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## SOCIAL SUPPORT DURING THE FAMILY TRANSITION FOLLOWING A NATURAL DISASTER

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**ABSTRACT:** This is qualitative research with an interpretive analytical base, which aimed to present families' perceptions regarding the social support in the transition following a natural disaster. Six family units, living in a rural area in the south of Brazil, which was affected by a natural disaster in 2008, were interviewed. The data was collected in 2010, based on participant observation, narrative interview, genogram and eco-map. The collected narratives were analyzed following the stages of Fritz Schütze's method. The results reveal the help perceived during the transition phase, the lack of help which had been expected, the emotional support from relatives and friends and the resources recalled by the families in their eco-maps, which were of fundamental importance for the initial recovery phase in the aftermath of the disaster. The study contributes to the understanding of the context of the families' recovery, and emphasizes the relevance of social support as a means of coping with the changes.

**DESCRIPTORS:** Nursing. Family health. Social network. Natural disasters.

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## O SUPORTE SOCIAL DURANTE A TRANSIÇÃO FAMILIAR NO PÓS-DESASTRE NATURAL

**RESUMO:** Pesquisa qualitativa, de base analítico interpretativa, que teve como objetivo apresentar as percepções das famílias sobre o suporte social na transição do pós-desastre natural. Foram entrevistados seis núcleos familiares, residentes em uma localidade rural do Sul do Brasil, afetados por um desastre natural, no ano de 2008. Os dados foram coletados em 2010, a partir de observação participante, entrevista narrativa, genograma e eco-mapa. As narrativas colhidas foram analisadas seguindo as etapas do método de Fritz Schütze. Os resultados revelam a ajuda percebida durante a fase de transição, a falta de ajuda esperada, o suporte emocional de familiares e amigos e os recursos lembrados pelas famílias em seus ecos-mapas, os quais tiveram importância fundamental para a fase inicial de recuperação pós-desastre. O estudo contribui para a compreensão do contexto de recuperação das famílias e destaca a pertinência do suporte social como meio de enfrentamento das mudanças.

**DESCRIPTORES:** Enfermagem. Saúde da família. Rede social. Desastres naturais.

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## EL SOPORTE SOCIAL DURANTE LA TRANSICIÓN FAMILIAR EN EL POSTDESASTRE NATURAL

**RESUMEN:** Investigación cualitativa de base analítica-interpretativa que tuvo como objetivo presentar las percepciones de las familias sobre el soporte social en la transición del post-desastre natural. Fueron entrevistados seis núcleos familiares residentes en una localidad rural del Sur del Brasil, que fue afectada por un desastre natural en el año 2008. Los datos fueron obtenidos en el 2010, a partir de la observación participativa, entrevista narrativa, genograma y ecomapa. Las narraciones obtenidas fueron analizadas siguiendo las etapas del método de Fritz Schütze. Los resultados revelan la ayuda recibida durante la fase de transición, la falta de ayuda esperada, el soporte emocional de familiares y amigos y los recursos recordados por las familias en sus ecomapas, los cuales tuvieron una importancia fundamental para la fase inicial de la recuperación post-desastre. El estudio contribuye para la comprensión del contexto de recuperación de las familias y destaca la pertinencia del soporte social como un medio de enfrentar los cambios.

**DESCRIPTORES:** Enfermería. Salud de la familia. Red social. Desastres naturales.

## INTRODUCTION

The relationship between social support, health and stressful life situations has been studied by researchers from the health and human behavior areas for some decades, with greater emphasis since 1980.<sup>1-2</sup> Social support has positive effects on health, and may be defined as “a process through which social relationships promote health and well-being”.<sup>3:1220</sup>

In the situation of changes in life resulting from natural disaster, various studies have indicated social support as a mediator of stress and as a protective factor for individuals', families' and communities' recovery and coping. The importance of the formal and informal social network for recovery following disaster and for preparing families prior to disaster situations<sup>4</sup> is addressed in the literature on this issue. The help expected in crisis situations differs between countries, with the system based on family and relatives being more common in Latin-American countries, as opposed to the system of humanitarian help, which is considered more functional, formal and universal when operated in disasters in the USA.<sup>4</sup>

The protective function of social support and of relationships with the extended family in disaster situations is related to the perception of social support, and is reflected in the need for help from medical services and in the gender-differentiated responses to stress.<sup>5-6</sup> In addition to this, emotional and social support seems to be the main moderator of psychological effects in adolescents in the post-disaster period.<sup>3,7</sup>

The social network functions as a resource both for coping with stress and for family and community organizing in prior preparations for coping with disasters. One study identified that the behaviors of families are influenced by a disaster subculture, which provides a structure that the family uses for defining the options available to it for responding. The study's author, however, observed that the help from the network close to the families promoted greater cohesion and solidarity in the neighborhood, bearing in mind the other network members' similar experiences with the disaster.<sup>8</sup>

In nursing, the support network is an element of evaluation in the care for understanding the life context and for knowledge of the internal and external resources, which in their turn are actioned or made available in various events of

the individuals' and families' life and health-illness cycle. Usually – and especially in the area of family nursing – such data on the families' social relationships and social support resources can be identified using eco-maps.<sup>9</sup>

In the view of Denham, family life and health are affected by the dynamic relationships between multiple systems, which cover from the family and neighborhood micro-systems to the wider, or macro, system, such as culture, politics, moral and legal perspectives and ideologies. Social support is considered in the perspective of the multiple systems, and nurses can act taking into account the interactions between the family and the social support systems, paying attention to the types of support necessary.<sup>10</sup>

Thus, it was asked what the perceptions were of families resident in a rural area in the south of Brazil, struck by a natural disaster in 2008, regarding the social support received. This article aims to present the families' perceptions on the social support in the transition following the natural disaster.

## METHOD

This is qualitative research of the multiple case study type, undertaken with six families affected by a natural disaster in a rural area in the south of Brazil in 2008. The criteria for choosing families were: to live in the community affected by the disaster and to have at least one child aged between 0 and 2 years old.

Data collection took place between January and September 2010, one year and one month after the event, and the families were met in their homes, with the help of the local Family Health team. A brief description of the characteristics of the family units which participated in the study emphasizes an income of between two and six minimum salaries,\* depending on the type of occupation (formal or informal activity or employment) and on the participation of spouses and adult or adolescent children in the family income. Only one couple stated themselves to be farmers or to depend on income deriving from agri-business.

Regarding education, the majority of the adults had not finished junior high school or had not completed senior high school. Only one couple had completed senior high school. All the children attended pre-school or school. Among the adolescents, only one had not continued studying at senior high school after the disaster.

\* In Brazil, income is often compared to the minimum monthly wage. In 2010 this was R\$ 587, or approximately US\$ 335 at 2010 exchange rates. Translator's note.

The harm suffered by the families can be listed as: material, in which five family units had either lost or experienced damage to their house, one of which had also experienced damage to their agricultural property. These families remained outside the affected community for varying periods, sheltered in other places, which caused temporary unemployment and difficulties with income for some spouses. The material losses of housing, and the closing of risk areas, led to migration. In addition to this, there were personal injuries, among which emphasis is placed on the deaths of members of one of the family units interviewed, and of friends and neighbors of the other families.

The narratives were produced in contexts of family life which were specific to each case, as they covered distinct phases of development: acquisition (newly-married, setting up home and having first children), and couples with children, either adolescent or grown-up, in which one of the daughters had married and left the parents' house, and also distinct situations regarding post-disaster life. For obtaining data, the techniques of participant observation, during the meetings in people's homes, with records made in a field diary, and improvised narrative interview,<sup>13</sup> were used; there was also the application of instruments such as the genogram, the eco-map and the calendar of daily tasks, which was an instrument constructed for the interviewees themselves to note their weekly and daily routines. The data collected in the interviews was recorded with the due authorization, and transcribed by the researcher. The adult members of the families (spouses) and some of the children (adolescents and children of pre-school and school age) who were present during the meetings with the researcher contributed to the research.

The joint construction of the genograms and eco-maps took place during the second interview, a total of four interviews being held with each family. As the diagrams were manually constructed by the researcher and interviewees, narratives about the family relationships and relationships with other social systems were revealed, just as some family rituals were recalled and commented on, in relation to the period before and after the unexpected transition of the disaster. The diagrams were digitalized for better visualization of the data and the narratives were analyzed.

The analysis of the narratives followed the steps advised by Fritz Schütze,<sup>13</sup> the creator of the method of autobiographical narrative interview and of analysis of improvised narratives. The first step consists of the formal analysis of the text, in which all the narrative passages were selected, taking

as reference points the formal indicators of each segment's starting and finishing. The second step involves the structural description of the content of each previously-selected narrative, in which elements of interpretation of the narrated histories, termed structural processes of the course of life, were identified. To undertake the third step, termed analytical abstraction, distancing was necessary from the details of the content of each narrative segment, along with a view to the entire history, ordering the narrative segments in the sequence of the stages of life or of the event narrated, interpreting each stage's abstract expressions in relation to each other, based in the theoretical framework and objective of the research. The fourth step, or 'analysis of the knowledge', explored the non-indexed components of the histories, which are the argumentative narrative passages, that is, the interviewees' theoretical explanations regarding the course of their lives (the experience in the disaster) or identity (theories about the "I"), comparative evaluations, and fundamental constructions. It is in this stage that the researcher is most attent to the interpretations made by the subjects themselves. The fifth step consists of the contrastive comparison between the analytical categories found in the analysis of the different texts of each family's interviews, seeking similarities and contrasts which favor the comparison of the cases between themselves.<sup>13</sup>

The research was approved by the Committee for Research with Human Beings, under number 490/2009. The interviewees' anonymity was respected and their participation in the research was considered through their signing the Terms of Free and Informed Consent. The families studied were identified as family 1, 2, 3, 4, 5 and 6, and in order to discriminate the narratives of each member of the family, it was decided to use the initial for the position in the family. For example, father of family 1 (FF1), mother of family 2 (MF2).

## RESULTS AND DISCUSSION

The lack of help, and the help which was received, were identified by the families in the study as relevant happenings and points of change in the post-disaster trajectories. The narratives revealed the families' interpretations regarding the importance of the social support in the process of transition and in the re-organization of the daily routines.

The analysis of the genograms and of the eco-maps revealed the family context of each family unit interviewed, separating out the perceptions and experiences of the extended families affected by the disaster, or as a support network mobilized



in the unexpected situation. In the interviewed families, and in other family units resident in the rural locality, they had also suffered the event's impact, with greater or lesser levels of change. In some cases, particularly during the time spent in the shelters, the affected family units provided mutual emotional support, while the extended family, including those in other municipalities, provided structural conditions of shelter, and material resources which are priority for housing and for their displaced relatives to make a new start.

In the case of family 4, in which various family units were affected by the loss of properties and the death of some members, the occurrence of family support and the care promoted between the members of the extended family during the ritual of mourning (identification of the bodies of family members, the improvised funeral, visits to the tomb) and coping with the losses in the initial period after the disaster were identified:

*[...] my sister's mother-in-law even came to get her, so she could live with her, but we didn't want to separate [...], we had already lost so much, so we wanted to try to keep more united [...] each tried to console the other and to try to go on (MF4).*

According to the literature, losses and mourning cannot be underestimated in terms of their potential to worsen traumatic disorders and risks to mental health. The prevalence and severity of prolonged mourning among people bereaved by disasters make it necessary for all those involved in the help and care for the survivors to be sensitive to, and aware of, their needs. It is important that the information and service provided to the bereaved go beyond the immediate stage of crisis management, regardless of whether these were exposed to the disaster or not. This is, however, a considerable challenge to the health services, the social network and services provided by religious entities, taking into account that meeting these needs involves a balance of collective and individual approaches in the long-term following the disaster.<sup>14</sup>

The narratives constructed by the families emphasize the data schematically illustrated in the eco-maps. The help received, principally in the first months after the disaster, was identified as fundamental for the survival of the members and for meeting basic needs, such as mattresses, for lying and sleeping on, basic utensils and potable water for preparing and consuming food, among others, as well as for adapting in the light of the losses and the initial difficulties.

Other data revealed that help from relatives and close friends was manifested as a reaction of

mobilizing to help, occurring immediately following the news of what had happened, obtained by local means of communication (in particular, radio and television). This help was manifested through seeking information about family members and acquaintances in the shelters, offering them a welcome in their houses and making themselves available to resolve other problems raised at the time and in the months following the disaster.

The families also mentioned discomfort in relation to the experience of receiving and accepting donations from people who they did not know. They perceived themselves to be vulnerable due to the fact of being deprived of their usual utensils for routine activities in the living space, personal documents, and the essential and symbolic objects which represented the family and individual identities.

The unexpected help from humanitarian action volunteers and from institutions such as churches, non-governmental organizations, universities and companies represented significant support during the planning and reconstruction of family life during the transition. In addition to this, material structure was provided for reorganizing the family routines on leaving the public shelters for the temporary housing or in returning to their rebuilt homes. In one of the cases studied, however, closer relatives were not mentioned as the main help, due to the fact that several family units had been affected with losses in their properties and did not have sustainable economic conditions. However, the presence of some relatives in the shelter served as support at that time and as motivation for keeping up some daily rituals which had been common to their lives prior to the disaster, such as, for example, having a time to meet and converse or have a meal together. The contact which had existed prior to the disaster, therefore, during the transition, was promoted by the constant contact between the family members who shared the same space in the shelter.

In the post-disaster period, some families had difficulties in participating in commemorative rituals with their extended families. However, rituals were created by the families affected, such as getting together at least once a year to celebrate some dates and visit the cemetery where the deceased relatives and friends were buried. These rituals functioned, in a certain way, as social support among the families of the community, as they experienced the transition of the first two years after the disaster. Family 3's narrative, regarding the occasion of the celebration of Christmas in the month following that of the disaster, when some of the family were in a public shelter, and some in the house of relatives, was expressed with

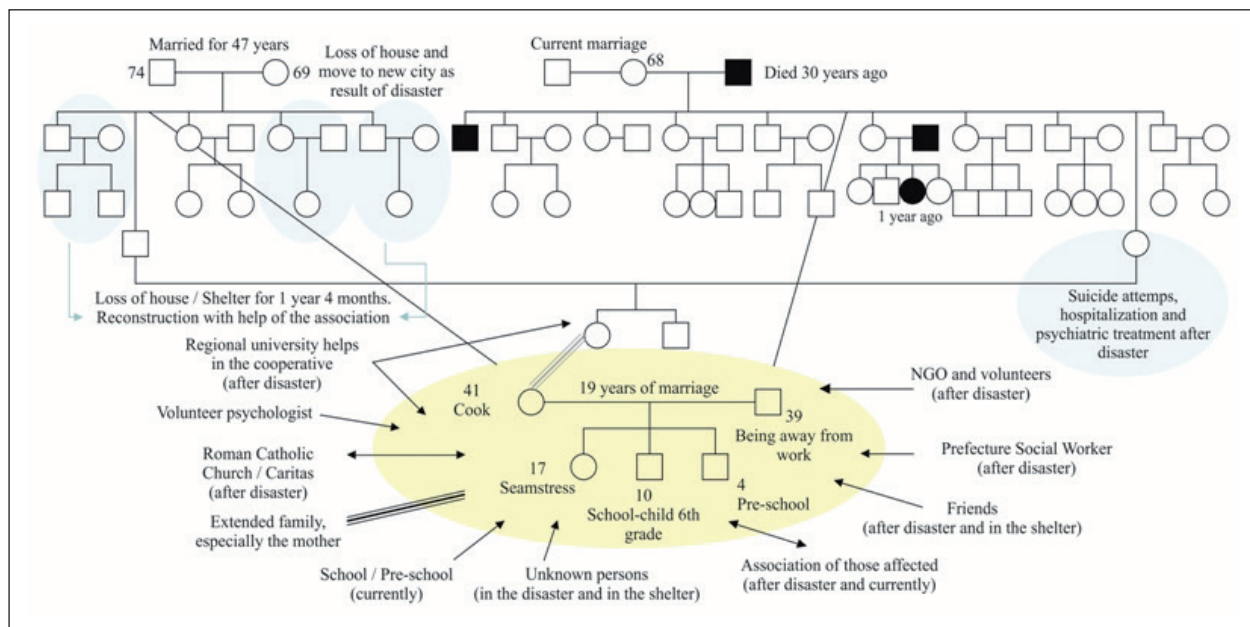
emotion by the members interviewed. According to them, the meaning of bringing the family together in the shelter, to commemorate Christmas in some way, was important and promoted union.

The narratives which accompany the construction of the eco-maps in the interviews with each family emphasize the help received for re-starting. As illustrated in the genogram (Figure 1), the impact of the disaster affected more than one generation. Family 3's eco-map (Figure 1) and the narrative which follows express the help received in this trajectory.

*A team came down from São Paulo, with 25 people, in March. They cleaned up my house, and little by little gave help to do it up. The social worker helped [...], with her help we got the water tank, the bricks. She also managed to get money from outside and passed it on to us (FF3); A volunteer helped for some time, bringing us provisions (MF3); She also brought furniture for my sisters-in-law (FF3); She helped the school, with money for the children to take a trip to the theme park [...] (MF3); There was [NGO] which helped us with the ceiling and the doors (FF3); There was also the priest and Caritas,*

*which gave the furniture, the nuns who also helped with sewing machines so we could continue working, except in the church's room. There was [university] which also helped the cooperative a whole load [...]. They came every week for a meeting and helped to do the documents and everything we needed [...]. And the family itself: my sister invited us to go to her house, she took us out of the shelter to spend some days there, and when we came back, she invited another sister [...], she also invited us to go to the beach. The children got lots of toys, bicycles, because they had lost everything, actually (MF3).*

Social support networks can provide important resources for coping with the consequences of disasters and can minimize the adverse effects of the trauma, especially in relation to the losses. The emotional care for disaster victims and the mobilization of family members, neighbors, friends and other professionals can be a useful action promoted by nurses, although it can be difficult, bearing in mind that there are many breakdowns associated with these specific events, affecting the functioning of community resources.<sup>15</sup>



**Figure 1 - Family 3's Genogram and eco-map**

As the literature shows, acute stressors of various natures, like natural disasters, can influence the availability of support both positively and negatively. There seems to be a positive association between the social support received and given by the elderly in the period after the flood, which may be explained by the norm of reciprocity, that is, the elderly seek to pay back the support received from the network, and this makes them believe that the support may be available in the future.

In this study, elderly women received more social support than the men, which was related to the more frequent contact with the wide network of resources in the period prior to the disaster, and also because they were more active in seeking help than the men. In general, the higher perception of support after the disaster resulted from the support received and the support provided.<sup>16</sup>

Family 3's narrative excerpt proceeds to tell about the lack of the help which had been expected

from governmental bodies during the first year following the disaster. Emphasis is placed on decisions taken by the families to “go ahead”, and they refer to the influence of the little help received in re-starting.

*For you to see how bad things were here, in the beginning, it was closed off, and the Civil Defense said they would have to demolish our house [...]. We borrowed money and bought some land, terrified by the situation. The down-payment was R\$ 3,500.00 plus the other payments, but because the owner of the land found out that we were from the tragedy, he pulled out, and took it off the market. That hurt me deeply, I cried a lot. [...]. However, my brother-in-law gave me all the money, so that we could buy for cash and later we managed to pay him back. This was one or two months after the disaster (MF3); It's that, in the beginning, they [Civil Defense] promised us lots, but they were no help whatsoever (FF3); We weren't given anything, and we were homeless, with nothing [...] and also, we found out we couldn't put any house on that land we had bought (MF3); It had to be a minimum of 70m<sup>2</sup> (FF3); Any house there had to be nicely made, because it was land set aside for more expensive housing, and it wasn't allowed for any old poor person to build a little house there.*

One study focused on the effective use of social and human capital in the reduction of the consequences of natural disasters. The author mentions that the creation and development of social capital involves three stages: the first consists of engaging the community, through integration and social cohesion, creating networks of solidarity, communication and support between the members, as well as the efficacious coordination of community activities which foster leadership qualities and the cultivation of attributes in recreational activities, religious and spiritual meetings, political and institutional affiliations, and social and psychological support, among others. The second stage would be to transpose these relationships between communities, in which groups of citizens can be formed by common interests, working together to identify needs and combining forces to resolve them. The third stage is the forming of bonds linking communities and public and financial institutions. In many contexts, the effectiveness of these networks' joint work has promoted crucial mobilization of community resources and the resources of specialists, professionals and volunteers, both before the disaster occurs and in the recovery phase.<sup>17</sup>

Based on the above, and on the example of the important role of the mobilization of resources and on the actioning of the wider network which the social services carry out, in the face of crisis situations and natural disasters, it is worth remembering

that nurses and other professionals from the health sector can undertake innumerable actions for the promotion of social support networks in the communities in which they work. To promote health, it is necessary to encourage personal skills in the population, creating favorable environments in the municipalities and communities which are therefore more prepared to prevent and/or minimize the impact of disasters, and reinforce community action and empowerment in order to increase the ability to cope with adversity in these situations.

Empowerment is seen as encouragement for individuals and social groups to achieve personal autonomy in the interpersonal and institutional relationships, principally for those who are in relationships involving oppression, discrimination and social domination.<sup>18</sup>

Some narratives are fundamental constructions on the significance attributed to the experience of solidarity in this stage of family life, expressing recognition and gratitude for the donations and humanitarian help received over the first year after the disaster.

*What this means to us is this; without these people's help, we would not be here again (FF3); We saw that we had friends, and that solidarity exists [...] and that people like us [...], and we didn't know that we would be helped so much, it was a surprise, you know?!! If one of the children cried, somebody would come and bring a toy, another cried and they brought a bicycle [...] sometimes, even people who had nothing to do with us came at night to the shelter to visit us, or to give some clothes. Also, our friends from here who had not gone to the shelter, because they had a relatives' house to go to or a house elsewhere, so, it was so good when they came to visit us (MF3); In everything in which we were helped, we were helped very well (FF3).*

As one study states,<sup>19</sup> the success of the mobilization of social support is important not only because this helps the survivors in their efforts to recover, but also because this allows them to appreciate their social world as reliable, caring and authentic. The above-mentioned study's results also show that significant involvement in altruistic communities in the immediate post-disaster period had a beneficent effect on the interpersonal feelings of connectivity and of authentic attitudes in relation to others and to their community. In this way, people who reported having received greater social support in the first two months after the flood showed high levels of perception of social support, a greater perception of social cohesion, more confidence in people's benevolence, and asserted values related to mutual help. However, survivors who experienced social bitterness (disappointment) after the disaster, showed significant disappointment in relation to



the help and to the interpersonal and community relationship, and reported low levels of psychosocial well-being during the recovery period.

Interventions are needed which are sensitive and which reach the community such that they make it possible to mobilize, maintain and improve the social support after the disasters and in the recovery phase. These actions are highlighted as being important mechanisms of causality of the social processes in relation to the victims' mental health, helping them to restore their personal abilities and to return to their tasks and social routines.<sup>20</sup>

For family 4, acting in favor of the recovery of the families affected in the community has meaning for the help directed at the future of their own family and also for the others. According to the mother's narrative, for there to be changes in the community, it is essential to integrate socially and participate in discussions and claiming one's rights.

*I ended up becoming the president of the displaced persons' association, and this led me to get to know a side which I hadn't known, because I had always been involved with the community, but at a deeper level, I didn't know the political side. So, I've been to Brasília a few times, I've been to Rio de Janeiro and São Paulo participating in seminars about humanitarian assistance and about disasters. So, I'm learning a lot because of this. The Association, up until now, has helped more than 40 families, but I've committed myself completely to the political side [...], of going to the meetings, going there to say we're not accepting this, or we don't want this, that's not how it is, or you promised this, now you're going to do it, as it is with the issue of the houses [...], there are still several families who haven't received a house, and we keep on applying the pressure, but even doing that, they don't do it. It's that we don't receive any resources from the federal or state government, nothing. Money came, but the amount which came didn't match the work to be done here [...] this is what we don't accept [...] so this is a demand that we make. [...] today, we have more than 300 families associated, but it's open to the community, to everybody. (MF4).*

One study on communities in Puerto Rico which are prone to flooding emphasizes the need to direct the risks of flooding which worsen the vulnerability and impede the adaptation, including health conditions, issues of subsistence and economic factors, social relationships and community infrastructure. These populations have developed strategies for adapting to the floods, which seem to influence the perception of the reduction of the risks, taking into account the determining factors which are linked to the ability to adjust oneself to and integrate one's actions with these dangerous situations. Strengthening local ability to deal with

the vulnerability factors is seen as a positive step towards the empowerment of the communities in preference to reinforcing dependence, which frequently results from flood relief efforts.<sup>21</sup>

In addition, emphasis is placed on the value of local public policies to promote health not only in situations resulting from natural disasters, but for strengthening the population. The undertaking of sustainable programs for intervention after the disaster is a requirement for which the government is responsible, for the support of families and communities, this encouragement being provided by the World Health Organization, in particular in regard to the promotion of the mental health of children and adolescents who were victims of trauma.<sup>22</sup>

## FINAL CONSIDERATIONS

Returning to the present study's objective, which was to present the families' perceptions regarding the social and family support in the post-disaster period, it is possible to assert that the results contribute to understanding the context of the families' recovery, and emphasize the relevance of social support as a means of coping with the changes.

Similarly to what the literature on the subject addresses, the informal support network is presented as the resource which responds most immediately to the families' needs in the post-disaster period, in which the support for emotional needs provided particularly by relatives and friends was perceived as a resource which persists over time, strengthening the links from coexisting prior to the event.

The help received through donations, and the conditions of shelter, especially in the first months after the disaster, and in the initial phase of the recovery of the housing by the families shows a wider network of social support. These actions are mobilized by mechanisms which form the scenario of the majority of natural disasters, such as the action of public and private institutions, both local and from other spheres, even if this is done without the appropriate planning for responding to such situations, in addition to raising the awareness of the general population caused by the publicising of the disaster's impact in the media.

In the light of the lack of help received, the families narrate their abandonment by the public policies for the prevention of disasters and indicate a gap which needs to be observed. In this regard, the issue of disasters is shown to be an opportunity to integrate sectors of society and management in order to promote the health of the families affected, which needs to be considered from the perspective of sustainability. Health

professionals who work in the communities need to call attention to the five fields of the Ottawa-Charter - education for the promotion of personal abilities, community empowerment, the creation of favorable environments, healthy public policies and the re-orientation of health services. Nursing has a fundamental role in the identification of the resources available in the community in various health-illness situations, as in situations involving life change. Through instruments for nursing care, such as the genogram and the eco-map, nurses have the possibility to discover, and to discuss with the families, their support network, allowing their strengthening as social units and units of care, and for coping with life's adversities.

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