ORMOC REVISITED: INITIAL AND LONG TERM STRESS REACTIONS AND COPING RESPONSES OF DISASTER VICTIMS

Patricia Rosario E. Alix

The study attempts to determine the initial and residual stress reactions and coping styles of selected direct victims of the 5 November 1991 Typhoon Uring flood in Ormoc City, Leyte. It likewise seeks to highlight the influence of individual differences and situational factors on these variables. Data collection consisted of two phases: two months after the disaster, and two years later. Results reveal initial reactions of victims are emotional in nature. Residual symptoms are also emotional and are reflective of post-traumatic stress disorder. Initial coping by the victims is defense-oriented, later shifting to task-oriented coping. Only the variable of sex has been found significant in determining general coping styles. Future plans reveal feelings of uncertainty and a tendency to be short-sighted.

The Philippines has had more than its share of disasters. The start of the decade was marked by an onslaught of typhoons, earthquakes, volcanic eruptions, and a catastrophic flood in Ormoc.

November 5, 1991 seemed to be an ordinary day for the people of Ormoc, Leyte. Residents went about their usual chores, unmindful of the slight drizzle that accompanied Typhoon Uring. In the late morning of that day, as children were on their way home from school, and lunch was being prepared, three loud explosions were heard from the nearby mountains. Then the water came. In a matter of minutes, water as high as 10 feet came charging through the city, destroying everything on its path. The rushing floodtides physically tore apart family members who had no way of knowing what became of the others. These caused more deaths, more destruction of property than anything in the recent memory

of Ormoc; all of which happened within the sight of horrified family members who were helpless to do anything. The number of reported deaths kept rising as piles and piles of bloated corpses were brought in from the sea by disaster workers. In the end, the body count reached 6,000.

A disaster, like the Ormoc flash-flood, produces fast, destructive change, causing widespread damage, physical injury, and intense human suffering. Disasters strike indiscriminately, leaving victims stunned by multiple losses and feeling vulnerable in an environment they once considered safe (Ignacio & Perlas, 1994). The social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented (Fritz, 1961).

Disaster victims normally go through a process of grieving divided into three periods. In the first stage, immediately after the event, the individual experiences a loss of energy, the effects of which most often are shock, numbness, denial, panic, fear, bargaining, and helplessness. There is also a deterioration of ordinary life activities.

After a short period, in the aftermath of the event, there is an upsurge of energy which allows for the release of emotions that have been bottled up inside the self. This is characterized by misdirected anger, blaming of people or institutions for the sufferings experienced, excessive chatter, uneasy laughter, and undirected or purposeless activities.

The energy is then slowly released as the victim gives vent to his/her emotions. The anger simmers down to resentment, helplessness, and sometimes obsessive-compulsive behavior. If, in the passage of time, the victim is unable to find relief from his/her inner tension, the person will experience another loss of energy. This may result in more intense feelings of depression, helplessness, withdrawal, unresolved anger, and hopelessness.

The last phase, recovery, starts once the individual regains control of his/her life. This period is characterized by acceptance of the loss, renewed hope, and a sense of empowerment (Perlas, 1990; Ignacio & Perlas, 1994).

For some victims, however, this recovery period may take long in coming. A disaster syndrome has been delineated that appears to characterize the reactions of many victims of tornadoes, fires, and floods. It can last for weeks, months, and even years. The disaster is characterized by anxiety and fairly constant hyperarousal, including phobic avoidance of situations that arouse trauma-related memories, painful reexperiencing of the event through intrusive flashbacks accompanied by physiological

arousal, insomnia, repetitive nightmares reproducing the traumatic incident, feelings of depression and guilt, and impaired concentration of memory (Kaplan, et al., 1994; Davidson & Foa, 1991; Orr, et al., 1993; Creamer, Pattison & Burgess, 1992; Fairbank, Fitterling & Hansen, 1991; Foa, et al., 1989; Lifton & Olson, 1986; Scrignor, 1984).

Whether the disaster victim moves on to recovery or disorder depends on the effectivity of the victim's coping efforts. The conceptualization of coping processes is a central aspect of contemporary theories of stress. Coping is viewed as a stabilizing factor that can help individuals maintain psychosocial adaptation during stressful periods (Lazarus & Folkman, 1984; Moss & Schaefer, 1993). Fleishman (1984) defined coping as cognitive or behavioral responses "to reduce or eliminate psychological distress or stressful conditions." Although coping responses may be classified in many ways, most approaches distinguish between strategies oriented toward approaching and confronting the problem (problem-focused strategies) and strategies oriented toward avoiding dealing directly with the problem and ameliorating the associated level of emotional distress (emotion-focused) (Roth & Cohen, 1986).

A central aspect in research into coping has been an examination of the effects of different coping efforts on an individual's level of adjustment. In several different studies, problem-focused strategies have been reported to have positive associations with measures of psychological well-being (e.g., Folkman, et al., 1986). A reliance on emotion-focused strategies, on the other hand, tends to be associated with poor mental health (e.g., Aldwin & Revension, 1987; Terry, 1994).

A number of studies have questioned the assumption that problem-focused coping will always be more adaptive than emotion-focused coping (e.g., Folkman, et al., 1986). Recent research has pointed out evidence that a person's coping efforts, to be effective, must be congruent to the controllability of the event (i.e., problem-focused strategies will be more effective if the event has more potention for control, whereas emotion-focused responses will be adaptive in low control events (Valentiner, Holahan & Moos, 1994; Conway & Terry, 1992; Folkman, et al., 1986). However, recent findings of Valentiner, Holahan & Moos (1994) suggest that with controllable events, choice of coping strategy predicted changes in psychological adjustment. On the other hand, when events were uncontrollable, coping was not linked with adjustment.

Therefore, while the popular belief is that a disaster results to stress, which in turn leads to disorder, intervening variables have been found

by a large body of research which may result in either a positive or a negative prognosis for the disaster victim. These are: personal variables (appraisal of cause, age, resources available, previous experience with the disaster agent, gender, etc.); and coping responses and resources (strategies, means of social support, flexibility, etc.). A disaster will not necessarily lead to psychopathology.

This study attempted to examine the variables that play a role in mediating/moderating the effects of a disaster. The effects of multiplicity of stressors, attribution of cause, gender, and age on the pattern of stress reactions and coping strategies of the victims of the Ormoc disaster were studied. Stress reactions and coping strategies of 353 participants were studied across three time periods: immediately after, two months after, and two years after the event. One hundred eighty participants were female and 172 were male. They were also grouped according to four age categories: 16% children, 26% adolescents, 53% adults, and 5% older adults.

The data gathering involved two phases. The first phase was conducted in the "Tent City" of Uwak, Ormoc City approximately two months after the flood. The second phase was conducted two years later, in Tambulilid, the relocation site where people from the "Tent City" were later given houses. Efforts were exerted to locate the same set of participants for the second phase. However, due to logistical constraints, only 27 percent were finally traced and included in the study. The remaining slots were filled by participants having the same essential characteristics as those included in the first phase.

Several measures of the variables were gathered using different techniques, including in-depth interviews, focus-group discussions, observations, and psychometric scales. Findings were further validated using indigenous methods like *pagmamasid, patanung-tanong, pakikipagkwentuhan,* and *pakiki-ramdam.*

Results And Discussion

The Stressor

A natural disaster is an emotional stressor of a magnitude that would be traumatic for almost anyone. It causes an enormous amount of material damage and human suffering. Its physical consequences are combined with emotional losses, such as the loss of loved ones, loss of a body part,

loss of one's sources of livelihood and way of life (Ignacio & Perlas, 1994).

All the respondents said that the event happened so suddenly that they were caught unprepared. Floods are actually common in some areas of Ormoc City during rainy seasons, but the flashflood on November 5 was different — and so was the magnitude and vividness of its impact. In a matter of minutes, seemingly unthreatening ankle-deep waters rose to a height of ten feet. For many people, escape was impossible.

The situation was further aggravated by the fact that the flood waters were densely packed with timber, mud, and debris. Respondents describe what they saw as an angry, swirling, churning, rolling, black mass. The density of the water added to the force of the current, making swimming virtually impossible. Houses, cars, people, and animals were indiscriminately swept by the water.

The following stressors were identified by the victims: loss of loved ones, destruction of property, loss of jobs/livelihood, loss of a heritage, uncertainty of situation, displacement/relocation to poor conditions, loss of a social support system, and lack of provision of relief assistance. Each respondent may have experienced not only one but two or more stressors in combination. For example, one lost his home, his wife, and almost lost his life during the flood. Another lost his home and a limb during the flood and, as a consequence, also lost his job.

Of the total sample, 76 percent reported to have experienced a multitude of stressors. The remaining 24 percent indicated only a single stressor. It must be noted that the stressors reported by the respondents qualify almost everyone as a high risk victim for psycho-social problems (Ignacio & Perlas, 1984).

Attribution of Cause

In general, the respondents attribute the disaster to three major factors: supernatural, natural, and man-made. Nine percent attribute it to a combination of the above-mentioned factors.

Supernatural. Forty-seven percent of the respondents attribute the event to supernatural causes. This includes perceptions like (a) it was the will of God, either as punishment for sinners or as a trial to test one's faith; and (b) it was the work of the devil since many innocent lives were lost.

Natural. Twenty-four percent of the respondents claim that the disaster was a result of natural events such as tornadoes, heavy rainfall, and water spouts. They say that it was not a preordained phenomenon, and that nobody is to blame for the occurrence.

Man-made. Four percent attribute the disaster to man-made causes such as illegal logging and experiments conducted by scientists.

Combination. About nine percent of the respondents, or 33, attribute the disaster to a combination of supernatural, natural, and man-made factors.

The rest of the respondents (13 percent) have no knowledge of the cause. The bulk of those who answered thus were children.

Reactions to Stress

Every disaster, be it natural or man-made, is an adverse life experience and therefore is always the source of a psychological disequilibrium. It produces stress of an extraordinary magnitude.

The initial and residual reactions of the victims are classified into four major categories, namely: physical, emotional, cognitive/behavioral, and spiritual.

Physical Responses. These are manifested by inability to sleep, lack of appetite, uncontrollable chills, ulcers, headaches, cramps, etc.

Emotional Responses. Emotional reactions to stress include depression, frustration, irritability, cynicism, grief, and feelings of hopelessness, anger, and fear.

Cognitive/Behavioral Responses. Cognitive reactions are present in the form of shock, disbelief, numbness, disorganization,difficulty concentrating, and recurrent nightmares. Behavioral reactions are panic, absenteeism, and brooding over the event.

Spiritual Responses. These include leaving everything to God, doubt, or extreme dependence on religious beliefs.

Initial Reactions

According to the number of occurrences within the whole sample population, the top five initial stress reactions are:

1. fear
2. grief/depression
3. shock and disbelief
4. physical pains
5. recurrent nightmares

These are characteristics of the grieving process which people undergo during unexpected stressful encounters. Fear, shock, and disbelief describe the feeling of lack of control that the victims experienced in the flood's aftermath. Physical pain is manifested by headaches, stomachaches, muscle pains and other physical discomforts. Also predominant immediately after the typhoon is the recurrence of anxiety nightmares wherein the victims relive their experience during the flood.

Among the categories of stress reactions, no significant gender differences were found. The top stress reactions among male respondents are: fear, 64 percent; grief/depression, 52 percent; disbelief, 37 percent; helplessness, 20 percent; recurrent nightmares and shock, with 15 percent each. For the female respondents, the top five cited stress reactions are: fear, 89 percent; disbelief, 60 percent; grief/depression, 58 percent; physical pain, 20 percent; and panic, 17 percent.

Minor differences in initial stress reactions include the absence of physical pain and the presence of helplessness and recurrent nightmares in males.

In general, most of these initial stress reactions can be subsumed under the more general category of emotional responses. Males are observed to exhibit emotional reactions 64 percent of the time while females manifest them 80 percent of the time, a difference that is not significant.

Nor is there any significant difference in stress reactions across ages. Top responses in children are fear, depression, and physical symptoms, in order of ranking. The adolescent group has fear, followed by depression, and then disbelief. The adult group report fear as the number one reaction, followed by disbelief, and then depression. The older adults rank depression first, followed by fear, and then shock/disbelief.

In congruence with previous studies, severity and multiplicity of stressors do not produce differences in stress reactions except for the fact that those who experienced multiple stressors report feelings of shock and depression 25 percent more than those who face only a single stressor.

Attribution of cause was also not found to be significant. Considering frequencies, respondents tend to react emotionally most of the time, whether they attributed the event to supernatural, natural, or man-made factors.

Except for disbelief, a cognitive reaction, the victims manifest emotional reactions more than anything else. Although specific reactions may differ across the variables, the most frequently exhibited are categorized as emotional symptoms.

The reactions of the victims tend to follow the disaster syndrome — initial feelings of shock and disbelief, complicated by intense feelings of grief and depression, followed by repetitive talking about the disaster experience (this is discussed in the section on coping strategies), sometimes leading to gradual adjustment (see residual reactions), although the person may show generalized anxiety.

Residual Reactions

Two months after the incident, residual symptoms of the victims include anxiety reactions related to fear of another flood, feelings of depression that had not yet fully cleared up, phobia of rain and strong winds, physical symptoms, and sleep disturbances like nightmares and insomnia. However, a small percentage of the victims claims to be fully adjusted, experiencing no residual stress reactions whatsoever.

Anxiety reactions are predominant residual symptoms in around 72 percent of the respondents who feel nervous, tense, or worried most of the time. They claim to have developed an intense fear of rain and wind. There is a marked incidence of this fear in children, who were observed to cry and scream whenever the sky darkens with clouds, or at the sound of thunder.

Flashbacks of what happened are common in 58 percent of the respondents. These people experience the event in their minds, resulting in marked distress.

Thirty-six percent of the respondents still have feelings of depression that have not been fully cleared up. These respondents are still crying

over what happened, and often find themselves withdrawing from social contact and staring out into space.

Disturbances in sleep like nightmares and insomnia occur in around 25 percent of the respondents. They are plagued by sleepless nights and recurring nightmares reproducing the disaster either directly or symbolically.

Around 12 percent of the respondents say that they have achieved complete adjustment and acceptance. They are not troubled by many residual reactions to the disaster. A big bulk (73 percent) of those who indicated recovery are male adults.

Top residual stress reactions for males and females, and for each age group are found below:

Symptoms	Males (%)	Females (%)
• anxiety	49	92
• depression	30	42
• flashbacks	23	26
• sleep disturbance	23	26

Note that the female group shows substantially higher percentages of residual reactions over the males. However, it would be too drastic a conclusion to say that females bear a tragedy worse than the males. Clearly other factors come into play in such situations. It is highly possible, for example that male respondents did not divulge the full range of symptoms in the effort to appear strong and macho. It is also possible that female respondents are more in tune with their feelings, and so are better able to verbalize them. Or perhaps the male respondents had better coping strategies.

Symptoms	Children (%)	Adolescents (%)	Adults (%)	Older Adults (%)
• anxiety	70	69	63	46
• flashbacks	57	48	61	26
• depression	51	32	36	18
• nightmares	48	—	—	—
• sleep disturbance	—	10	—	—

Prominent among the residual symptoms two months after the disaster are anxiety reactions related to the fear of another flood; flashbacks or recurrent and intrusive distressing recollections of the event, including images, thoughts, and perceptions; and feelings of depression. The most significant residual effects are found among the females and young children, showing the largest percentages for anxiety reactions.

McNemar test results indicate that the changes from initial to residual stress reactions are not significant. Only a change from combination to emotional on the various stress reactions among the males is found to be significant. Fifty-three percent of the males who initially experienced a combination of stress reactions have restricted symptoms to emotional ones after two months. These emotional reactions include anxiety over the possible reoccurrence of the flood, distressing flashbacks, and some unresolved feelings of depression.

Long Term Reactions

When the normal response to a disaster is aggravated, the transformation from distress to disorder occurs. The presence of chronic reactions to stress indicates an ongoing crisis within the individual due to inability to find relief from his stress. These reactions usually develop months or years after the event.

Two years after the flood, the victims had built houses in the new relocation site. Although the physical reconstruction was finished, psychological recovery was far from complete. Chronic reactions to stress involved the following:

1. *physical* — digestive difficulties, lowered immunity, cardiovascular effects, fatigue/feeling of tiredness, sleep problems, appetite change, frequent physical change

2. *emotional* — mood swings, anxiety, irritability, depression, suspiciousness, boredom, cynicism

3. *cognitive & behavioral* — difficulty with concentration, disorganization, distraction, withdrawal, substance abuse

4. *spiritual* — doubt value system/religious beliefs, questioning of major life areas, self-preoccupation, disillusionment

It must be noted that the prevalence of psychological distress indicates a failure to cope adequately with the event. Posttraumatic stress disorder usually develops some time after the trauma. The delay can be as short as one week or as long as 30 years. Symptoms can fluctuate over time and may be most intense during periods of stress (Kaplan, et al., 1994)

The top chronic stress reactions of the respondents are as follows:

- intense distress in situations that remind of the disaster
- feelings of unhappiness
- recurrent and intrusive distressing recollections of the event
- sleep difficulties
- efforts to avoid thoughts, feelings, or conversations associated with the trauma
- hypervigilance

The high prevalence of emotional distress after two years can be explained by some factors. First, the conditions in the evacuation center are so poor: there is no water supply, the houses are densely packed, building materials supplied were inadequate to provide decent housing, the distance from the city to the relocation site makes it difficult for some people to send their children to school and to look for work because they could not afford the fare. These were just some of the problems which, by themselves, are already very stressful. There is also marked frustration among the victims that problems continue to exist, and circumstances prevent them from solving the problems. The victims were deprived of the resources to start anew. Things have not yet gone back to normal.

However, contrary to the literature of posttraumatic disorder, higher percentages for chronic reactions were found not in young children, but in adults. Below are the figures:

Reactions	Children (%)	Adults (%)
1. flashback	—	96
2. fear of rain, etc.	78	83
3. frequent crying	34	—
4. sleep difficulties	25	—
5. avoidance of trauma-related cues	18	44
6. physiological reactivity	—	35

Figures for adolescents and older adults are much smaller than those of children. No significant effects were found for gender, attribution of cause, or multiplicity of stressors. The high incidence of stress reactions among adults can be explained by the fact that they have to worry about survival, whereas the children do not. Adults have to contend with the chronic stressors of poverty, which make surviving a major worry for the families.

It is difficult to compare results through time because the respondents were not the same for the two phases. Once the victims were relocated to the new site, it was difficult to trace previous respondents. Only a very small percentage (27 percent) were relocated, and included in the sample. However, the mere presence of these symptoms already indicates long term/chronic psychological distress equated with the lack or absence of recovery. In some cases, the distress has been aggravated and metamorphosed into a disorder.

Coping Strategies

The next important question then is how the victim copes or tries to establish equilibrium. To facilitate statistical analysis, the coping styles of the respondents were classified into the following general categories: defense-oriented, task-oriented, combination, and no answer.

Defense-oriented coping strategies mentioned by the subjects are crying, diversion of attention, rationalization, repetitively talking about the event, use of external props, among others.

The answers categorized under task-oriented coping are praying, active search for missing family members and lost property.

Since there are respondents who claim to have used both defense-oriented and task-oriented strategies, they are classified within this category. Under this are those who claim to have cried and prayed, among other things.

Some respondents, however, reported that they were not aware how they coped with the stress, or those who simply did not answer. It should be noted that children compose the highest percentage who did not know what their coping mechanisms were. This could be due to inadequate vocabularies, or lack of introspection.

Initial Coping Strategies

Immediately after the flood, the respondents report that they employed such coping strategies as crying, praying, rationalizing, and use of external props, among others. However, a notable 35 percent did not report any coping style. They indicated that they were in a state of shock then and felt immobilized.

These answers are all summarized below:

1. diversion of attention, including keeping busy with chores and activities, recreation, humor/laughter, drinking
2. praying, spirituality
3. crying and release of emotions
4. use of external props, including deriving strength and support from outside sources like neighbors, or deriving hope from the arrival of relief goods

Diversion of attention involves avoiding thoughts or reminders of the trauma by transferring one's thoughts to other situations or objects. Overactivity as a way of coping probably serves to drain off the excessive tension that would be present.

Turning to religion helps respondents to accept reality in a way that they perceive events as within God's will and plan for the world. Praying and turning to spirituality gives them courage and the ability to accept tragedy and bear grief. Leaving everything to the will of God makes the burden more bearable. This, too, is perceived to be task-oriented because of the belief that praying solves problems and asking from God guarantees assistance.

Females are more prone to use defense-oriented coping. Chi square test results indicate a significant difference. Fifty-eight percent of the males used defense-oriented coping, while only 39 percent of the females did so. When it comes to specific coping styles, males are more apt to use diversion of atten-tion (34 percent) compared to females (21 percent). The most frequently employed coping among females is prayer (38 percent) which is used by males to a lesser degree (14 percent). This is probably an indication that the female respondents are more religious than the males. Crying is used by both genders with females using it 15 percent more than the males, a result that has been expected all the while.

Specific coping styles among the varied age groups are very similar in terms of usage but different in terms of frequency. Children and

adolescents have been found to use diversion of attention with 34 percent and 42 percent respectively. The older population refers to prayer as the most frequent coping style. Adults use prayer 32 percent of the time while older adults do so 23 percent of the time. The adult population has already established a system of spiritual belief as a means of coping. The use of defense-oriented, task-oriented, and other general means of coping had no significant differences across ages.

Both multiplicity of stressors and attribution of cause reflected minimal influence on the determination of the coping style used by the victims. The predominant style of coping is still defense-oriented. Among the four variables under study, only sex/gender was found to be significant.

Coping Two Months Later

McNemar test results for the significance of changes in the victims' coping style indicate that there is a significant change in males' and females' coping style from defense-oriented to task-oriented coping at 0.5 level of significance.

Probably the reason for the change to task-oriented coping strategies is that the victims stopped viewing the situation as a loss, but rather as a challenge. Theoretically, when a situation is viewed as a challenge, problem- focused or task-oriented coping is more often used. On the other hand, when the stressor is appraised as a loss, more defense-oriented coping is used. The time that elapsed since the initial stressor was presented has given the victims a chance to adopt more effective means of coping by increasing their locus of control over the situation.

The challenge seen by the respondents is in recovering what was lost to the disaster, or in looking for ways to "start life all over again." The slight difference in values between males and females can be accounted for by the fact that, in this culture, the burden of making a living is placed on the male head of the family. The females probably do not perceive the situation as a challenge as much as the males do, and dwell more in dealing with the emotions that they feel in reaction to the losses that the flood inflicted on them.

Coping with Chronic Stress

Two years after the event, new forms of coping mushroomed. Although diversion of attention remained among the top five answers, other forms of coping related to starting anew came up like getting married, having more children, looking for a new job. There was also anger at institutions and officials believed to have failed to help them adequately. Defense-oriented coping strategies were still present in the form of rationalizing the event, and suppressing thoughts of the trauma.

Top identified coping mechanisms are the following:

1. praying that the event will not happen again, and for alleviation of sufferings; being good
2. suppressing thoughts of the trauma, and diverting attention
3. looking for means to alleviate conditions
4. starting anew — having more children to replace the ones who died; getting married

The last coping mechanism was very noticeable, even by the respondents. Those who lost children, and even those who did not, kept on making babies to replace those who died in the disaster. There was a marked effort to start anew, and rebuild their lives. Young adults married and started families of their own. These respondents said that time was too short and so they got married to alleviate their sufferings immediately.

Prayer was still the highest ranking coping mechanism two years after the flood. They also believed that being good Christians prevented the flood from occurring again, and so many the respondents, mostly children, turned a new leaf. There was a movement to more frequent religious devotions.

Blaming officials and institutions for their current sufferings was also common. While this could be classified by some as misdirected anger, it is not the case with the Ormoc victims. Theirs is well-founded. There was evidence of gross negligence and lack of concern for the welfare of the victims, as shown through inadequate assistance/relief, speculations of malversation of funds intended for them, all leading to an aggravation of their sufferings. Other coping mechanisms indicated were: crying, gathering of family members (particularly during rainy weather), humor/laughter, dependency, drinking alcoholic drinks, and denial of pain. All the respondents indicate that poor weather usually triggers a flurry of

activities: packing clothes and valuables, gathering children, and sometimes even evacuating.

It has been said that the Filipino's sense of humor is most valuable in times of distress. Some respondents try to cope with distressing feelings/ thoughts by laughing about the event, or sharing jokes with friends.

Dependency in this case applies only to children and adolescents. Clinging behavior has been observed, but this is not restricted to parent-child relationships. There is also dependence on friends for support.

Drinking to ease the pain is also common in the relocation site. In fact, one of the difficulties met during the data gathering was how to refuse offers of *tuba*, beer, and other alcoholic drinks, which groups of males were invariably drinking.

Future Outlook

Based on their reported plans for the future, the respondents do not seem to have faith in what lies ahead. Only a small percentage of them (nine percent) believe that they could get back what they lost to the flood. Their plans and aspirations show that they do not look farther than the immediate future and that the future is not going to be a bright one. They consider the future to be too uncertain for them to be able to make definite plans. They claim that it is no use having big dreams because they learned that everything can disappear with the blink of an eye. Their answers are as follows:

1.	earn a living, survive	36%
2.	no plans at all	28%
3.	have own house	12%
4.	wait for assistance	10%
5.	study/finish studies	9%
6.	take things one step at a time	9%
7.	continue praying	3%

Those who did not have any plans at all feel that there is really no use in doing so and that they cannot make any plans because even the present is no anchor. This prevailing feeling of hopelessness is also symptomatic of the lack of recovery among the victims.

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