

Essay

Crashing, Chaos, Culture and Connection

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Abstract: This essay considers the experience of a seasoned disaster responder who encountered a personal disaster while traveling in Thailand. The resulting injury and helplessness led to new insights about mortality, vulnerability, culture and the significance of social trust—echoing lessons gained from professional experiences, but giving them new meaning and resonance.

Keywords: disaster; social trust; altruism; mortality

I do not remember the first 45 minutes after the motorcycle accident, but became aware of what was going on as I arrived in the emergency room of a small provincial hospital in Pai, in Northern Thailand. I realized that my chest was aching and that I was bleeding in many places, but felt surprisingly detached and calm about what was happening, as if I was watching another person as the nurses cleaned my wounds. I was then taken by ambulance on twisting roads at breakneck speeds to a larger hospital in Chiang Mai, where I was treated in the emergency room and kept in the Intensive Care Unit overnight. A nurse named Noh, who spoke little English, kept a vigil outside of my room and cared for me in my helpless and fragile state. In the morning a doctor explained to me that I had suffered a concussion, broken ribs, and a pneumothorax. As it turns out, none of my injuries were life-threatening, although I had to stay in Thailand for an extra two weeks because it was unsafe to fly with a punctured lung.

Over the past dozen years I have responded to local tragedies, such as a homicide or fatal car accident, as well as major disasters (e.g., 9/11 and Hurricane Katrina). Increasingly my work was international (e.g., Sri Lanka after the Tsunami, Haiti after the earthquake and with my colleague Joanne Corbin, of Northern Uganda in the wake of a long-standing armed conflict). After the Wenchuan Earthquake in Sichuan Province, China, I met many Chinese colleagues at a post-earthquake

conference in Chengdu. Since then we have become friends and have collaborated on research, articles, and I regularly co-teach courses about disasters at the School for Public Policy and Social Administration at Beijing Normal University.

Like most people in the helping professions, I get satisfaction from helping others. Altruism breeds a sense of connection with others and well-being [1,2]. After a disaster, survivors have lost a great deal and are often in a very emotionally open and exposed space, creating the potential for many deep and meaningful relationships and interactions. It is an honor to be able to help people at a time of such great need, and I feel privileged and have gained a great deal from doing this kind of work. But, of course, I have experienced these disasters as the person coming in from the outside, who has not sustained losses, whose body and spirit is intact, and although I have absorbed many sorrows from others, they did not stem from *my* injuries or losses. Being in a dependent position and requiring help from others was a new experience.

I realized that dependency required surrendering the illusion that I was in control of my life. In the West, our societies are organized around this misapprehension; e.g., we expect to be able to keep appointments on time. Many things need to come together for this to happen, like resources and infrastructure for predictable travel, but it is also a worldview, a state of mind where we collectively hold ourselves and others responsible for control over our lives.

I initially resisted my Thai doctor's advice about not flying. I was adamant with him that I needed to return as scheduled to the U.S. He shrugged his shoulders and did not directly confront me. My mother in New York City was failing, and this added to my sense of urgency. In retrospect, I feel as if I was culturally disrespectful to the doctor, who seemed disappointed, perhaps even offended by my reaction but unwilling to argue forcefully with me. I was too preoccupied with my desire to return home to realize that I was behaving like an arrogant American with a Thai professional who was only trying to help me. After emailing some medical friends in the U.S, I was told that my Thai doctor was absolutely correct and that flying with a pneumothorax would be dangerous. When I returned to the hospital and apologized to the doctor, he seemed to open up and became a more active collaborator in my rehabilitation and recovery, explaining to me how much air my pneumothorax had let in, pointing out which of my four ribs were broken and in how many places, reassuring me that I would eventually be able to sleep without pain and even swim and run again. There had been a cultural misunderstanding on my part, and I needed to take responsibility for this and work to repair our relationship.

I could not dress myself and needed my wife's help. She also cleaned my wounds multiple times a day. This involved letting go of another misapprehension—that I am an autonomous person who should stand on my own two feet. Dependency was not a word I used to describe myself and yet now I had no choice. At first I could barely walk but would take Tuk-Tuks to one of Chiang Mai's many Buddhist Temples. I found peace sitting in their courtyards, meditating or reflecting on what had happened, the thin line between mortality and survival, and feeling the pain but not fighting it. I found that by yielding to my vulnerability and lack of control over my life seemed less threatening and more meaningful and resonant.

I had to rely on the benevolence of strangers. Why would they want to care for me, carry things, open doors, drive me to places, ask me how I was doing, share stories about their own mishaps, in essence be kind to me and not exploit my fragility? And yet people were interested in my story, and it was helpful for me to tell it; the telling and re-telling gave me different perspectives about what had

happened, helped me to integrate the experience, and pointed me towards a hopeful future. These were things I knew from my work, but now the camera was pointed towards me. I realized that social trust was part of the glue that helped Thai society to cohere and that I needed to allow myself to accept and rely on this—an act of faith for a Westerner stranded in a country anchored by its Buddhist convictions. I slowed down and savored every interaction, every act of kindness, coveting every smile. While I initially found it hard to accept the graciousness of the hotel staff—waiters and waitresses, taxi and tuk-tuk drivers, and strangers passing me on the street and greeting me—over time I came to see how they genuinely wanted to care for me because I was a human being and that it was okay to accept their kindness.

As I thought about this experience, I realized that I had a taste of what people might have felt like when I responded to them after a disaster. I had not lost family or friends and my community was intact, but I had experienced something that had been life-threatening and in a place without my usual support systems or cultural signposts. I was initially disoriented and confused. I lost control over the narrative that I had anticipated for myself. The depth of connection that I felt with strangers and the faith that was necessary for being in such a dependent position helped me to understand in a visceral and spiritual way what it means to rely on others who are committed to helping you. I intellectually had grasped this in the past, but this was a new level of understanding.

As I reflected on this experience, I reviewed what I thought I knew about what helps people to recover from disasters [1]. In Sri Lanka, I saw how young volunteers felt empowered and stronger by helping their fellow villagers to recover after the Tsunami. Or how New Yorkers were friendly and talking to one another on the street in the days following 9/11 in a way that I have never witnessed before or since; they seemed to feel a spontaneous and unique sense of intimacy and social connection. Many who experienced this felt buoyed by this collective softening.

I also contemplated the sadness of many people in Northern Uganda, who still live in fear and mistrust because they were all attacked, abducted or forced to act as perpetrators in a 20-year armed conflict, rupturing social trust which has not yet been rebuilt. And I met many anguished Chinese survivors of the Wenchuan earthquake, some of whom had lost children due to poorly constructed schools and who were angry with the government while also being fearful of challenging it. I do not mean to imply that many heroic volunteers, government workers, NGO workers, academics, and others were not responding to the tragedies in Uganda and China; they were legion. And many local people rose to the moment and helped their fellow citizens. But survivors of these catastrophes faced impediments to their recovery that I did not encounter after my accident in Thailand.

One of the most essential prerequisites for recovery is that people need to feel safe and secure. From the moment I entered the provincial hospital in Bai, I felt cared for by compassionate and competent people, and my anxiety level subsided. I also had my wife by my side, which reminded me of how hard it is for disaster survivors when they are separated from their loved ones. Once I was able to use email, I was reminded of all of my friends and colleagues who cared about me; I had a social network that was looking out for me. One friend, a dentist, even thought of how he could help to airlift me home, not realizing the risks that this entailed or how well I was being cared for in Thailand. It was not the details of his plan that mattered but rather the love that underpinned it. And I never felt threatened or at risk.

Another essential ingredient in helping me to recover was the abundance of social trust. I experienced Thailand as not only a safe place but a country where people genuinely care about one another. I experienced this directly in my interactions with others and also through my observations of how people interacted with one another in public. I found people to be kind, considerate, and respectful of others. There was also a spiritual dimension that was significant. Everywhere there were Buddhist Temples and small, personalized shrines. Spirituality seemed to be part of the weft and woof of daily life. This encouraged me to meditate and, in turn, this gave me a bigger space to place my experience; this was not a tragedy, just a bump in the road that is part of living, suffering, recovering, and eventually dying. This proved to be a soothing notion for me at the same time that my own mother was nearing the end of her life.

In the end, this had not only been a good experience, something special that had happened to me, but a profoundly meaningful experience. It made me feel more connected to people and aware of how precious the bonds of family, friendship and our encounters with strangers are. It was also helpful that I was able return to the U.S. in time to see my mother before she died; closure helps us to heal. Intellectually, it has helped me to tie together some disparate threads in my academic life, such as my antiracism and disaster response work, with the notion of *social trust* and how important this is to a sense of well-being and the capacity to heal. Social trust creates a social holding environment that allows us to relationally engage and socially thrive. But on a more personal level, when I look at some of the scars on my knee and hand, or at my ring that was dented during the accident and which I still wear, I feel a bond with the living world. I know that death and destruction are always lurking in the shadows, and I feel less fearful of this. And through this experience, I had a glimpse of the knowledge and insights that my clients had often shared with me after experiencing disasters, which I now cherish all the more.

References

1. Joshua L. Miller. *Psychosocial Capacity Building in Response to Disasters*. New York: Columbia University Press, 2012.
2. Otake, Keiko, Shimai, Satoshi, Tanka-Matsumi, Junko, Otsui, Kanako, and Barbara L. Fredrickson. Happy people become happier through kindness: A counting kindness intervention. *Journal of Happiness Studies* 7 (2006): 361–75.

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