ISSN 0970-9274
JOURNAL OF HUMAN ECOLOGY
International, Interdisciplinary Journal of Man -- Environment Relationship

PRINT: ISSN 0970-9274 ONLINE: 2456-6608
J. Hum. Ecol., 18(3): 221-224 (2005)
DOI: 10.31901/24566608.2005/18.03.11

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

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KEYWORDS Ecology. Clinical. Coping with Disaster. Models

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