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## PASTORAL CARE IN DISASTER RESPONSE AND RECOVERY: SURVIVORS AND CAREGIVERS

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### **R**ECOVERY NEEDS OF DISASTER SURVIVORS

When discussing the term pastoral care in relation to disaster response and recovery ministries, two key clarifications are in order.

First, there is the pastoral care offered to the survivors of a natural or man-made disaster. This requires pastoral sensitivities and at least a minimal understanding of the stresses and traumas that disasters inflict on humankind. Second, pastoral care is also required for the caregivers who are immersed in responding to the varied needs of disaster survivors. Caring for survivors requires immense physical, emotional and spiritual energy. This drain can put caregivers at risk.

The caregivers in need of pastoral care, to the surprise of many, include clergy living and ministering in the very community devastated by the disaster. It may be unfamiliar to think of a pastor needing a pastor. Local and outside disaster-response volunteers, including lay congregational caregivers, also suffer various and expected forms of exhaustion.

My first experience in providing such pastoral care was after the 1989 Loma Prieta earthquake, whose epicenter was just eight miles north of Watsonville, Calif. Although I was unprepared and untrained to respond to a disaster, I was serving as pastor of Trinity Lutheran Church, Watsonville, when the earthquake hit. The 6.9 magnitude quake caused significant damage in Santa Cruz County and even led to the postponement of the World Series, which was set to take place 90 miles away in San Francisco.

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#### **Understanding the severe, multifaceted impacts of a disaster**

The impact of this earthquake, which my family and I experienced together, is similar to that of other disasters. I slowly and painstakingly learned, through trial and error, that a tornado, severe flooding or freezing, hurricanes, fires, tsunamis or man-made disasters like school shootings all impact the physical, emotional and spiritual lives of the survivors in at least the following ways:

- Severe physical damage of property and life;
- Intense emotional breakdown; and
- Debilitating spiritual confusion.

Fortunately, LCMS Disaster Response offers Lutheran Early Response Training (LERT) to congregations so that errors can be minimized through careful assessment and members can be educated on how to respond appropriately and effectively to real, and not misjudged, needs.

## **Responding to the immediate physical needs within a holistic, congregational context**

Mostly by trial and error, along with love, encouragement and support of my Watsonville congregation, I quickly learned about the harm, pain and disorientation resulting from disasters. I also learned how they call for a holistic response to physical, emotional and spiritual needs. I quickly witnessed, as a resident of the community, how disasters disrupt, disable and cripple the essential infrastructures that provide basic necessities like food, water and shelter — as well as the emotional and spiritual equilibrium of the community.

Watsonville is a farming community on the central coast of California. Many of its residents, including a sizable number of Mexican farm workers who reside in the older downtown sector, were displaced when houses in the area sustained considerable damage. Tents were quickly set up in local city parks for people who couldn't return to their homes because of damage or who were afraid to because of multiple aftershocks. My congregation, with the assistance of the district, the Synod and Servant Event volunteers, galvanized people to respond in amazing ways to assist the community in the long-term restoration process.

The LCMS California-Nevada-Hawaii District and its Church Extension unit, under the leadership of the Rev. Theodore Iverson, took the lead in building the first new, affordable, post-disaster housing units in the city in partnership with the Pajaro Valley Affordable Housing Association.

## **Expanding the circle of care by training pastoral care providers**

I started helping with disaster-response duties at LCMS World Relief and Human Care in 2001 and later partnered with the Rev. Glenn Merritt, the now-retired director of LCMS Disaster Response. I learned that while the pastor of a local congregation is the lead provider of pastoral care to his church and community first, he is not alone. He is assisted by lay caregivers, whom he trains, mentors and supervises in the course of his ministerial work.

These might be congregational elders, deacons and deaconesses. With them and other congregational leaders, he reaches out to his own flock to inquire generally about how the disaster has impacted them, assess their specific condition and needs as survivors and seek resources from local, regional and national relief agencies to respond appropriately.

More than at any other time, a community comes together when faced with a disaster or other danger. Congregations will not just care for their own, although that's a biblical place to begin. Paul encourages the Galatians to, "Do good to everyone, and especially to those who are of the household of faith" (Gal. 6:10). Opportunities to respond to others in the community will naturally surface through members' networks and deep roots in the community.

A congregation's response to the broader community's disaster-response will, possibly inadvertently, open up opportunities under the power of the Holy Spirit to share the Gospel. People who have received mercy in a crisis want to know about our motivation. They will often ask point blank, "Why are you helping us?" What an open door to share that our motivation is the love of God who sent Jesus Christ and to whom belongs all the glory (Matt. 5:16)!

## **Restorative spiritual and emotional care**

After responding to many disasters throughout the United States and Latin America, I have experienced firsthand how the spiritual, pastoral care of a survivor weighs in as the most critical factor in their long-term recovery. Among the immediate and restorative responses to the plight of a survivor is a personal, face-to-face visit. At the damaged but livable home, at temporary transitional housing or perhaps at a shelter, conversation and spiritual care is offered and gratefully received. In this crisis setting, prayer, devotions, private confession and, if appropriate, Holy Communion are gratefully received as the powerful spiritual balm that they are.

The pastoral care of the disaster's emotional impact upon the survivor will include asking basic debriefing questions that invite the free expression of feelings. Pastors or other caregivers trained in Critical Incident Stress Debriefing know the value of assisting the survivor in expressing fears, anxieties and stresses brought on by the disaster's sudden and perhaps even violent destruction. Even a routine, question-based conversation will give the survivor the opportunity to vent and assess his or her emotional state, which might even suggest a referral to seek professional counseling.

## **Presence as a healing, incarnational balm**

Above all, the pastoral care provider will be present alongside survivors as he begins to make sense of the unexpected and disruptive crisis inflicted on congregational and community members. He will also be present to set in motion the appropriate set of mitigating responses.

In our years working together in LCMS World Relief and Human Care, Merritt and I attempted, after due diligence contacts with the respective districts, to come on-site at disaster scenes as soon as possible in order to be present along with local and visiting caregivers and survivors.

Merritt aptly describes the practice of presence after a disaster in his article “A Ministry of Presence — The Power, Privilege and Practice” from the summer 2009 issue of “Caring Connections”:

There is more to the ministry of presence than just being present with the brokenhearted. A ministry of presence replaces moments of misery with moments of mercy. These mercy moments are delivered by those privileged to stand in the stead of Christ at the crossroads of tragedy and triumph. The privilege of presence includes service in tangible ways ... in disaster, first and foremost, Christian care sees to the basic needs of those affected: food, water, clothing and shelter. This first line of care reflects the First Article of the creed, where God is the giver of “clothing and shoes, food and drink, house and home, family, property and all that I have.” Because every person, regardless of race, color, creed or confession, is a precious creation of God, for whom he cares, Christian care provides disaster victims with what they need to “support body and life.”

### **Spiritual presence as opportunity to debrief the critical disaster incident**

As their spiritual leader, the pastor of an affected congregation will function as their pastoral care provider. He will offer prayer and encouragement to disaster survivors as well as listening to their feelings, that is, conducting a brief critical incident debriefing in personal, face-to-face visits.

This extremely important piece of pastoral work is becoming recognized by secular practitioners in the field of long-term recovery for often-traumatized disaster survivors. A recent volume, hailed and lauded as the first comprehensive resource for pastoral care in the face of disaster, describes the increasingly important role of the spiritual care inherent to pastoral care that is provided in the face of disaster:

The mission of disaster spiritual care is to provide appropriate short-term and long-term care for people who have been affected by both the initial trauma and the ongoing disaster situation. The goal is to provide sensitive spiritual and emotional care to affected individuals and families by respecting a person’s culture, religious tradition and faith commitments.<sup>1</sup>

Spiritual presence is what members of a local congregation have at their disposal. The pastor and other trained (or potentially trained) caregivers, such as elders, deacons or deaconesses, stand ready to provide the pastoral care modeled by the chief Shepherd, Jesus Christ (John 10:1–29). Disaster response and recovery ministry is, more and more, becoming part of congregational ministries in this disaster-prone world.

Pastors, elders and other congregational leaders who are trained and prepared to offer this ministry raise the congregation’s profile and stature in the community; they may be asked to assume additional responsibilities. A congregation of The Lutheran Church—Missouri Synod that our disaster-response staff worked with in Iowa mobilized to assist survivors after a severe hailstorm destroyed crops and homes. The congregation’s pastor and leaders moved proactively to respond with help. The local ministerial alliance, seeing this LCMS congregation’s willingness and quickly acquired expertise in responding appropriately to the needs of members and the community, voted to transfer all donated funds to this congregation for dispensing to the community. The group reasoned, “You all seem to know what you’re doing!”

### **Pastoral care of the caregivers**

The second critical part of disaster response is the pastoral care of the providers, caregivers and local, regional and international disaster-response staff members of our church bodies. Those responding directly to the needs of disaster survivors can become survivors themselves. For in the process of helping — especially for an extended and exhausting period of time — caregivers can find themselves in need of the very pastoral care, both respite and sustained, with the therapeutic debriefing they are offering to survivors.

Disaster caregivers coming from outside the impacted area are especially vulnerable. They are often surprised by their own vulnerability to stress and trauma resulting from their mitigating presence in a disaster’s aftermath.

<sup>1</sup> “Disasters and Spiritual Care” in *Disaster Spiritual Care* by Rabbi Stephen B. Roberts (Woodstock, Vermont: SkyLight Paths, 2008), 17.

After all, they reason, they themselves did not experience directly the destructive forces at play in either a natural or man-made disaster. They were not present when the disaster inflicted its destructive force and velocity.

But caregivers can also become survivors of the disaster they have come to mitigate. Those who have spent extended periods of time at the scene of a disaster, even if they were not present when the disaster occurred, may suffer what is known as compassion fatigue.<sup>2</sup>

What is compassion fatigue? In simple-to-understand language, compassion fatigue is the cost of caring, of working with victims of trauma or catastrophic events that show itself as spiritual, physical and/or emotional fatigue and exhaustion. It comes about as a result of caregiving that causes a decrease in the caregiver's ability to experience joy or feel and care for and about others.

In addition, visiting caregivers coming in to assist in disaster relief are also susceptible to PTSD (Post Traumatic Stress Disorder) after an extended exposure to the destructive physical and human toll left behind. As Darlene Fuller Rogers writes, "Seeing another person become a victim of a traumatic event can result in PTSD in the witness, as well as in the victim."<sup>3</sup>

### **There is no shame in declining the role of caregiver**

Compounding the compassion fatigue and/or susceptibility to PTSD for people of faith is their vulnerability to guilt. They are more likely to push themselves beyond their physical and emotional capacity.

On Jan. 12, 2010 an 8.0 magnitude earthquake left Haiti in shambles and many Christians were moved with compassion to volunteer in the massive relief efforts. But upon arriving in Haiti, many were shocked by the extent of the destruction. An estimated 230,000 people died, 300,000 were injured and 85,432 were displaced. Some volunteers became physically ill and immediately returned home.

It is important to assess one's own capacity to serve. There is no shame in admitting, "I can't do it!" Instead, it is admirable when people of faith carefully review the situation and assess their own capacity before volunteering. Pastoral care in these situations might include commending potential caregivers for their careful assessment of their capacity, applauding their wise decision to decline assuming a caregiver role and announcing the peace of the Lord to them as they return home.

### **Caregiver as unsuspecting disaster survivor**

Another challenge for caregivers outside the disaster area is when they unexpectedly experience the disaster! In the case of earthquakes, aftershocks can be as strong as the original trembles. Thus, an outside volunteer caregiver may experience the trauma that first overwhelmed the survivors they have come to assist. This could cause an even more debilitating fearfulness in unsuspecting caregivers due to participation in a disaster they did not expect to encounter themselves.

A dramatic example of this comes from the 2010 Haitian earthquake. It was reported that by Jan. 24, at least 52 aftershocks, measuring 4.5 or greater, had been recorded. The death toll was extremely high.

LCMS World Relief and Human Care responded to this disaster with on-site relief. Since no flights were available into Port-au-Prince in the days immediately following the earthquake, staff flew into Santiago, Dominican Republic, and traveled to Jimani on the border between the two countries. The staff split up into two pastoral care teams. One went into Haiti and the other stayed behind at a hospital in Jimani, where severely injured victims were being continually flown in by helicopter.

I was on the team that stayed behind at the hospital site with the Rev. Dr. Albert Collver III and the Rev. Dr. Matthew C. Harrison. Collver wrote about the experience of witnessing severely traumatized caregivers, themselves victims of the disastrous earthquake's aftershocks:

The second tremor occurred after many of the relief workers had fallen asleep and indeed felt stronger than the first one. The second tremor seemed to affect the doctors, nurses and caregivers more than it affected the Haitians. One of the doctors panicked and tried to jump off the second story balcony. Fortunately, he was persuaded to come down the stairs quickly instead. A large number of the caregivers (including yours truly) slept outside that night.

<sup>2</sup> Rabbi Stephen Roberts describes it this way in his article "Compassion Fatigue" in *Disaster Spiritual Care*, 209.

<sup>3</sup> *Pastoral Care for Post-Traumatic Stress Disorders: Healing the Shattered Soul* (New York: The Haworth Pastoral Press, 2002.)



## **Time needed to assume and strengthen the capacity to respond**

In the immediate aftermath of an especially devastating disaster, the onus is on the local pastor of a congregation to respond, to do something. However, as the spiritual leader of his flock, he may not be physically and emotionally able to mobilize time and resources to even check into how his flock is faring. After the disaster's impact, he may be responding to his own and his family's fears and stresses, which are multiplied if they are also facing damages to the family home.

The same Iowa pastor who mobilized his congregational leaders to respond so effectively in the face of a vicious hailstorm was initially immobilized by damage to his own property.

At that time, one of my responsibilities included disaster response, so I called him to see how he and the congregation were doing. The first time I called, he was sweeping broken glass inside the parsonage. The hailstorm had broken windows in the family home.

The second time I called, he was again sweeping glass, but this time outside the home. Each time we talked, he sounded distracted, which was understandable as he sorted out the physical, emotional and spiritual impact of the disaster on his family, parishioners and his own person. When I asked how his members were doing, he said he didn't know but it would be a good thing to ask on Sunday.

This was early in the week. I was surprised he wasn't calling around and inquiring how folks were. When I suggested that maybe he might contact his elders and other congregational leaders to help make contacts, he said, "That's a good idea."

What was going on with this otherwise competent, intelligent and compassionate pastor was that he himself was physically, emotionally and, no doubt, even spiritually affected by the disaster. As a disaster survivor himself, he needed a few days to get his bearings, pray, reflect and respond to the immediate needs of his family.

By the time we were on the scene a week later, he was in response mode alongside his elders and leaders. He took us on a tour of a member's farm, where the corn crop had been reduced "from 10 feet high to 10 inches."

The expectations placed upon a pastor by his congregation, community and judicatories to respond to a devastating disaster are many and multilayered. The same is expected of the congregation's national denominational judicatory (i.e., the LCMS Office of National Mission, the district where the congregation holds membership and their respective staffs).

"Is anybody in the church responding to this disaster?" is an oft-heard question, drenched with expectations of immediate response, especially when a disaster is of great proportions. Caution, the saying goes, is indeed the better part of valor. Consequently, deliberate, measured care to not respond to non-existent needs is paramount. But communication and staying in touch through social media can garner lots of information and provide clarity on response needs and timing. This is especially important for caregivers that travel into the affected disaster area. The stories of volunteers descending into a disaster area from the outside, with no knowledge of how to respond, are legend.

Diligent care must be taken to assess these caregivers' capacity and readiness to respond to the many and varied needs that quickly surface after a disaster. An inventory of the resources with which to mitigate the disaster's damages also needs to be carefully taken.

We cannot give — least of all promise — that which we don't have the capacity to deliver. False promises and good, but unrealistic intentions only compound the disaster's damage.

## **Assessing the work is the first step in caregiver self-care**

Both the local caregiver, as well as the one who travels in from outside the disaster scene, are wise to assess their capacity to thrust themselves into the often emotionally and physically draining activities associated with responding to a natural or man-made disaster. A disaster precipitates a personal as well a communal crisis. This is what the caregivers will face: survivors in crisis!

A basic understanding of a crisis helps the potential caregiver determine when or whether to assume care-giving tasks. A personal or communal crisis results from genuine harm. Even an anticipated or perceived harm resulting from an intolerable difficulty can result in a debilitating, individual crisis.<sup>4</sup> James and Gilliland further explain that a crisis is "a deviation from the typical pattern of functioning."<sup>5</sup> Therefore — and this is especially helpful in understanding disaster as crisis — there is a need to restore equilibrium.

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<sup>4</sup> Richard K. James and Burt E. Gilliland in *Crisis Intervention Strategies*. (Tacoma: Cole, 1993.)

<sup>5</sup> Ibid.

## **The taxing demands of a non-defensive, healing response to survivor anger**

The caregivers on the scene, or those coming in as volunteer caregivers from the outside, will face survivors who are in crisis. They will be overcome with emotions and express feelings that are otherwise not part of their normal individual makeup. A usually low-key, even-tempered survivor may, as a result of the crisis of the disaster, express intense feelings of anger, even at the compassionate caregivers, who will no doubt wonder why these survivors are such ingrates.

In an initial caregiver visit to an extended Chilean family, whose home and rural properties had been demolished in the 2010 magnitude-8.8 earthquake in Chile, a young woman stepped up to meet our LCMS Disaster Response team. Besides our LCMS team that included Merritt and myself, the entourage included the Rev. Cristian Rautenberg, the Rev. Carlos Schumann and a female member from Rautenberg's congregation in Santiago, Traudy Lutinsky, originally from Germany. The young woman greeted us angrily, "Finally, someone from the church decides to see how we are doing."

As we explained who we were, where we were from and our desire to respond to the disaster that had left them homeless and sleeping in makeshift tents, the woman continued to express anger as she maintained a distant posture. Lutinsky followed her, staying close to her, listening to her expressions of anger, confusion and hopelessness as we toured the extensive destruction to their homes and property.

It was amazing seeing her at work! Although not a trained therapist — just a faithful, lifelong Lutheran — she asked the angry young woman simple, direct questions and, more importantly, listened non-judgmentally. She smiled. She nodded knowingly. The professional clergy hung back and let the church be the church!

Lutinsky was helping the young woman process the emotional impact of the crisis. The earthquake's unpredictable and unexpected destruction had upset her equilibrium, the normal and expected flow of things.

The ready and prepared caregiver knows what he is getting into. With eyes wide open to the proclivities of a crisis, he enters the encounter with patient, non-judgmental pastoral care.

## **The Holy Spirit's primary role in raising and responding to spiritual issues**

The response to spiritual issues inherent in the disaster crisis, while looming high in the delivery of pastoral care services, is more enthusiastically embraced if the survivor raises them or if it is gently placed on the table by the caregiver.

Merritt and I returned to Chile to visit six months later, accompanied again by pastors Rautenberg, Schumann and a new seminary graduate assigned to Chile, the Rev. Omar Kinas. We expected to hear about the progress on the reconstruction, but we wanted to be aware of spiritual issues that surfaced in our initial visit. The Chilean church had provided some material resources, but mostly it was the survivors' work that they were proud to show us. Now it was our turn to respond to spiritual concerns around the perennial question "If God is good, why is there pain and suffering?"

Again, it was Lutinsky who carried the day. She offered the young woman, now in much better spirits, a booklet on asking the tough questions about the presence of God in times of suffering.

The young woman perused the pamphlet asked, surprised, "*Podemos preguntar? No nos va a castigar Dios?*" "We can ask? God isn't going to punish us?"

Lutinsky assured her that we could ask and that the desire to know more about how and why God deals with us in times of disaster is a healthy thing.

"*Hacer una pregunta no ofende a Dios,*" Lutinsky said. "It doesn't offend God to ask and question."

Helping survivors work through the emotional and spiritual trauma brought on by the onset of a crisis after a disaster can be, and often is, painstakingly slow. It takes time, patience and fervent prayer.

The caregiver needs to know what he is getting into. Walking alongside the survivor, addressing spiritual and emotional issues, is exhausting and draining. However, caregivers report that it is an uplifting and personally rewarding experience to witness the slow but certain recovery of a survivor from the trauma of a disaster and the personal crisis that it triggers.

The visiting team learned about the slow, persistent and prayerful process involved in finally seeing survivors move from crisis to recovery, confidence and competence. The Chilean survivors we initially found in despair were now hopeful and confident. Most amazing of all, and here all Christian caregivers would agree, the eventual healing and recovery was completely the work of the Holy Spirit.

## **Mercy, in the hands of the Spirit, cultivates a hunger for the Gospel**

Survivors who were once distressed and hopeless were now ready to participate in giving back. This included helping other victims and taking leading roles in planting new Lutheran congregations. We never dreamed that new congregations would be planted in *Talca* and *Constitución*.

We were in Chile as purveyors of mercy, not as evangelists. But the Holy Spirit, hovering over our work of mercy, had other plans.

There was a woman named Veronica, whom we reached out to as we passed by her demolished home. In our first visit, we found her hopeless with her head hung low.

Two years later, on our fourth or fifth visit, she said to me proudly, “*¡Ahora somos Luteranos!*” “We are Lutheran now!”

## **A holistic response model to a disaster’s devastation**

By this time, the Chilean church had responded by assisting survivors in the reconstruction of their homes, providing otherwise unavailable materials, filling the gap in volunteers and providing nominal funds. The Chilean church encouraged and looked for local resources in assisting with reconstruction, but the survivors were integral to the recovery. The national church, with both internal and external resources, facilitated aid and was the last resort for materials and labor not otherwise available.

Every effort was made to use all the assets and resources already available to the family. This preserves the dignity and self-respect of survivors in that they feel that they did it.

As we witnessed the recovery work firsthand, we began to see that the Chilean church was surely a model for a holistic response to the physical, emotional and spiritual devastation of disasters. Merritt and I kept remarking about what an amazing model of mercy, under the Holy Spirit, this was in leading to opportunities to witness and establish congregations where the Chileans could continue to grow in the life together nurtured by Word, Sacraments and the mutual encouragement of the saints.

## **A time for respite after intense disaster caregiving**

The demanding, long-term path of the survivor’s recovery is taxing and exhausting for the caregiver. Time needs to be intentionally set aside for rest and recreation away from the scene of disaster-response work.

After Hurricane Katrina wreaked massive havoc on the U.S. Gulf Coast, donors to the relief effort insisted on setting aside funds for pastoral respite. One such delightful time away was a Luther Tour. Merritt and I were invited to accompany the pastors and wives from the Louisiana and Mississippi Gulf Coast. It was, of course, a delightful respite that numerous pastoral couples referred to as a life-saver.

Even so, many pastors who experience the trauma of a disaster move on to another call within three to five years. However, some continued their ministries in the area affected by Hurricane Katrina long afterward. The deep sense of calling and commitment was nothing short of miraculous.

I lasted for six more years in Watsonville, Calif., before accepting another call. It was difficult to move after 21 years and only 10 years to retirement age. My intention all along was to complete my pastoral ministry where my wife, Maureen, and I had invested many years of hard work building up a small congregation, adding a preschool through sixth-grade school, responding to the earthquake from our congregational base and laying the groundwork for what is now a bilingual Latino congregation. A lot had been invested in our minds, yet even Maureen was clear that now was the time. So, we accepted the call to Glen Cove, N.Y.

In many ways we are probably not even aware of, the Loma Prieta earthquake affected us more than we will ever understand. But then again, the Lord used it, pain and all, as I began my work at LCMS World Relief and Human Care and became involved in a congregational-based disaster-response ministry. First I worked with Rev. John Fale, with plenty of input from our boss, Harrison. Then as a team, we worked with Merritt, who expanded and fine-tuned the work and training into an international endeavor.

So, yes, the Lord can use the experience of going through a disaster to sharpen our caregiving skills, but it is still filled with pain and respite is needed.

And for us, maybe the wounds and pain of going through the 1989 earthquake even resulted in the unexpected, challenging move to new ministries, such as accepting a call to Glen Cove, N.Y. and later to LCMS World Relief and Human Care.

### **The importance of proactively seeking rest and respite**

The first step toward embedding healthy practices is to adopt and put into practice the basic axiom of caregiving:

CAREGIVER CARE IS NOT AN OPTION.

This iron rule of caregiving is eloquently expressed in the article “Self-Care — Not an Option” by Dr. Tanya Pagan Raggio.<sup>6</sup>

The development of proactive self-care discipline is extremely critical for three basic reasons:

- The caregiver may also be a victim.
- The caregiver has an intrinsic urge and temptation to keep going after exhaustion.
- The basic reality is that you cannot give what you don't have.

In one of the annual series of California fires, Merritt and I visited with a pastor of an LCMS congregation and his wife at the very site where the home had burned to the ground. Every possession gone! When I commented to the pastor's wife how disconcerting it surely must be to lose all their possessions in their home, she responded, “We have grown to realize that these are just material things we have lost. What matters most is our life.”

We marveled at her faith and strength. When we returned six months later, she shared what a dark tunnel they had gone through. She said she felt that they were just coming out of that tunnel. As pastor and wife, they were, first of all, going through their own healing. However, by the very nature of congregational work and expectation, they also served as disaster caregivers. Amazingly, they filled both roles!

Self-care was not optional for this pastor/wife caregiving team! A time for respite was also urgently needed and it was joyfully and gratefully provided for this courageous couple.

A time for respite was also provided for a pastor who served an LCMS congregation in suburban Nashville, Tenn., who responded mightily in assisting neighbors in recovery after their homes were flooded by a nearby river. In addition to his role as pastor and caregiver, he was needed intensely at the time as a husband and father when his wife gave birth to a child in need of serious medical attention. Here again, a time for a post-disaster respite was joyfully and gratefully provided for the pastor and his family.

### **The dangers of the urge to function beyond exhaustion**

There is an urge and temptation for caregivers to keep going even after exhaustion. There may be spiritual convictions that motivate the caregiver to endure and prevail in the face exhaustion (Col. 1:11).

However, there are physiological responses of our body during the impact and recovery phases of a disaster that push the caregiver to function beyond exhaustion.<sup>7</sup> That the secretion of adrenaline results in an increase in heart rate and blood pressure and gives energy to the fight or flight response.

Author J.A. Gray explains the impact of adrenaline on the body. It:

- Enables the body to function in a crisis, enabling a hyper alertness;
- Helps the caregiver to stay awake longer with little sleep or nourishment;
- Gives the caregiver a rush;
- Makes it hard for the caregiver to calm down physiologically, psychologically and spiritually;
- Makes it difficult for the caregiver to take a respite during the impact and rescue stages of the natural disaster; and
- May decrease the effectiveness of the caregiver's due to shock, extreme fatigue and anxiety.<sup>8</sup>

<sup>6</sup> Roberts, Stephen; Pagan Raggio, Tanya et al. *Disaster Spiritual Care — Practical Clergy Responses to Community, Regional and National Natural Tragedy*. (Woodstock : Skylight Paths, 2008.)

<sup>7</sup> J.A. Gray. *The Psychology of Fear and Stress*. (Columbus: McGraw Hill, 1971.)

<sup>8</sup> Ibid.



These apparently hearty souls, who can be found at the center of most disasters and who go non-stop without rest, are more than likely succumbing to adrenaline. At the very least, organizers and leaders of every disaster-response operation need to keep a careful and caring eye on caregivers who may be over-functioning and vulnerable to physical danger due to adrenaline.

### **Physical, spiritual and social self-care strategies**

Self-care patterns need to be cultivated prior to going into the aftermath of a disaster. If a potential caregiver does not practice self-care as part of his vocational toolkit, he is vulnerable to self-destructive overextension while on the disaster field. Therefore, in the training and certifying of disaster-response volunteers, teaching self-care takes a prominent place in the curriculum. In the on-site work that Merritt and I were assigned, a significant portion of our time in the field was taken up with one-on-one sessions — providing pastoral care, really — for caregivers (including some from our national staff!) who had gone overboard when overwhelmed by exhaustion.

Even a simple, commonsense pattern of self-care will reap energy and health benefits in the midst of the exhausting and demanding disaster caregiving:

- Develop the discipline of rest, prayer, meditation and sleep in order to restore physical, emotional and spiritual strength and energy.
- Give yourself permission to rest.
- Journal the activities of the day and the accompanying emotions.
- Find a trusted friend or acquaintance to talk to and a professional for stressful times and in critical incidents.
- Develop a physical hobby, such as walking, swimming, gardening or an athletic activity. Physical activity produces hormones called endorphins that help relax mind and body.
- Know your limits.
- Simplify your life.
- Limit the use of stimulants.

Other self-care strategies to pursue incrementally include:

- Find your own oasis — a quiet, peaceful place where you can go on a daily basis and engage in some physical exercise.
- Consider a mini-sabbatical to attend a spiritual retreat, either organized or self-organized. After Hurricane Katrina, pastors and wives went on several of these mini-sabbaticals.
- Explore or renew activities you enjoy.
- Engage as a sport participant (consult your doctor first) or observer.
- Take time to be with family or close friends.
- Take mini-vacations every three months, such as a long weekend.
- Pursue hobbies or interests. Mine are historical sites, main streets of small towns and narrow gauge trains like the Durango–Silverton, Colo., and the Antonito, Colo.–Chama, N.M., lines.

### **Risks accompanying stress when self-care is ignored**

The lack of rest puts a caregiver at risk for:

- Burnout;
- Compassion fatigue;
- Physical and mental illness; and
- Strained family relationships.

Clergy caregivers are especially at risk for poor health during times of extreme stress, such as disasters. The extreme, acute stress of a disaster, especially when it is prolonged, puts the caregiver at risk for hypertension, stroke and sudden cardiac death.<sup>9</sup>

<sup>9</sup> D.W. Hager and L. C. Hager in *Stress and a Woman's Body*. (Grand Rapids: Fleming H. Revell, 1996.)

## **‘You are what you eat!’ — Nutrition as an essential self-care strategy**

The latest suggestion on balanced and healthful nutrition is found at *myplate.gov*, which replaces the former *mypyramid.gov*. Both emphasize the basics of nutritional self-care essentials:

- Grains
- Vegetables
- Fruit
- Milk (or soy milk)
- Meat
- Beans

The ideal, nutritious plate is:

- One-half vegetables;
- One-fourth grains; and
- One-fourth protein (beans, fish or low-fat, organic meat).

Balance is the key. Breakfast, lunch and dinner and two to three snacks of fruit or vegetables such as carrots and celery are recommended. If you cannot follow this schedule, eat when you are hungry and stop three hours before bedtime. Another important suggestion from the website is to eat only half of what’s on your plate when eating in a restaurant or to split a meal.

## **Spiritual recovery addressing ‘Why did this happen?’**

“Why did this happen?” is a survivor’s most common spiritual question, but the caregiver may also be struggling with the question “Why did God allow the disaster?”

A presentation/discussion on the theological issues raised by disasters might be a helpful piece in the recovery toolbox. You might address God as the creator and sustainer of all that exists (First Article), but we live in a sinful and fallen world:

1. “Original Sin” (AC II)<sup>10</sup>
2. “The Cause of Sin” (AC XIX): “Our churches teach that although God creates and preserves nature, the cause of sin is located in the will of the wicked, that is, the devil and ungodly people. Without God’s help, this will turns itself away from God.”
3. The concept of reconciliation: the Second Article of the Apostles’ Creed, “Justification” (AC IV), Eph. 2:8–19 and 2 Cor. 5:17–21.

## **Addressing ultimate life issues triggered by a disaster**

Both survivors and caregivers may be shaken to the core by the disaster, raising issues such as:

- 1. Issues of life and death.** Those near the Tucson, Ariz., shooting of Congresswoman Gabrielle Giffords on Jan. 8, 2011, said things like, “I was almost there!” or “It could have been me!” Applicable Word of God, “Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me” (Ps. 23:4).
- 2. Questions about good and evil.** Has evil triumphed? Is there no justice? Is God acting in judgment? Applicable doctrine, “The good and gracious will of God is done indeed without our prayer. But we pray in this petition that it may be done among us also” (Explanation to the Third Petition of the Lord’s Prayer, Small Catechism).
- 3. Ultimate life issues.** These surface in a disaster because they are no longer camouflaged by material distraction. Applicable Word of God, “But seek first the kingdom of God and his righteousness, and all these things will be added to you. Therefore do not be anxious about tomorrow, for tomorrow will be anxious for itself. Sufficient for the day is its own trouble” (Matt. 6:33–34).

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<sup>10</sup> Quotations marked “AC” are from Paul McCain. Concordia: The Lutheran Confessions, second edition. St. Louis: Concordia, 2006. All rights reserved.

### **Keep focusing on self-care through God's Word**

The experience for disaster caregivers is that the road to self-care is long and arduous. It is not easy to break ingrained habits of overextension. As emphasized in this paper, self-care is a discipline, and there is no discipline more powerful than the Word of God.

On the long and arduous road to gaining and retaining self-care disciplines, whether as a disaster caregiver or as we carry out our day-to-day responsibilities and fulfill expectations placed upon us, we can find strength and direction from God's Word for cultivating a Sabbath attitude.

**Gen. 2:2:** "And on the seventh day God finished his work that he had done, and he rested on the seventh day from all his work that he had done."

### **Reflection: Even God rested from His work!**

**Rev. 14:13:** "And I heard a voice from heaven saying, 'Write this: Blessed are the dead who die in the Lord from now on.' 'Blessed indeed,' says the Spirit, 'that they may rest from their labors, for their deeds follow them!'"

### **Reflection: Rest from labor is part of God's plan.**

**Mark 2:27:** "And he said to them, 'The Sabbath was made for man, not man for the Sabbath.'"

### **Reflection: The Sabbath is for you to embrace, renew and refresh.**

**Is. 30:15-16:** "For thus said the Lord GOD, the Holy One of Israel, 'In returning and rest you shall be saved; in quietness and in trust shall be your strength.' But you were unwilling, and you said, 'No! We will flee upon horses'; therefore you shall flee away; and, 'We will ride upon swift steeds'; therefore your pursuers shall be swift."

### **Reflection: Rest has saving power.**

**Matt. 4:4:** "But he answered, 'It is written, "Man shall not live by bread alone, but by every word that comes from the mouth of God."'"

### **Reflection: The life-giving Word.**

**Ps. 23:2-3a:** "He makes me lie down in green pastures. He leads me beside still waters. He restores my soul."

### **Reflection: God leads us into places of rest and restoration.**

Instinctive caregiver self-care

Perhaps an apt concluding word is what we say to each other upon departing, "Take care!"

New Yorkers say that all the time to each other upon departing (without pronouncing the "r"). It's their way of saying good-bye. But now I hear it everywhere I travel.

"Take care!"

And I answer politely, "Thanks! I will!"

Our natural instinct to take care of ourselves is now being verbalized as part of a casual, polite, nice way of saying good-bye. Unfortunately, we don't always follow our best instincts. But taking care is a good and blessed instinct in the work of disaster caregiving.

We cannot give what we do not have.