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# DISASTER PSYCHOLOGY: A PERSPECTIVE

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**Abstract**

*A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human,material,and economic or environmental losses that exceed the community's or society's ability to cope using its own resources. Many times it causes by nature but it can have human origin also.Even when you're not hurt physically, disasters can take an emotional toll. This paper analyses the role of psychologists and counsellors in such disasters.*

**Key words:** *disaster, sudden, environmental, emotional, psychologists, counsellors*

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## Introduction

A disaster is the tragedy of a natural or human-made hazard (a hazard is a situation which poses a level of threat to life, health, property, or environment) that negatively affects society or environment." Natural disasters are far from rare events, killing a million people a decade and leaving many more homeless, with costs reaching into the billions.

## Phases of Disaster

Emotional reactions to disasters have predictable patterns according to some researchers. Starting from left to right, this graph illustrates the general progression of the disaster effects and reactions on communities.

**Warning** - Not every disaster has a warn.ing phase. If there is one, most people living in the area will experience anxiety. For some, it means listening for the latest news reports but being paralysed against making preparations; others are energised and immediately swing into action to secure their homes and proceed to a shelter. However, at this stage, most people do not heed warnings. They may become angry and refuse to evacuate the area when told to do so by authorities.

**Alarm** - Many disasters have no alarm phase or, perhaps, the alarm is not heeded. There is ample documentation that prior to school shootings, perpetrators provide many clues about their intent to harm others. These threats are rarely reported. In the alarm phase, one might

expect panic to be widespread. However panic only happens in about 10 percent of all disasters and this is when there are limited escape routes or no protection from the disaster.

**Impact** - When the disaster hits, the prevalent response of those living in the area is to do what is necessary to protect themselves and their family from danger. As the stress response is triggered, the autonomic nervous system triggers the release of additional glucose to the brain. This assists the individual to think more clearly about whether to fight or flee. Later, shock sets in. Some individuals are stunned and dazed. They may wander aimlessly and injure themselves if there are no emergency personnel in the area.

**Inventory** - This phase immediately follows the event. It is when survivors assess damage and try to locate other survivors. They also try to assess the level of danger. At this point, outside help has not yet arrived. Research indicates that roughly half the people in the disaster area move quickly into this adaptive mode. They help others experiencing difficulty ad.justing to the situation.

**Rescue** - At this point, emergency personnel arrive at the scene. The survivors take direction from the rescuers. They are elated and almost euphoric that they are alive. In fact, if they are helping with the rescue effort, they don't want to rest when told to do so. They want to keep on working even though they may be overworked and tired.

**Recovery** - The positive feelings experienced previously begin to turn to anger and irritability. They maintain a common bond with their fellow survivors, but their anger is directed toward rescuers and agencies they believe are not working fast enough to get them what they need. This usually begins 48-72 hours after the crisis. The feelings of anger and guilt may be caused by survivor guilt, as survivors can't reconcile why their life was spared and others were not.

**Reconstruction** - At this point, the immediate danger has subsided and the rescue effort has been completed. Most victims have adapted to the change and returned to a functional level. They may not feel or act like they did before the event, but most have the emotional resources to return to work and daily activities. However, it is important for teachers, counsellors and healthcare professionals to watch for abnormal behaviours. Some individuals may think they have processed the event and moved on, only to become depressed or angry long after the disaster. These individuals should be educated that acceptance will be an ongoing process.

Disasters, from natural events such as hurricanes or earthquakes, to human-caused incidents such as mass shootings or terrorist attacks, are typically unexpected and overwhelming.

Normal reactions may include intense, unpredictable feelings; trouble concentrating or making decisions; disrupted eating and sleeping patterns; emotional upsets on anniversaries or other reminders; strained personal relationships; and physical symptoms such as headaches, nausea or chest pain. Psychological research shows that many people are able to successfully recover from disaster. Taking active steps to cope is important.

**Coping with Disaster**

**Emotional Coping**

If you assess that nothing can be done to change the harmful, threatening, or challenging environmental conditions, emotional coping is likely. Here you might engage in reframing, meditation, acceptance, on the positive side and wishful thinking, minimisation, or avoidance on the negative.

**Problem-focused Coping**

On the other hand, if you think you can change the situation, problem-solving strategies would include learning new skills, finding alternative channels of gratification, or developing new standards of behavior.

There are overlaps in coping strategies that touch on both emotional- and problem-focused functions at the same time. These include seeking social support. Curiously, emotional and problem-focused strategies aren't opposite poles on a single continuum of "coping" but rather are distinct constructs. An increase in one doesn't imply a decrease in the other.

Therefore "coping" requires "the wisdom to know the difference" between that which you can change, and that which you can't. Whether or not you perceive your ability to control accurately is essential in determining whether your coping mechanism is effective. If one can control the stressful occurrence, it is best to focus on the problem itself. On the other hand, if it is not, your efforts will be ineffective, or detrimental.

**Tobin, et al (1989)** found that there was a hierarchical structure of coping with **three levels:**

At the **primary level**, eight coping strategies were found. These are: problem solving, cognitive restructuring, social support, expressing emotions, problem avoidance, wishful thinking, social withdrawal, and self-criticism.

The **secondary level** was of two types of problem-focused coping: problem engagement and problem disengagement. Two types of emotional-focused coping were also found: emotional engagement and emotional disengagement.

At the **tertiary level** two basic approaches to deal with stressful situations could be found: engagement and disengagement.

Engagement vs Disengagement

Problem-engaged vs Problem-disengaged

Emotionally-engaged vs Emotionally-disengaged

Problem solving vs Problem avoidance & rumination

Cognitive restructuring vs Denial, wishful thinking

Social support prior to stressor vs Nonsupport

Social expressing emotions interactions vs. Social withdrawal

Self-esteem vs Self-criticism

Coping self-efficacy vs Ineffectiveness

(one's perceived ability to produce desired outcomes in stressful situations)

Meaning-focused coping/positive appraisal vs. Meaninglessness action

(Changing the appraisal of the situation to be more consistent with one's goals and beliefs.)

**Psychological Responses to Disaster and Traumatic Events**

Post psychological and physiological symptoms:

The intensity, timing, and duration of these responses will vary from person to person be acute or mild, immediate and/or delayed, cumulative in intensity

**Psychological Symptoms**

- Irritability or anger
- Self-blame, blaming others
- Fear of recurrence
- Feeling stunned, numb, or overwhelmed
- Feeling helpless
- Concentration and memory problems
- Sadness, depression, grief
- Denial
- Mood Swings

**Physiological Symptoms**

- Loss of appetite
- Headaches, chest pain
- Diarrhoea, stomach pain, nausea
- Increase in alcohol or drug consumption
- Hyperactivity
- Nightmares
- Inability to sleep
- Fatigue, low energy

**As psychologist one can help in several ways. These are:-**

- Listen to people's concerns on a variety of issues including their homes, missing family members and pets.
- Help people to manage their temporary living conditions and to acclimate to shelters located possibly far from their home state and in different environments.
- Provide information about available resources for current needs (clothing, medical care, etc.); help to facilitate those connections.
- Advocate for the needs of particular individuals or families as they navigate the systems that have been established to provide aid.
- Help individuals to strengthen their resilience skills by making connections with family and friends; accepting that change is going to be an ongoing experience; maintaining a hopeful outlook; and helping people to develop their own personal recovery plans.
- Listen to parents' concerns about how their children will recover from the disaster and manage potential challenges ahead (e.g. new living arrangements, new schools, etc.).
- Help problem-solve conflicts among shelter residents; among family members; and among volunteers and staff.
- Help people to manage other life disasters that might be happening at the same time (e.g. death or illness of a relative not related to the current event).
- Educate people that it is normal for disaster survivors to have an array of common reactions. Some of these include: fears, memories, nightmares, irritable and/or withdrawn emotions, and confusion.
- Assure people that it is possible to recover from disaster and to build fulfilling and satisfying lives.
- In working with children: notice and support positive coping strategies; help children to reestablish connections with others; help children to find ways to help others; help families reestablish familiar routines and structures; remind children and families of the importance of taking breaks from recovery efforts and promote healthy self-care.
- Provide information on how and where to seek longer-term assistance.

**Conclusion**

The immediate aftermath of these kinds of events, focus is necessarily on rescue efforts, on the provision of food and water and temporary shelter, and the treatment of physical wounds. But the psychological impacts on survivors, and those related to them, are equally important.

For some survivors, these psychosocial effects last long after the news cameras and international aid organisations move on.

We know from past disasters around the world that distress, anxiety, grief, even terror, are normal responses to such an abnormal event. We know too, that there is no universal response to this kind of trauma, and there is no universal “treatment.” We do know that in time, most people adapt and are able to build new normal lives. Some, however, do face long-term challenges.

In the aftermath of a disaster, rescue operations can be more responsive to both the survivors' and rescuers' psychological needs if their feelings are recognised. Psychologists encourage open, honest expression of emotions as a self-protection mechanism. To avoid "emotional overload," survivors and rescuers should be allowed to express their feelings openly, as long as doing so does not interfere with the rescue. Listen, but try not to take ownership of others' feelings.

Don't tell them that they are "lucky it wasn't worse" -they won't be consoled by this. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

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