

Psychological Impact of Disasters – Clinical and General Approaches

Dr.V.D.Swaminathan
Professor of Psychology
&
Director in charge
University Students Advisory Bureau,
University of Madras

Disaster means

- (i) A great or sudden misfortune
- (ii) A complete failure

(Concise Oxford Dictionary, 1993)

Theoretical Frame Work

- S – O – R approach in which

S = Stimulus (Disaster which is an event)

O = Organism from where human factors
arise to interact with S for producing
many and varied responses

R = Response(s)

Nature of Impact

- Positive -- triggering of resources from within to meet challenges and be proactive
- Negative -- depletion of resources causing problems

Clinical Approach for Management

Clinical approach is followed for examining the negative impact of disaster so that suitable steps can be taken for management of various problems arising out of the condition

Steps in the Clinical Approach

- Analysis
- Synthesis
- Diagnosis
- Prognosis
- Intervention
- Follow-up

Diagnosis of the Disaster Syndrome

- Stage 1. Shock Stage
 - (i) they are stunned and dazed frequently to the point of immobility.
 - (ii) in extreme cases, disorientation and memory loss occur.

Disaster Syndrome (contd.)

- Stage 2. Suggestibility Stage
 - (i) they become passive
 - (ii) willing to take orders from almost everyone
 - (iii) express concern for others involved in the incident

Disaster Syndrome (contd.)

- Stage 3. Recovery Stage
 - (i) they begin to pull themselves together and approach the situation in a more rational manner.
 - (ii) still, they may show signs of anxiety by narrating their experience to others again and again.

Posttraumatic Syndrome

- Psychological effects of the disaster may persist for many months; from acute phase if they move onto chronic phase, they tend to suffer from posttraumatic syndrome

Symptoms of Posttraumatic Syndrome

- Though the symptoms of posttraumatic syndrome generally appear soon after the trauma, in some cases there is an “incubation period”. Some of the important symptoms are
 - Difficulty in falling or staying sleep
 - Irritability or outbursts of anger
 - Difficulty in concentration
 - Hyper vigilance
 - Exaggerated startle response almost similar to panic attack.

Panic Attack

- It is a discrete period of intense fear or discomfort in which four or more of the following symptoms the individual would develop abruptly and reach a peak within ten minutes.
 - 1.palpitations – accelerated heart rate
 - 2.sweating
 - 3.trembling
 - 4.sensation of shortness of breath
 - 5.feeling of choking

Panic Attack (Contd.)

6. chest pain
7. nausea or abdominal distress
8. feeling dizzy
9. derealization
10. going crazy / fear of losing control
11. fear of dying
12. paresthesia (numbness)

Other Possible Maladaptive Responses in the Posttraumatic Phase

- Agora phobia
- Any other specific fear
- Obsessive – compulsive disorder
- Generalized anxiety disorder
- Major disorders (psychoses)

Counter Disaster Syndrome

- Anthropologist Anthony F.C.Wallace (1953) described this syndrome as complementary to the disaster syndrome. There are four phases namely
 - (a) isolation phase (immediately after the impact of disaster ends)
 - (b) altruistic phase
 - (c) euphoric phase
 - (d) ambivalent phase

Counter Disaster Syndrome (contd.)

- Isolation Phase
 - (a) passivity – ignoring of community trauma
 - (b) denial and repression

Essential characteristics of the counter disaster syndrome in the rest of the phases are (i) over conscientiousness, (ii) hyper activity which is a defense against feeling of guilt

Posttraumatic Stress Disorder Symptoms

- Battle fatigue – feeling typically numb at first but later, depression, excessive irritability, recurrent nightmares, flashbacks to the traumatic scene, over reaction to sudden noises, feeling of guilt because significant others are dead while the individual is still surviving.

Posttraumatic Stress Disorder

Symptoms (contd.)

- Concentration camp syndrome – shell shock, destructive self identification, depression and guilt.
- Effort syndrome –palpitation, shortness of breath, labored breathing, subjective complaints of efforts and discomfort, dizziness, insomnia, sweating, neurasthenia; all these symptoms follow slight exertion.

Organismic Factors – Challenging Forces

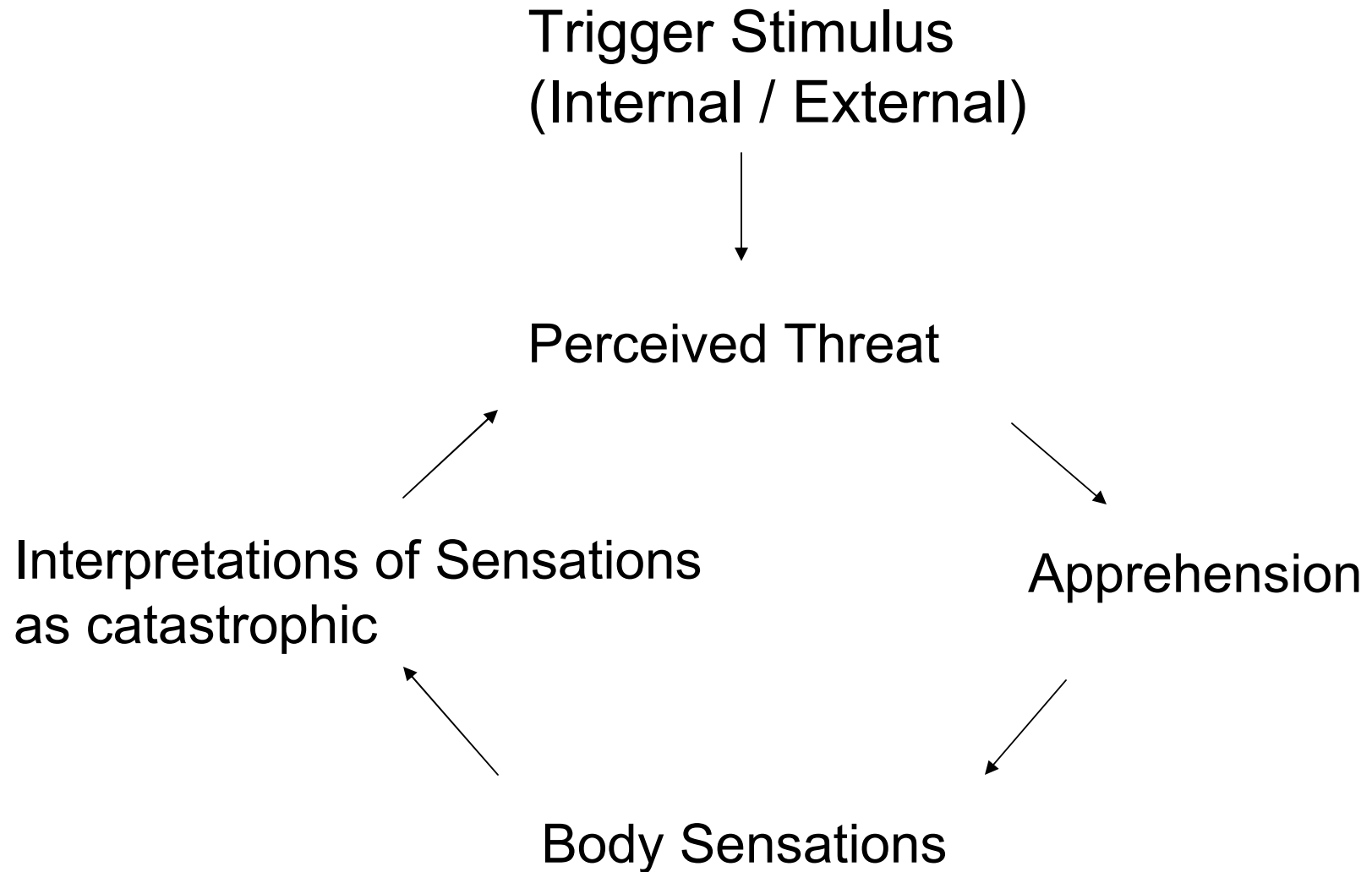
- Gender – women are more susceptible to suffer from problems following disaster than men.
- Age – Especially for panic attacks, age between late adolescence and mid 30s, is rather vulnerable. A bimodal distribution with one peak in late adolescence and a smaller peak in the mid 30s is seen. A small number of cases may be found in childhood and onset after 45 years is unusual, but can occur.

Challenging Forces (contd.)

- . Family history – First degree biological relatives of individuals with panic disorder have a 4 to 7 times greater chance of developing panic disorder
- . Personality – Those who are basically emotionally unstable are quite likely to get adversely affected.

On the whole elderly individuals from joint families and high income groups are psychologically better prepared than individuals of young and middle age, from nuclear and extended families, from low and middle income groups.

Cognitive Model



Management Strategies – Clinical Approach

- Training in relaxation; e.g., Jacobson's deep muscle relaxation or any other procedure.
- Systematic desensitization especially for management of phobia.
- Reduction of perception of threat
 - (a) self defeating thoughts responsible for misinterpretation of stimulus are analyzed rationally

Management Strategies – Clinical Approach (contd.)

- (b) individual's negative interpretation of bodily sensation is identified.
- (c) alternative noncatastrophic interpretation of the bodily sensation is suggested.
- (d) the individual is helped to test the validity of the alternative interpretation of bodily sensation

Management Strategies – Clinical Approach (contd.)

- Auto suggestion or positive self talk
- Karma yoga or individuals must be made action oriented – being proactive
- Realistic assurance and encouragement to resume normal daily routine
- Group discussion
- Laughter therapy to counter depression so that “will to recover” is strengthened.

Management Strategies – General Approach

- As there is no control over natural phenomena, it is of paramount importance to suggest certain strategies that will keep the individual in a good stead at the time of disaster or any other crisis. These strategies are
 - (i) the art of relaxation must be learnt and practiced daily

Management Strategies – General Approach (contd.)

- Right from one's school days, the individual must be taught to protect oneself and others in any disaster. Thus need for succorance and also altruistic behaviour must be nurtured.
- Curriculum must be so designed that there are practical exercises for promoting disaster management techniques. Presence of mind, "will to live" and such other positive forces must be enhanced through such training procedures.

Positive Impact of Disaster

Following are some of the notable positive features which are brought out:

- Awareness
- Alertness (vigilance) but not leading to panic reactions
- Presence of mind
- Psychomotor coordination
- Altruism
- Need for succorance

Positive Impact (contd.)

- Conflict resolution
- Friendship building or proper socialization
- Leadership qualities – mobilization of psycho socio economic resources
- Empathy
- Morality
- Respecting nature, thereby
- Spiritual development

Thank you

- Long live humanity
- Long live the entire universe with
PEACE
all around!