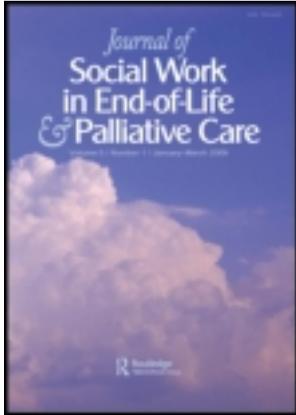


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### Disoriented Grief: A Lens Through Which to View the Experience of Katrina Evacuees

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## **Disoriented Grief: A Lens Through Which to View the Experience of Katrina Evacuees**

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*Many studies on the impact of natural disasters have focused primarily on immediate stress reactions and posttraumatic stress disorder (PTSD) symptoms rather than on evacuees' stories of grief and loss. Known categories of grief and loss do not fully capture the experiences of disaster survivors as evidenced by interviews of Hurricane Katrina evacuees in Austin, Texas. This article will describe their experiences through a resultant framework of Disoriented Grief.*

*KEYWORDS* complicated grief, disaster, disenfranchised grief, disoriented grief, evacuee, Hurricane Katrina, loss, survivor, traumatic grief

### INTRODUCTION

The extent, duration, and sustained impact of the grief and loss experienced by Hurricane Katrina survivors may well be incalculable. The goal of this study was to explore Katrina evacuees' experiences of grief and loss. From this examination, a category of grief emerged that differs from other types of grief: disoriented grief. This article addresses the description and development of a framework for disoriented grief that acts as a lens through which to view the experience of Katrina evacuees. This disoriented grief framework emerged from a phenomenological analysis of qualitative data consisting of interviews with Katrina evacuees. The interviews uncovered the impact

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of displacement, destruction of place and home, and the ensuing perception of lack of motivation, as well as a substantial amount of expressed uncertainty and fear that was brought out and created by an extraordinary type of disoriented grief. Natural disasters may result in an immediate “immeasurable impact on the mental health” of survivors that can last for years (Bourque, Siegel, Kano, & Wood, 2006, p. 143) and the severe grief reaction that may follow.

Many studies on the impact of natural disasters have focused primarily on immediate stress reactions and posttraumatic stress disorder (PTSD) symptoms rather than on the impact of loss on evacuees (Bourque et al., 2006; Breslau, 2002; Galea, Nandi, & Vlahov, 2005; Otto, Boos, Dalbert, Schops, & Hoyer, 2006; Weisler, Barbee, & Townsend, 2006). Understanding the multilayered nature of these dimensions as described by survivors of Hurricane Katrina is challenging and complicated. Findings from both the bereavement and disaster literature note that research is needed about the plight of the individual survivor in addition to family systems, communities, and neighborhoods (Keane, Pickett, Robinson, Lowery, & McCorkle, 1998). The current study was designed to gather the stories and understand the emotional experiences of Katrina evacuees who arrived in Austin, Texas.

## HURRICANE KATRINA EVENT

In August of 2005, Hurricane Katrina caused immeasurable damage and loss. Of the approximate 1.2 million residents of New Orleans and the Gulf Coast region, an estimated 5,000 to 7,000 evacuees were sheltered in the Austin Convention Center and more sought temporary shelter in other locations throughout central Texas (City of Austin, 2006). In response to the hurricane disaster, researchers from the University of Texas at Austin received an emergency grant partially supported by the National Science Foundation, Grant no. 0555113, and by grant 5 R24 HD042849, awarded to the Population Research Center at The University of Texas at Austin by the Eunice Kennedy Shriver National Institute of Health and Child Development. This funding allowed the investigators to document the experiences of the evacuees by conducting multiple interviews with individuals and families, following many of them over the next 2 years (Reid & Bell, 2008).

## GRIEF AND LOSS LITERATURE REVIEW

The current perspectives on both grief and trauma when working with Katrina survivors may be insufficient in addressing the impact of this disaster. In order to understand the framework of disoriented grief, the conceptual differences between complicated grief, traumatic grief, and disenfranchised

grief are outlined. Complicated grief represents a broad category that encompasses both traumatic grief and disenfranchised grief.

### Complicated Grief

Sprang and McNeil (1995) described traumatic grief as when “reactions to loss are intensified and/or extend beyond the established guidelines for bereavement” (p. 56). The authors noted the addition of PTSD symptomatology to the diagnostic criteria for normal bereavement as described in the *DSM-IV* made for a more precise definition of traumatic grief. Other researchers proposed that complicated grief is distinct from PTSD, major depressive disorder, and adjustment disorder and warrants its own category in the *DSM* (Lichtenthal, Cruess, & Prigerson, 2004). They associated complicated grief with “enduring psychological and physical dysfunction” and maintained that it “deviates from expected and culturally-sanctioned grief reactions” (Lichtenthal et al., 2004, p. 658). Similarly, some researchers suggest that traumatic grief should be a separate diagnostic entity in the *DSM IV-TR* which would differentiate it from Bereavement, a V coded category of the diagnostic manual (Brom & Kleber, 2000).

Rando (1993) suggested that all deaths are traumatic from the perspective of the mourner. However, there are also circumstances that are clearly and undeniably traumatic from an objective standpoint. These factors can influence the depth, intensity, duration, and long-term outcomes of grief experiences.

External or objective factors that influence our reactions and potential long-term outcome include the following: (a) suddenness and lack of anticipation; (b) violence, mutilation and destruction; (c) degree of preventability and/or randomness of the death; (d) multiple deaths (bereavement overload); and (e) mourner's personal encounter with death involving significant threat to his/her personal survival, or a massive and shocking confrontation with the deaths (and/wswor mutilation) of others. In each of these situations, the external circumstances contribute to internal psychological disorder and/or a behavioral state resulting in emotional stress known as trauma. In addition, these factors may interact with other variables to produce difficulties, which may seriously challenge a person's normal coping responses, for example, if the person who died is a major part of the person's social and emotional support network. (Ambrose, n.d., pp. 2–3)

Ambrose (n.d.) provided an overview of “prolonged and/or difficult bereavement” that includes the following factors: (a) circumstances of the death; (b) relationship of the mourner with the deceased; (c) the pre-death physical and mental functioning of the survivor; (d) previous history with

loss and trauma; (e) social and familial support following the death; (f) other stressors occurring during bereavement.

While the debate about terminology and criterion continues, we suggest that the ideas proposed by Rando and summarized by Ambrose serve as a useful guide for conceptualizing these types of grief experiences. For the purpose of discussion, we will use the term “complicated” grief to encompass these types of grief experiences suggested by the concepts “traumatic” and “disenfranchised.”

### Conditions of Complicated Grief

Circumstances that are likely to lead to complicated grief reactions include suicide, homicide, stigma related illness, violent crime, natural disasters, and terrorism. Often, the mourner's perception that the death could have been prevented is the catalyst for complicated grief responses. With a stigmatized death, society may “signal that the bereaved doesn't have a legitimate right to grieve the loss by making the mourner feel ashamed” (Sprang & McNeil, 1995, p. 139). As with expected grief reactions, the mourner's pre-death relationship with the deceased influences the severity of the impact. Other outside factors that impinge on the functioning of the mourner can contribute to complicated grief when a loss occurs. For example, financial strain, relocation, loss of job, familial disruption, and medical problems can stretch the mourner's capacity to cope effectively with the loss. The mourner's past experience with traumatic events, their familial and social support systems, their mental health, and access to resources may influence the complicated grief experience (Pomeroy & Garcia, 2008). The following sections will describe the areas of functioning that should be examined during an assessment by the practitioner. While some of these responses are common with expected grief reactions, with complicated grief the responses are chronic, more intense, and may present clinically significant disruption in social, occupational, and other important areas of functioning.

### Impact of Complicated Grief

Complicated grief is a process that is encumbered with internal and/or external complications that interfere with the health producing growth process of expected grief. If complicated grief is not addressed appropriately it can lead to life-depleting responses. Complicated grief can have an impact on the mourner in a myriad of ways with varying degrees of severity. Unlike expected grief, complicated grief creates significant and prolonged distress, stretching the mourner's internal and external resources to cope with the turbulence it produces (Pomeroy & Garcia, 2008; Rando, 1993). Individuals that are experiencing complicated grief may exhibit both life-enhancing responses to the loss and life-depleting responses. Life-depleting grief reactions are those responses

and circumstances that act as impediments to the expected grieving process and interfere with the mourner's ability to live a fulfilling life (Pomeroy & Garcia, 2008). Rando (1993) delineated the following factors as clinical indicators of complicated mourning that we consider to be life-depleting reactions: hypersensitivity, hyperarousal, anxiety, depression, idealization, and obsessions about the death or loss are often symptoms of complicated grief. In addition, lack of affect, avoidance behaviors, substance abuse, PTSD, and poor social relationships can isolate the individual going through this experience (Pomeroy & Garcia, 2008; Rando, 1993).

### Traumatic Grief

Traumatic grief is conceptualized as a grief response distinct from what might be expected or considered normative following a death. Symptoms may include re-experiencing the loss, avoidance, and arousal that are more similar to the descriptions of PTSD, and that interfere with the process of moving through grief. Positive memories or reminders may be associated with the traumatic event, which then become altered as they segue into upsetting and disturbing memories and thoughts, triggering the use of avoidant or numbing strategies (Goodman, Morgan, Juriga, & Brown, 2004). These PTSD-like reactions have an impact on a person's ability to complete the expected tasks of normative bereavement.

Traumatic grief affects how people process information as outlined by van der Kolk and McFarlane (1996) in the following ways: (a) persistent intrusions of memories related to the loss interfere with attending to other incoming information; (b) tendency toward compulsive exposure to situations that remind them of the traumatic event; (c) active attempts to avoid triggers of trauma-related emotions, with a generalized numbing of responsiveness; (d) loss of ability to modulate physiological responses to stress; (e) problems with attention and distractibility; and (f) changes in psychological defense mechanisms and in personal identity (p. 9). This makes it difficult for people to discern the relevancy of new information.

### Disenfranchised Grief

Disenfranchised grief is characterized by unacknowledged, minimized, or stigmatized bereavement that may cause extreme isolation for the griever (Doka, 2002). Sometimes the nature of the death itself can cause disenfranchisement as in the case of homicide, suicide, or other stigmatizing deaths. The type of loss may be disenfranchised by a societal lack of understanding in the grief experienced (e.g., pet loss, loss of fertility, loss of employment). In other cases, people are disenfranchised because they are not seen as legitimate grievers. Examples of this type of disenfranchisement include children, adolescents, the elderly, ex-spouses, friends, and many others. The paradox

of disenfranchised grief is that the griever is isolated despite having increased needs for support (Doka, 2002).

### Other Grief Responses

In addition to the previously mentioned types of grief responses, other forms of mourning can lead to prolonged mental health issues such as depression, anxiety, sleep disorders, and relationship difficulties. Absent grief occurs when the mourner does not display any external signs of bereavement and behaves in a manner incongruent to experiencing loss. Delayed grief may occur when the mourner does not initially respond to the presenting loss until a much later date. Inhibited grief involves a mourner's inability to fully express feelings related to the loss so they may appear subdued or withdrawn (Neeld, 2003). Grief and loss is experienced and expressed in a variety of ways that include physical, emotional, cognitive, behavioral, social, and spiritual dimensions (Corr, Nabe, & Corr, 2003). Grieving is very complex at best and responses can be as unique as the individual experiencing the loss.

### Katrina Literature

Since Hurricane Katrina struck New Orleans, Louisiana in August of 2005, there has been a proliferation of articles which have outlined the economic, physical, geographical, and socio-political outcome of this disaster. Mental health and physical health assessments were also conducted in New Orleans during the weeks following Hurricane Katrina. The results indicated the development of more chronic illnesses, an increase in mortality rates due to suicide, high rates of mental health disorders, depression, anxiety, and substance abuse (Weisler et al., 2006).

Ruscher (2006) discusses the issue of the housing crisis and resettlement concerns created by Katrina. The resultant chronic stress, or "Katrina-fatigue" (Ruscher, 2006), experienced by survivors is evidenced by the difficulty in completing forms for housing, insurance, and medical care, as well as being tired of retelling their evacuation stories (p. 37).

"Root shock," a term coined by Fullilove (2004) applies to Katrina survivors as it encompasses "the traumatic stress response to the destruction of all or part of one's emotional ecosystem" (p. 11). This is similar to the body's reaction to physiological shock due to injury. In maintaining internal balance, the system has a method of maintaining external balance between itself and the surrounding environment. "Root shock, at the level of the local community, be it neighborhood or something else, ruptures bonds, dispersing people to all the directions of the compass" (Fullilove, 2004, p. 14). Hurricane Katrina caused root shock in its destruction of the physical geography of New Orleans.

In a study to determine the prevalence and predictors of mental health distress post-Katrina, self-reported poor health as well as concerns about safety were associated with outcome (Abramson, Stehling-Ariza, Garfield, & Redlener, 2008). Continued uncertainty about where one is to live and prolonged displacement tend to have a negative impact on mental health. This suggests that the destruction of communities and social networks has a deleterious affect on survivors of disasters.

Bell (2008) discussed the challenges that case managers faced in engaging Katrina survivors and in understanding their backgrounds and experiences. Multiple barriers to recovery included lack of jobs or employment possibilities, transportation problems, and a lack of affordable housing as well as evacuees' pre-disaster disadvantages, existing needs, and trauma and displacement experiences. Additionally, "perceived cultural differences between case managers and survivors created some barriers to service" and led to frustration and "doubts about survivors' ability to become self-sufficient in their host community" (Bell, 2008, pp. 18–19).

"Post-Katrina Storm Disorder," or PKSD, is a term coined by Scurfield (2008) in describing "sub-threshold post-Katrina stress-related cases" that do not entirely meet the diagnostic criteria for posttraumatic stress disorder. This designation entails "a profound sense of loss, grief and malaise over the irreplaceably lost sense of place" (p. 91). Scurfield (2008) describes a sub-group of Katrina survivors who feel "left behind" in that they have not been able to move beyond Katrina and are stuck with "cynical, moody, despondent and perhaps angry" emotions (p. 91). PKSD's major component is a sense of exhaustion at having to continue to struggle with the aftermath of the disaster. "Post-storm-related anxiety" refers to the exaggerated anxiety or panic reactions that many Katrina survivors experience in response to severe thunderstorm or tropical storm warnings (Scurfield, 2008, p. 91).

Much of the literature regarding Hurricane Katrina has focused on policy implications (Abramson et al., 2008), economic and financial fallout, mental health distress (Abramson et al., 2008; Goodman & West-Olatunji, 2008), and chronic medical health issues (Weisler et al., 2006). With the exception of Scurfield's (2008) recognition of PKSD, very little has been written on the phenomenal grief and loss aspects of this disaster and its impact on individuals, families, and communities.

## METHODOLOGY

This was a qualitative phenomenological study of the lived experiences of Hurricane Katrina survivors who evacuated to Austin, Texas. Because this study focused on understanding the experience and meaning of Hurricane Katrina survivors, a hermeneutic phenomenological methodology was

selected. Phenomenology is an ideal method for understanding the subjective meaning and lived experience of participants specifically in populations that are understudied or marginalized (Padgett, 2008; Ungar, 2003). Cohen, Kahn, and Steeves' (2000) approach to data analysis was used to elicit thick descriptions of the participants' experiences and meanings during and after their experience of surviving Hurricane Katrina. This approach is advantageous for this study since "phenomenological findings explore not only what participants experience but also the situations and conditions of those experiences" (Padgett, 2008, pp. 35–36). An analysis of the interview data was conducted and produced themes of grief and loss.

### Sample and Setting

This study utilized data collected by an interdisciplinary research team at the University of Texas at Austin as part of the National Science Foundation grant (NSR: #0555113). IRB approval was granted by The University of Texas at Austin. The participants for this study consisted of 71 Katrina evacuees who initially resided in the Austin Convention Center. The researchers were involved in various aspects of the initial recovery—including volunteering at the Austin Convention Center, the Red Cross service center, or with other non-profit organizations that provided assistance to evacuees (Kulkarni et al., 2008; Lein, Angel, Bell, & Beausoleil, 2009). The research team immediately began conducting interviews with evacuees at the Austin Convention Center and at temporary housing in hotels and apartment complexes (Reid & Bell, 2008). Through connections researchers had with local social service agencies, they obtained contact information for evacuees which continued with a snowball sampling method (Reid & Bell, 2008). The data set consists of in-depth interviews with 71 Katrina evacuees in Austin, Texas as they arrived at the Austin Convention Center. The evacuees were interviewed over time in order to understand their experiences as they began to rebuild their lives. Study participants were given a \$25 gift card to a local grocery store chain for each interview conducted. The Katrina evacuee population was extremely unstable and transient, which made it difficult to follow up with many participants. Researchers attempted to maintain contact and spent many hours following up on participants' old residences, talking to neighbors, and searching the Internet for new phone numbers or addresses. The total data set consists of 71 Katrina evacuees, some of whom were interviewed a second and third time.

Clearly, this population was vulnerable and social workers are ethically bound to respond to vulnerable populations. In an attempt to address the many immediate needs of survivors, researchers also provided access and referral to social services. Regular team meetings were held for researchers to debrief about meeting the challenges of conducting interviews with evacuees. This process served to maintain self-awareness and objectivity; and

provided a forum for problem-solving related to the interviewing methods, possible ethical dilemmas, and types of assistance that were/could be offered. Team meetings were also a method of support for the researchers during this difficult endeavor of tracking and maintaining contact with an often unstable population in transition.

Some of the ethical issues involved in this type of research include the dual role of social worker and researcher, the inability to respond to the vast needs of evacuees, and the potential lack of confidentiality given the environmental context in which some of the participants were found. For example, many evacuees were living in small one-bedroom apartments or hotel rooms with several family members present during the interviews. Every effort was made to inform participants of this potential lack of confidentiality while maintaining anonymity.

The semi-structured open-ended nature of the interviews allowed for many other issues to be addressed by evacuees. The research team opened the first interviews by asking evacuees to tell them about their evacuation experience, and began the follow-up interviews by asking them to talk about what had happened since they last spoke. This allowed the evacuees to highlight the important elements of their experiences in their own words (Reid & Bell, 2008). Interviews were conducted in the first days after the storm and continued for the following 2 years. Interviews ranged from 30 minutes to 3 hours in length. Katrina evacuees were varied in gender, race, and age. The data set consists of a total of 71 evacuees interviewed initially; there were 39 second interviews, and 25 third interviews. All interviews were digitally recorded, transcribed, and then stored at the University of Texas at Austin. The authors were involved in the initial transcription of the interviews. The data set for this paper includes all of the interviews with all 71 evacuees.

## Data Analysis

Demographic details about the participants are displayed in Table 1, which categorizes the 71 participants by gender, race/ethnicity, and age.

Multiple interviews from survivors were read by a team of coders that included the authors. A master list of codes was developed that represented both in vivo topics as well as theoretically driven topics (Reid & Bell, 2008). The code development process went through multiple iterations with multiple interviews. The team of coders, including the authors, met several times after reading the same interview transcripts to develop, check, and cross-check their codes of first-level themes. The team of coders was comprised of the authors, experts on grief and loss, as well as researchers focused on a variety of other issues related to Katrina. As per Padgett (2008), analysis of phenomenological data “examines interview transcripts in search of quotes and statements that are emblematic in

**TABLE 1** Participant Demographic Details

	Number of participants	Percent
<i>Gender</i>		
Women	43	60.6
Men	28	39.4
Total	71	100.0
<i>Race/Ethnicity</i>		
African American	49	69.0
White	16	22.5
Hispanic	3	4.2
Vietnamese	2	2.8
Missing	1	1.5
Total	71	100.0
<i>Age</i>		
18–25	10	14.1
26–35	11	15.5
36–45	21	29.6
46–55	15	21.1
56–65	10	14.1
66 and over	3	4.2
Missing	1	1.4
Total	71	100.0

meaning” (p. 36). Themes of loss emerged, and a loss coding tree was devised after first-level themes were identified to include: loss of family and friends, loss of home/house, loss of pets, loss of belongings, and missing New Orleans. A coding tree of first-level themes was also developed for the evacuation story that included the storm, flooding, witness or experiencing violence or looting, and experiences within the Superdome. Another relevant coding tree of first-level themes involved meaning/reflexivity and included named feelings or emotions, strength, resiliency, survival, unbearability, poor treatment, and placing blame. After a relatively stable list of codes was established, the team of coders coded all of the transcribed interview documents. This project utilized N6, a qualitative data analysis software program, to manage the data (<http://www.qsrinternational.com>). The coded data then allowed the researchers to locate material that was relevant to their topics of interest.

The procedure of analyzing, categorizing, and coding the first-level themes of the interview data that was collected from Katrina evacuees produced the model of disoriented grief. Disoriented grief constitutes a theoretical formulation of and framework for describing the lived experiences of Katrina evacuees as they endured a devastating disaster. The first-level themes that emerged from the data include: displacement, destruction, distress, and death. These themes formed the basis for the underlying framework for disoriented grief. The first-level themes and second-level themes are discussed in detail in the findings section and can be viewed in Table 2.

**TABLE 2** Resultant First- and Second-Level Themes

First-level themes	Second-level themes
Displacement	Loss of family Loss of friends Loss of pets Loss of job Loss of identity
Destruction	Loss of home/house Loss of belongings Loss of neighborhood/community
Death	Death of family Death of friends Death of pets Fear of one's own death
Distress	Health issues Witnessing of events Loss of dignity Loss of hope Loss of time Stigma and blaming

## FINDINGS

From the complete analysis of the transcribed interviews with the 71 evacuees, a framework of disoriented grief emerged that included the 4 first-level themes and the 18 second-level themes. This framework uncovers a new and unexplored domain of grief following tragedy and extends the existing discussion of traumatic grief, complicated grief, and disenfranchised grief. Figure 1 outlines the disoriented grief model.

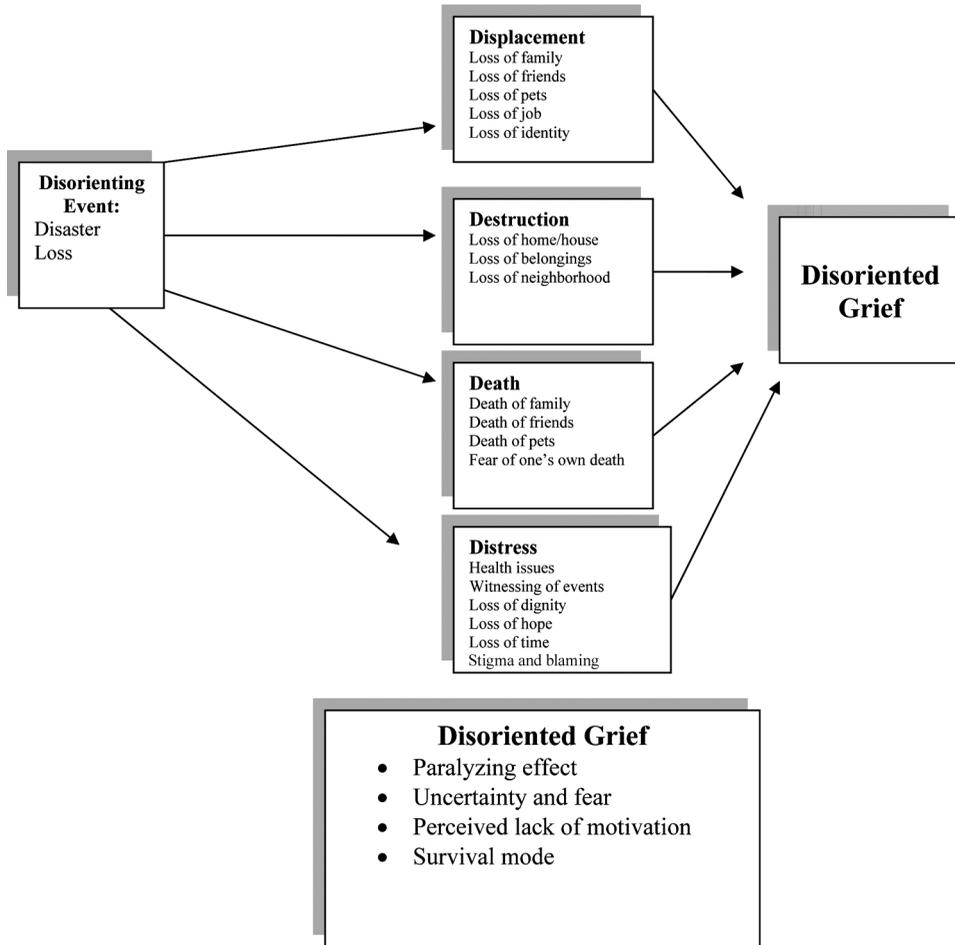
Displacement is a first-level theme that includes the second-level themes of loss of family, loss of friends, loss of pets, loss of jobs, and loss of identity. Being displaced by Hurricane Katrina entailed leaving everything behind. These losses are indicated by the following interview quotes.

Loss of family members, friends, pets, and jobs involves uncertainty about not knowing where both people and pets ended up. With the destruction of property and structures, jobs were lost as well.

“It was very sad we left everything . . . work, family, friends, very sad”  
(female, age 46).

“ . . . these 9 months, I’ve never lost so many people in my life time . . . ”  
(male, age 37).

“We lost our elders. Ninety-nine percent of the people that died were over 50, over 60, over 70. It hit me how much we lost in terms of history”  
(female, age 55).



**FIGURE 1** Disoriented Grief Model.

“...so you had the added stress of...you’ve lost your neighborhood, you don’t know where friends are, then you’re wondering, are they dead, and you’re wondering this for a long time, months and months” (female, age 35).

“I don’t know where the neighbors are” (female, age 52).

“She (daughter) misses her kittens. They wanted to bring them with us but we couldn’t, no, no matter how much we wanted to, we just couldn’t” (female, age 28).

Loss of identity involves a sense of isolation, not knowing where one belongs, and a feeling of not fitting into one’s current location. Many Katrina evacuees in Austin, Texas were uncertain about where to live. Some traveled between New Orleans and Austin trying to determine

where to rebuild their lives and how to overcome an overwhelming displacement.

“And there was a certain sort of isolation that was always part and parcel of life in New Orleans because you never felt like you were part of the rest of the country . . . I feel like that psychology has just been intensified” (female, age 27).

Another first-level theme, Destruction, includes the second-level themes of loss of home or house, loss of material belongings, and loss of neighborhood. Hurricane Katrina physically destroyed buildings and the infrastructure of neighborhoods.

Loss of home or house encompasses the destruction of the physical structure of buildings.

“I never thought we’d have to start over. It was times we had to buy new things. If the TV conked out we had to buy another one. If the radio stopped playing, you buy another one. But I mean starting over from nothing when you got to buy everything over, that was hard. We didn’t know where to start. We didn’t have not house, nothing” (male, age 26).

Loss of neighborhood pertains to the sheer destruction of the physicality of a place. The hurricane destroyed everything that makes up a neighborhood such as trees, landscaping, schools, places of worship, stores, and other buildings.

“ . . . driving into my neighborhood . . . it’s like mile upon mile of nothing where there was something. Of absence, absence of human life, absence of trees that were growing, absence of birds and animals and traffic lights and all the things that signify energy. It’s just completely parched. The earth looks scorched . . . to get to my house it’s quite a drive, and I went through gradations of horror. Slowly you just become completely numb . . . ” (female, age 27).

Loss of belongings involves the loss of all material things, some of which are irreplaceable, and many that will need to be replaced. This includes furniture, appliances, linens, photos, music, documents, food, cash, jewelry, art, and other personal keepsakes, both new and those items handed down from generation to generation.

“It was hard to realize we lost everything. It took me awhile to realize we did. At first I thought I was dreaming for awhile, 2, 3 days. I thought I was dreaming” (male, age 38).

“I lost all my baby pictures and all my diaries, my memories, everything” (female, age 41).

“...how dare anybody say those are just material possessions. They are me. Because I had very little, but what I had was significantly important to me” (female, age 34).

“When the Coast Guard came and got you, couldn’t take nothing, and basically the water came...like a thief in the night, just came and took everything, took everything...” (female, age 32).

The first-level theme of Death includes the second-level themes of death of family members, death of friends, death of pets, and fear of one’s own death.

Death of family members is a tragedy that is all too common during disaster. The aftermath of trying to look for the bodies of loved ones, identifying them, and then arranging for burial can be devastating.

“I lost my girlfriend of  $4\frac{1}{2}$  years in the storm...that’s been the toughest part of it...they found her and her 8-year-old nephew together...you can rebuild everything else, but not people. She was like a soul mate” (male, age 33).

“This is how the people with dead bodies...they are holding them and doing one funeral at a time. It is kind of cruel, that you have to wait to bury your mom” (male, age 37).

Death of friends is an unexpected and tragic experience common to disasters as well.

“...he caught a heart attack through the water...friends they were going through the water and a car hit them, somehow...a floating car ran over them, through the water, it was just pushing and they got killed” (male, age 35).

Death of pets is another unexpected and common occurrence during a disaster. The suddenness with which people typically need to prepare for an evacuation often puts them in the position of having to choose to leave behind a beloved pet or to make the choice of which one to attempt to take.

“It was a goldfish. My little girl...we brought him in a box...in a cooler. We couldn’t take the kittens but we took the goldfish” (female, age 28).

Distress was the final first level theme to emerge and it includes the following second-level themes of health issues, witnessing of events, loss of dignity, loss of hope, loss of time, and stigma and blaming.

The theme of health issues includes new health problems as well as the chronic health conditions for which evacuees needed assistance.

"I have never had all these sick problems. I never discovered I had high blood pressure until I moved in Austin. Now my leg, I hurt my leg" (female, age 62).

Witnessing of events refers to seeing things that one should never expect to see within the scope of ordinary life. This includes witnessing the violence of abuse and murder, seeing the dead bodies of both people and animals, and watching as people drowned or were ignored when crying out for help.

"It was so many things that I saw that I never thought I would see in my life. Dead bodies floating in the water, dead animals all in, I mean animals in the tree can't get down, dead animals in the water. Women and children getting abused in the dome" (male, age 33).

Loss of dignity involves the feelings described by evacuees about their difficulty in locating employment or finding suitable and affordable housing. Many expressed feeling ashamed and embarrassed about their inability to fill out paperwork in the time frame expected of them.

"...they can't help me because I'm not stable. I didn't ask to be not stable" (female, age 43).

Loss of hope includes the expression by many evacuees that it was difficult to plan for the future when the disaster experience had wiped out all sense of hope.

"The past is something I never forget. I mean sometimes I sit and try to think, well maybe if I put it all behind me what I'm going forward to do will be better, but you can't just erase it. Because either way it goes, you going to have to realize that what you had is gone..." (female, age 37).

Stigma and blaming is a second-level theme that includes the experience of being judged negatively by providers.

"...here in Austin where people's patience for this narrative is wearing out. It's like, aren't you over it yet?" (female, age 28).

### Disoriented Grief as an Overarching Framework

Based on the analysis of the first- and second-level themes from this data set, a framework of disoriented grief emerged as a way to understand the experiences of disaster survivors. Disoriented grief is characterized by a paralyzing effect, a pervasive feeling of uncertainty and fear, a perceived lack of motivation, and an enduring sense of living in survival mode.

Paralyzing effect refers to the shock and inability to make decisions about the future and to move forward.

“I’m going to tell you, it’s something, mentally, it’s harder for me to function, to take care of things that I really need to take care of, because right now I have that form over there for the insurance, and it’s just hard for me to deal with that, stating my loss, because I can’t explain it” (female, age 32).

Uncertainty and fear refers to the extreme sense of anxiety or terror that results from a disaster.

“You know the whole, all your friends, all your family is gone, and no one knows what’s in store” (female, age 51).

“I am so scared in Austin. I haven’t got a good 8-hour sleep at night since I have been in this city. I sleep more in the daytime because at night I am worrying about what is happening and my children are not inside yet. I am in a new environment. I’ve got to start over all again” (female, age 35).

Perceived or actual lack of motivation to seek employment or find permanent housing refers to the very real sense of being overwhelmed, overburdened, and unclear about the future. This devastating sense of grief can be misinterpreted by others as a character flaw that leads to judgment and blaming the victim.

“I was thinking about everything but working you know, just wasn’t motivated” (male, age 32).

Survival mode refers to the primal sense of needing to care for oneself and one’s family in the critical moment.

“All of the stress that you know, you were like in survivor mode. You was trying to get somewhere to stay, and trying to get food and trying to get settled, so bad to where you pushed all the emotional stuff behind you and now it’s hitting you. You feel the sorrow of everything loss and the people that you knew that you may never see again. You know ‘cause I cried myself to sleep last night. And I don’t really know why I was crying but I was crying” (female, age 34).

“...you got a big old shield on your feelings...” (male, age 42).

In the final analysis, this combination of attributes suggests a type of grief that is distinct and different from previous conceptualizations of grief such as complicated grief, traumatic grief, or disenfranchised grief. By

examining the themes from this data and comparing them to the other concepts of various grief frameworks, the preliminary conceptual model for disoriented grief emerged. While disoriented grief contains some of the elements of traumatic, complicated and disenfranchised grief, it is unique in that it has the attributes of displacement and the overall paralyzing effects of grief and loss that can be perceived as a lack of motivation. In addition, individuals suffering from disoriented grief may not display any of the classic symptoms of grief such as crying, but may appear to be focused instead on immediate survival needs. The analysis of the cumulative lived experiences of Katrina evacuees led to the development of this framework of disoriented grief which encompasses the lived experiences of Katrina evacuees.

## DISCUSSION

The themes that emerged from these interviews provided the underpinnings of a theoretical formulation of disoriented grief. This framework originates from a disorienting event of loss or disaster, such as Hurricane Katrina. In response to the disorienting event, survivors' experiences fall into four categories of first-level themes which include displacement, destruction, death, and distress. Disoriented grief is comprised of these four domains, or first-level themes. Displacement can include both symbolic and concrete losses such as loss of family, loss of friends, loss of pets, loss of job, and loss of identity. Destruction includes destruction of physical items as well as communities and relationship structures. It can include loss of home, loss of belongings, and loss of neighborhood. In a disaster, death describes both actual losses and the fear of one's own death. Distress is an all encompassing domain that relates to the suffering of the survivors as they describe it both during and after the disaster. Survivors may experience distress at witnessing traumatic events during the disaster, loss of dignity or hope, concern over health and injuries, and loss of time. A particularly distressing component of this experience is the stigma, judgment, and blaming experienced by survivors from those who do not understand the impact of disaster.

These four domains, or first-level themes, lead to a disoriented grief response. Survivors describe the elements of a disoriented grief response as a paralyzing effect, overwhelming uncertainty and fear, an externally perceived lack of motivation and a focus on surviving. Survivors describe an inability to care for their own needs, a sense of being completely overwhelmed, and an inability to function in order to accomplish daily tasks. In addition, survivors face extreme uncertainty and fear about their immediate and long-term futures which include concerns about finances, family health and well-being, permanent residency, and starting all over again.

Bell (2008) described the multiple barriers that survivors face in seeking employment and trying to rebuild their lives. In the face of these barriers,

what is perceived as a lack of motivation among survivors is in fact overwhelming, disoriented grief. Katrina evacuees described trying to function in survival mode to just get by from one day to the next.

The findings of this study indicate that disoriented grief is a specific grief response to disaster that is distinct from previously understood forms of grief responses. Clearly, the survivors of Hurricane Katrina were exposed to circumstances that put them at considerable risk for disoriented grief. Despite an initial focus on the horrific and unnatural circumstances that occurred in Louisiana, a shift in the empathic response seems to have occurred that has further disenfranchised the survivors. We offer a framework for understanding the complex experiences of survivors that has been developed from their own words. The authors believe that the grief experienced by this group of people goes beyond our current understanding of loss and can be conceptualized as Disoriented Grief. While the loss has elements of traumatic, complicated, and disenfranchised grief; it is the disorientation in place, identity, and experience that is a hallmark of these survivors of disaster. Understanding the experience of disorientation allows caregivers and professionals to have a long-range view toward the needs of survivors, not prematurely rushing them to recovery while they are still trying to reorient themselves to their radical new reality.

### PRACTICE IMPLICATIONS

The implications for social work practice are vast as evidenced by the intense grief and loss experienced by Katrina evacuees. Clinical work with populations that have been displaced due to a disaster event challenges all practitioners. It entails an untold amount and variance of grief that is not otherwise encountered in the scope of everyday practice. The impact of disoriented grief is long-lasting and as yet unknown in its long-term outcome.

While initial grief reactions may not appear to be present with disaster survivors, it may take time for them to fully identify, acknowledge, and express the extent of their emotions. Primary needs must be met first. Many disaster survivors are focused on finding family members, securing housing, and collecting the necessary materials required to live on a daily basis. Their grief is present and patience is required of practitioners as their clients grapple with various levels of need resolution. Additionally, practitioners may help disaster survivors identify and prioritize their most immediate needs. Due to the tragic circumstances surrounding the grief and loss experiences of disaster survivors, practitioners may call on their social work practice skills to act as an advocate and resource broker for their clients.

Practitioners need to recognize the signs and symptoms of disoriented grief as it pertains to survivors of disaster events. In addition to a thorough assessment, it is important for practitioners to identify hidden areas that could be problematic to disaster survivors. The Disoriented Grief Questionnaire

was developed in response to the analysis of the interview data. It is outlined in Appendix 1 and is designed as a framework for practitioners to utilize while doing an assessment and providing therapy in order to further understand their clients' disaster experience. Use of the questionnaire can also aid in the development of trust between practitioners and disaster survivors as it acts as a guide to their narrative of tragedy, grief, and loss. In doing so, it is imperative for practitioners to bear witness to the tragedy, grief, and loss that disaster survivors experience.

## SUMMARY

This study, funded by an emergency grant of the National Science Foundation, may provide practitioners and researchers with unique insights into disoriented grief reactions in the face of a disaster of enormous proportions. It is imperative to explore the varied ways in which surviving this disaster has impacted the lives of individuals, families, and communities as preparation for social workers' roles in aiding future disaster survivors. Practitioners can use these findings to adjust the lens through which they view disaster survivors and to gain a deeper understanding of their unique disoriented grief responses. These findings indicated that service providers can expect survivors' grief reactions to last longer and be more encompassing than previously thought. This understanding can lead to service delivery that is more responsive to the physical and emotional needs of disaster populations. In addition, these findings may improve the understanding of grief among practitioners in a variety of service sectors in the community. Future research needs to be conducted to determine whether this theoretical framework can be generalized to other disaster populations and communities. This exploratory study begins the dialogue about a new theoretical framework of grief. Future exploratory, confirmatory, and intervention studies need to be conducted in order to further delineate the applicability of this framework for clinical practice.

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## APPENDIX 1: THE DISORIENTED GRIEF QUESTIONNAIRE

### DISPLACEMENT

Tell me about family members that you could not find.

Tell me about friends that you could not find.

Tell me about pets that you could not find.

Did you lose your job? Tell me about your employment.

How would you describe who you were before (disaster event)? How would you describe who you are now?

### DESTRUCTION

Did you lose your home/house? Describe it to me. If you lived with others, who?

Did you lose material belongings? Tell me about your furniture, photos, books, family mementos, heirlooms, art work, pictures, etc.

Tell me about your neighborhood. Who lived there? What activities occurred? Who did you see on a regular basis?

## DEATH

Did any of your family members die as a result of (disaster event)? Who? How? When? Where? Who found them?

Did any of your friends die as a result of (disaster event)? Who? How? When? Where? Who found them?

Did any of your pets die as a result of (disaster event)? Which one(s)? How? When? Where? Who found them?

Do you fear your own death? Has this changed since the (disaster event)? If so, in what way(s)?

## DISTRESS

Are you concerned with any health issues since (disaster event)? If so, tell me about that.

What did you witness/see during (disaster event)? Did you witness violence, torture, death, mutilation? Who, how, when, where?

Tell me about your sense of dignity.

Do you have hope? Tell me about it.

Has the sense of time changed for you? If so, in what way(s)? Tell me about your sense of time during (disaster event).

Is it difficult to accomplish tasks?

Tell me about your level of motivation.

Do you sometimes feel paralyzed, unable to do anything? Has this changed since (disaster event)?

Do you live in survival mode? What is that like? Describe that.