

Conducting Support Groups for Bereaved People after Disaster

Realización de grupos de apoyo para personas en duelo después de un Desastre

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Abstract

The social dimension of disasters is a strength and a liability. After bushfires destroyed 2,000 houses damaged 25 towns and killed 173 people in the state of Victoria, Australia on Black Saturday, 9 February 2009, community-based recovery programs were established for the thousands of people living in devastated communities. Among these were bereavement support groups to assist the grieving. They met monthly for 4 years. While therapeutic, they are not therapy groups yet require careful establishment and a technique to engage community members who would probably never have sought therapy. The technique is restrained, allows groups to find their way but to hold the purpose. The process showed a distinct rhythm with engagement through tears, humour and comradeship in adversity during the first year deepening to mutual support with recovery problems in the second year. Then in the third year, the safety of their common bonds allowed expression of the depth of anger, pain and grief. In the fourth year they were able to work on damaged identity, reflect on the lost pre-disaster life and look towards new life. The 'group in mind' formed gave confidence to cross the abyss created by disaster in the life continuum and begin a new future.

Resumen

La dimensión social de los desastres supone fuerza y responsabilidad. Después de que unos incendios forestales destruyeran 2000 casas, afectaran a 25 ciudades y mataran a 173 personas en el estado de Victoria, Australia, en un sábado negro el 9 de febrero de 2009, se establecieron programas de recuperación basados en la comunidad para miles de personas de las poblaciones devastadas. Entre ellos, grupos de apoyo al duelo con una frecuencia mensual durante 4 años. Aunque terapéuticos, no eran grupos de terapia que requirieran unas condiciones y una técnica rigurosas y permitieron la participación de miembros de la comunidad que nunca hubieran buscado terapia. La técnica es limitada, permite a los grupos encontrar su propio modo de hacer pero manteniendo el propósito. El proceso mostró un ritmo definido con compromiso a través de las lágrimas, el humor y la camaradería en la adversidad. Durante el primer año dependiendo del apoyo mutuo y resolviendo problemas en el segundo. En el tercer año la seguridad que proporcionaron los vínculos establecidos permitió la expresión de enfados, dolor y duelos profundos. En el cuarto año se pudo trabajar sobre las identidades dañadas, sobre la vida anterior al desastre ahora perdida y considerar la nueva vida. El 'grupo interno' aportó confianza para atravesar el abismo originado por el desastre en el continuo de la vida y crear un nuevo futuro.

Introduction

The authors live in communities affected by the Black Saturday Bushfires in the State of Victoria in Southeastern Australia and continue to observe the effects at first hand. On February 7, 2009, after years of drought and three days over 40°C the previous week, a hot gale was predicted with temperatures of 45°C. Fire authorities warned it was the worst fire risk day in Victoria's history. On that day, there were 316 fires throughout the state, the 15 most

severe burnt 430,000 hectares of land, destroyed over 2,000 homes, devastated or damaged 25 towns and communities, and killed 173 people including whole families sheltering in their houses (Teague, McLeod & Pascoe, 2010). The boundary between objective professional assistance and being part of the pain defines the difference between normal clinical practice and disaster recovery work.

Disasters are group events, impacting upon communities. The threat and disruption associated with loss of family, friends, neighbours, home, property, environment and community as it was are life-changing experiences. A new life must be rebuilt in a changed world; recovery takes years, perhaps decades. There is no short cut, rebuilding new routines and assumptions, requires repeated experiences of seasons without new tragedies to provide a context for the disaster.

The initial rush of sympathy and assistance impose additional disruption. Decisions are demanded when those affected need time to stop, take stock and connect with themselves. Supporters rapidly return to normal life, while it is impossible for those affected to return to theirs. Many of those people whom they expected would be there to help and understand them move on sooner than they can. In a surprisingly short time, supporters say, "You must be getting over it by now;" "Are you feeling better yet?" "If you put it behind you it would help;" "Stop dwelling on the past and look to the future."

The resulting sense of isolation and alienation makes recovery harder. Disasters violate deeply held beliefs and expectations about self, others, nature, the world and life itself. At a time of identity change, the affected feel misunderstood. Many people lack a language to communicate or understand their experience. Those suffering long-term posttraumatic injuries indicate isolation and loss of a communicational environment that is as damaging as the event itself. Social bonds between affected people and those outside the impact are often damaged, although it may take months or years to manifest.

The social impact of disaster and trauma begins with loss of the reflective network in which those affected can recognise their predicament and gain a sense of normality for their abnormal situation. The focus is on property, infrastructure and finance; but they are only important because they serve social needs. Eventual quality of life is the real measure of successful recovery. Social attachment to others who understand is the resource for integrating the experience. In a disrupted community, with competing demands and survival orientation, this requires a temporary, facilitating recovery community to be convened around those affected as the precondition for offering focussed mental health care. Without the community normalising, making sense of reactions and relating them to services, many cannot understand their need

until they acquire a recognisable mental health disorder at considerable cost to their lives.

For the bereaved, the problem is especially significant. They have lost loved ones, friends, neighbours perhaps in the context of threat to themselves, in the midst of others' losses associated with property loss and disruption. In natural disasters, bereavement of neighbours, friends and community members reveals the role they play in life. Many country people have more frequent, intimate contact with neighbours than with their extended families. They are forced to engage in complex, unfamiliar legal processes with coroners, local and state governments, insurance and building professionals. The need to grieve competes with survival demands for attention so grief is often put aside and congeals later into depression. Traumatic features of the deaths compete with the loss and interfere with the grief trajectory. These deaths are not like other deaths they have had to come to terms with.

Mental health interventions do not provide all that is needed, especially when working out what is normal. Sharing the experience with others going through it helps form a new identity to include the tragedy as part of a new and different future. Most affected people would probably never have sought mental health treatment. The incidence of diagnosable mental health problems after natural disasters is between 10-25% (McFarlane, van Hoof and Goodhew, 2009), which means much of the suffering cannot be classified as mental illness and yet information and support are needed to avoid becoming unwell. The majority of people in need are unlikely to have previous experience of the role of mental health professionals so make no use of them until they become unwell. Social networks promoting a sense of support and normality among affected people create a communicational environment for reflection and integration of the experience and activate their resilience.

In Victoria, a decade's experience with recovery from emergencies has shown the value of facilitated support groups as part of a psychosocial recovery strategy for people bereaved following the Port Arthur Massacre in 1996, the Bali bombing in 2002 and the East Asian Tsunami in 2004. The value of facilitated community meetings has also been demonstrated in large and small natural disasters.

After Black Saturday, a specialist agency for grief education and counselling was funded to coordinate facilitated support groups in communities requesting them. Eight groups were established, each facilitated by a clinician from a local mental health agency and a specialist in trauma or grief. The facilitators were asked for a two-year commitment to conduct monthly meetings within the communities, usually at night, but they continued to the end of the fourth year. An initial orientation session ensured that facilitators approached

the task with common assumptions and goals; normal clinical approaches and methods were set aside for the unique needs of disaster-affected people. Experience from previous disasters demonstrated that if the approach is not sensitively adapted to the need for identity support but is directed towards clinical or therapeutic needs, disaster affected people are likely to disengage. They do not recognise themselves as needing therapy.

Since the groups would involve intense, sustained exposure to collective traumatic grief, quarterly reflective, supervision groups for the facilitators throughout the program were provided in the funding. These meetings enabled debriefing the emotional impact, discussing management of group situations, teaching about group process and sharing experience and expertise. Two of the groups offered in different contexts will be described.

Group 1: Cohesive Community Group

This community was devastated with much property loss and many deaths. Three women who moved away prior to the fires were committed to assisting their former neighbours and shared a community work background. They saw a need to encourage women to meet and share stories so they contacted the agency organising the groups, helped set up the first meeting and encouraged women to participate. They were crucial in establishing it but did not continue attending. The criterion for membership was having lived in the affected community prior to the fires.

The first meeting was held away from the community as no meeting places had survived. Twelve women came who lived in a totally changed locality. They knew each other through the school and local groups. Some lost family members, some lost homes, some lost animals and all lost neighbours. Some stayed and defended but lost their homes and had traumatic escapes. Others were away on the day but belonged to the community. A few who still lived in the area were affected by the black, devastated moonscape. All were deeply bereaved though not necessarily recognising it to start with.

The second meeting occurred back in the community in a temporary building and this continued for the four-year life of the group. Each monthly session was backgrounded by the gradual return of flora, fauna and infrastructure. Most of the group could not live back in the community to start with but travelled some distance each month to what had been their home. Some did not return to live but still identified with the area.

Outside the group, they attended local activities: choirs, committees, outings, meetings and events. The group became a place where they could share

in depth and connect with each other. They would check on each other if someone had not attended.

Initially, sessions were accompanied by laughter and joking, particularly when anything painful was touched on. With gentle encouragement over many sessions, this reduced and they talked at length of their stories, pain and sadness. They shared histories and losses, painful sights and insights. They joked and laughed throughout, sometimes we all had tears streaming down our faces. With time, the humour developed a sense of joining, experiencing and recognising pain, rather than avoiding it. Food was a regular part of each evening, which often lasted from 7:00 pm to 10:00 pm. Finishing and getting out the door was often a challenge. The sense of belonging was very strong - we enjoyed being together.

We two women who facilitated these conversations had backgrounds as trauma therapists but what we were doing, while therapeutic, was not therapy. These were normal women living with an abnormal life experience. At the beginning, being together seemed the important theme. The significance of being together continued as conversations deepened and trust in each other increased and the sharing developed. Our witnessing and questioning from a curious standpoint helped. We ensured each member had a voice. We fostered caring, frank conversation that included everyone. We made hints and suggestions such as: 1) recovery often takes much longer than people expect, 2) it is worthwhile putting experiences into words, 3) it is important to stop and rest regularly, and 4) leisure and pleasure are valuable priorities in lives with so many demands. This simple information helped them understand themselves and foster their recovery.

The first months involved sharing about their lives, where they were living, what they were doing, what decisions they were making, what they were buying, and what they were getting help with. One woman described how she had used her losses as an opportunity to have better quality clothes than she had previously. After several months they began to discuss where they were on the day, the timing of events, who knew what about whom and where.

During the first two years there was a lot of comparing, people thinking they had no right to feel distressed, that the stories of others were worse. We encouraged them to value their own story. Gradually the tragedy of all their stories was revealed. They came to understand how much had been lost – relationships, possessions and lifestyles. Talking of their experiences of the day created understanding of the horror and grief they shared. Putting all this into words was painful but healing. People who had not really known each other before came to connect deeply.

After about two years, some new women started attending at the invitation of current members. They were enthusiastically welcomed. Group members had seen them struggling with the effect of the fires on their lives. When they joined, it was clear they were not as far on in their recovery process but with longstanding members' knowledge and the group process, they quickly 'caught up' and became integral members.

It took a several years for members to share the intensity of feelings associated with their stories. They were described as though they had just occurred yesterday. Many had no sense of the actual depth of their grief and loss when we started. One poignant moment was when we visited the area where many community members died and most had not yet been there. After about three years, they began to describe events in their lives prior to the fires. These gave a perspective on the fire and afterwards. Sometimes there were lighter stories of friends who died and community events were held such as birthdays in the local hall. There were moving stories unrelated to the fire, which had never been spoken about but were put to the group because they seemed relevant.

The group also shared the practical recovery story - whether to move back, whether to rebuild, how to rebuild. We visited member's homes, sharing what they had been and what they were now. They often said the home they rebuilt looked beautiful but wasn't the same. They missed what they had and wanted it back. Sharing common experiences that the rest of the world did not understand was a common theme. In the group, others understood. They often commented that people in the rest of their life did not understand. The group was an important part of their month that they looked forward to and prioritised. They described it as critical to their recovery.

The identity they developed was of women with a common story, despite separate and unique experiences, the many facets created valuable bonds. They could voice their story and come to a better understanding of its place in the wider story of the community. Some members remained throughout others moved in and out. At times some missed six months or more as they engaged in life or attended courses but absent members still viewed themselves as part of the group though not attending.

We came to know each other's lives as events unfolded - moves, holidays, relationship changes, births, deaths and marriages, including us facilitators. We felt blessed sharing time with these strong women. Their stories became part of our lives once a month; we drove some distance to be with them. We were outsiders who witnessed, nudged, guided, encouraged, supported, suggested and shared. We shared our personal lives at times. Both our fathers died during the life of the group, and the impact of other life events, such as being part of another disaster were some of our shared journey with them.

Our place was to join with care and consideration, not overwhelming them, nor being secretive. To do otherwise seemed to negate the intensity of their experiences and the quality of the connection we shared

Our commitment was to turn up and be with whoever made the effort to attend; it was important, even if it was just one person. We viewed members not attending not as being about us or a signal of the end of the group but signs of them re-engaging in the world, while having a safe place to return to. Holding this space for them, whatever was going on, was a priority for us. We sensed they felt valued through their adversity by our commitment to travelling to them. At one point numbers dwindled to one or two but after about four months the group resurged and continued with enthusiasm and commitment.

We facilitators were able to work together over the four years. Sometimes there was just one facilitator due to illness or other unplanned events. We occasionally had to cancel. Two of us made it easier to maintain the group life. Ideally, meeting before we started and some prior joint training would have been good. Instead we learnt as we went along, relying on skills from years of other experience. We reflected together between sessions on what had happened and where to from here. It was daunting at times and we frequently felt we had been thrown in at the deep end. We managed to swim with it and all thrived. It was a deeply humbling, enriching and healing process for us.

Group 2: Regional Group for Members of Surrounding Communities

Our location was a small township in the heart of a fire-affected valley about 50 kilometres east of Melbourne. Both facilitators lived and worked there and were personally and professionally affected by the bushfires. It was the backdrop for our meetings every four weeks over three and a half years (This group started about six months after the others). Participants travelled outside their communities to attend the group and expressed relief at confiding in people outside their communities. They described their estrangement in the damaged, treeless landscape mirroring damage to the social fabric, eroding their sense of belonging. The group, while located inside the fire-affected valley, offered some respite. Members forged a group identity bridging individual and neighbourhood differences, sharing traumatic loss and efforts to restore and rebuild. They were ‘insiders’ of their fire-ravaged world; those beyond the hills were well-intentioned ‘outsiders’ who never understood.

Participants heard about the group through local networks or the facilitators. They were screened, the group’s purpose explained and their suitability assessed. They could enter and leave as needed, but were asked to send apolo-

gies if unable to attend; non-attendance was followed up by a facilitator. They were asked to discuss with a facilitator if they decided to withdraw.

The group was unstructured, which facilitated group engagement, developing group norms and mutual identification. A core of six to eight participants attended throughout but membership fluctuated in the third year, some 'core' members leaving and new members entering. Facilitators discussed group 'rules' and boundaries to establish a safe, respectful space.

There were approximately equal numbers of men and women, three couples and some 'delegates' attending for their partner looking after children. All but one person was married at the time of the fires, two separated immediately after. A father of two boys was almost killed in his unsuccessful efforts to save their home and get his family to safety. He was hospitalised with severe burns and believed he failed his family. On discharge, with his friends, he completely rebuilt the home within eight weeks. His wife refused to return with their boys. Another woman with three children separated after the family were almost killed in their escape. She wanted to return to the area for the children's schools and friends. She sought rented accommodation but her husband moved to the city.

Most were aged in their 50's and 60's nearing retirement. Many had to rebuild, re-finance their homes, manage tax, insurances, replace equipment and tools, rebuild businesses, support ageing parents, children and grandchildren. They struggled with sleep deprivation, short-term memory loss, organisational difficulties, exhaustion, pain, illness, stress, anxiety and sometimes, inconsolable sadness. They experienced rejection, failure, incapacity, role and identity loss, loneliness, loss of employment and feared running out of time. Members with school-aged children struggled to attend since group competed with netball, dinner, homework, sick kids, family life and exhaustion.

The facilitators were more active early, initiating conversation about experiences, drawing out expectations, being curious, linking concerns, inviting responses, prompting, gently redirecting when conversations veered off course into light repartee or evasive camaraderie. Psycho-education on stress management, grief, sleep, memory, hyper-arousal was provided.

Most defended their properties or communities and described fear, distress, exhaustion, plans, decision-making, getting to safety, recriminations and fears for family and friends. They discussed loss and damage, brought photos, poems and memorabilia. They talked about trauma, 'bushfire brain' as their shorthand for high arousal, sensory overload, noise intolerance, sleep disturbance, short-term memory, limited concentration, confusion, overwhelm and exhaustion.

Sadness and vulnerability were in everyone's stories, interspersed with humour, repartee and practical advice; they gestured towards emotions that needed attention 'in time,' but not yet. Facilitators encouraged, validated and normalised experiences, highlighted commonalities made space for differences, re-framed, questioned, encouraged everyone to speak and held silence.

In the first year a vernacular of in-jokes developed: 'the corduroy zone' referred to the high stress chemical cortisol; 'bushfire-brain' referred to cognitive difficulties'; the 'roller-coaster ride' of the recovery journey; 'to stay or go – that is the question!' when referring to decision-making about whether to rebuild or leave; 'the new normal' referring to any 'peculiar' experience that was not part of the 'old life'; 'attending to the group in the mind', holding the group in their thoughts even when participants could not attend.

The second and third years corresponded to individual and community recovery rhythms. The group 'barracked' for its members - encouraging, suggesting, nourishing endurance for overcoming obstacles – 'this is a marathon not a sprint!' Facilitators reinforced respect and allowing people to, 'run their own race'. Someone would be a 'model' of resilience one meeting; next time they were troubled, exhausted and moody, somebody else would become 'the model'. They re-framed resilience as 'surviving the long haul, ups and downs'.

Intimate communication was disrupted, damaging relationships. Many contemplated separation. Relationships seemed 'too hard'. Conflict, misunderstanding, detachment, betrayal, alienation were not raised directly for a long time but mentioned in joking references to how men and women 'managed' recovery ("The whole community thinks he's a hero – why can't I?" or "Where is he when I need him? ... Of course, in the shed"; "If he can't fix it he doesn't want to know"; "I can trust her with my life but I just can't trust her with the money!") Gradually, they heard from opposite sex group members what they could not hear from partners. They entrusted the group with their vulnerability, enabling them to speak, feel understood and respected and then held these ideas outside the group to have greater acceptance and respect for partners.

Silence permitted reflection for others to acknowledge their fears, sadness and shame. It opened up reflective space to articulate existential questions like, "Why is this still happening?" "Who am I now?" "Why do the members of my family seem like strangers to me now?" This was different to disparaging references to distress a year earlier, ("I had sooky-la-la week last week!"). They shared fears, tears, pain and shame more openly.

Several struggled with decisions 'to stay and rebuild' or 'go.' Things previously 'shared' caused tension and confusion. One woman described how

their disrupted living arrangements almost three years later were causing a rift between her and her husband: “We wanted our children to be bush babies with an affinity with nature; now we live in an apartment, our kids are skate park kids. They don’t remember our old block and don’t want to live in the bush. This is not what we wanted for them. My husband wants to rebuild but the kids like it in town. I don’t know what I want any more. What’s happened to our family?”

Some participants were unprepared for difficulties they encountered moving into rebuilt homes. “Nobody said we’d feel worse, not better”. They yearned for old cracks in the walls and pictures that covered them, missed old crockery and looked for things ... “Oh yes! ...that’s gone”. Friends and family could not understand: “This is the dream home you’ve always wanted. What’s wrong with you? You should be grateful! Why don’t you just move on ... get over it!” They were more alone than before with new waves of loss. “So this is the new normal – they didn’t tell us about this!”

The ‘old versus new’ theme coincided with shifts in participation and fluctuations in attendance. Some participants saw a widening gap between themselves and others who remained vulnerable. Some core members left feeling ‘stronger’ with less need to attend, others took time out.

We introduced new members who were welcomed. But ‘old’ members observed differences between their recovery and where ‘new’ members were. There was frustration going over ‘old’ ground. The idealised ‘old’ group was compared with the less comfortable ‘new’ group. ‘Old versus new’ became part of the group transference. For the ‘old’ group members, it expressed their loss. We invited them to reflect on when they were ‘new.’ They adopted a ‘wise elder/mentor’ status, to share their recovery journeys and how the group assisted them. They inducted ‘new’ members into the journey, being supported to manage change and engendering hope. The group became inclusive.

There was rivalry between men, an argument between a husband and wife, participants advised others in ways that silenced, cast judgement, antagonised, caused divisions. Expressions of hurt, anger and frustration required reminders about norms, rules and boundaries. A man left following disagreements. He returned months later: “I thought I could do it on my own but I realised though this is not the old group, I still need companionship. There are things I can’t talk to anyone else about but can talk about here. I talked to you guys in my mind when I didn’t come and realised how important you are even when we have our differences”. He initiated ‘the group in the mind,’ metaphor which was invoked to hold a space, whether they attended or not. In the final session, he said to another male who frequently disagreed with him, “We’ve had our differences at times but some of my thoughts have definitely been

moderated by yours and I think we've also learned to agree to disagree with good humour", the other agreed.

The quarterly facilitators' supervision meetings provided opportunities to reflect and share experiences. We came to appreciate the value of 'feisty moments' and assisting the group to 'survive' these difficult times integrated 'old' and 'new' to strengthened group and individual identities.

In the conclusion phase, there was more hope and tolerance for the 'different places' of members in their recovery. They continued to be anxious about hot, windy days, expressed sadness around the anniversary and to questioned what lay ahead. But there was greater confidence in decision-making and communication, more optimism, capacity to look back and forward and an orientation towards the future.

They were sad about ending but most felt ready to finish. They would take 'the group in the mind' away with them. In the final session, they brought something to symbolise their experience after the fires and something to symbolise their lives now. Offerings included poems, photos, narratives of change and regeneration in their lives, paintings and salvaged remnants reforged and remodelled into creative pieces and curious art forms that invited conversations beyond the group.

We also reflect on 'the group in the mind' as a source of learning and inspiration. It was not easy and at times exhausting, just as for the participants. But it has kindled pride and a privileged close up of the strength, courage, honesty and capacity for re-generation that exists in our community.

Conclusions

These descriptions are characteristic of groups conducted after Black Saturday and other disasters. The significance of skilled facilitators enables groups to develop an efficacy unlikely in informal community groups. These groups sit between clinical groups and community networks. Membership carries responsibilities for the group and each other in return for safety and benefits. Boundaries included basic rules, which facilitators gently maintained: mutual acceptance, not judging or advising, everyone of equal importance and to be cared for.

Facilitators need flexibility and responsiveness to find a comfortable relationship to participants. Boundaries must be maintained but in a different position to clinical boundaries: a more personal, vulnerable position without losing commitment to the group's purpose. Facilitators convene the group and determine who is a member by following up those who said they would

attend but did not. Some participants put in apologies for more than a year but said their membership was an important support.

Humour and laughter help members get to know each other and maintain detachment from their sufferings while learning to trust each other. Shared enjoyment cannot be overestimated as a means of establishing social bonds to allow them to confront the depth of grief and find new meaning, which is only possible when facilitators monitor and redirect the process when there is risk of losing track and losing the goal. Their educational contributions about stress, grief, trauma, recovery and personal resilience are important through tactful, understated, informal comments and suggestions rather than talks or advice.

As they settle in, they share more and reveal specific problems and grief, confident in acceptance and respect, while their support networks beyond the fire lost patience, moved on or were unhelpful. Being misunderstood, criticised or given impossible advice by previously trusted, loving supporters damages identity and cuts people adrift from reference points that enable them to evaluate and deal with responses. The group becomes more significant as members use each other as references instead of those who do not understand. The essential process in these groups is the identification between those affected, not resting on specifics, but on the complex reality of a life-changing experience.

It requires skilled facilitators to keep opening communication up to allow detailed sharing. It is important that they keep identification with each other from fixating on tangibles, which would create subgroups of impact or hierarchies of loss and disenfranchise all but the most tragic and deprive them of support. The work needs to be based on what is shared, not on what is different. Facilitators constantly manage group dynamics to this end.

The facilitators' presence as witnesses communicates their value and the value of their experience to group members. It is an essential ingredient in allowing members to place themselves at the centre of their lives again when they feel thrown out by the disaster and lack of understanding from supporters. The other ingredient is time; for many, recovery was profound but took years.

At the risk of oversimplifying a complex process it is possible to identify a sequence. Initial engagement has an emphasis on humour and comradeship in adversity and tentative exploration of loss and trauma. If allowed time but encouraged to keep deepening, their talk widens onto current recovery problems; they share information, resources and encouragement in tackling problems and share safer emotions of anger and frustration. They help each

other and establish bonds. Then they share more; their damaged identity is supported and they begin to confront their pain in a dosed way, helping each other. As the most painful emotion is expressed, they begin to reflect on the meaning of the whole event, reconcile it with their pre-disaster life and adjust future goals. They carry a 'group in mind' that gives confidence to their experience that is beyond previous normality without losing their position. They carry the facilitators with them into a privileged encounter with the rare quality of ordinary people.

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