



Personal and Pre-disposing Factors Related to Coping with Disasters/ Trauma

The following factors might be important to assess when working with a trauma affected person as they may impact how the person is going to deal with the disaster, crisis, or a traumatic event.

Personal Factors

- Age
- Gender
- Cultural values and beliefs
- Spiritual/religious beliefs and values
- Physical well-being
- Psychological well-being
- Relational history
- Family/family history
- Living environment
- Community
- Poverty and low socioeconomic status (Drew & Bromet, 1993)

Predisposing factors

Predisposing factors involve, but are not limited to, experiences of *previous critical incidences* such as terrorism, war, etc. Previous exposure to aggression and violence (actual and vicarious/chronic and acute) can impact coping (Epps, 1997, p. 49). Wiger and Harowski (2003) identified other possible predisposing factors:

- Poor coping abilities and strategies
- Difficulty learning from previous experiences
- Low self-esteem
- Unstable work history
- Lack of finances
- Chemical dependency
- Chronic mental health issues (e.g., obsessive compulsive disorders, anxiety disorders, PTSD, depression, etc.)
- Past and/or present legal problems
- Impulsivity
- All or nothing thinking
- Negative perception of other people's responses
- Negative perceptions of symptoms
- Exaggeration of future probability of a critical incident
- Catastrophic attribution of responsibility
- Family transitions(e.g., marriage, divorce, death, birth of a child, child leaving home, etc.)
- Work stress (e.g., work hours, unreasonable expectations, lack of resources, etc.)
- Previous critical incidents in a short time frame

Peridisposing Factors

- Extreme fear
- Helplessness
- Horror (Clearly & Houts, 1984)
- Panic (Chung, et al. 2000)
- Anticipated versus sudden crisis/trauma/incident
- Single versus recurring event: Type I (acute) trauma, Type II (chronic) trauma
- Solitary versus shared crisis/trauma/incident (shared experiences of a critical incident does not always lead to bonding, survivors might avoid each other, as if to escape the memories)
- Attribution of causality: random, act of God, deliberate, human-generated, and/or accidental
- Nature of losses: death, destruction
- Extent of exposure (witnessed or experienced) to violence, injury, pain (Briere & Elliot, 2000)
- Exposure to the crisis/trauma/incident
- Proximity to and duration of exposure to the critical incident - “proximity can be viewed as emotional, as well as geographic” (Pynoos et al., 1993; Webb, 2004, p.8)
- Perceived threat to safety of self and others, including possible injury or loss of life (Briere & Elliot, 2000)

Postdisposing Factors

- Resource deterioration (Smith & Freedy, 2000)
- Relocation and displacement (Najarian et al., 2001)
- Social support deterioration (Smith & Freedy, 2000)
- Marital distress (Norris & Uhl, 1993)
- Loss of home, property and finances (Nort et al., 1999)
- Alienation and mistrust (Dohrenwend, 1983)
- Avoidance coping (Nort et al., 2003)
- Family support
- Peer support
- Initially available and accessible resources
- Educational materials, such as information about normal reactions after a critical incident
- Intervention services, such as psychological debriefing, as long as it is not used as a blanket intervention, but only after careful initial screening (Mitchell & Everly, 2000).

Preventive Factors

A. Resiliency factors

Resilience can best be described as the ability to cope, bounce back and keep on growing, both emotionally and psychologically, in challenging and often traumatic situations (Walsh, 1998). Secure attachment bonds, according to McFarlane (1998), serves as the primary defense for trauma-induced psychopathology, both for children and adults (van der Kolk & Fisler, 1994). Effective coping in times of a critical incident includes the ability to take care of oneself by having the insight and ability to reach out and access social support when one’s own resources are no longer adequate. It is believed that as they mature, securely attached people are able to self-regulate their aroused emotions as well as receive comfort from others. In addition to secure attachment, resiliency also serves as a defense for long-term behavioral and emotional problems. Some resilient individuals are reported to use a critical incident as an opportunity to reorganize their lives and move toward health (Card, 1983; Sledge et al., 1980; Ursano, 1981). For a resilient person, a critical incident can potentially serve as a psychic organizer (Holloway & Ursano, 1984).

B. Stress Buffers

The buffer hypothesis posits that the occurrence of life change in the presence of buffering factors should produce less distress than the occurrence of life change in the absence of that factor (Thouts, 1982). The impact of the buffering effect in situations of stress, such as a critical incident “depends on the presence, absence, or level” of buffering factors (Cleary & Kessler, 1982, p. 160).

Buffering factors

- (1) Social support is one such stress buffer. For example, individuals that have at least one person in their life that they can rely upon and confide in are believed to be less vulnerable to (traumatic) stress (Cohen & Wills, 1985). Cohen and Wills (1985) call this 'appraisal support' – having others available to help appraise stressful situations. Those with such support are believed to deal more effectively with the physiological and psychological effects of the (traumatic) stress.
- (2) It is believed that 'positive automatic thoughts' (PATs) may serve as a stress buffer, similar to 'appraisal support' (Lightsey, 1994).

In both examples, the individual's protective mechanism serves as a buffer.

Other factors that have demonstrated buffering effects include:

- Physical fitness (Roth & Holmes, 1985)
- Sense of humor (Martin & Lefcourt, 1983)
- Optimism (Scheier, Weintraub, & Carver, 1986)
- Self-esteem (Witmer et al., 1983)
- Self-complexity (Linville, 1987)
- Efficiency (Ben-Sira & Potency, 1985)
- Coping style (Felton, Revenson & Hinrichsen, 1984; Holahan & Moos, 1985; Suls & Fletcher, 1985;)
- Type A characteristics (Holahan & Moos, 1985)
- Good health practices (Wiebe & McCallum, 1986)

IMPORTANT! It is important to remember that these stress-buffering factors are not contingent upon the occurrence of a stressor. Additionally, these factors do not specifically invoke coping with stressors, however people that have some of the above factors will most likely deal better with stress such as a critical incident, than those with the absence of or limited factors.

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