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THE THERAPEUTIC COMMUNITY REVISITED:
SOME SUGGESTED MODIFICATIONS
AND THEIR IMPLICATIONS

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When a disaster strikes a community it often leaves behind a path of destruction, including property damage, personal injury and death. Often the magnitude of this destruction necessitates a community-wide response. It has been suggested that when a community is hit by a disaster agent certain adaptations are required so that the community can recover and return to normal. In order to explain this phenomena two social scientists, Charles Fritz (1961) and Allen Barton (1970) have developed the concept of a therapeutic community. This concept refers to the emergence of a new social order which arises to meet the new demands and needs created by the catastrophe.

Recent research by the Disaster Research Center illustrates the necessity to modify and broaden this formulation. The first section of this paper reviews the writings of Fritz and Barton on this subject. Then data from the breaking of the Teton Dam in southeastern Idaho, which suggest that certain conceptual revisions are in order, will be discussed. In the third section the implications of the data for disaster theory will be analyzed. Finally the implications of these revisions for disaster operations and planning will be examined. Here it will be argued that one's view of a therapeutic community has an effect on how disaster policy is made and how recovery operations are conducted. The purpose of this section will be to suggest in what ways these can be initiated efficiently.

The Concept

In his discussion of a therapeutic community, Fritz (1961) states that the most highly organized preparation can be found in communities which have repeatedly and recently experienced the same kind of disaster. In these instances institutional mechanisms of warning and relief have developed, and neighborhoods and families have worked out informal methods of handling disaster effects. (p. 659) He proposes that situational therapeutic responses arise in disaster, and as a consequence, an informal, spontaneous, en masse attack on the problems caused by the disaster is initiated. (p. 685) An unstructured social situation created by a disaster allows the introduction of innovation into the social system; new roles and customs emerge as old and stable tradition is broken down. Fritz adds that pre-existing values and norms are viewed as irrelevant, and new values and norms emerge to take their place. (p. 688) As a result, primary group solidarity becomes widespread.

Similarly, Barton (1969) reports that mutual aid and emotional solidarity come about in reaction to disaster. A rapid consensus emerges in order to meet the new needs. Much like Fritz, Barton argues that the therapeutic social system is created in reaction to the disaster. The result of the

disaster is a modified social structure containing elements which either did not exist or were latent in pre-disaster contexts. These elements include formal and informal communication systems, sympathetic identification and situational and motivational determinants of helping. Again like Fritz, Barton suggests that this therapeutic social order is emergent and mostly informal and unstructured. (pp. 203-279).

Both Barton and Fritz emphasize the elements of informality and spontaneity. Included in their formulations is the idea that an unstructured social order emerges for new norms and values to be created to meet the demands of the situation. The traditional social structure is thus pushed aside.

The next section of this paper will discuss the collapse of the Teton Dam. This case will provide information with which to reevaluate the previously discussed concepts. Some modifications will be suggested, and the effect of these changes on operations and planning will be examined.

The Collapse of the Teton Dam

The Teton Dam was a 307 feet high structure to trap 270,000 acre-feet of water in a 17 mile reservoir in the southeastern portion of Idaho. On Saturday, June 5, 1976 three large leaks were spotted at 8:30 A.M. These leaks increased in size, and at 11 A.M. a warning was called by the Madison County sheriff's office downstream in the city of Rexburg. At 11:57 A.M. the dam broke, releasing 80 billion gallons of water.

The resulting flood caused damage to four counties, Madison County being the hardest hit. The town of Sugar City (pop. 617) in that County suffered damage to an estimated 98% of its property. Another Madison County town, Rexburg (pop. 10,000) adjacent to Sugar City, also suffered severe damage. Thousands of people were left homeless, while damage estimates exceeded \$1 billion. Eleven died and one person was severely injured; however, none of these were residents of Madison County. The death and injury figures were very low for a disaster of this proportion.

In 1972 floods resulted from dam collapses in Buffalo Creek, West Virginia and Rapid City, South Dakota. In Buffalo Creek 125 people died, while in Rapid City 237 deaths were reported; large injury totals were recorded in both places. Despite warnings of the impending disaster, in both these towns there was no systematic evacuation nor an orderly search and rescue operation immediately following impact.

The situation was quite different in the Rexburg-Sugar City area, where evacuation and search and rescue were conducted in a systematic and orderly fashion, saving much time and energy and preventing duplication of effort.

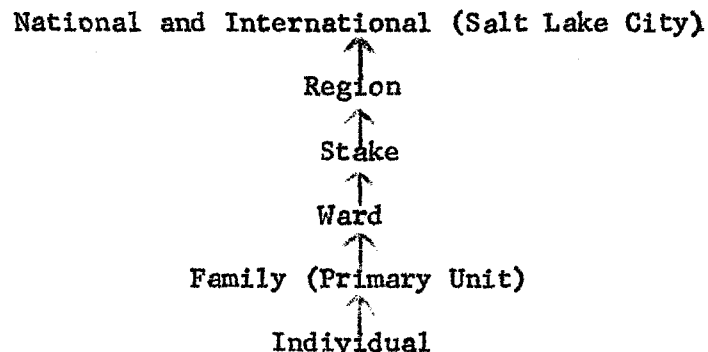
To account for the difference it is necessary to look at the community social structure of the Rexburg-Sugar City area. In this region much of the social structure follows the lines of the religious structure of the

Jesus Christ Church of Latter Day Saints (LDS) or Mormon Church to which more than 95% of the residents belong. Thus, an understanding of the social order of Rexburg-Sugar City necessitates an understanding of the LDS.

The LDS organization dominates the social organization of its members on the national, regional and local levels. It pervades almost every aspect of Mormon life and forces Mormons to prepare for disaster and meet its demands without prior disaster experience and without significant alterations in their social patterns.*

In 1830 Joseph Smith, the founder of the LDS, instituted the Law of the United Order, a program which mandates that all be provided for. To do this a welfare system was established. The first place a Mormon turns for assistance is to the family, and if one's needs cannot be met at this level, the church is turned to. Depending on the need, a person or community may appeal to any level: the local (ward or stake), regional, or national.

The Depression taxed this program beyond its capacity, so in April of 1936 it was expanded to include, among other things, storehouses of food to prepare for large-scale calamity. Each family is instructed to have a year's supply of food and other necessities on hand. In addition, families are required to contribute to the bishop's storehouse, which in turn contributes to higher levels. The apex of this process is the international headquarters at Salt Lake City, Utah. Thus:



The program is designed to meet the physical, social, and educational needs of each level. Within the church organization are commissioners of health and education, and in each ward a person is designated to be responsible for health education. Every family is assigned two home teachers, who always travel in pairs and must visit each family at least once a month. In this way an assessment of need is made. The people who work under the bishop of the ward concern themselves with financial, medical and emotional

*This discussion is based on a series of interviews conducted with LDS church leaders. Further data was gathered from LDS pamphlets such as What of the Mormons which is printed by Deseret Press, a LDS owned and operated press, and Zabriskie (1966).

matters. Following a disaster they visit each family in the ward and, by this process, accomplish a thorough examination of need.

Complimenting this program are the home nurses who instruct the females of the household in first aid. In disaster contexts, much first aid is administered in the home, therefore alleviating some of the burden originally placed on hospitals.

In addition the LDS social service program is staffed by mental health professionals who train bishop's and stake professionals in the delivery of mental health services.

This illustrates one case in which a pre-existent, formal, structured program exists potentially capable of meeting the demands placed on a community by a disaster, even in the absence of prior disaster experience. It cannot be assumed, however, that such a structure exists wherever one finds a Mormon Church. The disaster struck a small, rural community, where primary group solidarity is much more feasible than in a large urban setting. Furthermore, the area was basically monodenominational; most residents and all officials are active in the LDS religion.

Since a therapeutic structure already existed, no new one had to emerge when a disaster came. The words of a civil defense official from the stricken area exemplify the sympathetic identification, the helping behavior and the communication network Barton delineated as elements of a therapeutic community:

"There was no chaos, none, absolutely none. We have this community where people believe in each other. Without the church structure here we would have never made it. We had the organization set up. All we had to do is put it in motion. People from outside don't get a picture, we hang together. We have no social isolation, no social disorganization. We have the church to rely on. It isn't optimism, its reality."

It is the church that is turned to because religion dominates the social structure. All of the influential positions in the political and legal structure are filled by those who occupy relevant positions in the religious structure. The effect of this is evidenced in the evacuation.

When word of the impending disaster reached the community, the process of evacuation began immediately. Civil Defense officials reported this was an orderly, stage by stage process. This is quite different from what usually occurs. Quarantelli and Dynes (1973) report an unwillingness on the part of residents to withdraw from threatened localities; this pattern has been documented for disaster agents ranging from floods to avalanches where there is usually considerable forewarning. Even when evacuation is ordered, the majority of people simply do not leave.

In this disaster a high degree of trust was exhibited. All the people evacuated because they believed the source of the warning to be legitimate. This can be attributed to the fact that all of the people in responsible positions were LDS members.

After the flood waters subsided, search and rescue operations began. This process was facilitated by the church policy that requires the bishop of each ward to always have on hand a list of persons in the ward, enabling people to be quickly accounted for. The result was that search and rescue was a systematic effort. Sections of the community were searched one square mile at a time. After each section was completed a call was placed by radio to the Emergency Operations Center where a map was kept. Each time a call came in saying a section had been searched an "X" was placed on this area on the map. Not only did this prevent any area from being searched twice, it also saved time.

The community then was faced with a massive recovery effort, and again the religio-social structure provided the mechanism for this work. If necessary, the church paid medical bills and since food was needed, the bishop's storehouses were opened. Church dogma teaches:

"We must not depend upon the government for help in building our food supplies. The plan advocated by church authorities is a self-help plan. Moreover, it is one that is designed to help see us through hard times of any sort be it drought, depression, famine, pestilence or war."

(Zabriskie, 1966: 12)

The success of the recovery effort is illustrated by a comment made ten days after the flood by the executive coordinator of the disaster service of another religious denomination which offered its assistance:

"I have never observed before such a devastated area where local folks have made already such a fantastic rehabilitation. They have established a cleanup operation similar to ours, involving 2,000 to 3,000 volunteers blended into a terrific organization."

The strength of this "we-ness" did lead to some conflict however. For example, conflict erupted between local residents and Red Cross personnel. The Red Cross is an outside agency, and, since self-sufficiency is emphasized in Mormon communities, this conflict is not surprising. Friction also arose with Federal agencies. One interviewer reported, "They give too much advice, they tried to override our agencies." Another became irritated at what he said was the government's continual question, "How many dead you got?" A final incident will further illustrate this. According to a civil defense official, the army corps of engineers can only remove debris from urban areas. This official refused to distinguish between rural and urban, saying to the Corps, "Urban may be city limits to you, but it isn't to us. This county is suburban, treat us all alike." Subsequently, the area was declared suburban.

The Concept Revisited: Implications For Disaster Theory

The analysis of the Teton Dam collapse indicates that prior experience is not a prerequisite for the emergence of a therapeutic community. This point is offered not in correction but in qualification and extension of Fritz's argument that the most highly organized preparation exists where

a community has repeatedly and recently experienced the same kind of disaster. Although it is true that those communities recently hit by a disaster will demonstrate an organized preparation, prior experience is not necessary for this to occur. Prior experience is most beneficial in an isolated community with little or no extra-community ties. Yet, in cases where the community (as in this case, where the ties to the national LDS church were present) other factors can compensate for the lack of previous experience.

What is being suggested is not that the conceptualizations of Fritz and Barton be discarded. Rather, what is suggested is an extension and conceptual broadening of the definition to include factors which have arisen in recent disaster research.

Other factors also need reconsideration. Fritz states that the situational therapeutic features of disaster are informal and spontaneous. However, in southeastern Idaho the response was formal and structured. In fact, much of the response was an intensification of the normal structure of interaction. The pre-existent social order was used to meet the demands of the situation, thus making spontaneity and innovation unnecessary. Nor were values and norms emergent rather than preordained as Fritz suggests. The pre-existing values and norms were utilized, the primacy of relations and trust already existed. Barton similarly views such phenomena as arising in context. In this analysis, rapid consensus emerges in order to meet new needs.

The ideas of prior experience and emergence cannot be treated as necessary conditions for the creation of a therapeutic community. This is not to deny their relevance in many cases yet, as this case has shown, a formal, structured value pattern which exists in a community without previous disaster experience can provide all the elements of this formulation.

The present analysis is based on data from one study, which certainly indicates that further research is necessary. There is reason to believe that this case is not unique. Amish and Mennonite communities exhibit many of the features which were found in the LDS communities of Rexburg and Sugar City, in that the belief system is incorporated into the social structure. Quite possibly, rural communities of small or medium size which do not border on urban areas can develop primary group relations and other features coincidental with the characteristics of a therapeutic community. More analysis along these lines is needed before any firm conclusions can be reached. If this is accomplished, conceivably planning and operations can rest on a firmer empirical and theoretical base. The concept of therapeutic community has implications which Fritz and Barton do not discuss. It is with these issues that the final section of this paper is concerned.

Implications For Disaster Operations and Planning

This analysis raises certain issues to be considered in meeting the demands created by a disaster. The data presented indicate that the agencies responsible for the procedures, criteria and principles for administering state and federal resources should be aware, though sometimes they are not,

of the characteristics of the people and the community to which these resources are to be delivered. This suggests that beyond a certain limit, standardization of policy can have a negative effect. Federal or state regulations may dictate that time, energy and resources be expended in an area which has a social order with the capacity to help itself or to recover with minimal assistance of a specific nature. Additionally, "going it alone" may be in line with community ideology. If this is not recognized, some conflict or duplication of effort and added disruption to community life, however unintended, will result. The example of the Army Corps of Engineers contained in this paper illustrates this point. According to pre-existing regulations, the Corps could only clear debris from urban areas; however, leaders and residents in the stricken community do not make rural-urban distinctions. Instead of taking advantage of these "natural" configurations "artificial" boundaries were imposed. The importance of this is amplified by the fact that most natural disasters do not strike large metropolitan areas. Criteria based on the rural-urban dichotomy will not be applicable in many cases.

Those people working in operations and in planning, be it at the local, state or national level, must allow for input from the various communities involved. If this occurs, unique community features in certain instances can be considered. In lieu of this, allowances for such things can be made, thereby creating more flexible operations and planning. In the case of the Teton Dam, agencies from outside the region acted as if a therapeutic structure emerges or that a new social system must arise in order to meet the exigencies created by the disaster.

Steps to ameliorate this lack of flexibility can be taken. For instance, information can be disseminated downward to the local levels. In turn this communication can be reviewed, and, if channels are opened, input from the bottom can be utilized.

Recovery efforts or planning must not operate as if a therapeutic community will emerge. The Red Cross and federal agencies cannot react according to design. It is more advisable, as this case indicates, to see what already exists before one acts. Concentration must not center on the development of large scale organizations as a first strategy. Attention should be given first to understanding the particular milieu involved, and those responsible for the design of the response to community-wide disasters have to take into account the characteristics of the local community. These include the geography, racial and ethnic mixture, religion and/or ideology and any other factors which may be important when disaster strikes. For example, in this case when planning the response for the delivery of emergency medical services, the ideology of the LDS religion must be considered. Many of the residents are trained in first aid through the home nurses programs, somewhat alleviating the demands upon hospitals and other agencies that provide medical services. Also, part of any emergency medical response begins with the search and rescue for casualties. This paper demonstrates how smooth and quick the operation in this case was, an operation which utilized facets of the pre-existing social structure.

A design of action should not contain an urban bias. Heterogeneity and large scale community organization are to be conceived as problematic rather than given. The smaller and the rural are not to be overlooked, for in these places a pre-existent therapeutic community is most likely to be present.

Few disasters strike an entire large city. In fact, it is the small communities--such as Xenia, Ohio, Buffalo Creek, West Virginia, Rapid City, South Dakota, and Rexburg and Sugar City, Idaho which experience community-wide disasters which would necessitate the type of responses discussed here.

The therapeutic structure could exist in many small towns. Quite possibly, it exists in other "LDS towns" such as Provo, St. George and Salt Lake City, Utah, and Amish and Mennonite communities. The existence of a very active Mennonite Disaster Service suggests a number of similarities of ideology and disaster preparedness between Mennonite and LDS communities.

To ascertain whether a therapeutic community exists in such places further research is necessary. Once such research is accomplished, efficiency and effectiveness of operations and planning can result.

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