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Psychologial support for the Tsunami survivors

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The tragedy of Tsunami has left diversity of impact on individuals and the community.

The consequent problems are physical, psychological, social and occupational. Understanding these impacts is helpful to consider the types of intervention required.

Physical Impact

The physical problems reported by the affected people include bruises, fractures, multiple aches of the body, generalized weakness, diminished immunity especially in the case of children, loss of weight, menstrual irregularities and sleep disturbance.

Some people continue to suffer from illnesses related to the skin and the respiratory tract. Communicable diseases such as typhoid, chicken pox were prevalent.

Non-availability of immediate and adequate treatment, delayed treatment and irregular follow-up were said to have complicated the physical ailment.

Psychological Impact

The immediate emotional benumbing experience with shock, confusion and fear; and the later experiences of agony over the loss, frustration and anxiety were common to all the victims.

Many were struck with overwhelming grief. But the normal mourning process was incomplete for many people because of their desperate effort for survival.

Guilt about ones failure to save lives and feeling of depression were observed in many of the survivors.

Feeling of helplessness and disempowerment had risen, resulting in a sense of vulnerability.

The survivors were pushed to an experience of feeling empty and feeling low.

Anger towards persons or events perceived as contributing to ones helplessness was expressed. Significant number of people gave up efforts. Loss of hope led them to become passive even in their efforts to survive.

Quite many are yet to work through the fear that has been crippling them. They have been unable to resume work; children still struggle with their difficulty to concentrate on their lessons.

The victims of disaster who had greater psychological difficulties manifested either intrusive or denial syndrome. Those with intrusive phenomena had symptoms like hyper- alertness to any stimulus associated with Tsunami, repetitive thoughts about the tragic event, intrusive emotions of shock and fear, emotional pangs, illusion, pseudo-hallucinations (hearing of the cries of the children who were drowned was reported by many) and certain compulsive actions.

On the other hand, those with denial phenomena had symptoms such as withdrawal from people, idle staring, inattention, memory disturbance, loss of realistic sense, emotional numbness and multiple body aches.

The psychological impact can present itself as psychological morbidity such as Post Traumatic Stress Disorder, Depression, Alcohol and Drug Abuse and Adjustment Disorders. Individuals who had already been suffering with psychiatric illness were found to have exacerbation of the illness.

Changes in character also are indicated as psychological consequence of the disaster. The experience of being vulnerable had led many to seek short-term goals and immediate gratification. Disregard for any structure and system is likely to occur and has occurred. Healthy coping mechanisms gave way to maladaptive mechanisms like denial of the reality, displacement of aggression on relief providers etc.

Sociological Impact

Life pattern of the survivors underwent dramatic change. The focus on individuals and his needs became sharper. The need for gratification became immediate, leading even to acts of aggression.

Dissatisfaction about the help received prevails and high expectations of help form the Government and the NGOs has been perpetuated. The social divisions, which already existed, have become sharper and manifested in their competition for access to relief.

The sense of community had decreased. The social security enjoyed by the individuals and families is disturbed because care-givers themselves became victims. Individuals, though remain in the communities, yet feel alienated. The identity of individuals is challenged. Loss of status is a blow and painful experience for many.

The feminized impact of Tsunami is a matter of concern. Women survivors have faced difficulties such as inequitable access to relief, poor maternal and reproductive health, sexual abuse in refugee settings, loss of privacy and security. Women also have had to assume the burden of new role as economic providers.

The likelihood of increased child labour and migration of younger population is indicated.

Occupational Impact

Heavy and even total loss of life supporting equipments rendered the survivors utterly dependent. Lack of skills for alternate jobs has led them to develop a sense of incompetence and increased vulnerability.

Dependence on agencies for rehabilitation, though appeared to make living easier, seems to have deprived people of their readiness for self-responsibility to face the challenges here and now.

Normal and Abnormal Responses to the Disaster

Could the behaviour of the Tsunami survivors be judged abnormal? Is it fare to label them lazy, selfish, and greedy? A mature view is to consider the behavior resultant to the Tsunami disaster as 'normal reaction to an abnormal situation'.

The extent of such behaviour is seen proportionate to the intensity of the risks, which the individuals and communities have faced and have been facing. The factors of risk are said to include Pre-Tsunami vulnerabilities, the extent of loss, and perception of loss, loss of social support, psychological illnesses and post-tsunami exploitation.

Multiple factors, thus combined, influence the post-tsunami reactions of the survivors

Psychosocial Intervention

Initiatives towards rebuilding of the people and the communities have aimed at: reducing the stress, preventing delayed or chronic malfunctioning and providing the environment that strengthens resilience to face the challenges.

The measures suggested by different international organizations have been:

1. **Empathetic Listening:** Active and respectful listening offers comfort and leads to unfolding of the mental burden. Listening without prejudice and judgment also provides assurance.

2. **Facilitating ventilation of feelings:** Verbal and nonverbal outlet of the emotional burden reduces stress. Denial, suppression and such defenses could result in psychological or psychosomatic morbidity.

3. Timely and equitable access to resources: The needs of the survivors are many. Such needs, in the order of their urgency, need to be met. Identification of the true and more deserving people is a necessary task. Co-ordinated effort and transparency could help prevention of discrimination and exploitation.

4. Social Support and Community Attachment: Lost identity of the individuals needs to be restored. The sense of security, provided by the Community is to be regained. Community support system is to be rebuilt.

Mobilising the available and the possible human resources-relatives, friends, neighbours, voluntary groups, formal and informal associations-prove to be a worthwhile effort.

5. Protection from more harm: More harm could be caused by retraumatisation and exploitation. Responsible information sharing is required for prevention of disturbing rumours. Guidance regarding the available resources and the procedure for availing them has proved to be effective. Risk groups need to be identified and measures to ensure their safe and dignified living have to be planned with the available community resources.

6. Externalizing interest: The survivors need to be aware of the short term and long term strategies required for their own rehabilitation. Informed choices about alternate jobs, skills training, employment for women and such would ensure their participation in recovery.

Externalizing their interest in such adaptive activities leads to affirmation of a their sense of competence.

7. Adaptive Coping Skills: Recreational and Spiritual activities are found to strengthen positive emotions and human bondage.

The survivors need to view themselves, their resources, their vulnerabilities and their communities in a realistic and adaptive way.

Reframing of their perspectives is a vital measure to develop positive coping mechanisms.

The survivors need to set realistic goals, make efforts to achieve them and solve problems that may arise. Their ability to carry out these functions has to be affirmed.

Guided group activities for different groups of men, women, youth and children, where sharing of experiences, learning of new perspectives and insight on different possibilities occur, have been beneficial.

8. Referral for those in need of psychological and psychiatric intervention: It is reported that 1% of the survivors of the Gujarat earthquake is found to have suicidal inclination, though a decade has passed. This fact indicates the need for counseling or psychiatric help as required. Another estimate is that 10% of the survivors can develop psychological morbidity if they are deprived of appropriate psychological support.

Psychological counseling begins with a therapeutic relationship with the person in need. During a disaster, it is wise to reach out to the survivors than to expect them to come forward seeking help. Attention is required for those who withdraw themselves and get neglected.

The process should help the affected person to share verbally and nonverbally his experiences of loss, pain and anxiety and bring about release of the distressing emotions. Positive emotions are encouraged and confidence is built up in the person to look into himself.

Developing a realistic perspective about the situation and decison making for an adaptive living is aimed at.

A counselor is expected to be equipped with adequate knowledge, right attitude and required skills to be effective in the helping process.

One has the right attitude when he decides not to be a problem solver but to be a facilitator; not to feel pity about the survivor but to respect his potential to help himself.