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Disaster: A Socio-Psychological Perspective

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Abstract:
India has traditionally been vulnerable to natural disasters and man-made disasters on account of its unique geo-climatic and geo-political conditions. As per UNDP (2012) status report, floods, droughts, cyclones, earthquakes and landslides have been recurrent phenomena. Srivastava (2010) points that around 60% of the landmass is prone to earthquakes of various intensities; over 40 million hectares is prone to floods; about 8% of the total area is prone to cyclones and 68% of the area is susceptible to drought. Indian cities are exposed to terrorist attack, communal conflicts etc. The loss in terms of private, community and public assets due to above factors have been astronomical. Government of India (2004) status report reveals that the institutional and policy mechanisms for carrying out response, relief and rehabilitation in India has been well-established since Independence and are robust and effective insofar as response, relief and rehabilitation are concerned. However, the disaster affected people face numerous psychological trauma their coping capacity differs based on their socio-economic position, age and gender. Therefore, socio-psychological interventions after disaster is essential as it would address wide range of social, psychological and mental health issues arising out of disaster. This paper is an attempt to identify the socio-psychological implications on disaster affected people and suggest measures.
Key Words: *Disaster, Social, Psychological*

Introduction:

India has traditionally been vulnerable to natural disasters and man-made disasters on account of its unique geo-climatic and geo-political conditions. As per UNDP (2012) status report, floods, droughts, cyclones, earthquakes and landslides have been recurrent phenomena. Srivastava (2010) points that around 60% of the landmass is prone to earthquakes of various intensities; over 40 million hectares is prone to floods; about 8% of the total area is prone to cyclones and 68% of the area is susceptible to drought. Indian cities are exposed to terrorist attack, communal conflicts etc. The loss in terms of private, community and public assets due to above factors have been astronomical.

Government of India (2004) status report reveals that the institutional and policy mechanisms for carrying out response, relief and rehabilitation in India has been well-established since Independence and are robust and effective insofar as response, relief and rehabilitation are concerned.

However, disaster affected people face numerous psychological trauma and social disability. The emotional distress which the people/community encounters may vary from one individual/community to other and may undergo change over a period of time depending

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upon the coping capacity and socio-economic position of the individual/community. Therefore, socio-psychological interventions after disaster is essential as it would address wide range of social, psychological and mental health issues arising out of disaster.

Objectives: To identify socio-psychological implications of disaster on affected people and suggest measures.

Methodology:

The research methodology adopted for this paper is in-depth desk research. The researchers have used secondary data from various sources such as articles, reports, journals, books etc.,

Literature Review:

Shultz et al (2013) states that the psychological implication of disaster expands across a spectrum of severity, extend to long duration and depends upon nature of disaster, the degree of exposures to hazards, change and loss the people may suffer. Psychological impact of disaster is long term, it creates new special population of persons who need medical and psychological support. While most people expose to disaster bounce back quickly but there are some who progress to psychopathology, such as PTSD, anxiety disorder and depression and those who lose their near and dear one have to cope with complicated grief. Thus the preventive measures of psychological consequences of disaster holds great promise and sets future agenda in the discipline. There is need to integrate in disaster management mental and behavioural health with the disciplines of public health, public safety and energy response to enhance preparedness for future catastrophic events.

Resser and Morrissey (1996) study shows that participants who received psychological awareness guide were able to predict identity and manage their emotions in a better way and were able to cope with the threat than the participants who did not.

Faisal Saman (2008) points that stress and depression are common reactions of people affected with disaster. In the disaster prone area smoking and alcohol consumption increases compared to the area further from the disaster site Women show higher rate of frequent mental distress compared to men.

Leon R. (2004) states that documentation of number of research studies reveals long lasting psychological effects of disaster on the people. It stress on the continued effects to provide more effective psychological series to the affected population.

Patterns of Response of the victims:

There has been a national initiative for disaster management; however, the need for involvement of mental health professionals in these has not been highlighted; indeed crisis management and psychosocial care have not been adequately recognized in the mainstream disaster management work. The lack of administrative response to include mental healthcare in disaster management planning is biggest problem in our country. In our country government measure the magnitude of disasters by estimating loss in terms of lives and money. Relief agencies are mainly concerned with providing for physical needs and attending

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to physical injuries. It has been stressed that the emotional injuries also need caring otherwise they can predispose a large number of victims of disasters to long-term mental health issues like–

1. **Depression**-Major problem faced by the people is depression, anxiety in varied forms, health concerns and so on. However there may be possibility that these health concerns of victims' may be based on somaticizing the stress of the experience. Women experience higher levels of distress because of household responsibility, on the other hand children have stress of missing their toys, friends, missing school and loved one etc.
2. **Substance-abuse**- It is been observed that substance abuse like alcoholism, drugs and smoking increases as victim with earlier habits increase the frequency of intake and those who were not habituated take to the habit after disasters.
3. **Escapism**- escapism can be termed as mental diversion through entertainment or recreation where the individual escape from the perceived unlikable or banal aspects of daily life.
4. **Nightmare**- is a dream which causes one to wake up in the middle of the sleep cycle and experience a negative emotion, such as fear, anxiety, stress etc.
5. **Media**- The images of bodies falling to their deaths from the WTC horrified viewers around the world. People exposed to media coverage of traumatic events can develop significant PTSD symptoms.
6. **Panic**-is subject to how people behave after disasters. There are widely-held beliefs that panic after single incident or major events is common. For Gabrela and Delia (2013) Panic is an "acute fear reaction marked by loss of self-control followed by non-rational and non-social flight".
7. **Distress**– is the term that describes the experiences and feelings of people after external events that challenge their tolerance and adaptation.
8. **Dysfunction**- means any impairment or abnormality, which affects the function of the social, emotional, physical or cognitive domains.
9. **Mental disorder**- The term disorder is used when people's experiences, emotions and behaviours are more intense, frequent, sustained or incapacitating than might be expected of the general population or when these features deviate from an anticipated norm and culturally sanctioned responses to external circumstances and situations.
10. **Complex Trauma**- The first pattern relates to the psychosocial impact caused by single, life-changing incidents that lead to "shock", and misperceptions in a large number of people in the immediate aftermath. The second pattern is that of complex trauma in which responses are provoked by long-standing or repeated ordeals that result in anticipation, massive denial, dissociation, self-anaesthesia, identification with the aggressor, and rage.

Need for Psychological First Aid:

Like medical first aid we also need to stress psychological first aid. Following the overwhelming catastrophic exposure, the initial reactions include confusion, disorganization and emotional numbness. Psychological first aid stresses on the role of mental health during and soon after the impact phase. It is different from traditional mental health interventions. It does not deal with chronic, long term or intrapsychic problems. Instead, there is focus on

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'here and now' enhancing current functioning and providing adequate support to prevent further trauma. This includes:

1. Active advocacy, providing direct instrumental assistance.
2. Factual information, resources for support and assistance.
3. Assistance in assessing information and formulating responses.
4. Activating social support systems, family and community networks.

These things could be achieved by:

1. Debriefing and Defusing in which individual or groups of survivors are encouraged to review the significant aspects of traumatic experience following the exposure. This helps emotional release, enhancing social support, reducing social isolation, facilitate cognitive processing of traumatic event and provides education, information and stress management strategies.

2. Crisis Reduction Counselling is conducted with individual or family with a focus on assessing psychological states, thoughts and feelings, identifying and prioritizing current problems, sources of support etc. However, here the discussion to a great extent related to the disaster recovery process.

3. Crisis Intervention helps alleviate extreme emotional disasters in the immediate aftermath of a disaster or traumatic event. The goals include assessing extent of mental health impairment, provide pragmatic emotional support, giving information and advice to help retain emotional equilibrium. Providing information on process of recovery from trauma recognizing adaptive v/s maladaptive coping strategies, resources and supports etc. It also includes recognizing indicators of the need for further mental health assistance.

Psycho-education

Psychological education is meant to help the affected individuals respond in a proactive and efficient manner and to reduce the psychological and social impact that is usually associated with such experiences. Some of the ways to do are the distribution of leaflets and brochures depicting common responses to stress and means to counteract it, public discussions in which people areencouraged to get involve, to make plans and contribute to a community reconstruction project. The media plays an essential role in helping psychological education to achieve its aim.

When to provide more intensive services?

Individuals while being provided 'psychological first aid', under certain conditions need extensive evaluation or treatments. Important psychological conditions that need to be assessed are:

1. Pre-existing serious mental disorder which can get aggravated by the disaster.
2. Extremely impaired functioning like thought disturbances, dissociative episodes, extreme arousal or mood liability or when the individual is unable to care for ordinary demands or personal needs.
3. When there is acute risk of harm to self or others, including suicidality, homicidal ideation, extreme substance abuse or inappropriate anger or abuse of others.

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4. When there is a life-threatening health condition like heart problems, diabetes, high blood pressure etc., which is not being treated currently but appear to causeproblems.

Long Term Adaptation Phase

Mental health issues related to long term adaptation following disasters is important. However, several issues call for special attention in assessing and treating disaster survivors may be even months and years after the exposure to the traumatic event.

The factors that need to be considered are the intensity and frequency of psychopathology, types of disasters and other socio-cultural condition, epidemiological issues, various vulnerability factors and the variability of clinical picture.

Factors Influencing Recovery

It can be grouped under four major headings:

1. Social Support: Proper assessment of needed support is a must in designing intervention for disaster survivors. Mental health providers have the added responsibility of improving access to the needed forms of social support, particularly for the marginalized members like poorer, less educated, geographically isolated individuals.

2. Ongoing Disruptions: Many disasters cause serious disruption for individuals long after the identified disaster event has ended. It is necessary to enquire about ongoing stressful circumstances. Important issues are economic struggles, dislocation, rebuilding, employment disruption, changes in household composition and day today problems.

3. Psychological Resources: Resilience following the disaster or traumatic event is to a great extent linked to several psychological resources. Religious faith and philosophical perspectives enable the individual to make sense of disaster experiences. Average intelligence, good communication skills, strong beliefs in self efficacy is important.

4. Socio-economic Status: Education and financial status influence both the exposure and the recovery.Education may influence individual ability to cope with demands of documentation, making applications, seeking information regarding resources etc. Financial status too has varied vulnerability – poor housing and less desirable location increases vulnerability. Difficulty in repair, replacement, financial pressure due to poor financial reserves, lack of paid leave or scheduling flexibility at job situations would affect post disaster recovery.

Conclusion:

Decision-makers must comprehend the risk factors that affect the prospect of people coping well with the psychosocial impacts of disasters or of developing mental disorders. This means that decision-makers must understand:

- The health risks faced by people after disasters and major incidents;
- The distressed emotional and dysfunctional behavioural responses that may occur;
- The mental disorders that people may develop; and
- The anxieties about survivors that relatives, friends and many other people may experience.

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Therefore, protecting vulnerable people and communities against disaster is a critical component of disaster preparedness and responses to major incidents.
There is a great need for long-term prospective studies on the effects of disaster and more interventional studies to find out the effectiveness of supportive measures provided to the victims. Factors that can prevent psychiatric morbidity in the survivors need to be ascertained. It is imperative to inculcate a mental health support system in the disaster response strategies in India.

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