Introduction: Spirituality and Catastrophe

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In this issue, the focus of the Southern Medical Journal’s Spirituality/Medicine Interface Project is on what physicians need to know about spirituality and mass catastrophe. As used here, spirituality involves religious beliefs, practices, and traditions, but also more broadly includes a search for the sacred, ultimate truth, or ultimate reality. Spirituality is closely related to but distinct from concepts such as meaning and purpose in life, connectedness to others, and sense of peacefulness to which spiritual strivings may eventually lead but are not part of the definition itself. Mass catastrophes include natural disasters (e.g., hurricanes) and acts of human terrorism (e.g., bombings) that affect entire communities; these contrast with personal catastrophes (e.g., murder, infidelity, torture, disfigurement). Catastrophe as discussed here will be limited to disaster on a community-wide scale.

The purpose of these articles is to prepare physicians to address the unique emotional, social, and spiritual needs of survivors and of their families, of rescue workers, and of the treating physicians themselves. Besides generally preparing physicians to meet the medical and psychological needs of survivors, this issue will help to increase awareness of the spiritual needs of these potential patients, to learn how to sensitively identify those needs, and to determine when and whom to refer. The role that religion and spirituality play in helping survivors cope with the trauma of disasters is often quite significant. The ultimate result, we hope, will be a nation that is more resilient during times of catastrophe.

Relevance to Physicians

Disasters result in almost $1 billion per week in property damage and injuries each year in the United States. This figure does not include catastrophes like Hurricane Katrina (August 29, 2005), which resulted in 1,836 deaths and 705 persons still missing, or the September 11, 2001, terrorist attacks which claimed nearly 3,000 lives. These disasters, however, pale in comparison to events that occur abroad, such as the December 26, 2004, earthquake off of the west coast of Sumatra and the resulting tsunami that killed 150,000 people, left 25,000 missing, and displaced over 1,000,000 people in Asia and Africa. These deaths, of course, are only a tiny fraction of the number of traumatized people who sought medical and psychiatric attention afterwards. Such catastrophes overwhelm emergency and healthcare systems; government services cannot possibly meet all the physical, psychological, social, and spiritual needs of affected persons. Communities must search for resources from within.

Americans utilize their own spiritual beliefs to a surprising degree in dealing with catastrophe, and faith-based organizations have played a crucial role in helping survivors. A national survey of the U.S. population by the Research and Development (RAND) corporation less than one week after the September 11th terrorist attacks found that 9 of 10 Americans turned to religion to cope with these events. Similarly, a national poll of the U.S. population by the Red Cross after September 11th discovered that 60% indicated that they would rather seek help from a spiritual caregiver than from either a physician (45%) or from a mental health professional (40%). That survey was prompted by clinical observations from Red Cross workers after September 11th that disaster victims and family members often pushed past clinical psychologists to talk with people wearing collars. This should not be too surprising in a nation where nearly 90% of the population believes in God or a higher power, 90% pray, two-thirds are members of religious organizations, and nearly half attend religious services weekly or almost weekly.

Religious organizations contribute in many ways to a tradition that is centuries old. Almost every religious organization in the U.S. has a disaster relief arm that is immediately mobilized whenever catastrophe occurs. In small communities, clergy often coordinate disaster relief efforts due to their longstanding leadership roles in those communities. Because they are located in every community, religious organizations have the ability to raise and administer resources much faster than government agencies and, through modern means such as the Internet, can raise funds for such efforts almost immediately. During the first few days after Hurricane Katrina, for example, religious organizations were in the field...
actively providing assistance well before FEMA and other
government agencies had mounted a response. Both
before and immediately afterward, religious organizations
provided emergency shelters for the displaced. Religious com-
unities from all over the nation donated money, paper goods,
clothing, food, and school supplies, as well as sending vol-
unteers to help Katrina survivors. To this day, religious groups
of varying faiths continue to feed, clothe, and house
survivors displaced by the hurricane, adopting families and
helping to rebuild obliterated homes.

Despite the important roles that personal faith and reli-
gious organizations play in helping people cope with disas-
ters, emergency management services have made little effort
to integrate faith-based communities into the formal disaster
preparedness and response system. Moreover, although the
American Red Cross is officially responsible for meeting these
needs, the service is limited and can be provided only during
the period immediately following disasters, thus leaving the
onus to local religious groups. Because of the largely
uncordinated nature of religious activities in the past, con-
flict between religious groups and the Red Cross, EMS work-
ners, and mental health agencies have occurred, resulting in
turf battles and a poor distribution of resources. Although
national organizations have arisen to try to help coordinate
the activities of religious and other volunteer groups, inte-
grating these activities remains a problem. Moreover, the
religious responses of survivors is not always positive or
predictable, as in the case of the Sego Mine disaster where
religion and faith, initially acting as a crutch, became divisive as those affected expressed anger,
resentment, and deep bitterness. There will invariably be re-
ligious responses in the face of disaster, but the nature of the
responses will depend on many factors and circumstances.

Contents of Special Issue

The contents of this issue are divided into four sections.
The leadoff section focuses on the disaster response system in
the US and the physician’s role in it. The first article briefly
describes the major components of the formal disaster re-
response system at the federal, state, and local levels, and provides a general background on the organizations that are ac-
tive during disaster response. The second article, by Neil
Nusbaum, chair of the Department of Medicine at the Univer-
sity of Illinois College of Medicine, discusses factors that
physicians need to consider in providing medical care during
widespread catastrophes; he emphasizes the importance of
physician flexibility in coping with unanticipated medical
needs as a result of stress. Next, in a physician’s perspective,
Tom Gavagan, vice chair for community health of the De-
partment of Family and Community Medicine at Baylor Col-
lege of Medicine, and his colleague, Eric Noji, provide their
perspective on what physicians need to know when respond-
ing to disaster based on their experiences at the Houston
Astrodome. Then, Sekar Kasi, Subhasis Bhadra, and Allen
Dyer present their experiences in serving in India in the af-
termath of the December 26, 2004, tsunami. The final article
in this section addresses more specifically what physicians
should do to address the spiritual needs of disaster victims as
part of overall care.

The second section focuses on the psychological and spir-
tual needs of disaster survivors, their families, and EMS per-
sonnel, and on the spiritual needs of physicians. The first article
examines the psychological needs of disaster survivors and
discusses the long-term psychological consequences that may result
(e.g., PTSD, depression). In the next two articles, disaster expert
Francis Gunn writes from his perspective as a Catholic priest and
as a trained mental health professional who worked in New
York City with survivors during the September 11th terrorist
attacks. In the final article of this section, family physician Walter
Lariumore and colleagues address the psychological, social, and
spiritual needs of physicians during disasters, and what physi-
cians can do to cope with their own stress.

The third section examines the role of faith communities
during disasters. In the first article, Martin Feldbush describes
what clergy and counselors do to meet the psychological,
social, and spiritual needs of disaster victims. In the second
article, Kevin Massey, a director at Lutheran Disaster Res-
ponse, discusses the role of faith communities in responding
to disasters and explores efforts among religious groups to
coordinate their disaster response.

The fourth section explores religious coping on the in-
dividual level. First, Bowling Green psychologists Kelly
Trevino and Ken Pargament review research on the use of
religion during natural disasters and acts of terrorism and
describe how individuals use positive and negative forms of
religious coping when facing catastrophe. Three articles then
present a Jewish, a Muslim, and a Buddhist perspective on
coping with disaster. David Polluck, executive director of the
Jewish Community Relations Council of New York, discusses
challenges of living in a country plagued by terrorism/war (e.g.,
Israel), describes how Jews respond to terrorist attacks, and
provides resources to help physicians caring for Jewish pa-
tients affected by disaster. Next, Abdul Basit, director of the
Islamic Society of North America’s Center for Health and
Human Services, describes the Islamic perspective on coping
with catastrophe and therapy for trauma-related disorders.
Finally, the Venerable Kong Chhean, a psychologist and Bud-
hist monk, describes Buddhist health traditions which phy-
sicians should know about when treating Buddhist patients.

The section is concluded by a case discussion describing a
couple that survive a disaster and the role that the religious
community played in their recovery, and a Selected Anno-
tated Bibliography of research studies and resource refer-
cences on spirituality and disasters.

References

1. Pargament KI. The psychology of religion and spirituality? Yes and no.


11. Johnson B. Churches open doors to Katrina evacuees in Alabama.

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