

DISASTER TRAUMA TRAINING



P·E·A·C·E

PEACE Disaster Trauma Training

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SADDLEBACK CHURCH



P·E·A·C·E

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Welcome



Hi Friends!

It is my desire for your life and your church to be blessed by God as we work together to do the unimaginable.

Together, let's care about what God cares about most: his lost children being found, caring about "the least of these" and growing his church, that is, growing warmer through fellowship, deeper in discipleship, wider through ministry, and all around the world through evangelism. That is what God wants.

At Saddleback Church, we focus our outreach efforts to do the five things that Jesus did during his ministry time on earth, the five things that we call The PEACE Plan. It is our desire to not only do what Jesus did but also to focus on empowering churches around the globe to do the same.

Get ready for God to use ordinary people in your church in extraordinary ways!

I am so glad that you are here on the very front end of this exciting and world-changing adventure.

Pastor Rick Warren

Rick Warren

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Introduction

“Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’

“Then the righteous will answer him, ‘Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?’

“The King will reply, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’”
(*Matt. 25:34–40, NIV*)

Mission action is taking Christian love into all situations and places of need. It is demonstrating concern and becoming involved in meeting the needs of people in the name of Christ. Disaster Relief is mission action through the organized efforts of a church or association to minister and witness to people with special needs or circumstances.

Christ, by His example set the pattern for us to follow. He told us that our mission to share His love was to be accomplished through the servant role.

“Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be slave of all. For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many.”
(*Mark 10:43–45*)

Providing spiritual and emotional first aid means preparing lay leaders and church members to provide crisis ministry interventions during and after disasters in the context of cultural and religious diversity

Why Disaster Trauma Training?

- To enable you to provide compassionate care, comfort and support to people who are experiencing crisis-related stress.
 - Through this care, we actively demonstrate Jesus' example found in Matthew 25:34–40.
- When we have a servant's heart, we are living out the message of 1 John 3:17–18.
 - When we care for others, we become people who put our words into deeds

Chapter 1: Spiritual Roles for Lay Leaders

Chaplains are people called by God who have learned through training how to minister to peoples' spiritual needs by empowering them to be fully human. To be fully human in this context means one is functioning to their fullest possible potential: cognitively, physiologically, psychologically, emotionally, societally, and spiritually in an integrated manner.

The role of chaplains is to assist persons—no matter what the specifics of their life circumstances may be—to be all they can be in body, mind, and spirit. That is what it means to be whole persons. Chaplains accomplish this by:

- Demonstrating compassion while being present in suffering
- Conveying compassion to those suffering by telling them that God is present in the suffering
- Demonstrating compassion by being sensitive to human diversity
- Demonstrating compassion by providing the ministry of care in crisis

What evidence do you have of God's presence in suffering?

Activity

Get in a group and practice demonstrating compassion.

Chapter 2: Terminology and Concepts

Terminology

Key Terms

- Compassion: Feelings of deep sympathy and sorrow for someone suffering. It involves looking at a person and his/her problem from one's own point of view.
- Empathy: Trying to look from another person's point of view.
- Crisis: A human response where balance has been disrupted and usual coping skills have failed.
- Stress: Mental or emotional strain resulting from negative or traumatic experiences.
- Trauma: Exposure to human suffering such as severe injury, illness, or death.

Definition of Disaster

- An occurrence that causes human suffering or creates human needs that the survivors cannot alleviate without assistance. A disaster normally affects more than one person.

Different Kinds of Disaster and Trauma

- Blizzards, Typhoons, Tsunamis
- Fire, Famine,
- Chemical spill, Nuclear accident
- Infectious diseases
- Terrorist attacks, Bombings, Explosions
- Transportation accident, Industrial accidents

Survivors vs. Victims

Terminology is important. We do not refer to the people we are ministering to as victims. We refer to them as survivors. The word *victim* is a negative word. It communicates to those who have experienced a disaster, "I'm a victim, I can't do anything about my circumstances." *Survivor*, on the other hand is positive. It communicates, "I survived! If I can survive this, I can do anything!"

Depending on the circumstances, survivors will experience trauma differently. The list below contains four different kinds of survivors based on where they stand in relation to the trauma:

- Direct: Survivor experiences immediate danger and life-threatening situations. May include physical injury and death of family/friends.
- Indirect: Survivor experiences second-hand knowledge of events. May have survivor guilt and associated negative emotions.
- Family and Loved ones: Survivor is involved with helping the above try to recover. May experience survivor's guilt.
- First Responders: Survivor is experiencing negative emotions with failed rescue attempts or failed attempts to assist

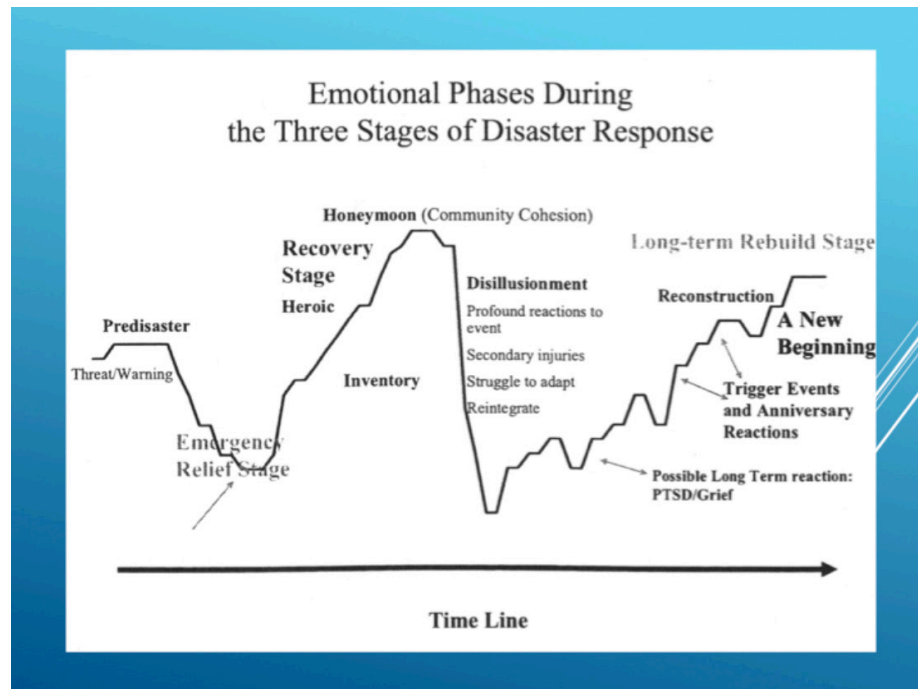
Activity

Discuss the 4 kinds of survivors, come up with examples of how each would react.

Concepts

1. Phases of Emotion in a Disaster Response

There are three stages that survivors will go through after a disaster. The emergency relief stage occurs shortly after the disaster when relief workers arrive. Soon after that, they will enter the recovery stage when things begin coming back together.



Finally, they will enter into the long-term rebuilding stage in which they gradually proceed to repair what can be recovered

During these three stages, disaster survivors commonly go through four distinct emotional phases in coping with a disaster:

1. **Heroic:** The heroic phase occurs during and immediately after the disaster. People respond in almost superhuman ways to save lives and property. A desire to help others develops and much energy is expended. The heroic phase may last a few hours or a few days and corresponds to the emergency relief stage.
2. **Honeymoon:** During the honeymoon phase survivors share common experiences and losses. They are encouraged to anticipate help. They engage in clean-up and relief efforts. The honeymoon phase may last one week to six months and corresponds to the recovery stage.
3. **Disillusionment:** During the disillusionment phase survivors feel disappointment, anger, resentment, and impatience about delays when help does not materialize. They expected normalcy much sooner. The disillusionment phase can last two months to two years.
4. **Reconstruction:** During the reconstruction phase the survivors finally realize they will be solving many of their problems themselves. Restoration begins to reaffirm their beliefs. Healthy growth occurs. This phase, which

corresponds with the long-term rebuild stage, extends for six months and beyond.

2. Survivor Reactions at the Three Stages of Response

As we have seen, disaster relief efforts may be classified in three stages: emergency relief, recovery, and long-term rebuild. We will now look at the typical survivor reactions during these three stages.

1. **Survivor Reactions During Emergency Relief:** The survivors' reaction during emergency relief period will depend upon the severity of the disaster and their personal losses. People tend to repress emotions. They may work until they reach the point of exhaustion and go without sleep, adequate food, or proper medical treatment. They must protect and salvage what is left and try to recover what has been lost. People often report a feeling of need for self-preservation in order to assist other family members, protect property, and salvage possessions. They tend to be friendly, talkative, and want to share their experiences.
2. **Survivor Reactions During Recovery:** During the recovery period relief workers are on the scene. Survivors begin to slow down. Emotions surface. Decisions become difficult. They expect more from relief workers than may be possible. They need someone to listen to their story.
3. **Survivor Reactions During Long-term Rebuild:** Long-term rebuild may begin one to six months after the disaster strikes. Many disaster relief agencies have left the community. Many people in the community are not assisting with recovery. Survivors tend to be frustrated. They feel they should be back in their homes. Their emotions range from frustration, to anger, to pessimism, to a state of fault-finding, to depression. They begin to think they are forgotten and that nobody cares.

Be sure to review the material in this chapter until it is very familiar to you. When you are out in the field, these terms and concepts will help you empathize with survivors and be more effective in helping through the trauma.

Chapter 3: Human Needs and Development

Types of Survivor Needs

1. **Physical:** These are the most basic and strongest needs to be met. When these are not satisfied, we feel motivated to alleviate them as soon as possible.
 - a. Immediate needs after the disaster would include basic need for air, water, food, shelter, and medical/psychological attention.
2. **Security:** When all the physical needs are met and no longer dominant, safety and security become active. Times of emergency or chaos in the social structure (e.g. widespread rioting) make people aware of their safety and security needs. They are most psychological in nature. We need the security of a home, family, law, order, freedom from danger or threats, etc.
3. **Relational:** Next level is the need for love, affection, and belongingness. People often seek to overcome feelings of isolation, aloneness, and alienation. We need to feel loved and accepted by others, giving and receiving friendship and associating with people.
4. **Psychological:** This would include esteem needs—both self-esteem (from competence or mastery of a task) and the esteem a person gets from others (attention, appreciation, and recognition). People who have satisfied their esteem needs feel self-confident and valued. When these needs are not met, a person feels helpless and worthless.
5. **Self-Actualization Needs:** When all the above is met, a person has the desire to maximize his full potential. These people experience a restlessness that urges them to self-development, self-fulfillment, knowledge, and (depending on the survivor's religion) oneness with God and/or the universe.
 - a. In the long term, survivors would need to rebuild, receive financial support, and find jobs.
6. **Contributing:** Invite those that are further along the mental healing path to minister to others who are not there yet.

Activity

Get into groups. The leader will whisper in someone's ear in each group what to act out. The rest of the groups will guess which survivor need is being acted out.

Age Specific Response to Trauma

The chart below details how you might address the needs of various age groups.

AGE SPECIFIC RESPONSE TO TRAUMA			
Age	Reaction	Need	Intervention
Birth – 2 years	Fear and disorientation	Trust and physical contact	Carry or hold and return to caregiver
2 – 6 years old	Fear and abandonment	Trust, care and stability	Sit beside and hold hand. Return to caregiver
6-12 years old	Doubt and inadequacy	Trust, Friends and stability	Establish routines and order
12-18 years old	Denial, anger and fear	Trust, identity, and friends	Restore peer attachments. Privacy
19-35 years old	Isolation, denial and anger	Trust, control, and normalcy	Empower with choices. Provide information
35-65 years old	Anger, fear	Normalcy and Privacy	Restore order and assure privacy
65+ years	Fear, disorientation	Routine, trust, control	Listen to stories. Restore order

In addition to the information above, children may respond to traumatic experiences in additional ways. They may have unique-physical-regressive behavior such as thumb sucking, bed wetting, or a desire not to sleep alone. They may also be especially sensitive to separation from familiar surroundings, people, possessions, and disruptions of routines.

Chapter 4: Trauma Response

Stress is the body's response to external circumstances. In situations where there is real or perceived danger, the body goes through physical and psychological changes to prepare for "*fight, flight, flow, or freeze*".

Activity

In groups discuss the 4 responses and ask for 1 person to describe each.

1. **Fight**
2. **Flight**
3. **Flow**
4. **Freeze**

Most of the time people are born in one category. For someone born as a fighter, he or she will naturally resist the perceived danger by trying to overcome it and leading others to do the same. Those who are inclined to flight, will try to run away from or avoid danger. Meanwhile, someone who is born with the flow mentality will look at how other people react to aid their own decisions. Finally, people in the last category will freeze—their minds will blank similar to a “deer in the headlights”. While people are usually born as one category, if they desire, they can train themselves to become another. An example of this can be seen in police officers and firefighters. When people enter these professions, they enter rigorous training so that when a crisis arises they react according to that training and not their natural propensities. It is also important to know which category you naturally gravitate to. However, since we are not always the best at making self-judgments, you may want to ask loved ones and those who know you well what your reaction normally is.

Cognitive and Emotional Balance

As the image below shows, cognitive functions and emotional reactions are balanced under normal circumstances. Cognitive functions would include things like reasoning, memory, attention, language, and the ability to gain knowledge. Emotional reactions would include feelings such as anger, happiness, and sadness.

DURING "NORMAL" CIRCUMSTANCES, MIND AND BODY ARE BALANCED.....



However, in a traumatic situation, the balance is compromised.

DURING "TRAUMA" CIRCUMSTANCES, MIND AND BODY ARE OUT OF BALANCE.....



Because of this, it is best not to evangelize during this time. After a disaster, a survivor's cognitive reasoning is low and unable to process the most basic things such as filling out forms or figuring out how to get home. It can be easy therefore, to unintentionally manipulate them into making a choice they otherwise would not make. Because of that, you should only share the gospel with survivors if they invite you to.

Excursus

Recognizing Common Disaster Survivor Stress Reactions

Aim	To be able to recognize common psychological and emotional, cognitive, behavioral, physical, and spiritual stress reactions.	
General Information	Most people are resilient and experience mild or transient psychological disturbances from which they readily bounce back. The stress response becomes problematic when it does not or cannot turn off; that is, when symptoms last too long or interfere with daily life. The following provides a list of common stress reactions.	
Psychological and Emotional	Feeling heroic, invulnerable, euphoric Denial Anxiety and fear Worry about safety of self and others Anger Irritability, Restlessness	Sadness, grief, depression, moodiness, Distressing dreams, Guilt or “survivor guilt” Feeling overwhelmed, hopeless, Feeling isolated, lost or abandoned, Apathy
Cognitive	Memory problems, Disorientation, Confusion, Slowness of thinking and comprehension, Difficulty calculating, setting priorities, making decisions,	Poor concentration Limited attention span Loss of objectivity Unable to stop thinking about the disaster Blaming
Behavioral	Change in activity Decreased efficiency and effectiveness Difficulty communicating Increased sense of humor Change in eating habits Change in sleeping patterns Change in patterns of intimacy, sexuality Change in job performance Periods of crying Increased use of alcohol, tobacco or drugs	Outbursts of anger, frequent arguments Inability to rest or “let down” Change in eating habits Social withdrawal, silence Vigilance about safety or environment Avoidance of activities or places that trigger memories Proneness to accidents

Physical	Increased heartbeat, respiration Increased blood pressure Upset stomach, nausea, diarrhea Change in appetite, weight loss or gain Sweating or chills Tremors (hands, lips) Muscle twitching “Muffled” hearing Tunnel vision Feeling uncoordinated Headaches	Soreness in muscles Lower back pain Feeling a “lump in the throat” Exaggerated startle reaction Fatigue Menstrual cycle changes Change in sexual desire Decreased resistance to infection Flare-up of allergies and arthritis Hair loss
Spiritual	Questions about faith Self-blame Questioning God Anger at God Realization of mortality Withdrawal from faith and religion Concern about hereafter Questions about good and evil Distressed by belief that deceased is separated from God Connection to faith is shaken	Questions about forgiveness Redefining moral values and intangible priorities Promising, bargaining with and challenging God Concern about vengeance Feels life has no meaning Stops relying on faith/prayer

Adapted from B. N. Goff and V. Hull, *Kansas All-Hazards Behavioral Health Program* (Topeka, KS: Kansas Department of Social and Rehabilitation Services, 2006).

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Some additional symptoms would include:

- Physical: Chest pain, disorientation, fatigue, headaches, can't sleep, nausea, weakness
- Cognitive (Brain): Confusion, loss of time/place, memory problems, nightmares, poor problem solving
- Emotional (Emotions): Anger, anxiety, fear, hopelessness, grief, guilt

- Behavioral: Increased alcohol consumption, emotional outbursts, loss or increase of appetite, lack of sleep
- Spiritual: Anger directed to God, changes in religious observances, emphasis on religious rites, sense of betrayal or meaninglessness

Activity

Take turns acting out symptoms while the rest of the group guesses.

Chapter 5: Compassion in Crisis

“Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.”

2 Corinthians 1:3–4 (NIV)

Compassion is being completely present in the suffering of another. The chaplain ministering during disasters must know his or her own biases, needs, and limitations and still deeply desire to identify with the survivor and the wounded, seeking to demonstrate compassion as the priority. Recognizing his/her own natural instinct to excuse himself from the crisis, the chaplain must choose to become engaged in the suffering. The significance of being compassionate may lay in the fact that it is not an activity one naturally wants to do or seeks, but an activity that one must intentionally choose.

One must also be aware that serving as a chaplain in disasters will not be for everyone. Only a few will choose to enter a place of suffering with survivors—“to mourn with those who mourn” (See Rom. 12:14–21)—even when it may feel very awkward to do so.

Chaplains in disasters will be called upon to demonstrate compassion by being sensitive to human diversity. While they are not called to compromise their own faith, traditions, and culture, they will need to minister to diverse people groups. Chaplains will face the challenges of providing caring interventions to people who are different not just in religion, skin color, or language, but to people whose political alignments are contrary to their own or whose moral standards are questionable, to the outcasts of society, to criminals, to the arrogant, to the disgusting, to the unappreciative, and to the hostile. They have Christ-like love for all people. Chaplains must “Preach the gospel at all times and when necessary, use words.”

Discussion

What kinds of disasters might be uncomfortable for you? Why?

How does your culture strengthen your chaplaincy ministry?

Making a Connection with the Impacted Person

It is important when you first interact with a survivor to begin establishing a relationship with them. You do this by making a connection. Here are some ways to do that:

- Introduce yourself if you are unknown to the person
- Greet the person warmly and offer condolences
- Be fully present—physically, emotionally, spiritually
- Be aware of cultural implications and act accordingly
- Build trust and rapport

Activity

Turn to your neighbor and practice “making a connection.”

Four Parts of Compassion

Part 1: What to Be—Present in the Suffering

A major premise of disaster relief chaplaincy is presence. The “ministry of presence” is immediate, humble, and intentional. Chaplains in disaster must immediately step out of their comfort zone and intentionally enter a place of crisis—with danger, pain, loss, and grief—during and after the physical, emotional, and spiritual crises of life.

Be Near

The chaplain must be physically with the survivor. The ministry of presence demands that the listener will feel in the fear, the pain, the anguish, or the isolation of the survivor. God created us as physical creatures and because of that, some forms of care can only be provided via face-to-face interaction.

Be Attentive

Chaplains need to communicate to survivors that they are listening to them. When survivors are talking to them, chaplains should give verbal cues and physical gestures (e.g. head nods and eye contact) which demonstrate that they are focused on what they are saying.

Be Willing

Chaplains must be willing to enter into another person's suffering.

And Be Prepared to Listen

There is a difference between hearing and listening. Listening is assimilating and integrating sound and body language. Hearing is the physical act of perceiving a person's voice.

Part 2: What to Say**Listen More than You Talk**

The best care chaplains normally can give is to listen to the survivors. In addition, if chaplains talk too much, they run the danger of saying something that will further harm the survivor.

Keep Your Answers Simple

As mentioned before, survivor's cognitive abilities are lower than normal after a disaster. Because of that, chaplains should make sure that when they are answering questions, they give clear and easily understood replies.

Tell the Truth

Survivors will often ask questions which will be difficult for the chaplains to answer. Regardless of how uncomfortable it feels at times, you must be careful not to give false hopes or assurances. If someone approaches you asking if a loved one is hurt or injured, ideally you should accompany them to a police officer, firefighter, or other official who can address their questions.

Provide Clarification

Make sure survivors know that you understand them by repeating back what they said.

Communicate with Your Eyes and Heart

Show survivors the love and compassion you have for them by making eye contact. This is one of the integral ways you participate in their suffering.

Ask Open-Ended Questions

Examples of open-ended questions would be, "Tell me about your [son, daughter, husband, house, dog, job, etc.]," and "You have a beautiful garden, what kinds of things do you like to grow?"

Excursus

Disaster Spiritual and Emotional Care Listening and Attending Skills

Aim	<p>Disaster settings are normally chaotic, noisy and lacking privacy. As a result of reading this tip sheet, the designated emotional and spiritual caregiver can learn effective ways to create an environment that mitigates the effect of present distractions and stressors experienced by the individual, allowing him or her to process the experience of the disaster.</p>
General Information	<p>The goal is to use attentive listening skills in order to help the survivor understand his/her experience of the disaster, to feel heard and understood, and begin to feel some sense of control and relief as a result of the process.</p> <p>It is important to note that:</p> <p>Listening is an active process and not simply quietly taking in what someone is saying.</p> <p>It is not up to you to fix the situation. Instead, listen for the person's strengths, point them out, and suggest additional supports and resources as needed.</p> <p>Maintain an attitude of patience, calm and concern.</p>
Create a Ministry of Presence	<p>In emotional and spiritual care, emphasis is placed on being present with people. This is often referred to as the "ministry of presence."</p> <p>This ministry is to be fully with another person, exhibiting a nonanxious, comfortable presence while demonstrating "God with us" through the interconnectedness of the human interaction. It is the art of being with another.</p> <p>Elements of ministry presence:</p> <p>"Showing up";</p> <p>"Being" rather than "doing";</p> <p>"Listening" rather than "talking";</p> <p>Meeting the survivor where they are at emotionally/psychologically;</p> <p>Demonstrating divine silence in which love rests secure; Giving a calm, accepting presence;</p>

Create a Ministry of Presence (Cont'd)	<p>Walking through the pain with another; and</p> <p>Living out the gospel through loving companionship (doesn't necessarily mean speaking about spiritual topics).</p>
Key Attending Skills	<p>There are three parts to active listening in a crisis: the setting, hearing the story and responding accurately and with care and respect.</p> <p>About the setting:</p> <p>Minimize distractions in the environment; this can be accomplished by relocating or positioning the individual's back to the distractions.</p> <p>Be observant about the conditions and the survivor's appearance. Is the setting safe? Is it private? Does the survivor look like her or she feels safe? Does the survivor have obvious physical needs that you should discuss?</p> <p>Hear the story:</p> <p>Be fully present with the survivor; it is your job to set aside other thoughts and direct your attention to the survivor and what he or she is saying.</p> <p>Maintain a comfortable gaze; do not allow the eyes to shift, look around the room or take on an out-of-focus look. Maintain an engaged but unobtrusive body position. Three such body positions are: direct (face-to-face) body orientation, an angled body orientation and a side-by-side orientation. It has been noted that, on average, women are more likely to prefer the direct body orientation, while men tend to prefer the latter two body orientations. You will need to decide which orientation to use based on your assessment of the situation.</p> <p>Remember the importance of nonverbal messages. A lack of facial responsiveness or negative responses can quickly destroy a communication of interaction.</p> <p>Allow survivors to relate their experience of the disaster as they experienced it; this is often a necessary step that allows survivors to ground themselves in reality and make their felt pain real by linking it directly to their circumstance.</p>

Key Attending Skills (Cont'd)	<p>The act of sharing can help validate the survivor's experience and aid the creation of a bond between survivor and caregiver.</p> <p>Respond with care and respect: Utilize empathy in the listening process; empathy is feeling and thinking with another person.</p> <p>If you are new to this, consider using a simple model, such as "When (an event they shared with you) occurred, then you felt (their experience)."</p> <p>It is okay if your reply misses the mark. The speaker usually will correct you, and then you can respond more accurately. You do not have to be accurate every time.</p>
Key Attending Skills (Cont'd)	<p>You do not have to be accurate every time. As you start, keep your statements short and encourage the survivor to do most of the talking. Focus on helping them to tell their story. As their story is complete, then shift to asking about other aspects of the story and how they are coping.</p> <p>Remember this is not therapy; it is the job of the caregiver to recognize and redirect downward emotional spiraling, should it begin to occur.</p>
What Not to Do	<p>Don't problem solve too early; it is easy for caregivers to respond cognitively, thereby causing them to miss reinforcing what the survivor is saying. Instead, the caregiver must first allow the survivor to give voice to their situation and receive confirmation by the caregiver as to what they have said.</p> <p>Do not challenge, interpret or make statements about larger issues beyond the crisis. Your role is to reinforce strengths and add to them as needed.</p> <p>Don't interrupt the survivor too early with guiding questions; this may distract the thought process of the survivor and deter them from saying what needs to be said.</p>

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Part 3: What to Do

If Appropriate, Ensure Basic Physical Needs Are Met

If a survivor is thirsty, give him water. If he is hungry, find some food.

Assist in Finding and Reuniting with Loved Ones If Possible

If an organization such as the Red Cross is involved, they will establish a reunification center. You can take survivors there if they are looking for loved ones.

Provide Practical Help such as Assisting with Phone Calls.

If needed, you could also help them in filling out forms.

When Requested, Provide Spiritual Care such as Prayer

Personalized, spontaneous prayers are comforting when it is appropriate.

Activity

Turn to a different neighbor and take turns being a survivor and the chaplain.

Practice what you would say and how you would say it.

Part 4: Active Listening

Listen—First and Foremost—

This Is the Most Important Thing You Can Do for People

Empathetic listening assures the survivor that words and feelings are being heard. Many times, chaplains are so anxious to provide encouragement or to say “the right thing” that they are busy thinking about a response and not really present to the words and feeling being expressed by the survivor who is integrating the words, the feelings, and the facts to give meaning and understanding to the experience. Who is the speaker and who is the listener? Presence is being accepting of the survivor in whatever state they are in. If in doubt, don’t say it, silence sometimes is golden.

Don’t Try to Fix the Situation.

Survivors will have a lot of questions, but chaplains have to be discerning about which ones they answer. Never try to answer questions that are general (e.g. Why?) or that you do not know the answer to (e.g. Why was my house destroyed and not this other person’s?). In most cases, the survivor is generally not looking for an answer—they are simply processing out loud.

Create a Ministry of Presence

This has already been covered in previous chapters but it's important to remember that survivors know you are there. Again, employ a look, a word, a touch through the ministry of presence.

Hear the Story and Respond

Once again, show that you are listening to survivors by giving them verbal and physical gestures.

Use Empathy

Respond in ways that show you understand their perspective. Say things like, "I'm so sorry," or "I see you're hurting."

Don't Interrupt

It's exactly what it says. Never interrupt.

Paraphrase, Clarify, Summarize, Echo, Reflect

Each of these actions are different forms of active listening that chaplains should employ.

- **Paraphrase:** A restatement of the conversation using different words but maintaining the meaning of the story. The survivor needs to know that the chaplain has heard and understood the meaning of his/her story.
- **Clarify:** The distress of the situation often makes it difficult for survivors to find accurate words to communicate their feelings. It is best to clarify the intended meaning by using words with similar meaning or asking open ended questions. Intrusive questioning is never appropriate.
- **Summarize:** Summarize the conversation to briefly recall the basics.
- **Echo:** It gives the exact meaning to words or phrases. Excessive use of echoing will be annoying and may be perceived as mockery.
- **Reflect:** Reflection returns an image to the survivor and is the most empathetic form of listening. The chaplain casts back an image of the survivor's story and feelings. Or to put it another way, the chaplain restates in his/her own words what the survivor said.

Chaplains who practice these four steps will make a tremendous impact on those they minister to. As Maya Angelou said, "People will not remember all you say, but they will remember how they felt when they were with you."

Privacy

A chaplain must provide a sense of privacy. Great care must be taken to provide a sense of safety and security. Finding privacy in the midst of chaos may seem impossible but providing a sense of privacy may be possible through some basic interventions. For example, asking permission to approach shows respect for the survivor's personal space. Conversations should be by invitation, not entitlement. Approach survivors only with one or two people as opposed to a large group.

The Chaplain's Role in Administering Spiritual First Aid

Many disaster relief chaplains have experience in pastoral counseling or therapy. They have experience in asking the clarifying questions that provide the background for the issues with which they are dealing. However, intervention in disasters is emergency spiritual first aid, and some questions are better left unasked. Chaplains must approach listening with an attitude of what do I need to know. Asking for unnecessary details is intrusive and may cause survivors to have a sense of distrust in the chaplain.

Remember, chaplains in disasters are administering psychological and spiritual first aid, not therapy. We define psychological first aid as the practice of recognizing and responding to people who need help because they are feeling stress, resulting from the crisis situations within which they find themselves.

The basic goals are to mitigate acute distress, reduce symptoms, increase adaptive capabilities, and facilitate continued care—all under the umbrella of spiritual care through the ministry of presence, the ministry of compassion, and the ministry of care. Chaplains in disasters are a “value added” component of crisis intervention and disaster response. They mitigate the effects of a disaster in order to aid the future efforts of therapists and other long-term care providers.

Activity

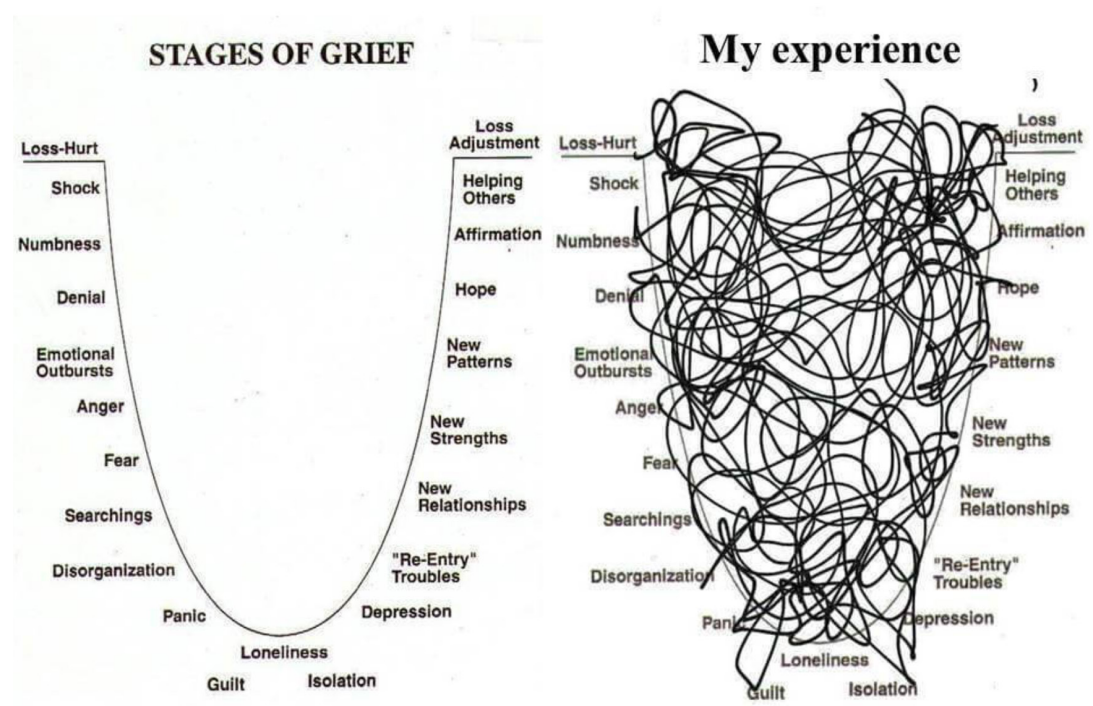
Turn to a different neighbor and take turns being a survivor and the chaplain. Practice what you would say and how you would say it. Practice doing the different things we have described.

Chapter 6: Comforting Grief after Trauma

Elements of Grief

Grief is emotional distress that is caused by real or perceived physical, relational, or spiritual loss. Grief shows itself in physical, emotional and mental, behaviors.

Grief Is a Process



Grief is complicated. People do not go through grief like a school where they progress in a standard and predictable manner until they graduate. Instead grieving is more like a tangled plate of noodles—it is unpredictable and does not follow logical progression. It is a long journey which includes,

- Acknowledging the reality of loss
- Expressing the pain of grief and loss
 - o Physical symptoms (no desire to eat, weight loss or gain, always tired, aches and pains)

- o Emotional symptoms (guilt, anger, lonely, fear)
 - o Relational symptoms (withdrawal)
 - o Spiritual symptoms (mad at God, bargaining with God)
- Moving towards acceptance

Comforting Grief

Grief takes many forms and requires informed compassionate care.

- Chaplains must be physically present—be near and attentive
- Be emotionally present—empathize
- Share practical presence—help with practical decision making
- Spiritual presence—offer prayer and prayerful attitude

Complicated Mourning

There are some "special losses" in which the process of grief becomes more complicated.

1. Disenfranchised loss such as suicide, death as a result of criminal activity, or as a result of unethical behavior at the time of death
2. Unexpected/sudden death due to accident or disaster
3. Homicide such as mass murder, vehicular homicide, genocide, terrorism, or kidnapping
4. Mass casualty event like a plane crash or bombing

The examples listed above are instances of *complicated loss*—that is, grief that people experience when they incur a loss that is not or cannot be openly acknowledged, socially sanctioned, or publicly mourned.

Complicated loss can lead to *disenfranchised grief*. This is the grief people feel when affected by the loss of a home, a loved one's suicide, homicide, disappearance, or diagnosis of a severe mental illness.

Lessons Learned

DO's

1. **Do** acknowledge the loss, specifically.
2. **Do** give permission to grieve.
3. **Do** Listen non-judgmentally.
4. **Do** allow the grieving person to talk about their loss, the deceased, or the tragic situation/event.
5. **Do** ask open-ended questions about the event.
6. **Do** offer practical assistance.
7. **Do** empower with small choices and decisions. Don't overload the person.
8. **Do** share words of admiration for the deceased, if appropriate.
9. **Do** say:
 - a. "I am so sorry" or "I am sorry for your loss."
 - b. "I cannot begin to understand your pain, but I am here for you."
 - c. "Would you like to talk?"
 - d. "May your God bless you and give you strength."
 - e. "I am grieving with you about _____'s death."
 - f. "I know you are going to miss _____, very much."
10. **Do** help people to feel less anxious or worried by letting them know that what they are feeling or thinking is understandable.

DON'Ts

1. **Don't** avoid the grieving person.
2. **Don't** assign guilt or blame.
3. **Don't** try to answer the question "WHY?"
4. **Don't** minimize their loss.
5. **Don't** change the subject away from the deceased.
6. **Don't** talk too much—LISTEN.
7. **Don't** share your experiences.
8. **Don't** say:

- a. "I know how you feel."
- b. "It was or is God's will."
- c. "She or he is in a better place now."
- d. "Time heals all wounds."
- e. "Be brave."
- f. "Don't cry."
- g. "He's or she's at rest."
- h. "The Lord knows best."
- i. "Be glad it's over."

Activity

Practice being a Chaplain again. Practice asking the right questions.

Chapter 7: Spiritual Dimensions of Trauma

Spirituality is the essence of life—the beliefs and values that give meaning to existence and that which is held sacred. It is one’s understanding of self, God, others, the universe, and the resulting relationships. Similarly, *religion* could be defined as the operational system of personal or institutional beliefs and practices that interact with a higher power and with cultural/social settings. Religion guides understanding, integration, and response to the higher power through participation in and with an organized faith community with shared beliefs, practices, and rituals. It also plays a large role in helping survivors through traumatic experiences in the following ways:

1. **Coping:** In the fight for survival, survivors use spirituality and religion to cope with the crisis situation until the crisis abates.
2. **Healing:** There is clinical evidence that religion and spirituality have positive preventive and healing effects on diseases and emotional distress.
3. **Support:** Survivors use the mechanics or institutions of religion to provide emotional support in dealing with the emotional trauma of disasters and death. The availability of God, clergy, or religious institutions provides spiritual and emotional support during crisis.
4. **Questions:** In the chaos and confusion that results from disasters, survivors have a need to make sense of the event. In doing so, spirituality and religion provide the tools for asking questions and problem solving. After critical events or disasters, survivors ask many spiritual questions. The questions are difficult ones and chaplains rarely have adequate answers. However, it is both acceptable and necessary to ask these questions. It is equally important for the chaplain to hear and validate the questions without the necessity of an answer. In asking the questions, survivors begin the journey of mourning what they lost.
5. **Seeking:** As survivors seek answers and understanding, religion and spirituality provide the mechanisms for searching and seeking. Examples of these mechanisms, depending on the survivor’s religion, could include the Bible, prayer, the Quran, or the Torah.

6. **Stress mitigation:** Prayer provides a listening ear during crisis. It allows the survivor to vent his or her crisis response as a hopeful request to God, who hears the cry of the needy. Prayer provides an avenue for processing the chaos and reducing the stress through repetition, communion, and meditation.
7. **Connecting:** Prayer and spiritual activities help survivors connect with others and God. Such activities bring people into a shared setting where they can receive encouragement. In connecting they realize they are not alone on the path of dealing with the given crisis.

Note: We should never assume that faith is necessarily a faith in God or religion. A non-believer may trust in rescuers, relationships or institutions.

Activity

Survivors often ask spiritual questions. Using the list below, what questions would you ask?

- Why.....
- How.....
- When.....
- Who.....

What Survivors Want to Say to Us

Given the nature of grief, it is often difficult to talk about some subjects. Often chaplains wonder what survivors wish to say but can't. Here are a few examples of things that survivors would say, but have a difficult time expressing to those trying to help them:

- "Don't try to explain"
- "Don't try to take away my pain"
- "Stay close to me"
- "Remember me when everyone else has gone back to their normal routines"

Activity

Role play Chaplains again.

Chapter 8: Self-Care for the Chaplain

Burnout

Ministering to those who have endured a severe tragedy is extremely difficult. As we have seen above, chaplains are called to weep with those who weep, to participate in other people's suffering. Chaplains though, are humans just like everyone else. Because of that, it is likely at some point they will experience symptoms of burnout.

- Burnout Symptoms
 - o Procrastination, pessimism
 - o Chronic fatigue
 - o Chronic lateness
 - o Distrustful of human sincerity, or integrity
 - o Difficulty experiencing happiness
 - o Questioning one's own faith

Chaplains who experience these kinds of symptoms are in need of care themselves. Because of this, they need to treat their burnout both so that they will be more effective in helping others and also for their own mental well-being.

- Self Care for Burnout
 - o Delegate
 - o Negotiate
 - o Set personal boundaries
 - o Redefine what success means
 - o Create margin
 - o Make changes in your life

Empathy Fatigue/Compassion Fatigue

Disaster relief work is not for everyone. It takes a special person to be able to enter into someone's pain. In order to do this, chaplains must practice *compassion* and *empathy*. Both of these terms were defined in chapter 2:

- Compassion: Feelings of deep sympathy and sorrow for someone suffering. It involves looking at a person and his/her problem from one's own point of view.
- Empathy: Trying to look from another person's point of view.

Practicing either of these for any length of time can also be extremely taxing. When a disaster relief worker is affected by the trauma they have helped others with, they can develop empathy fatigue and/or compassion fatigue. The following list explains the causes and symptoms of these conditions.

- Typical Causes
 - o Non-compartmentalized compassionate care
 - o Owning or over-identifying with other people's problems/issues/distress
 - o Empathetic connection to trauma survivor
 - o Secondary traumatization from experiencing the traumatic event as though it was a personal experience
- Typical reactions and symptoms
 - o Emotional exhaustion
 - o Over personalization
 - o Reduced compassionate attitude
 - o Reduced personal ministry satisfaction and confidence
 - o Changes in beliefs, values, and view of workplace and world
 - o Secondary traumatic stress symptoms
 - Intrusive memories
 - Physical symptoms, exhaustion, insomnia, headaches, increased susceptibility to illness
 - o Behavioral
 - Increased use of drugs and alcohol
 - Absenteeism
 - Anger and irritability
 - o Psychological
 - Emotional exhaustion
 - Negative self-image
 - Numbed out, Depression, Hopelessness

Excursus 1

Recognizing and Preventing Burnout in Yourself

Aim	This tip sheet provides guidance on recognizing when you are at risk of burning out, or starting to burn out, and what to do when you see the key signs.
General Information	<p>Burnout is a state of emotional, physical and spiritual exhaustion from prolonged stress. When you are in a situation where the demands exceed your resources and it continues for a long time, then you are at significant risk of burnout</p> <p>It is important to recognize, prevent and treat burnout because it destroys your productivity, saps your energy and, in extreme cases, can lead to a total collapse. This starts with understanding the differences between stress and burnout. Stress is a state of activation. We face challenges or threats and our bodies activate for action. Signs of stress include:</p> <ul style="list-style-type: none"> Anxiety Sleeplessness Pressure A sense that life would be okay if you just got things under control <p>Burnout comes from prolonged stress and is a state of deactivation that includes:</p> <ul style="list-style-type: none"> Withdrawal, Depression, Feeling hopeless, Discouragement about life.

Ways You May Be At Risk	<p>There are many factors that put us at risk of burnout, including personal, social and work-related factors.</p> <p>Personal factors include being a perfectionist or demanding near perfection from self and/or others; being pessimistic or negative, quick to find fault; feeling the need to personally be in control of everything around you; multiple physical ailments; and being a Type A personality with great demands for achievement. You can see that these personal factors increase stress and make it difficult to relieve constant stress.</p> <p>Social factors include unresolved marital or family problems, many people with expectations for you to help them, lack of friendships or close relationships, insufficient sleep, lack of exercise, or feeling that you have many demands with little help or support from others.</p> <p>Work factors include working extended periods of time without a break, unclear or poorly defined expectations, a sense of failure or fear of losing your job, working in a disorganized or chaotic environment, or working with little or no recognition or support.</p> <p>You may see that these signs can describe the life of many other helpers.</p>
Signs You Are Experiencing Burnout	<p>There are multiple signs of burnout in addition to the few mentioned above. They can be grouped as physical, emotional, behavioral and spiritual signs.</p> <p>Physical signs of burnout include:</p> <ul style="list-style-type: none"> Chronic fatigue Low energy Low immunity; frequently ill Poor or changing appetite <p>Emotional signs include:</p> <ul style="list-style-type: none"> Self-doubt or a sense of failure Constant self-doubt or questioning

Signs You Are Experiencing Burnout (continued)	<p>Flat affect, lack of enjoyment in things that usually make you happy</p> <p>Sense of defeat and discouragement</p> <p>Behavioral signs of burnout include:</p> <p>Procrastination or avoidance of responsibility</p> <p>Withdrawal or isolation of yourself from others</p> <p>Turning to excess food or drugs</p> <p>Lack of discipline in your self-care, such as exercise, hygiene or grooming</p> <p>Spiritual signs of burnout include:</p> <p>Spiritual disconnection and isolation (e.g., “God has abandoned me.”)</p> <p>Religious strain (e.g., “God is so far away from me.”)</p> <p>Major changes in spiritual meaning-making (e.g., “Why would a good God let such a bad thing happen—I don’t think I can believe in that God anymore.”)</p>
What to Do About Burnout	<p>You address burnout with the three Rs: Recognition, Reversal and Resilience</p> <p>Recognition—Learning the warning signs of burnout (above). Ask yourself if you are someone who tends to ignore your personal needs. If the answer is “yes,” then ask someone who knows you and whom you trust to watch you for signs of burnout.</p> <p>Reversal—When you see the signs of burnout, then start to reverse the burnout by making rest, care and lowered stress a high priority. That does not mean you have to stop everything you are doing. It does mean that no one can function at a state of high stress without a break. Take these steps:</p> <p>Lower the demands on yourself, at least temporally. In the long term you will accomplish more if you vary the demands and stress.</p> <p>Emphasize tasks within your control. Feeling out of control is distressing. If your work places demands that you cannot fulfill, then you must renegotiate them.</p>

What to Do About Burnout (continued)	<p>Build in a regular time when you are away from the demands.</p> <p>Take up alternate activities that are satisfying and low stress.</p> <p>We all have multiple areas of our life, such as marriage, family life, career, social life, etc. Make it a priority to ensure that you do not face great stress in more than one area at a time. If there are problems in marriage or family as well as work, then deal with the personal areas of your life first and lower the conflict or stress.</p> <p>Resilience—Examine your lifestyle and look for ways to build your ability to withstand stress. Participate in activities that provide rest and improve your self-management. Seek out spiritual and social support.</p>
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Excursus 2

Strategies for Self-Care

Aim	This sheet explains the importance of intentionally taking care of oneself (meaning actively and with specific strategies) in stressful situations. Equipping staff with the skills of self-care, and clergy and chaplains modeling self-care, will reduce the risk of unhealthy effects from stress.
General Information	An important factor in the health of any organization is the vitality of its members, by acting intentionally in promoting good habits of self-care, the church can protect its members from the harmful effects of stress. Here are tips that will help you get started.
Plan Well	Set a goal and break it down into easily managed pieces. This helps staff to see they are making progress and reduces the stress of possibly overwhelming aims.

Plan Well Cont'd	<p>Take small steps, working through each piece, until you reach your goal.</p> <p>Reward yourself as you complete each step and when you reach the goal. (A reward can be a break, some social time or just working on a less demanding task.)</p> <p>Tell others in your life what your goals are and enlist their support.</p> <p>After you reach your goal, work to maintain your improvements.</p>
Maintain Faith	<p>Get in touch with and do things you find uplifting, noble or creative.</p> <p>Read spiritual, inspirational or religious materials, such as Scripture.</p> <p>Get involved in a religious community and discuss spiritual topics with others.</p> <p>Attend religious ceremonies and engage in religious rituals like prayer, meditation, listening to religious music and observing religious symbols.</p> <p>If you have had bad experiences with religion or spirituality in the past, talk to someone you trust, such as a close friend, chaplain or counselor.</p> <p>Balance Life Activities</p>
Balance Life Activities	<p>Engage in meaningful leisure activities, including activities you have enjoyed in the past and new activities that get you out of a weekly pattern.</p> <p>Schedule regular vacations and be intentional in finding times to relax. Exercise regularly—twenty to thirty minutes three or four times a week.</p> <p>Sleep is important. Try to go to bed and wake up the same time each day.</p> <p>Eat three balanced meals each day. Breakfast is especially important.</p>

Keep an Optimistic Perspective	<p>Balance the aspects of situations—avoid focusing only on the negative.</p> <p>Recognize that there are multiple contributing factors to your difficulties.</p> <p>Focus on the big picture and avoid all-or-nothing thinking. Think realistically and gather the facts—avoid jumping to conclusions.</p> <p>Avoid rigid expectations; watch for the words should, must or have to in your speech and thoughts.</p>
Action Steps for Clergy and Chaplains	<p>Clergy and chaplains are role models for their staff and volunteers.</p> <p>Set a good example by clearly demonstrating the skills of self-care.</p> <p>Teach the skills to your staff and team. It is easy to assume everyone knows how to do this, but it is often not true.</p> <p>Start with recognizing the need for self-care. Describe the impacts of stress and encourage awareness of those signs.</p> <p>Set an example by being open about stress.</p>

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Empathy Fatigue/Compassion Fatigue (Resumed)

It's always important to take care of yourself. You cannot give people what you do not have. If you are grieving, you will not be able to help others through their grief. In light of this, the following are some ways you can care for yourself so that you recover from, and do not fall prone to, compassion and empathy fatigue:

- Personal stress management
- Catharsis—letting out your anger or frustration
- Self-awareness—take breaks, rest as needed, set boundaries
- Reframing circumstances or situations
- Intercession—ask others for prayer
- Relaxation techniques

- Pastoral counsel, therapeutic intervention, redefine ministry expectations
- Relaxation techniques
 - o Diaphragmatic breathing
 - o Lifestyle management
 - o Meditation
 - o Opening up attention
 - o Focusing of attention
 - o Social support

Conclusion

After visiting survivors over the course of a couple years, a woman shared the following quote with a Saddleback Relief Leader “Every time you come, a piece of rubble is removed from my heart.” Progress had been made in clearing the physical damage that remained in the wake of this catastrophe. However, stories like this bring to light that disasters can leave behind real emotional and spiritual “rubble” among the inner lives of many who are affected. But we also see in these stories that resilience and hope endure, and healing is possible.

“At the end of our lives, we will not be judged by how many diplomas we have received, how much money we have made, or how many great things we have done. We will be judged by ‘I was hungry and you gave me food to eat. I was naked and you clothed me. I was homeless and you took me in’”

Mother Teresa (1910–1997)