquake occurring. Eventually, this young physician not only was comfortable doing all the things he did in the hospital before the earthquake, but he also followed through with his promise to start an orphanage and found it rewarding to be giving back.* (Personal conversation with the disaster survivor, June 2010)

The six levels of the Disaster Survivor’s Hierarchy of Needs described in detail above are important to consider when doing disaster mental health work. Assessing the level of the survivors is important to understanding not only which needs are unmet, but also what needs should be addressed. Mental health workers should understand that a

disaster survivor whose basic needs are not met may likely not fully address grief and loss issues, as essential survival needs must be attended to first, before higher level needs can be addressed.

### Summary

The Disaster Survivor's Hierarchy of Needs is important in the field of disaster mental health and needs to be considered by disaster mental health workers when working with survivors. In light of the multiple needs that are often seen when serving disaster survivors with complex needs, this work can be overwhelming. The Disaster Survivor's Hierarchy of Needs should be familiar to disaster mental health workers working with disaster survivors.

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