

Rethinking Clinical Models and Coping with Disaster: An Ecological Point of View

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ABSTRACT Clinical models, as in medicine and psychology, assume that the majority of people in a given setting are performing well, and that only a few are having trouble, due to personal deficits that can be alleviated by expert diagnosis and treatment. In parallel, on a larger scale for our communities and nations, coping with disaster assumes that a community is, on the whole, basically fine, although an occasional temporary disaster may occur. Such disasters can be alleviated by interventions, such as help from neighboring communities, particularly those with expertise and ample resources. In times of prosperity and general good-will, and in times of rapid growth and development, this situation may be so. However, a broader point of view, i.e., that inspired by ecology and general systems theory, might find a different situation. In at least some situations, individuals, groups, communities, states, and even the globe itself, may not be performing well, particularly during natural disasters, physical changes, resource losses, and economic, social, and/or political declines. The faults, deficits, or disasters may lie not in individuals or component parts, but in the whole, that is, the larger "system" itself. The conceptual models, such as the "clinical model", depend upon economic good times, ample resources and good will and when those assumptions change, the model may no longer hold up. Interventions for individuals and disasters then, may require rethinking assumptions, as well as devising alternative approaches and revitalizing systems as on-going requirements.

Medicine and psychology use the "clinical model", a conceptual framework that involves identifying, diagnosing, and treating, individuals with problems (Stubbins, 1982; Stubbins & Albee, 1984). Listening to, studying, assessing, testing, and diagnosing individuals can and does reveal deficits and problems, although perhaps not so well as actuarial methods (Dawes, Faust & Meehl, 1989). Nevertheless, following a diagnosis, various treatments, such as pharmaceutical products, diet, surgery, rest, therapeutic exercise, psychotherapy, rehabilitation, and others, may be prescribed to offer remedies. At least some people get well and return to "normal" following treatments, even though not all succeed. Those physicians or psychologists who provide interventions are encouraged and continue their "helping" roles, based on the success of some, and the financial rewards gained through providing diagnosis and treatment. This process has worked for thousands or millions of individuals, and for many years around the globe.

In fact, the assumptions of this clinical model have also been adopted on a larger scale such as in communities, states, or regions for such purposes as coping with or managing natural and man-made disasters. The adoption has occurred perhaps inadvertently or unconsciously, or at least, with relatively little examination of the

underlying assumptions. With any disaster that threatens a grouping of people, we immediately think of a context of a healthy community, region, or state, filled with personnel, resources, funding, and networks readily available and sufficiently resilient to offer help to that one smaller part in temporary distress.

As with medicine and psychology, our "clinical" models and our thinking evolved during a time of healthy growth, ample resources, technological advances and developments, and positively oriented societies in which, on occasion, a few "parts" were dysfunctional but which could be helped. People believed that progress was possible and attainable (Nelson, 1991), and indeed, progress did occur. Our human communities have worked well for most people most of the time, and a disaster, like a disability, was but an interruption, a temporary aberration, in an otherwise benign situation, just as sickness in its many forms was but a temporary setback soon to be overcome.

In a parallel way, we believe that a disaster occurs relatively suddenly, and after some intervention(s), things return to "normal" or as near normal as possible. Again, the healthy community, or larger state or national government, is able to offer assistance to those affected by a disaster, and thereby remedy the situation. These assumptions have held true for floods, earth-

quakes, famine, warfare, epidemics, accidents, bad governments, economic declines, breakdowns in law and order, hurricanes or cyclones, forest fires, and so on.

ASSUMPTIONS

Several assumptions have been made that underlie the beliefs. These include:

1. The problems lie in the components, not the entity itself,
2. Resources are available elsewhere, hopefully nearby
3. Resources can be and usually are transferred to address the problem
4. Resources will be and are shared, given, allocated, or distributed
5. Growth will occur in the future as it has in the past
6. Problems are temporary, not permanent
7. Solutions are available
8. Political and/or moral persuasion will free up resources, even from recalcitrant individuals or groups in times of need
9. Problems emerge suddenly, not gradually over long time spans.

However, in contrast with these assumptions, today we are seeing dramatic changes and stress or strain resulting from global overpopulation, the end of cheap energy, climate change, pollution, and so on, changes that make these above assumptions obsolete. By adding a negative, then rereading the above assumptions, the new situation we have entered can be pictured. That is, resources are not available, and are not transferable, and are not shared. Growth may not occur, and unsolvable problems may accrue, indeed, cascade and multiply. Further, solutions simply may not be available.

HOWEVER

The American empire (Marion, 1949; Bacevich, 2002; Blum, 2000; Hardt, and Negri 2001; Ikenberry, 2002; Johnson, 2000; Mead, 1988; Mearsheimer, 2003; Wallerstein, 2003) has grown and flourished. The continued evolution of an internally and externally violent society focused on a military-industrial complex, out of balance with many of the world's societies and the physical environment, has sucked resources away from individuals, neighbourhoods, local communities and human groups

around the world. While the proverbial "powers that be" feel or state that they give aid to others, and publicize that myth, in fact the flow of money, resources, and profits accrue to a very small number of very wealthy and powerful individuals. Overseas wars, profiteering by corporations, an extremely wealthy small elite, fiat money expanded to enrich a few at the expense of the many, and various boondoggles have resulted in a loss of integrity, honesty, and productivity throughout the system. Infrastructure and integrity have declined in quality and increased in cost, whether public transport, roads, trains, water services and electricity. Pressing issues such as environmental damage, declining educational and health care facilities and services, preservation of social security and welfare benefits, and similar items, have been largely ignored. The increasing burdens placed on local communities by the demands of global empire have enabled the rulers of the empire to grow wealthy and powerful, but have also cost the majority of individuals and communities through absorption of their precious energy, time, effort, personnel, resources, and so on. The drain of resources, energy, and funding has occurred slowly, almost imperceptibly, over the past 50 years. But the increase in the rate of this drain has been growing quickly more recently.

While this "global empire" has offered certain rewards, such as supposed "national security" and globalisation, technological growth, and "stability" just possibly the empire has cost more to the integrity of society and people than has been realized. As Janis Joplin so poignantly noted, "freedom is just another word when there is nothing left to lose," and so too, resilience is just another word that comes into prominence when communities have already been stripped of resources and energy and lie on the brink of subservience, dependence, disorganization, and abject poverty. Consequently, groups and communities today, around the world, are mired in misery, depleted of educated and trained personnel, stripped of natural resources, deprived of vital infrastructure, and so on, and on. Health systems have been reduced to minimal services and minimal standards, so as to conserve money, and provide basic care only, for example. So too, education has become technical training to get low paid workers into slots in factories or service

industries, rather than a force enabling young people to seek and learn across the many disciplines and fields of study. Retirement schemes have failed to protect former workers who have become elderly, and welfare benefits are increasingly cut.

What this situation leads toward will become more evident in time of emerging crises. Almost any crisis today may quickly overwhelm the existing service system, whether health, infrastructure, or financial. A robust community of healthy and highly educated individuals is vastly different from a community that is teetering on the brink of collapse, or worse, a country filled with communities each of which is near collapse. Thus, it is the thesis of this paper that clinical methods and “coping with disaster” may need to be seen in another light.

That other light is a global society that is no longer growing in a healthy way, but is entering a state of decline (Spengler, 1939; Newman, 1993; Thomson, 1998), perhaps precipitated by or certainly correlated with overpopulation, the end of the era of cheap energy, and likely to be further harmed by increasingly expensive oil and gas, along with climate change, and chaotic social conditions (Meadows, 1972, 2004).

In a declining society, all is not well. A disaster under these circumstances, will not allow a well-off society to revive or retrieve a distressed part, rather, a disaster may trigger an even greater disaster, a cascade that spreads and extends quickly to the whole. Because of the depleted state of the resources and economy, the social system and the infrastructure, there is not only little resilience, but there is a general inability to cope. Thus, rethinking the concepts of clinical methods and coping with disaster must be an urgent consideration prior to the advent of new crises.

ECOLOGY

An ecological model recognises that everything is interrelated, interdependent, and connected, not only the component parts, but also the context or environment. When we look at human communities through an ecological model (Odum, 1983; Slobodkin, 2003), we recognise that changes in one part will affect all other parts, that is, a disaster in one area will influence the whole. It is only when the whole is strong and healthy with ample resources that

help can be offered to a distressed component part.

As medicine following the clinical model ran into problems, such that the numbers in need far exceeded the resources and health personnel available, the birth of public health occurred. Most extensions of life span and the phenomenal increase in population have been due to public health, not private health that is typically oriented to the elderly, the rich and well to do. As psychology following the clinical model ran into similar problems, the fields of community and ecological psychology emerged. These disciplines have attempted to set up research and then to intervene on a larger scale, ignoring individual needs to begin to deal with community wide needs. Among prominent issues are poverty alleviation, social action and legislation to ban alcohol and tobacco, alternative schemes to halt violence, environmental change, and neighborhood supports.

Now, as we think about potential natural or man-made disasters coming in the future, we might well re-examine the concepts of community, disaster, resilience, intervention, and “fixing things” up. To begin, disasters may occur as a result of slow processes that accumulate, rather than sudden events, such as the gradual increases in carbon dioxide. Second and further, the entire community, nation or globe might be affected, rather than just one small part, for example, through climate change. Thirdly, the idea of “treatment” and fixing things up might no longer work, there may well be no remedies as for pollution of the oceans or release of radiation. Clinical methods and coping with disaster were useful conceptual frameworks that fit a certain time and place, but given the changes in place and time, essentially changes in the context or environment, those ideas may well fail to fit what we have now, or apply for what lies ahead.

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