PSYCHOSOCIAL CARE IN DISASTER MANAGEMENT

FACILITATION MANUAL FOR

TRAINERS OF TRAINEES IN NATURAL DISASTERS

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Foreword

India is vulnerable to different kinds of disaster. Natural disasters are quite frequent in different parts of the country be it earthquake, Tsunami, cyclone, flood, drought or landslides. These disasters are quite devastating and life threatening for the people affected by these traumatic situations. The rescue, relief and rehabilitation are usually being carried out after any disaster, but it is crucial to create a pool of human resources to respond to the psychosocial needs of the survivors. This is not only a need of the community but also a responsibility of the civil society and the State to support the affected communities to rebuild the shattered lives of the survivors. Supporting the psychosocial needs of the survivors should always be ensured in a holistic care approach to ensure the normalization and speedy recovery after the disaster.

The readjustment and the reconciliation is a life long process, which must be facilitated by ensuring by developing a system of caring community among the affected people. Therefore, creating community resources by training and subsequent supportive activities are very crucial for long-term rehabilitation of the affected population. The psychosocial care to promote emotional healing of the disaster-affected population with the rebuilding of other amenities of life is most important from the initial phase. Incorporating the learning from the different disaster interventions and ensuring the dissemination of information is the need of the hour. This would ensure better community preparedness to handle the psychosocial issues after any natural disaster.

This facilitation manual would enhance training on psychosocial care and the capacity building exercises towards integrated care and normalization of individual and group reactions to disaster experiences. This comprehensive document incorporates practical examples learnt while training varied community level workers who were involved in providing psychosocial care during natural disasters across the country. The specific issues of the women and children and their increased vulnerabilities because of the disaster have also been elucidated in detail to work with them. Further taking care of self through different techniques to harmonize personal, familial and professional life has been addressed in detail. This would ensure the disaster rehabilitation workers to provide better care and services to the affected population.

During capacity building workshops and trainings this document would be very relevant to provide adequate knowledge to the participants. The effective use of this document would surely facilitate the psychosocial care capacity building at different levels including professionals, practitioners, Government functionaries, NGO personnel and community level workers.

Steve Hollingworth
Country Director
CARE INDIA, New Delhi
Acknowledgement

Supporting the psychosocial needs of the disaster survivors is the requirement of the situation to facilitate the recovery at the earliest. Preparation of this ‘psychosocial care in disaster management-facilitation manual for the trainers of trainees’ is one of the most fundamental tools for dissemination of information and capacity building activities in the area of psychosocial care for the disaster survivors. This is yet another milestone document in the comprehensive tool kit for capacity building exercise of the Trainers of Trainees (TOTs) on psychosocial care for disaster survivors. This is a facilitative document to be used along with ‘Manual 2 – Psychosocial Care by Community Level Workers’; ‘Manual 3 – Psychosocial Care for Children’; ‘Manual 4 – Psychosocial Care for Women Survivors of Disasters’ and ‘My Work Book’.

Considering the wider dimensions of the disaster psychosocial care work for the survivors the facilitation manual for the trainers has covered various issues of disaster psychosocial care. It starts with facilitation of the basics of psychosocial care, working with different groups, psychosocial needs and working with women and children. Further, disaster work is stressful for the community level helpers as well for the trainers and professionals who are involved at different levels and the need to harmonize the personal, familial and work life is dealt with in detail for the trainers.

We would like to thank all who have continuously worked with us, provided support, encouraged and motivated us in the development of this document. First of all, we would like to thank all the trainees who attended various training of trainers workshop on psychosocial care after different disasters all over India and gave valuable opinions about the training and shared their personal experiences. These were the rich resource materials for our current manual. We would like to thank all those community level workers who shared their experiences of psychosocial care activities with the survivors of disaster in Marthwada, Orissa, Gujarat, Tamilnadu, Kerala, Andhra Pradesh, Andaman Nicobar Islands and Kashmir. All their work and experiences have enhanced this document in different ways to demonstrate the practical situation after the disaster and the different phases of working with the survivors.

We are also thankful to all the organizations like, Action Aid, CASA, CARE India, CSED, Focus Humanitarian, OXFAM, Red Cross, SEWA, SSP Mumbai, UNICEF, World Vision and the different Government Departments like, education, welfare, women and child development that took forward the psychosocial care activities as the core of their rehabilitation strategies for different groups of survivors in various disaster interventions. Our thanks to the Panchayati Raj Institutions, Nehru Yuvak Kendra youth volunteers, college students, thousands of NGO, CBO and SHG members in different parts of the country for continuously providing us feedback on the training templates.
We extend our heartfelt thanks to Ms Antara Sen Dave for her intensive involvement in the development of this document. We place in record the special contributions by Dr. K. V. Kishore Kumar, Dr Srikala Bharath, in the process of development of the training modules and finalization of this document through various workshops conducted on psychosocial care in disaster management.

We are immensely pleased to thank Mr. Steve Hollingworth, Country Director, CARE India for considering psychosocial care as one of the main components in the rehabilitation programme for the Tsunami survivors in India. We are very happy to extend our thanks to Mr. Daniel Sinnathambi, Assistant Country Director (SED), CARE India, Mr. NM Prusty of CARE, Director, Emergency and Rehabilitation for up scaling the psychosocial care work in the disaster rehabilitation interventions in Tamil Nadu, Pondicherry and Andhra Pradesh States subsequent to the Tsunami.

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We also place on record the support and service provided by our research office team, Grace, Arvind, Asma, Preethi, Pavitra, Seenu, Arul Roncalli, Jeyaraman, and all the project officials - Shalini, Vanitha, Subhasini, Thomas, Balarasu, Jairam, Preetha, Sudha, Aruna, Vinodhini, Topaz, Krishnaveni, Ramesh and Nagaraju for their continuous involvement and active support in the whole programme and activities.

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The Authors
We live in a world where there are sources of potential harm or situations with a potential to cause loss all around us. We could be living close to a coastline that is prone to cyclones, tsunami or the mountainous regions vulnerable to earthquakes. On the other hand, we maybe living close to an industry which could be dangerous or there maybe communal tension prevailing in the area you live in.

An event or hazard is called a disaster when it threatens property and lives and is unforeseen and often sudden. The WHO defines a disaster as 'A severe disruption, ecological and psychosocial, which greatly exceeds the coping capacity of the affected community.'

It causes great damage, destruction and human suffering. A disaster is a very complex multidimensional phenomenon and along many dimensions, such as social, economic, material, psychological or social, but unlikely to be one among all of these in a specific direction. Often the number of human lives lost is an important criterion for defining a disaster. The diagram below shows how various factors combine to give rise to a disaster.

Orissa super cyclone and Gujarat earthquake

If the situation of Orissa super cyclone incident is considered it is seen that that there was enough time to evacuate the people from the affected areas. But there was lack of initiatives, as a result people were very badly affected. If the warning would have been given adequately before hand, than, it would have been possible to save many lives. Lack of knowledge about the disaster preparedness also increased the vulnerability.

Similarly the earthquake in Gujarat (2001) was largely because of lack of safe housing policy. Even though the Kutchh region was on earthquake zone-five, still very few people were aware about the same including the administration. The death and destruction largely happened because of lack of awareness and due to the structure.
On October 29, 1999, a cyclone ravaged the lives of over 15 million people with a wind speeds of 300-400 km/hr. With water levels rising up to 15-20 meters the super cyclone killed over 20,000 people and 3,50,000 cattle and destroyed agriculture over 24 hectares of land. There was almost 1000 percent destruction of housing rendering people homeless in the most prosperous region of the state. The calamity has been the worst disaster that India has ever experienced. (Chandra, 1999)

Disasters, depending on their sources, have been classified into two main categories:

**Natural Disasters**

<table>
<thead>
<tr>
<th>Major</th>
<th>Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earthquake</td>
<td>Heat wave</td>
</tr>
<tr>
<td>Tsunami</td>
<td>Cold wave</td>
</tr>
<tr>
<td>Flood</td>
<td>Landslide</td>
</tr>
<tr>
<td>Drought</td>
<td>Avalanche</td>
</tr>
<tr>
<td>Cyclone</td>
<td>Tornadoes</td>
</tr>
<tr>
<td></td>
<td>Hailstorm</td>
</tr>
</tbody>
</table>

**Human Made Disasters**

<table>
<thead>
<tr>
<th>Major</th>
<th>Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communal riots</td>
<td>Transport disasters</td>
</tr>
<tr>
<td>Ethnic conflicts</td>
<td>Festival and pilgrimage disasters</td>
</tr>
<tr>
<td>Refugee situations</td>
<td>Food poisoning</td>
</tr>
<tr>
<td></td>
<td>Alcohol or liquor tragedies</td>
</tr>
</tbody>
</table>

In India we tend to see four major kinds of natural disasters: floods, earthquakes, cyclones, and droughts. Tsunami, of such devastating nature has occurred for the first time in India since independance.

Just an idea of the average annual loss in the last decade due to natural disasters in India

- Average annual loss of human life is around 3663.
- Average crop area affected is about 1.42 hectares annually.
- Average number of homes damaged annually is around 2.36 million.
- 8041 kms of coastline is exposed to tropical cyclones.
- 56% of the total land area is vulnerable to seismic activity.
- Of the 35 states and union territories, about 25 are disaster prone. Many states are prone to multiple hazards.
In man-made disaster, some human act can be considered as the cause of the disaster. We need to understand that two different categories can be made in man-made disaster. The disaster which occurred due to human error like the Bhopal gas tragedy killing over 2000 people is different in terms of psychosocial nature from the Gujarat communal riots where human intention to harm others was involved. In the second situation the psychosocial problems were much higher as the threat and fear were very much in and around the environment. This communal riot displaced over 120,000 people and witnessed many people being killed. Tsunami being one of the worst natural disasters in Indian history caused such wide damage, death and destruction that the people living in the coastal areas for generations started feeling insecure about the nature of the sea. It caused about 15,704 deaths in India.

Disasters occur in varied forms. Some are predictable in advance like cyclones, which mean preventive measures if taken at the correct time will reduce the destructive capacity of that disaster. Some others like earthquakes happen suddenly giving no time for the people to prepare and save the amount of loss. Some are then annual or seasonal like droughts for which again steps can be taken to reduce its destruction. So the impact and preparedness is different in each case. Disasters that happen suddenly cause more traumas, as people would be less prepared for the same. Understanding the nature of disasters and the dimensions of the disaster will help to facilitate disaster preparedness in long term. Reduction of vulnerability is one of the major concerns for reducing hazards due to disasters. Therefore developing structures, which are earthquake resistance, will reduce the intensity of destruction due to an earthquake. Developing warning systems in different disasters, various training inputs to deal with disasters will reduce the vulnerability. Similarly, to deal with tsunami, adequate knowledge about the events and warning system will help to reduce the vulnerability.

The other factor to be kept in mind is the time duration of a disaster. This is important to understand how support and relief can be reached to survivors within a short span of time and then also how long the need for support would be. For instance an earthquake lasts for just second or minutes but cause grave damage. A cyclone or a flood lasts for days and a drought for months. Tsunami stuck the coastal line on 26th December 2004, but it caused such wide damage that people will take a very long time to recover. Therefore, the long term implication of the rehabilitation project has to be well planned from the very first phase of relief, rehabilitation or rebuilding work.
The impact of each disaster also varies for instance an earthquake causes more loss to structure of living and accessibility like buildings, homes and roads etc whereas a cyclone affects the entire land condition, environment and livestock of the region apart from causing damage to property and accessibility. In a cyclone loss to life may be less than when an earthquake strikes since a cyclone can be predicted giving time for plan and evacuation, whereas an earthquake would just strike without any notice. Though tsunami can be predicted a few hours earlier, due to lack of experience and knowledge it has caused extensive damage to India and other countries. Each disaster brings with it enormous changes to the surroundings of human beings as well as to the lives they have been leading. The social, economic, physical and emotional well being of the entire community is affected due to a disaster.
A ny disaster leaves a profound trail of suffering to the community. To work with the disaster affected community, it is essential to understand the different nature of impact due to the disaster. The categorization of the impacts on the survivors will help to deal with the situation in more organised and systematic ways. Here the impacts are mainly categorized under four headings.

**Physical Impact**

Most disasters result in a lot of physical injuries. The impact varies depending upon the kind of disaster. For instance, in an earthquake you would find a lot of people with orthopedic problems such as fractures, problems with mobility etc, whereas in a communal strife there would be bullet injuries, stab wounds as a result of physical assaults. Thus, the physical impact of each disaster would differ in each case.

Since people would be displaced and living in camps, there would be problems that could arise out of the cramped living conditions like epidemics, allergies etc. Sudden displacements, loss of privacy become major physical problem for the survivors to deal with after the disaster.

Though severe disabling physical injuries are comparatively less in tsunami, but it causes severe physical impact due to floating in waves and running for life in unimaginable speed. In the initial days there were many complaints of severe tiredness, vomiting of mud water and also stomach pain due to drinking of sea water.

Some other kinds of physical impacts like fever, cough, colds, headaches, tiredness, body aches and a general sense of illness are seen to be common in all the disasters, as these would be the manifestation of the trauma that people have undergone. If there were many expectant mothers, there would be premature deliveries or other maternity complications after a disaster. There could also be complications during childbirth for many women. Some people may lose their sense of hearing or speech for sometime after being through a traumatic situation.

**Economic Impact**

A disaster by definition affects large number of people and a vast region, so the entire community would be experiencing its impact. Places of work may be inaccessible or damaged. There maybe total breakdown of communication and lack of basic supplies like food or raw materials causing a breakdown in the normal lives that people have been leading. For some time people maybe unable to return to work and thus their livelihood could be affected. If their work was land-based and due to the cyclone the land is inundated, it may become totally worthless and the family...
may lose their source of income totally. For others it maybe a temporary loss, for instance a communal riot may mean there is curfew and one cannot go to work for a few days to months.

In any disaster, the effect on the livelihood is one of the main impact, which affects the whole community. In a disaster like tsunami, where the entire coastal area is devastated, the whole chain of livelihood gets affected. The fishing community is greatly affected and loss of boats, nets and other fishing equipments are very high. Simultaneously, many other businesses which were dependent on fishing like the fish vendor, the people working in the ice factory and other livelihood options are also affected. Due to entrance of the sea water, increased salinity of land is also an issue for agriculture in the affected areas. Thus on one hand there may be loss of primary livelihood sources due to the disaster, on the other hand there will be lot of secondary loss of livelihoods due to the loss of infrastructure and alternative livelihood options. So, unemployment and under employment become the major issues after the disaster. The financial hardship increases a lot due to the disaster. People lose their personal belongings, houses and property which cause huge economic losses for the survivors and nation too.

**SOCIAL IMPACT**

The living structures maybe damaged forcing people to live in camps with little or no privacy. There is discontinuity of normal life routines and things like education etc too get totally affected. People face problems of day-to-day living in difficult circumstances along with trying to pick up and rebuild their lives, and get back to life as it was before the disaster.

Family structure may undergo change like becoming a single parent family or losing the only earning member or a child becoming an orphan, losing life partners and becoming a widow or a widower. All this will bring about substantial life changes. There would be ceremonies that need to be completed and cultural rituals that need to be adhered to. People may need to shift in with extended family member or adjust to a life without the family members whom they have lost.

Due to disaster the basic social structure gets affected and there may be many social divisions and restrictions imposed in the community. In some disaster areas, it is found that the society gets divided according to the caste groups and religion. Though initially people come together but later in the rehabilitation phase, living with one’s own community and with one’s own group increases. After the disaster, the education system gets affected greatly. It is also seen that disaster widows
belong to the less privileged section of the society and face the problem of being exploited by others. There may be increase in corruption in the post disaster society. Other aspects like domestic violence, abuse and alcoholism become very prominent in the community affected by a disaster.

Emotional Impact

Any disaster affects people emotionally. The change it brings in life seems unbearable and people often feel helpless, hopeless and frustrated in the aftermath of a disaster. Often they seem unable to cope with the consequences of the loss they have experienced. They may have repeated thoughts about the events which cause severe disability in resuming normal functioning.

Fear is another reaction seen among survivors of a disaster. There is fear regarding its recurrence and this can lead to continued feelings of anxiety, sleeplessness and an inability to find strength to regain confidence to lead a normal life. Before tsunami the people in costal areas used to consider the sea as mother or god, but after tsunami the people are fearful about the unpredictable nature of the sea and many now also considered it as the killer.

Grief and depression are commonly seen among survivors of a disaster, especially if they have lost family members or friends or at times even animals and endured material loss. Sometimes these emotions can develop into suicidal feelings too. Many people want to stay by themselves or lose interest in life. Others may take up to substance abuse like alcohol or drugs.

Interconnection Between Different Impacts

It is important to understand that all the four impacts are interconnected. All these are having cyclic effect on each other. Therefore intervention in one area will help bring change in other areas and also in developing a holistic care model. A person maybe for instance is hospitalized due to a fractured arm and be unable to go to work. This may lead to a negative economic impact on his family because of him being the sole earning member.

In another cases, the loss of job after a disaster may lead to the development of depression in individuals. A person may be grieving and thus become suicidal and harm himself physically.

If a person is facing a particular impact then they need to be supported simultaneously in dealing with the spiral effect it can have in terms of other related impacts.
As in the case of individual trauma (Kearney, 1999) where individuals go through the psychological stages of enduring, suffering, reckoning, reconciling and normalizing, so do the collective consciousness of communities go through these different stages of recovery following a disaster. The successful completion of this therapeutic cycle depends upon how conducive the material and emotional support systems are, their internal stability, their resilience and coping mechanisms, the opportunities available for recovery and normalization.

The therapeutic stages described by Kearney (1998) and Drabek (1986) include

**Enduring**: anxiety, preservation and survival

**Suffering**: pain, grieving, insecurity and loss of the past

**Acceptance**: reality testing, preparedness and reckoning of the future

**Reconciling**: evaluation of self and resources, recuperating

**Recovery**: rebuilding life, maximizing options. Setting new goals, healing

Normalizing, stability, routines, building relationships and the community

---

The psychological response to a disaster depends on three main factors

<table>
<thead>
<tr>
<th>DISASTER</th>
<th>RESPONSE</th>
</tr>
</thead>
</table>
| • Occurrence  
• Magnitude  
• Suddenness  
• Type  | SURVIVOR  
• Age  
• Level of education/exposure  
• Marital status  
• Physical health  
• Personality  
• Coping skills  
• Losses  
• Social support  | COMMUNITY  
• Level of preparedness  
• Social support  
• Leadership  
• Past experience  |
The psychological reactions that people experience as a result of the disaster may be either adaptive or maladaptive. Adaptive responses allow individuals to overcome the difficulties caused by the disaster. For instance, obtaining information or developing effective survival skills.

Maladaptive reaction can include denial, ineffective actions etc. Maladaptive reactions can be prevented from occurring and if they do occur then they can be treated. The incident of a young girl can be considered here from Orissa cyclone. The rescue team saw her hanging from a tree after five hours, but she was not having any cloths on her body. After accepting the cloths from the rescue team, she immediately jumped in the floodwater and committed suicide.

After a disaster there are four main phases, which the survivors go through. The first phase is considered as rescue which is up to 72 hours after the disaster. The second phase is relief which continues for three months after the disaster. The third phase is rehabilitation, which lasts for one to two years and the last phase is rebuilding, or reconstruction, which extends for lifetime.

Reconstruction phase is the longest period when the population rebuilds personal skills, social support and leadership. This overlaps with the rebuilding phase.

<table>
<thead>
<tr>
<th>Phases after a disaster</th>
<th>Duration</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurrence of the disaster</td>
<td>Hours</td>
<td>Apathy, Disorientation, wandering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surmise, Fear, perplexity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxiety, Helplessness</td>
</tr>
<tr>
<td>Heroic</td>
<td>Up to 1-2 weeks</td>
<td>Strong, direct feeling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heroism, Solidarity, Optimism</td>
</tr>
<tr>
<td>Honeymoon</td>
<td>2 weeks to 3 to 6 months</td>
<td>Great solidarity, Eagerness to rebuild</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sharing of common experience</td>
</tr>
<tr>
<td>Disillusionment</td>
<td>2 months to 2 years</td>
<td>Withdrawal, loneliness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anger, frustration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community disorganization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negativity, Hostility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Impulsiveness, violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol and drug abuse</td>
</tr>
<tr>
<td>Reconstruction</td>
<td>A lifetime</td>
<td>Acceptance of losses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Realistic assessment of the situation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Search for alternatives to rebuild lives</td>
</tr>
</tbody>
</table>
COPING WITH LOSS

Losses due to the death of a near and dear one, separation from loved ones and material losses are inseparable part of human existence. Under normal circumstances, everyone goes through this process without much difficulty because,

- Family and relatives come together and share the loss.
- Support from friends and neighbours occur automatically in terms of provision of vehicles, space for visitors, taking care of food and other arrangements.
- Rituals are initiated soon after the death. For example, family temporarily suspends some activities, prayers are offered to the deceased, arrangements are made for cremation etc.,
- Individuals start their daily life routines; get back to their jobs once the rituals etc., are over.

All these help the individuals to understand the personal meaning of loss, come to terms with the changed situation and to carry on with their lives. So in the normal circumstances the usual social support systems are in place to help a person or to cope with the loss. In the primary level the family provides the support, while in the secondary level the neighbours and friends come and help. Lastly at the third level, the community groups and other measures play crucial role in recovery and getting back to normal life.

In a disaster situation, normalcy of the social structure as described above which otherwise plays a crucial role in the healing process does not exist because

- Everyone in the area has been affected, so friends and neighbors are unable to support the survivors.
- The family as a unit may no longer exist leading to a sense of isolation, helplessness and despair.
- There may not be time or space to carry out the normal process of mourning and the related rituals do not occur automatically.
- People may not be able to resume their daily life for sometime and have to continue living under stressful conditions.
Therefore it is very clear that the usual social support systems are eroded after a disaster. The family and the neighbourhood no more exist as a functional unit. The tertiary level of support system exists to some extent in terms of larger community, government and other external agencies. So, it is essential to pull these external resources (out of the affected community) for rebuilding the social support system and normalise the life of the survivors.

**Need for External Support Systems**

The term disaster by its very nature assumes that the event has led to consequences that are beyond the coping capacity of the community that has been affected. So the first two circles as mentioned earlier become nonfunctional. The family as well as the neighbourhood is affected and no more able to provide the required support for recovery. In the third level the government and external agencies takes the main role to rebuild the entire support system. Therefore external aid agencies need to step in and help with the recovery and rehabilitation process. These agencies come in for varied periods, some for the immediate relief phase and others for the longer-term rehabilitation process. Each agency has its own agenda and outlook. The agencies that come in during the aftermath of a disaster also vary in their professional backgrounds; they could be lawyers, doctors, social workers, individuals etc.

Therefore after a disaster, building primary level support is very essential by providing caring atmosphere and establishing rapport. Here the role of psychosocial care giver becomes very important as providing other support may not derive the adequate outcome without adequate rebuilding of the individual capacities and family resources in the primary and secondary level.
In India the government primarily responds to any disaster and different departments are in charge of different disasters. Usually apart from the government agencies a lot of other players come to the forefront. These include:

- Professionals from the medical, legal and other such fields
- Student volunteers
- Religious social service groups
- Non-government organizations both national and international
- Business communities
- Civil society bodies
- Individuals in their own capacity contributing their skills or money

All these together work towards rebuilding and rehabilitation in a holistic manner. In the initial stage of help, there is a focus on immediate relief and look at the following aspects

**WORK IN THE IMMEDIATE PHASE**

- Physical safety of the survivors
- Ensuring primary first aid
- Assuring them basic necessities like blankets, safe drinking water, clothing
- Temporary sanitation facilities near the shelters
- Enabling proper distribution of relief supplies
- Organization of health check ups for the survivors
- Some amount of emotional support for survivors who are in great need of it.

Once these basic needs have been taken care of at the relief phase and the survivors have settled down a bit, the need for providing emotional support becomes the primary goal. This is extremely important as now the survivors slowly start reflecting upon what they have been through, realize how they have survived and its gravity, and also start understanding their losses and go through the pain it brings. Therefore providing the psychosocial support as per the situation is very crucial for recovery.
IMPORTANCE OF PSYCHOSOCIAL CARE

At the early stages following a disaster, most survivors are open and willing to talk about their experiences. This may change later into a defensive, noncooperative attitude if time passes without attempts at providing help. Therefore, it is of utmost importance that survivors are encouraged to seek help and talk about their emotional problems as early as possible. As already mentioned, this intervention will prevent the persistence of problems and development of further complications.

In general, people do not readily/directly talk about their emotional problems. Even during their visits to the health centers, they generally report physical problems. Emotional problems may not be reported, but indirectly manifested as vague aches, pains, headaches, tiredness, etc. People do however talk about themselves when given an opportunity to do so.

It is important that the aid agencies develop an awareness of emotional consequences of a disaster. This will lead to a frame of mind of being sensitive to emotional needs of the affected population. Actions can arise from such sensitivity.

Emotional problems following disasters often tend to be neglected. This happens because they are relatively invisible when compared to the damage to life, physical health and property. But it is important to remember that emotional problems occur very commonly. Hence, early identification of this problem followed by intervention can help the survivor to recover. The distress is intense and leads to helplessness, isolation and apathy. No one who witnesses a disaster is untouched by it.

Fortunately in this disaster, due to the efforts of professionals, there is awareness among the serving agencies and also in Government departments about the psychological sufferings of the tsunami survivors.
It is important to realise that rebuilding of an individual’s life and reconstruction of the entire community following the disaster depends upon the survivor’s ability to accept the losses as early as possible. It will help him/her to understand and emotionally accept current reality, and thereby work towards reconstruction of life at the individual, family and community level.

As in other major disasters, emotional reactions can be seen among the people living in camps or the people who are indirectly affected or living under threat. Along with relief, rehabilitation and care of physical health and injuries, emotional needs need to be given importance. This will ensure rebuilding of confidence and peace in the long run. It will take a period of time and sustained effort to rebuild the affected areas. The rebuilding should consider holistic care of the affected population.

Let us take an analogy of a person with an injury. An injury to any part of the body will heal over a period of time because the body has the ability to repair the damage. The natural repair process takes some time.

However if the person gets immediate first aid for his injury (for example, cleaning the wound with clean water and covering the wound with a sterile or clean cloth) the healing will be hastened, thereby the pain and discomfort will gradually reduce. But on the other hand imagine if the wound is unattended. The wound is likely to get infected and healing will be delayed, leaving a bad scar. This might even cause some limitation in the normal functioning of that part of the body.

It is important to note that in both cases the scar remains, but in the former situation the scar is light and does not produce a limitation whereas in the latter case the scar is dense and produces a limitation for a long time.

Similarly any emotional reaction and pain due to loss and death requires help to facilitate ventilation or reliving. This works like the sterile cloth preventing infection, allowing the body to work and heal. Non-availability of such help to release or share these emotions leaves a scar in the mind. Therefore it is very important to share the pain feelings and thoughts about personal losses.

In this situation, five major challenges need to be considered for the disaster affected people to take care of their emotional needs.
• Severe stress and trauma due to the disaster
• Sudden displacement
• Difficulties of living in the camps
• Uncertainty about the future and unpredictability of tsunami threat
• Process of rebuilding personal, family and community life

Disaster-affected people experience various kinds of reactions. Emotional reactions immediately follow the event while socio-economic impacts like lack of employment, homelessness, environmental destruction and disorganisation emerge as a consequence following the devastation caused by the disaster.

After a disaster, the emotional reactions among members of a community may vary and this usually undergoes change over time. Therefore post-disaster, psychological interventions should be flexible and based on an ongoing assessment of needs. The emotional reactions should be understood based on the manifestation of various stress reactions, level of effort put by the people for their own reconstruction, the pattern and amount of disability created due to these psychological stress etc.,

Some factors that could influence the reactions among people are

- Nature and severity of the Disaster
- Amount of exposure to the disaster
- Availability of adequate social support
- Age
- Gender
- Status of the person (single, widowed, married)
- Separation/displacement from locality
- Separation from family/primary support group
- Personal losses of the survivor (loss of kith and kin, property, source of livelihood, personal injury)

For example a lady, who has lost her husband after being married only for 6 months, will experience a greater impact on her life. The disaster may also affect an old couple who have lost all their life’s savings in the disaster facing loss to a much greater extent than someone who is in his early thirties. Similarly a family, whose only earning member is now disabled and unable to take on work, may feel the effects of the disaster significantly.
Stress comes from unpleasant experiences, inadequate living conditions, insecure future and threat. Stress causes unhappiness and prevents people from doing useful work. Stress may affect all areas of a person’s life. An individual suffering from stress and anxiety may not be able to talk about the stress directly but may manifest stress through easily recognizable reactions.

Traumatic experiences cause stress, which is often beyond the coping capacity of an individual. In such situations body and mind react in terms of ‘fight’ or ‘flight’. This section expands on how people react to traumatic experiences. Once people understand these reactions, it helps them feel more comfortable in dealing with the changes brought by the disaster. The importance of emotional reactions to disasters need to be recognised. It is now clear that:

- These emotional reactions are normal responses to an abnormal experience.
- The reactions are common and experienced by everyone.
- No one who experiences a disaster is untouched by it.
- The reactions manifest differently at different periods of time after the disaster.
- Rehabilitation and rebuilding is a slow process and takes time.

**BEHAVIOURAL REACTIONS**

Traumatic experiences cause a lot of stress, which is often beyond the coping capacity of an individual. The inability to cope effectively leads to symptoms in a person, some of which are manifested in their behaviours as given below:
Loss of interest in life

A 65-year-old man, “Why should I live anymore? What is the use of my life without my grandson and my granddaughter? The waves should have killed me also.”

Reduced activity, no energy

A 40-year-old man, “There is nothing much to do here — just eat and then sit around. We have not started working. My days just pass by. I do not know what to do. Earlier I used to do a lot of work. Now without doing much I feel very tired and my body aches.”

Over activity and inability to rest (restlessness)

A 25-year-old man, “I am unable to lie down, even for a minute. I need to do something or the other. My body is stiff. I am not able to sit or stand for a single minute.”

Taking intoxicants or eating betel leaf ‘paan’

A 42-year-old man, “I have nothing to do here in the relief camp. I sit idle all the time. If I sit idle, it reminds me of my two children whom I have lost. If I drink, I can at least forget my sorrows for some time and get relief from the pain”.

Difficulty in concentration

A 36-year-old woman, “I am not able to do anything properly. I am forgetting to put salt while cooking. I keep looking at the sea and try to understand the sound, whether it is increasing”.

Sleep disturbances and problem

A 48-year-old woman, “During nights when I go to sleep, I get these images and thoughts of waves coming and destroying everything. I cannot sleep properly. I have to take sleeping tablets to get sleep, but then also, I get sleep only at around 3 o’clock at night.”

Physical reactions

Often people have bodily complaints for which they go to a doctor. However at times these symptoms do not have a physical cause but are as a result of the emotional stress a person is undergoing. For instance, a headache can be due to both physical as well as emotional reasons. It is important to understand the kind of bodily symptoms that people are experiencing due to stress and recognize such individuals.

Headache

A 45-year-old man, “I helped in the rescue of my fellow villagers after the tsunami. Now even after 3 months after the event, I get terrible headache most of the time in the day. Only when I sleep the headache comes down.”
Tiredness

A 30-year-old man prior to tsunami was very active and used to take part in all the village activities. After tsunami he says that he feels tired the whole day, unable to help others in the rescue and rebuilding process. “I feel tired even without anything, I do not feel like doing any thing because of my tiredness”

Tense muscles

A 29-year-old woman, “My whole body is stiff after the tsunami. I don’t feel rested even after laying down. I feel pain in my body.”

Palpitation / irregular heartbeat

A 20-year-old woman, “Whenever I hear the word ‘thanni’ (water), my heart starts beating fast and I want to run as fast as possible, to save myself.”

Poor appetite, pain in abdomen, vomiting sensation

A 18 year-old woman lost her husband within four months of marriage in the tsunami. She now feels sad and helpless, and doesn’t know how she will lead the rest of her life all alone. She has lost her appetite and does not feel like eating at all. The thought of eating makes her feel nauseated. Even when she sees others in the relief camp eating food, she feels like vomiting. “I do not feel like eating, sometime if I eat, I eat otherwise I don’t. If I eat I feel like vomiting”

Vague pain in arms, leg, chest or all over the body

A 50-year-old woman lost her elder son in the tsunami. While her husband was busy saving his friends, the sea took away their elder son. The elder son played an important role in decision making in the family and both she and her husband were dependent on him emotionally. Following the death of her son, the husband has fallen ill and has stopped going for work. Now, the woman reports that she is unable to carry out household chores with the same efficiency as before. She feels tired and fatigued all the time. She suffers from continuous pain in her legs and hands.

Emotional reactions

A person who is experiencing stress will exhibit a lot of symptoms in his/her emotions. Emotional reactions are very apparent as they bring a change in the manner in which a person may otherwise have been behaving. It is important for us to identify, as these manifestations are reactions to stress.

Fear, vigilance and anxiety

A 15-year-old boy was away from the village when the tsunami struck his village. On returning, he found his house completely destroyed. Now his parents have built a temporary shelter. But he refuses to stay there. He is extremely fearful. Earlier he used to attend school, which is a little away from his village. Now after tsunami, on his insistence, parents have sent him to the school.
hostel. "No point is staying here, anytime sea can rise and every one of us will die, let's go some where else".

A mother talks about children in general.

"Children have started wetting their beds."

A woman shares what happens in the camp.

"If there is any news of earthquake all of us go running out to see what has happened. Even waves of full-moon day make us tense. We know tsunami will not come, but how to restrict the thoughts of tsunami. The word itself has became scary. People are avoiding going towards the sea".

Helplessness, sadness and guilt

A 18-year-old woman, "My marriage was fixed. My mother had started preparing for my marriage, but now it's all gone. We lost all the gold and money that my mother had saved for my marriage in the tsunami. Now I don't know whether I will ever get married".

A 17-year-old boy lost his father at an early age. He was forced to drop school to earn money to run the house. He has one brother and one sister who are paralytic patients. He has two sisters who are of marriageable age. With lot of difficulties, he managed to make a house and the house warming ceremony was only two days prior to the tsunami. The tsunami washed away his newly constructed housed. Earlier he used to earn his living by fishing. However, after the tsunami he is too scared to go out into the sea for fishing. Consequently he has developed feelings of emptiness and helplessness. He feels lost and does not know what to do in life.

A 35-year-old man, "I saw my child to be washed away. I could not reach to him, the water pressure was so much. I was simply looking at him, I could not reach him. I am feeling so helpless. I just get his last look all the time. He was pleading for help".

Thinking about the same thing again and again

A 25-year-old woman, "I lost my child in this place. What is the use of staying here? The thought of losing my only child repeatedly comes to my mind when I am here. I don't want to stay here."

A 40-year-old man, "I do not know how to get out of the memory of tsunami. Whenever I sit alone, the thoughts and pictures of tsunami come back to my mind unconsciously. I lost my best friend with whom I had spent my whole childhood, he is no more. I am not able to look at the waves."
Suicidal thoughts

A 50-year-old woman, “All my family is gone, what do I have to live for? At times I feel I should have gone too. I wish the waves take me.”

Anger

A 45-year-old man, “People are coming and taking snaps for their purpose, there is no change in our life. We are not getting anything; people are just benefiting out of our situation.”

Irritability

A mother hits her child for playing around,

“Why can’t you sit at one place, always running here to there.”

A husband talks about his wife’s changed behaviour,

“My wife gets very angry with the children for small matters. After losing everything in the tsunami, she is totally changed in her ways.”

RELATIONAL REACTIONS

When a person experiences stress, certain emotional reactions, appear as seen in the examples above. These reactions lower the quality of inter-personal relationships and interactions with others.

Poor support system

An 18-year-old woman had ran away from her house and married a man whom she loved. Her family was against this marriage since the man hailed from a lower caste. After four months of marriage, her husband died in the tsunami. She now feels helpless, as she doesn’t know how she will lead the rest of her life. Her parents are not willing to help or take care of her as they feel that God has punished her for her wrong deeds.

“I do not have any one, where should I go? I do not know. Nobody wants me, neither my in-laws nor my parents.”

Lack of trust

A 60-year-old woman, “Whom to trust? Everyone is putting his/her name for relief materials, no one is thinking about others.”

Change in roles and responsibility

A 65-year-old woman lost not only her house but also her two children and their spouses in the tsunami. She is now worried and tense, as she has to bring up her four grandchildren. Earlier her children and daughter-in-laws were taking her responsibility. She feels lost by this sudden role change.
A 26-year-old man was in the sea during tsunami. On returning, he saw every thing washed out. He could find his two kids in the camp and came to know that his wife was missing. Now he has to take care of his two children and he is not able to resume any activity. "I can not leave my children, there is no one to take care of them. They are the only hope for the rest of my life".

Dependency of the survivors for decision making and support

A wide range of symptoms such as amotivation, apathy, anger outbursts, deterioration in work performance etc., are common in survivors living in camps. Consequently, survivors tend to be dependent on care providers all the time. Efforts should be made to encourage them to take decisions and support them to initiate activities.

Lack of emotion

A 30-year-old woman was holding her child in her arms while she ran to save her life during the tsunami. However, she lost all her three children in the tsunami. Her husband blames her for not being able to take adequate care of her children at the time when the waves struck. He holds her responsible for the death of the children. She now sits quiet with a blank look on her face.

Disagreements, arguments and unpleasantness

A couple lost their house and other belongings in the tsunami. The government gave a compensation of Rs.4000 for the losses incurred. However, within a few days, the husband spent all the money on alcohol. This made the wife disappointed and angry and the couple has been having arguments and fights everyday, as there is no money in the house even for food.

Because of these symptoms there will be a lot of functional disability among the people living in the camps or temporary shelters, or it may lead to a long term disability with a wide range of symptoms of de-motivation, apathy, anger outburst, deterioration in performance etc. Understanding these psychological conditions and reactions will help to serve the survivors much better and work for developing a holistic care model.

There is a need to meet the survivors and help them to deal with the changes they are experiencing. These changes within people make them feel even more stressed and anxious. It is important not just to work with people who seem more affected by the trauma but also with their family members to help the individuals get adequate care and support within the family setup.
As psychological reactions change over time, it is essential to understand the different reactions in a phase in a specific manner. The reactions could be following a normal or an abnormal mode of occurrence. It is important that we are able to identify an individual who is leaning towards the abnormal mode and help him/her recover and get back to normalcy.

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<tr>
<th>NORMAL REACTION</th>
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<td><strong>OVERWHELMED</strong> (Swept away by immediate emotional reactions)</td>
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<td>(Fear, sadness and rage)</td>
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<td><strong>DENIAL</strong> (One to two weeks)</td>
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<td>(Refusing to face the memory of the disaster)</td>
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<td><strong>INTRUSION</strong> (Six months)</td>
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For instance there is a woman who lost her child say in a cyclone. It is normal that she will be distraught, will cry and ask questions like why it had to happen to her child, why did god punish her etc. She may for sometime, deny reality and believe that her son will return. Later images of how her child used to be and the images of the cyclone would come back to her even if she tries to avoid it. Slowly as time passes she will be able to understand that her son is no longer going to return and she will slowly start reliving her elder son and then finally go on with her life. This we would say is the normal reaction of a mother who has lost her son.

On the other hand there could be a woman who has lost her son but for days on end she cannot stop crying and faints out of exhaustion. After a while she denies any talk of the event very strongly and she goes on believing for a longtime that her child is still alive and sometimes drugs maybe required to get her to sleep and rest. For a long time, the events and images about the same keep occupying her mind so much so that she is unable to carry on with daily life activities. She may also develop bodily symptoms for which there is no biological cause and that may further prevent her from doing any work, and she may slowly develop grave psychological problems. This would then be an abnormal reaction of a mother who has lost her child and would require the intervention of a medical practitioner to get her back to normalcy.

The purpose of psychosocial intervention is to bring normalcy in the life of the survivors. Therefore the psychosocial intervention model has been called as the normalization model. People who are going to follow the abnormal mode of reactions will be put back in the normalization mode.
UNDERSTANDING
THE PHASES OF REACTIONS

The reactions of stress and stages are explained in the earlier handout. Further it is also important to understand the various phases of reactions. Though there is no strict demarcation, the time frame will help us to understand the various nature of distress among the survivors and plan out the actual strategy for work.

EMOTIONAL REACTION (Rescue relief and rehabilitation phase)
These reactions are short lived and generally seen in all people.

Panic, tension, anxiety

The event would have happened so suddenly that there was no time to think. The reaction was to run for safety, there was great fear among everyone till they reached safer places.

A 25-year-old woman, "We ran for life without looking at anything, the water was coming in an unimaginable speed, within a minute the water was up to my neck. Still I do not know how I survived. Whenever I go near the sea I feel tense."

There is difficulty in accepting the reality of the situation. Survivors behave as if nothing has happened. A sense of being paralysed, distant, and detached from one's feeling of grief is present. The person may be numb or act like a robot be able to go through the motions of life while actually feeling little. At the same time confusion and loss of appetite may also be present.

A 30-year-old woman lost her all four children in the tsunami. She knows that she cannot have any more children as she has undergone tubectomy. She sits in the relief camp, with a blank look on her face, speechless, withdrawn from others. She refuses to eat and has not been eating properly since the tsunami. Her sleep is also disturbed.

Relief, elation, euphoria among the survivors

Some survivors would feel a sense of joy to have escaped unharmed and have their family members safe.

Survivor's guilt

Feelings of repeated blaming oneself for having survived keeps coming back, especially if the survivor has lost his/her near and dear ones. "I should have done more", "If only I had known", are thoughts that haunt many people. The fact that they are alive may cause distress and discomfort.
A 45-year-old man launched his new boat on that seemingly calm and beautiful day. When the Tsunami struck not only his boat was washed away, but his wife also died as she tried to escape the waves. Her family members are upset and angry with him. They blame him for not making efforts to save her. After the tenth day ceremony, the wife's family openly told him that they are breaking their relationship with him since their daughter is no more in this world. He now feels guilty and says, "I should have saved her, why have not the waves swept me away with my wife?"

Disorientation, wandering and aimlessly talking

Some may have extreme forms of reactions in terms of aimless wandering, talking and a sense of disorientation about what is happening around.

A 27-year-old man was standing on the bridge along with his three friends. The bridge broke down and fell into the surging waters. He was washed away to the shore, but he saw one of his friends being drowned. He is currently unable to sleep properly and walks aimlessly the whole day.

Flashbacks and nightmares

Several times one would remember or relive the experience of tsunami repeatedly. Small incidents may trigger these experiences. This can happen more at nights. Being involved in relief work can also trigger off 'these attacks'. Survivors might keep on remembering those past experiences and this might be accompanied with reactions like sweating, palpitations, irregular heartbeat, etc. This often leads to sleeplessness and restlessness.

A 40-year-old man was constantly engaged in retrieving the dead bodies in his village Primary Health Centre (PHC). After seeing so many dead bodies, he now feels haunted by the images of the dead bodies. He is unable to sleep, constantly talks about it and has become irritable.

A 30-year-old man, "Whenever I sleep I get the images of water coming, houses being washed away. I can hear people and children screaming. I get up from sleep and then cannot sleep the whole night."

Anger

After tsunami, many survivors may feel angry due to the loss and pain that they have experienced. This anger could be towards the Sea Goddess, accompanied with a feeling of betrayal that the Sea Goddess, whom they worshipped and depended on, has taken lives of thousands, washed away their houses and boats, thereby destroying their life. This reaction usually occurs when an individual feels helpless and powerless. It may result from feeling abandoned. Feelings of resentment may occur due to the injustice of this loss.
A 60-year-old woman who lost her grandchildren, “Why did this happen to me? What wrong have I done? I worship God everyday, and yet God has punished me in this way.”

A 40-year-old man who lost his family members, fishing boat and nets, “Why do you come everyday and ask me about what I have lost? Will you be able to get back my children, my boat and nets? I have lost everything. I don’t have anything of my own except this torn shirt (points out to his shirt). I don’t want your clothes or food. I am happy with what I have; at least that’s my own belonging. Leave me alone, I don’t want to talk to you.”

A 50-year-old man, “We, the fishermen community, have been the hardest hit by this disaster. I am crying everyday asking Kadalamma as to why she did this to us? We are hard working people. I can boldly tell you that no fisherman would beg for a living. We work hard. Today look at our plight, we are like beggars. I have lost everything and now stand penniless”

Blame

Many of the survivors blame each other for the loss that they have incurred. This is a very common and natural reaction that the survivors exhibit.

A 30-year-old woman was preparing breakfast for her three little children. Suddenly she heard her neighbors scream that the water is coming. She took plastic pots and ran towards the door thinking that it was the corporation water tank coming with the supply of drinking water. She was shocked to see the wild surging waves making their way through the village. She ran and took her youngest child and tied the child over her head. Then she rushed to grab two of her other children aged four and eight years. But the waves struck her and inspite of her best efforts her two children were snatched away from her hands and they were washed away. She feels extremely guilty as she could save only one child. Her husband also keeps blaming her for it.

Sadness

Experiencing a sense of great loss, mood fluctuations and feeling of wanting to be alone may follow. After shock and denial and after anger being exhausted, sadness and hopelessness may set in.

**WITHIN 1 - 6 MONTHS**

Grief and apathy

After tsunami, some people may show little interest in performing even the basic day to day functioning, including those associated with personal hygiene.
A 30-year-old woman saw her daughter aged three and a half years old being washed away by the tsunami. Since that day she has not done any household work, stares vacantly in space and does not communicate with anybody. She sits the whole day holding on to her one and a half year old son.

Lack of response to others and inhibition of outward activity. Physical symptoms of anxiety in terms of restlessness, palpitations, irregular heartbeat, sweating, panic, etc.

A 24-year-old woman, "After tsunami, I cannot go near the sea. I feel very scared to go near the seashore. The sight of the seashore makes me fearful. My heartbeat starts increasing whenever I see the sea. If someone accompanies me to the sea shore, I hold him/her tightly because I feel very scared".

Inability to adjust

This is characterized by inability to come to terms with the changes that have occurred after the tsunami like the loss and damage, overall living conditions, change in social status, etc.

A 19-year-old boy, "We had everything in our house- even a DVD player and a motor boat. I never liked studies. I used to love going to the sea along with my father for fishing. I don't like staying here in the camp. There is no proper food and I miss homemade food. I want my mother to cook. People always fight here. We have to listen to abuses. Relief material is distributed in the camp. It makes me feel like a beggar. We never go to take any of those things. I want to go back to the sea once again but I don't have the means to do so. I sit here throughout the day doing nothing. It is very frustrating for me. Earlier we had such a peaceful life. Now in the camp, there is lot of noise as people keep fighting. Earlier I used to eat fish everyday. Now I have not eaten fish for so many days."

DELAYED REACTION (After 6 months)

These reactions come in after 6 months and may be seen as an intensification of the reactions seen earlier, in about 30% of the population. One such reaction is grief and understanding this process will enable workers to better aid people through the grieving process.

Grief

Grief occurs in response to the loss of someone or something. The loss may involve a loved one, a job, or some material possession. Grief, itself, is a normal and natural response to loss. There are a variety of ways that individuals respond to loss. Some are healthy coping mechanisms and some may hinder the grieving process. It is important to realize that acknowledging grief promotes the healing process. Time and support facilitate the grieving process, allowing an opportunity to appropriately mourn the loss.
Grief is painful and at times the pain seems unbearable. It is a combination of many emotions that come and go, sometimes without warning. Grieving is the period during which we actively experience these emotions. How long and how difficult the grieving period will be, varies with each individual. The length of time people grieve can be weeks, months, and even years but it becomes better with time.

Because grief is so painful, some people try to “get over” their loss by denying the pain. When people don’t deal with the emotions of grief, the pain does not go away. Understanding emotions of grief and its feeling and symptoms are important steps in healing and helping others who may be grieving. Some of the manifestations have been given below.

People can be helped to come out of their grief. The main point is to help them share their feelings such as loneliness, anger, and sadness openly and honestly. Next is to help them to understand that such feelings and reactions are absolutely normal in anyone coping with a personal loss. Practicing relaxation, deep breathing exercises, listening to music and getting involved in other life activities will help in managing the symptoms of grief. Encouraging them to adopt healthy lifestyle choices like good nutritious food, regular exercise, adequate sleep etc., will help in coping with their reactions.

**Post Traumatic Stress Disorder (PTSD)**

Life never prepares people to face severe trauma. When people face an overwhelming event like tsunami that is perceived as dangerous and beyond the normal coping capacity, the ability to respond adequately gets hampered. The symptoms that might develop in PTSD are understandable.

- Reliving the trauma through intrusive memories or dreams that are painful and come uninvited.
- Avoidance of all activities and situations reminiscent of the traumatic event.
- Hyper vigilance (inability to relax, being always tense), constantly alert, fearful, running at the slightest sight of waves, frightened at the slightest noise, palpitation.
- Inability to enjoy anything.
✓ Panic reactions.
✓ Acute outbursts of violence may also be present.

These symptoms develop because the person always seems to be in a state of arousal.

A 38-year-old man reports inability to sleep as he is haunted by repeated images of the waves coming, children being swept away from their mother's arms and houses being washed away. He has sleepless nights and doesn’t know how to stop these images coming to him. He is unable to relax and often has palpitations.

PTSD is not a single symptom but a cluster of symptoms like re-experiencing, avoidance, hypervigilance, and palpitation in a person.

A person can recover from PTSD on his or her own over a period of time through the combined actions of education, support, anxiety-management and life-style modification, which can hasten the process of recovery.

✓ Education, the first step, involves helping the person understand his/her condition and reassuring that the reactions are the result of the stress due to the traumatic event.
✓ Support from family, friends and anyone working with the person by letting the person know that he/she is not alone and is not responsible for the event, etc., helps in the recovery process.
✓ Teaching anxiety management strategies like relaxation, breathing techniques and diverting the individual’s mind through involvement in activities.
✓ Changes in the lifestyle are very important. This means following a healthy diet, avoiding stimulants or intoxicants, regular exercise and adequate sleep. In certain cases, use of medication may be recommended. All these help in the recovery process.

**Dissociative reactions**

Some people and individuals may manifest jerky movements of limbs. These can occur at specific places and on meeting specific persons. It is important to distinguish these reactions from fits. The person never falls down and hurts himself/herself or bites his/her tongue and there is no incontinence. The person also does not lose consciousness. It may be in the form of the person slowly sitting or lying down and jerky movements of the limbs. The person may close his/her eyes or can roll up his/her eyeballs. A lot of times the person can be found saying things in an unusual voice. These reactions are indications that the person is undergoing a lot of stress, inner conflicts and wants to fulfill unfulfilled wishes.

It is important to work with the person as well as the family members. Educating the person about body-mind relation will help him/her understand his/her own emotions better. The person should be given enough space for ventilation. Family members should be educated about the
person' symptoms. During such reactions, family members should avoid giving lot of attention to the person. However, during other times quality time should be given to the person addressing his/her emotional needs.

**Depression**

Experiencing a sense of great loss, mood fluctuations and feeling of wanting to be alone may follow. Sleep and appetite disturbances, lack of energy and concentration, and crying spells are some of the typical symptoms. Feelings of loneliness, emptiness, isolation, and self-pity can also surface during this phase. After shock and denial have passed, sadness and even hopelessness may set in. The survivor might not have energy even to do the simplest daily chores. Crying episodes may be experienced often. However, men try to suppress their tears even though they may be depressed.

**DELYED REACTION (In the Rebuilding Phase)**

These reactions are seen even after one year or more, largely among the affected community. Therefore, adequate psychosocial intervention is required to reduce the long term psychological complications of the affected communities.

**Loss of productivity**

*A 30-year-old man,* “I don’t feel like doing anything. I don’t have anything to do also. What can I do? My boats and nets are all destroyed in the waves. So I cannot go for fishing either. So I keep on sitting idle.”

**Increase in substance use**

Although, consumption of alcohol is a very common and accepted phenomenon among the fishermen, within a few weeks of the tsunami, it was found that there was an increase in the consumption of addictive substances, especially country liquor among the survivors. This was mostly seen among men who used to spend all the money that they got during the relief phase. Addiction to tobacco, *gutkha* was also widely prevalent.

*A 42-year-old man* who lost his two children, fishing boat and nets in the tsunami says, “I have nothing to do here in the relief camp. I sit idle all the time. If I sit idle, it reminds me of my children whom I lost. If I drink, I can at least forget my sorrows for sometime and get relief.”

**Suicidal thoughts, attempts and suicides**

*A 20-year-old lady* was carried away by the huge tsunami waves along with her sister. Their clothes were torn and washed away and both were almost naked. Both were struggling to save
their lives. In this process a man came to save them and offered his shirt to them. While the sister accepted the shirt to cover herself, the other lady felt shameful to do so. She jumped into the surging waves and killed herself.

**Marital discord and family problems**

When a person experiences stress, certain emotional reactions appear. These reactions lower the quality of interpersonal relationships and interactions with others leading to marital discord or family problems.

A *9-year-old boy* was found coming to school late everyday. The teacher on interacting with the boy found out that since the tsunami his father had not been going for work and had started taking increased amounts of alcohol. The mother was upset about it. Every night, the father and mother fought over this issue and abused each other. The boy was unable to sleep and hence came late to school.

**Somatisation**

Many of the survivors might experience bodily pains like headache, feeling weak, giddiness, etc. However few may experience these somatic pains even a year after the tsunami.

In one of the medical camps in Nagapattinam district, it was found that many women consulted the doctor with complaints of body aches and pains. However, there were no bruises or obvious injuries, to explain such pains.

**Difficulties in restarting and managing livelihood**

Many people have lost their livelihood subsequent to the disaster. It is difficult to rebuild their livelihood once again, as most have lost their fishing boats and nets. Procuring these boats and nets is difficult, because they are expensive. Moreover, most of these fishermen do not have skills to do any other activities other than fishing; as a result engaging in other income generative program is also not possible. All these factors have posed a great difficulty in restarting their livelihood once again.

Apart from the large chunk of fishermen population, other professionals like the blacksmith, boat repairers; chisel makers, tourist hawkers have also been badly affected by the tsunami. The tourist hawkers who otherwise used to hawk on the beach (which were tourist spots) are no more able to do so, as a result of which their livelihood has been badly affected.

*A 48-year-old man who lost his fishing boats and nets in the tsunami,* "I don't know how I will get back my boat and nets. If Government doesn't provide any support, it will be
very difficult. In other situations, whenever we were in need of money, we usually used to borrow from our other community people, but now they have also lost their boat, nets and property. So they won't be able to help me.”

After tsunami, the emotional reactions among the survivors would vary and undergo changes over time. Therefore post-tsunami, psychological interventions need to be flexible and based on an ongoing assessment of needs. The emotional reactions should be understood based on the manifestation of various stress reactions, level of individual effort invested by the people for their own reconstruction, the pattern and degree of disability as a result of this psychological stress, etc.

Some factors that could influence the reactions among survivors are:

- Nature and severity of the disaster.
- Amount of exposure to the tsunami disaster.
- Availability of adequate social support.
- Age.
- Gender.
- Status of the survivor (single/widowed/married)
- Separation/displacement from locality.
- Separation from family/primary support group.
- Personal losses of the survivor (loss of kith and kin, property, source of livelihood, personal injury)
- Poor pre-disaster mental adjustment.

These factors do play a significant role in influencing the coping abilities of the individuals who has experienced a loss.
This section presents some widely accepted principles for providing emotional support to survivors of any disaster.

1. **No one who experiences or witnesses the event is untouched by it.**

Disasters, depending on the nature and magnitude, cause enormous loss to life, property and the environment of the area. Grief, sadness, anxiety, anger are common in such situations. Almost all the individuals who are part of this event experience such reactions. Even people who have followed the event through the television or print media would be affected by it.

Some people may not on the surface seem very distraught or affected, but give them space and they will share their experiences and feelings about the event. It’s a myth that strong people or men in general do not need support and can manage without external support. It’s not only the people who have been overwhelmed by the event, but everyone needs support. However the degree of care required or the time span for which it is required may vary.

2. **Disaster stress and grief reactions are normal responses to an abnormal situation.**

Since a disaster is an abnormal event beyond the coping mechanism of an individual and people are not prepared to meet the disaster, hence they manifest their trauma and stress in the form of varied reactions. These reactions are normal and within some time most people would be able to overcome their trauma and get back to a sense of normalcy, given the right support and care. However people need to be helped to understand that what they are experiencing is normal, this would ease the stress they are experiencing as a result of the reactions.

3. **Disaster results in two types of trauma.**

Any disaster-affected population has individual and collective trauma. Individual trauma manifests itself in stress and grief reactions, while collective trauma can sever the social ties of survivors with each other. These ties could provide important psychological support in times of stress. The loss of these natural buffers in the community makes mental health interventions, such as outreach, support groups and community organizations which seek to re-establish linkages between individuals and groups extremely essential.

In a natural disaster of the extent of the supercyclone in Orissa where whole villages were washed away leaving just one or two survivors, the collective trauma was immense. In tsunami, whole villages were washed away and all the families were affected, causing a collective trauma.
4. Most people pull themselves together during and after a disaster. However they function with less effectiveness.

A disaster survivor faces multiple stressors. In the initial phases there is much energy, optimism and altruism. There is often a high level of activity with low level of efficiency. As the reality of loss becomes clearer frustrations and disillusionment set in, leading to more stress reactions. *This can impair the survivor’s ability to make decisions and take necessary steps towards recovery and reconstruction.*

5. Daily living problems cause emotional reactions in many survivors.

Disaster disrupts all aspects of daily life resulting in practical problems like finding temporary housing, food, clothing, etc. Timely and appropriate relief and support measures are very vital to help survivors handle the disruption. The stress of living in cramped living spaces with limited resources adds to the stress of the people who have survived a disaster. Lack of adequate supplies to meet their basic necessities is also problematic for the survivors.

For many months the survivors of the supercyclone braved the weather living in tents, similar was the case in the earthquake ravaged spaces of Gujarat. Relief took time to reach because communication and access was severed by the disasters.

Now in the tsunami situation, many people are living in temporary shelters which are not adequate for living. The inadequate place, lack of privacy, lack of sanitation facilities and other basic amenities are causing more emotional problems. Therefore it is not only tsunami as an event, but the subsequent difficulties in daily life after the tsunami which are causing various psychological and social problems. Taking care of these issues are extremely important for the psychological well being of the survivors.

6. Disaster mental health services must be uniquely tailored to the communities they serve.

Mental health interventions should be based on the demography and characteristics of the population. It is also essential to consider the ethnic and cultural groups in the community so as to provide help in a manner, which is culturally relevant, and in the language of the people. Hence, the emphasis is that such Programmes are effective only if workers indigenous to the community and to its various ethnic and cultural groups are integrally involved in service delivery.

In Orissa too the workers were from the villages itself some were survivors of the cyclone themselves. Again understanding the village set-up and the cultural restrictions on women who had been widowed and other such details greatly helped in establishing rehabilitation programs that could be sustained and were effective.

In tsunami, the community level workers are from the community, some of them are teacher, ICDS workers of working as health workers. Many members of the local community groups, also from the self help groups and Panchyat members are involved as community level workers for the
psychosocial care. Many of them are also survivors of the tsunami and have personally experienced the trauma.

7. Survivors respond to active interest and concern.

Survivors will usually be eager to talk about what happened to them when approached with warmth and genuine interest. Workers should not hold back from talking with survivors out of fear of invading their privacy or the fear of having them break down as they talk of their experiences.

Often the culturally appropriate thought process is to ‘Forget what happened it was god’s will and look at the future’, ‘Do not cry it will not help live for the child who needs you’. This is what people trying to console others would say. However such statements interfere with the normal grieving process that individuals need to go through before they can fully overcome their trauma. Also cultural aspects like men should not cry etc prevent men from finding ventilation spaces. It is important that workers understand that people of all ages and gender would respond to care and support.

8. Interventions must be appropriate to the phase of disaster.

It is of paramount importance to recognize different phases of the disaster and varying emotional reactions of each phase. In the initial phase listening, supporting, ventilation, catharsis and grief resolution helps, while in the latter phase handling frustration, anger and disillusionment become important.

9. Support systems are crucial for recovery.

The most important support group for individuals is the family. Attempts should be made to keep the family together and members should be encouraged in getting involved in each other’s recovery. For those who are orphaned or have become single, support from other groups can be helpful.

In Orissa, orphans and widows started staying together in community based set-ups called ‘Mamta Gruhas’ and this was seen as very beneficial in helping them getting a feeling of support and strength. Mobilising community support using the available local resources are very crucial for rebuilding the support system.

10. Attitude of the caregiver.

The caregiver needs to set aside traditional methods. Use of mental health labels like ‘neurotic’, ‘counselling’, ‘psychotic’, ‘psychotherapy’, etc needs to be avoided and an active outreach approach is required to intervene successfully in disaster.

In all disaster interventions, it is seen that labels like psychiatrists and counseling tend to give rise to a stigma and the care being offered is not sought. However the approach of going to the people rather than waiting for them to come to a center set up for counseling and offering psychological support indirectly or along with other forms of aid like relief material or medical help is very fruitful.
SEVEN BASIC TECHNIQUES OF PSYCHOSOCIAL CARE

Often people feel that great information is required to enable them to reach out and be of help to people. Often people do not know what is the appropriate thing to do when reaching out to help someone who has survived a traumatic event. This section enumerates seven basic techniques that anyone wanting to help people get back a sense of normalcy can do.

These are very simple initiatives that anyone wanting to help people can take. Although intangible in terms of immediate effect it sets the foundation of long term rebuilding to take place. Some people may need one or two, whereas others may need only one to help them normalize their life.

VENTILATION

A person who has experienced some trauma (i.e. survivors of the riot) will have strong emotions, which will often be suppressed. If there is no space or environment for the release of these emotions, then the pressure will keep on building until one day the person will break down. It is important for helpers to be able to meet with people and help them talk about what they have experienced and share their feelings and emotions.

For instance in a pressure cooker, the whistle is very important. The whistle helps the extra pressure to be released or else the whole cooker will burst. It systematically and periodically takes the extra pressure out slowly and helps in getting the food cooked.

Similarly, the role of a CLW would be to work like the safety valve by getting the tsunami survivor to slowly but consistently release his/her tensions, pain, grief and other emotions that have been suppressed. This is an extremely important role of a CLW. This process involves release of emotions and feelings. It is a very important intervention and should be used as soon as possible. People under stress find it difficult to relax and may have other reactions. Even in camps, people can be very lonely.

Things to be done to allow ventilation:
- Listen carefully and attentively.
- Maintain eye contact.
- Acknowledge distress.
- Do not interrupt.
Never ask them to stop crying.

Do not be judgmental.

Provide support by physical touch like holding hands, patting on the shoulders when someone cries. However, the cultural barriers of the community should be kept in mind in this regard.

Mrs Rathna, a 43-year-old woman, is very upset about the death of her only daughter. She has three elder sons and her husband. The whole family is disturbed but they avoid talking about tsunami and ask her not to cry. Her sons and her husband feel if they start talking more about tsunami, she will be more upset and she will go mad. But the CLW started talking to her and made her express all her thoughts and memories of her daughter. She felt relaxed after talking all about her beloved daughter. During the process, her husband was feeling irritated as the CLW made her cry. Then her husband was also asked to talk. He confessed that he was also equally disturbed about the death of his daughter, but they never could talk thinking that talking will not help. So, they were asked by the CLW to share their feelings rather than suppress it.

This process involves the release of emotions and feelings. It is a very important intervention and should be used as soon as possible. People under stress find it difficult to relax and may have other symptoms.

"I never been able to talk so clearly what happened with me, today for the first time I am feeling little free to talk about my self" - Survivor

Empathy

Often when we are thinking from our point of view it is very easy, but to be able to get into another person's feelings and try and see it from their perspective is very difficult. However, if we look at things from other person's perspective, it will give us a clearer picture of what that person is going through. While at work we will not have experienced what the person who underwent the trauma felt, but we should attempt to find out how it feels to be in his/her position.

We can try and experience and imagine what it feels like. The idea of being able to feel and experiences the pain as your own by trying to be in the other person's situation is the main idea.

Whenever a tsunami survivor is sharing his/her feelings and experiences, the CLW needs to listen to him/her patiently and try to realize what he/she went through by keeping him/herself in the survivor's position. If the CLW is able to empathize with the tsunami survivor, then the survivors will feel a great sense of relief of being truly understood.
"When she started talking about her husband, sharing all the things he liked, what he used to say and started showing photographs, I was on the verge of tears, I was not able to talk, I just touched her to show my concern, that I understood her pain. She was also crying." - A helper

When she started talking about her mother and sister, it was really touching. It is so painful to lose so many beloved persons in front of one's eyes. For the first time I have experienced so much pain for others - A helper

I did not tell him that you have to live and accept your life situation, but I made him understand and feel that I understood his pain and sorrow. It helped him to open up and become close to me. - A helper

ACTIVE LISTENING

In the camp/temporary shelter situation or in community there will be lack of privacy when workers try and talk with people. There will be a lot of noise and distractions, but good listening is an important skill to provide emotional support. Even in the camp situation following some of the guidelines given below can help workers work better.

✓ **Maintain eye contact with the tsunami survivor when he/she is talking:** This shows that the CLW is interested in listening to him/her and is concerned about the person.

✓ **Respond occasionally while listening:** This makes the person who is expressing one's feelings, feel that he/she is taken seriously and that the CLW understands what he/she is saying. Sometimes it helps to paraphrase what has been said, often giving the speaker another viewpoint.

✓ **Avoid interruptions:** Allow the person to finish whatever he/she is saying. Do not interrupt unless there is confusion and the details are jumbled.

✓ **Be accepting:** Do not prejudge, moralize, condemn, or interrupt what the person is saying.

✓ **Empathize:** Empathize with the person while he/she shares his/her feelings/experiences. As a CLW, one needs to be sensitive and have the ability to recognize what the other person is going through, his/her feelings or emotional experiences.

This is one of the most important techniques for a worker and one of the most difficult to adhere to. It takes a long time for a worker to actually start using it. Once they start using it, they are able to realize the power such listening has in alleviating the pain and stress of the survivors and how much it helps them to build a rapport with the survivors.
"Now we give more time to just hearing them out, we leave other thoughts from our mind. Now I understand that listening itself gives satisfaction and helps to reduce pain. Earlier we were fearful about whether we will be able to help after listening, but now we understand that people do not talk just for some help but ta'king em to get better, 'f somebo' y rea'y s'ows interest and understands the pain. — A helper

**SOCIAL SUPPORT**

Everyone feels very comfortable with a certain level of emotional support that comes from others around him or her. Social support networks are extremely important for feeling comfortable and secure. In a disaster situation all of these support systems get disrupted.

For example, if we go to a new town to work or study and we know no one there. Since we have come for the first time we would feel, insecure, lonely, scared, and at times fearful. If we meet some people from our background (language, religion, region etc) then we would immediately feel a sense of happiness, want to be with them, try to meet them and feel relieved.

So it is essential for efforts like ours to provide some level of support through bonding in terms of almost being a like a family member. Not only have there been personal losses, but even the larger support systems which otherwise could have been of help for individuals are disrupted. So, external agencies and CLHs specifically can play a great role in extending emotional support.

"I made regular visits so that she can feel she is not alone as she had that feeling very prominently. She started saying that I am very much similar to one of her friend" — A helper

"Memories of my mother and sister-in-law haunt me when I do household work. If you come, I feel at least somebody wants to talk." — A survivor

**EXTERNALIZATION OF INTERESTS**

The women at camps are engaged in the community kitchens. They have something purposeful to do during some part of the day. Similarly, older children are seen transporting the fuel wood from the truck to the storage area, all these little things being done are productive for the people involved in terms of enhancing their recovery process. They are engaged and their minds are meaningfully occupied. Also the physical movement adds to the increased level of feeling better and energized.
Another example is of a woman who mentioned to the Amanpathik that she would like to work with the children in the ‘Bal Muskaan’ program being run in the camp. In this case it is important for this woman not only to be given an opportunity to work because she feels she has the skills, but also because it will help her personally to spend time thinking of things other than her traumatic experience.

At some camps lists of people interested in sewing were drawn up and machines were provided and groups of women started sewing. So working with whatever interests the person may exhibit helps the person in getting involved with other activities.

"I took her with me to write up and fill up compensation claim forms. Earlier the whole day she used to just sit in the house, and spend the whole day doing just one task and think of the past. This helped her to do something extra out of her regular routine. She felt better after talking to others". - CLW.

"A lady knew sewing but was not able to forget the disastrous events the memories kept bothering her. I involved her in the sewing class to help others learn sewing. This helped her to come out of her thoughts and within fifteen days she started sewing herself. She felt happy and said she would do the work regularly".-A helper.

"After joining work at this shop, I am able to come out of my home. Now I feel I can do something for my children. Before this, I was not able to think about anything else except the loss and death of day".- A survivor.

THE VALUE OF RELAXATION/RECREATION

Getting back to routines to divert one’s minds is a great way of dealing with the stress that the emotional reactions would be causing. More the people engage in activities or recreational activities, the greater will be the normalization of their life. It is important to take the mind and let it get involved in non-tense situations and experiences. This will help the person to recover faster.

One of the organizations had developed a puppetry show with the message of recovering from trauma of tsunami. The activity had generated a lot of interest and energized the group. People came up and discussed their personal experiences as they had identified with the characters of the puppetry.
Introduction of activities for children for instance some games, songs, dancing and other things involving movement has proved to be very beneficial in helping children recover from their trauma and pain. With the introduction of the program, there was some level of structuring to their day. The children have something that takes away their mind and brings in some relief from the painful memories or emotions. There is a channelization of their energy.

“A child who had lost his entire family had an uncle who bought a small chicken for his nephew and slowly the child who was just going around for his compensation claims only, started playing with the chicken, feeding and looking after it. He said he enjoys being with it” -A helper.

Encouraging people to undertake relaxation exercise regularly is very beneficial too.

“After a visit, the lady started practicing relaxation and she said she is feeling better” - A helper.

“I felt relaxed after I joined the group for the ladies. It may not have given anything, yet all of us come, sit and talk. It makes us happy to sit and talk about each other” -Survivor.

SPIRITUALITY

In our country, religious belief or belief in a higher power greater than man is an integral part of our being and this gives us great relief and support during testing times. We may question this power at times to ask why we are suffering and why we had to go through the pain, but at the same time we will again lean on the same power to get through any crisis we are facing. So it is important to reinforce this spirituality in anyone we are working with because it has tremendous power to heal the pain and suffering. Thus it is essential to encourage the survivors to practice their spiritual beliefs and rituals. Practicing spiritual beliefs helps in the recovery process.

We started reading bible in group as the helper had suggested, she came and started the reading session with all of us. We felt better after reading the holy book. –Survivor.

I used to do regular puja, but as everything was lost, I left it. A helper forced me to restart my puja and although it is not like what it used to be earlier, still I pray to God not to make people suffer anymore like this. I like to talk now. –Survivor.
Psychosocial care is part of holistic care. For rehabilitation and recovery of the survivors of the disaster, providing holistic care is most crucial. The most important step in psychosocial care and recovery process is to recognise that psychosocial care is essential for all of the population experiencing a disaster. People differ only in terms of the degree of support needed. It is important not to look at holistic intervention care model as a limited approach to providing care and support. There is a need to understand that there are many aspects to psychosocial care. Just like an umbrella, there is a need to cover all the aspects rather than focusing on giving emotional support alone.

After any disaster there is a need for a multi-pronged approach to relief and care, of which psychological support forms an integral part but is not the only form of help that people require. It is important to note that although not the only form of help, it is an essential and necessary element that must be a part of the relief work for quicker and more effective rehabilitation of the survivors of any disaster.

Under the umbrella of care would come in seven basic issues (listed below) that a psychosocial caregiver would need to look at.

Under the umbrella of care would cover issues related to

- Compensation Claims
- Medical Care
- Paralegal aid
- Housing aid
- Self care
- Means for Livelihood
- Psychosocial Support

INDIVIDUAL
Rehabilitation after the super cyclone of Orissa in 1999 was provided under livelihood, agriculture, wage employment, habitat (housing, water, sanitation and ecology) and infrastructure (health, education, social services and communication).

While making an intervention with any person the worker would need to identify needs and attend to specific problems. Referrals would be made as and when required and there would be a commitment for long-term work. The caregivers would work not only with the people who have been affected but also the larger society.

**Mental health of survivors from the fishermen community after the Andhra cyclone**

*Fishermen*

| Loss of family, home and relief measures |
| Loss of source of livelihood, compensations, difficulty in construction of homes |
| Blow in gratification of primary needs, non-payment of compensation |
| Loss of comforts, loss of social status, and relations, security problems |

These issues need to be addressed in the rehabilitation program

*Feelings of*

*Powerlessness, helplessness, lack of adjustment, low level of occupational redundancy, loneliness, low self esteem, negative attitude towards self, low level of self efficacy, fear about reoccurrence of cyclone*

| Anxiety, stress, hostility, mental illness, tension |

Making proper coordination to look at all the issues are essential to build up a holistic care model or a spectrum of care.
Any community when faced with a disaster responds in its own way to the situation. One such response is the reaction of several local people or groups of people who immediately come forward to help in one way or the other in order to alleviate the situation. These people are known as the *community level workers* (CLWs). They play a crucial role in the relief and rehabilitation efforts after the community has experienced a disaster.

These CLWs mostly are people who belong to the community and are likely to know the area well and have close ties with several people in the locality. This enables them to work in a sustained and intense manner with the community.

These CLWs might include
- Anganwadi functionaries
- Auxiliary Nurse Midwives (ANMs)
- Schoolteachers
- NGO/CBO workers
- Volunteers
- Local community leaders
- Temple priests
- Panchayat members
- Revenue Inspectors
- Women’s group members

Generally these CLWs do have a helping tendency, but they often don’t know whether they are doing it right or wrong. *The CLWs are a vital link between the disaster survivors and several helping agencies (NGOs, Governmental agencies) that come from outside the community.* They provide help to the survivors from the initial phase, immediately after the disaster has occurred. Psychological problems following disaster often tend to be neglected, as they are relatively less visible when compared to the damage to life, physical health and property. It’s important to remember that psychological problems often occur and if unattended to, would hinder the functioning of the survivor. Hence, early identification of this problem, followed by intervention, helps the survivor to recover.
A psychosocial caregiver from the community plays a critical role in rebuilding efforts after any community has experienced a disaster. In the Orissa cyclone disaster the ‘Snehkarmis’ and in the Gujarat earthquake the “Viklang bandhus” provided psychosocial care to the survivors of the disasters.

Under normal circumstances most people can take care of their problems. Tsunami being an abnormal situation, people’s equilibrium has been temporarily upset because of the emotional reactions they are now experiencing. Till the time they can develop successful coping strategies and handle their lives competently, they need emotional support.

It is like extending help to a person who has fallen on the ground. Extend your hand to help the person sit, and then slowly make him or her stand. Then walk a few paces with him/her and gradually he or she will walk independently. This diagram would help in understanding at a glance the three areas of focus for psychosocial interventions.

Relief from stress, ability to talk about the experience and passage of time usually leads to the re-establishment of equilibrium. Individuals find comfort and reassurance when told that their reactions are normal and understandable in every way. Public information about normal reactions, education about ways to handle them, and early attention to problematic symptoms can hasten recovery and prevent long-term problems.

The diagram in the page number 54 will help in understanding better the role of a psychosocial caregiver.

There are three aspects to a Community Level Helper’s role. The foremost task would be to meet and interact with people, and while meeting and interacting with them help them with the following things:

HELP PEOPLE UNDERSTAND THE CHANGES THAT THEY EXPERIENCE IN THEIR BODY AND MIND

When people face any traumatic event, they go through both emotional and physical reactions. Helping them to know that it is absolutely normal to feel this way, helping them to understand that over time they will be able to get back to their normal life routines and that this is just temporary phase helps them feel at ease and more comfortable in dealing with what they are experiencing. Here the techniques of ventilation, listening and empathy would be useful as explored in chapter four.
DECREASE THE PHYSICAL AND EMOTIONAL REACTIONS

Here the caregiver would use basic principles to extend emotional support and establish a relationship with individuals wherein the person can relate what they have experienced, express and share their feelings. By doing this they would help the person feel lighter having let out the pressure of strong emotions within them. Here the techniques of listening relaxation, externalization of interests as talked about in chapter four would be useful.

SUPPORT AND REBUILD THEIR SHATTERED LIVES

After establishing rapport, facilitating reliving and grief resolution the caregiver would go on to looking or enquiring about specific help a person may need. This could be in the form of:

- Guidance to get compensation, assistance in paralegal work.
- Practical help like getting forms/accompanying survivors to the offices or helping the individual open a bank account, etc.
- Medical help if need be, specially going to the hospitals.
- Mobilizing help from neighbours/relatives to support an orphan or an old age survivor.
- Getting options for livelihood reorganized.
- Networking and coordinating with other agencies is also important for sourcing various other kinds of support.

Holistic approach is more substantial not only in terms of meeting varied needs of an individual but also gives the helper more entry points for intervention.

Once they have been able to establish a rapport and built relationships with people then they would need to identify groups that need special attention and work closely with them. The groups they need to look at are

- Orphaned children
- Widows
- Single parent families
- Families being run by older siblings
- Aged people
- People with disability
- People who are economically devastated
Disaster leads to distress and disability.

Role of Community Level Helpers

- Help people understand the changes that they experience in their body and mind by:
  - Helping them ventilate
  - Giving empathy
  - Active listening

- Decreasing the physical and emotional effects:
  - Social support
  - Externalization of interests
  - Relaxation
  - Spirituality

- Support and rebuild their shattered lives:
  - Help with housing
  - Assistance for compensation
  - Paralegal aid
  - Educational help

All the above three lead to adjustment or mastery over emotional distress.
Referral is a method, which will ensure adequate care for the needy. The persons, who are in need of some other services, should be referred to the appropriate agency. For doing so, it is essential to have adequate collaboration and cooperation with other agencies and organizations working in the disaster affected areas. Adequate referral will facilitate better rehabilitation of the disaster survivors. There are many issues, which require referral to an appropriate agency or professional.

- Livelihood issues – like assessment of needs, procurement of materials, grants.
- Issues relating to children- like educational needs, adoption or fostering, financial assistance.
- Paralegal issues- like compensation, reassessment of homes, FIRs.
- Medical issues – like regular health problems, special needs say crutches or pregnancy related issues.
- Housing plans – assessment, getting material.
- Women support group - special needs like being a single parent, violence.
- Emotional issues

For emotional issues it is important to understand that there are certain behaviour patterns you can use as a guideline to identify individuals or families with whom you can work and probably help. Some of the people may be in a state of mind where they may require the help of a specialist, professional assistance. This would mean you have to become a link and know how to enable the person to access the guidance of a specialist.

Referring a person to a specialist will require tact and sensitivity because of factors like social stigma, etc. Help may be essential but the individual may not readily accept referral for a variety of reasons.

However, the first task is to be able to recognise when it may not be within your own capabilities and skill to help a person and thus refer him/her for professional attention. For instance in the examples given below referral would be required.

A 60-year-old man had a business and fishing boats. He had a house plus newly married son. Within a week, tsunami happened and he lost everything. He had a hope that his wife would be alive. Then the body was found after 10 day. He was totally shattered and he got a paralysis attack. He could not talk properly. He did not respond. If you ask him questions like what happened to you, he just keeps smiling and slowly tears well up in his eyes. He is in such a state that even if you cry, his face does not register whatever expressions come to your face.
One girl of 22-years-old lost her husband and new born baby in the tsunami. She just keeps on searching for her husband and baby and does not talk to any one. She neglects her personal hygiene and also does not eat without force.

A woman aged 35 years starts running and does not listen to anyone. She will be talking and suddenly she will start crying and her face looks as if she is going to be unconscious. To calm her down, water is given and people try to get her involved in some activity to distract her. She cannot concentrate for too long.

There are four areas, which you can consider while deciding whether you can help or if you need to refer the person to a professional.

### Alertness and Awareness

<table>
<thead>
<tr>
<th>CLW can handle the situation if the person</th>
<th>Consider referral if the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Is aware of who he/she is, where he/she is, and what has happened.</td>
<td>✅ Is unable to give his/her name, or with whom he/she is staying or interacting.</td>
</tr>
<tr>
<td>✅ Is only slightly confused or dazed, or shows slight difficulty in thinking clearly or concentrating on a particular subject or task.</td>
<td>✅ Cannot recollect the place he/she is from, where he/she is staying, or what he/she does.</td>
</tr>
<tr>
<td></td>
<td>✅ Cannot recall events of past 24 hours.</td>
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<tr>
<td></td>
<td>✅ Complains of forgetting names and other things.</td>
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</tbody>
</table>

### Behaviour

<table>
<thead>
<tr>
<th>CLW can handle the situation if the person</th>
<th>Consider referral if the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Wrings his/her hands or appears still rigid or clenches the fists.</td>
<td>✅ Is apathetic, immobile and unable to move around.</td>
</tr>
<tr>
<td>✅ Is restless, mildly agitated and excited.</td>
<td>✅ Is discontented and mutilates himself/her herself</td>
</tr>
<tr>
<td>✅ Has sleep difficulty.</td>
<td>✅ Violent, causes harm to others.</td>
</tr>
<tr>
<td>✅ Has decreased appetite.</td>
<td>✅ Uses alcohol or drugs excessively.</td>
</tr>
<tr>
<td>✅ Is sad and shows agitation, restlessness and paces up and down.</td>
<td>✅ Is unable to care for himself/herself, i.e. does not eat, bathe, shave, change clothes regularly, etc.,</td>
</tr>
<tr>
<td></td>
<td>✅ Repeats ritualistic acts.</td>
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### Thought

<table>
<thead>
<tr>
<th>CLW can handle the situation if the person</th>
<th>Consider referral if the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Has a feeling of sadness, despair, and worthlessness.</td>
<td>✓ Is excessively preoccupied with one idea or thought.</td>
</tr>
<tr>
<td>✓ Has a doubt on his/her ability to recover.</td>
<td>✓ Has a false, firm unshakable belief that someone or something is after him/her and the family, someone is going to kill him, harm him.</td>
</tr>
<tr>
<td>✓ Is overly concerned with minor things and neglects more pressing problems.</td>
<td>✓ When there are suicidal ideas.</td>
</tr>
<tr>
<td>✓ Denies problems or states he/she can take care of everything himself/herself.</td>
<td></td>
</tr>
<tr>
<td>✓ Blames his/her problems on others, is vague in planning</td>
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</tbody>
</table>

### Speech

<table>
<thead>
<tr>
<th>CLW can handle the situation if the person</th>
<th>Consider referral if the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Talks excessively about the disaster</td>
<td>✓ Has irrelevant speech.</td>
</tr>
<tr>
<td>✓ Refuses to talk much.</td>
<td>✓ Shows extreme pressure of speech like his/her talk overflowing.</td>
</tr>
<tr>
<td>✓ Has rapid or halting speech.</td>
<td>✓ Does not talk at all for days together</td>
</tr>
<tr>
<td>✓ Stammers due to anxiety</td>
<td></td>
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</table>

### Perception

<table>
<thead>
<tr>
<th>CLW can handle the situation if the person</th>
<th>Consider referral if the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Has all the senses intact and there is no perceptual disturbance.</td>
<td>✓ Hears voices in absence of them.</td>
</tr>
<tr>
<td></td>
<td>✓ Sees things in absence of them.</td>
</tr>
<tr>
<td></td>
<td>✓ Has unverified bodily sensations.</td>
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</tbody>
</table>
### Emotions

<table>
<thead>
<tr>
<th>CLW can handle the situation if the person</th>
<th>Consider referral if the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Is crying and weeping continuously reiterating about the tsunami.</td>
<td>✓ Unable to be aroused and is completely withdrawn.</td>
</tr>
<tr>
<td>✓ Has blunted emotions, hardly reacts correctly to what is going on around him / her.</td>
<td>✓ Is excessively emotional and shows inappropriate emotional reactions.</td>
</tr>
<tr>
<td>✓ Shows high spirits, laughs excessively.</td>
<td>✓ Is excessively happy, over familiar, restless, over grooming, over spending.</td>
</tr>
<tr>
<td>✓ Is easily irritated and angered over trivial issues.</td>
<td></td>
</tr>
<tr>
<td>✓ Is very quiet, shows no emotions.</td>
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**FACILITATION MANUAL FOR TRAINERS OF TRAINEES** 51
VARYING ROLES
AT DIFFERENT STAGES OF HELPING

WORK IN THE IMMEDIATE PHASE

Reduce distress

In the immediate phase, the first major role that workers play is helping people overcome their trauma and come to terms with their losses (material or life). It is important to deal with the emotions of grief or else the pain remains and hampers the process of rehabilitation. People need to be helped in dealing with their anger, loneliness, sadness etc and move beyond their loss.

In Orissa, post cyclone interventions, besides material assistance like medicines, food, clothing and essentials, part of the work was to provide people space for sharing their trauma, just spending time listening to them and being with them. This helped in forming close bonds with the people as well as healing them as they shared their experiences as given below:

"At times I cannot even cry, but I also cannot hide the pain. I feel so terrible that I cannot even explain. My voice does not come out, I get so scared. Memories of what used to be come back to my mind."

"I do not know how to express myself; everything looks blank in the future, now everything is gone. But for the first time you are saying I have life, and I have to look beyond tsunami. I think I can if you keep supporting me. Taking to you gives great relief. I was just suffering within myself, today I know why it is happening to me."

Give relief

Believing in the inherent dignity and worth of individuals, workers acknowledge the fact that although people are vulnerable and need assistance, it is imperative to enhance people’s inherent capacities. Attitudes of charity and pity give way to empathetic facilitation, which enables people to recover their full functionality.
Establish linkages

Post disaster, a lot of aid and resources pour in. At one end are people and agencies who have material or skills to give, but need assistance and guidance to help it reach the right people and at the other end are those in need who are unaware of availability and access to these resources. Caregivers play a crucial role in bringing these two together. By establishing linkages between the people who are in need and the resources available in cash and kind; whether from local agencies, social institutions, government, aid agencies etc, they monitor equitable distribution among people.

After any disaster there is lot of work which becomes an added responsibility of the people and agencies working in the camp situation. Like various surveys need to be carried out to understand the loss, forms needs to be filled up for arranging relief, compensation, data regarding the missing and other family details are needed to plan for the special vulnerable groups. Therefore establishing adequate linkages for all these requirements is very important. Involving the local community groups is also necessary.

By creating self-awareness among the people and providing equal opportunities for all, social workers reach out to the most vulnerable groups among the disaster survivors and move them towards total rehabilitation.

In Kutch the workers were able to guide aid to the most affected population by looking at criteria like number of casualties, extent of destruction, representation of vulnerable groups like the aged, women, children etc. and remoteness of the area. These criteria guided the workers to ensure that aid was channelised to this area. Enabling marginalised groups like the Dalits to access relief measures was a key task because Dalits by virtue of their social standing would be the last ones to receive any help.

These workers, post-training, are able to rise above personal biases and perceptions and respond to all the people in need irrespective of which religion, caste or class they belong to or even the situation they are in. This is extremely critical in a diverse society as ours.

After relationships have been formed and immediate relief has reached the people, the needs of the affected people will shift and kind of roles that caregivers need to play will change accordingly.

Work in the Later Phase

Need assessment for an individual

After the initial relief phase is over, people have more time to reflect upon what they need or want to do with their lives. Workers would now help in making more holistic interventions. They are aware of the problems of the individual as well as look at environmental (social, economic, political, cultural) issues that work for or against that individual, so while planning interventions they are sensitive and try to meet needs at all fronts.
PSYCHOSOCIAL NEEDS ASSESSMENT

RELIEF        RESCUE

PHYSICAL NEEDS

REHABILITATION    RECONSTRUCTION

RELIEF        RESCUE

EMOTIONAL NEEDS

REHABILITATION    RECONSTRUCTION

RELIEF        RESCUE

NEEDS ASSESSMENT

SOCIAL NEEDS

REHABILITATION    RECONSTRUCTION

RELIEF        RESCUE

ECONOMIC NEEDS

REHABILITATION    RECONSTRUCTION
In tsunami one young girl who lost her father was very disturbed. The ICDS workers helped her to come back to the center and play with other children. The worker also started making visit to her mother to make her feel free and start talking. The ICDS workers was able to get in touch with the local NGO and the SHG group, where she made the mother of that girl to join as a member. The SHG group started some knitting classes. The Compensation was facilitated by her through the help of the village Panchayat. Arrangement of housing also has been planned by another organization. So, the intervention has been taken care in all the ways. Such interventions are considered as holistic rehabilitation. The long term needs need to be facilitated by keeping in touch with her on continuous basis.

Interventions at this stage focus on making people own the process and become equal partners in the entire rebuilding process right from planning to the implementation; the workers facilitate this ownership building. They do not intervene in the form of solution providers but start with where people are. This ensures that the options are viable, sustainable and owned by the people.

In Gujarat earthquake village committees were set up to take over responsibilities related to rehabilitation work in their own communities and participate in decision-making processes at the village level.

The food for work program in Orissa showed how positive this process can be. People did not merely receive aid and feel they were getting charity; rather they participated in the process of rebuilding their lives by being part of the planning and implementation process. The other spin offs were that migration due to lack of work was prevented and constructive use of time and local manpower was made.

**Indirect work**

Also by looking at an entire range of interventions, CLWs supplement the work of professionals like doctors, therapists, architects, and aid providers etc to meet those needs.

While working with a woman who had been widowed and needed economic help and assistance with compensation claim, the worker noticed that her son was being unable to cope with the loss of his father. He refused to believe that his father was dead and completely avoided that topic. He became very quiet and lost all interest in life. He stopped talking, could not sleep well at night and was becoming aggressive. The worker referred the boy for psychiatric care. He also worked with the family to enable them to support and facilitate the boy's recovery. Periodic monitoring revealed that the boy's condition had started deteriorating after sometime; like his hands were shaking and speech had become incoherent. The worker got the doctor to see him again and it was discovered that the dosage needed to be reduced. So here the importance of the indirect support lent to the specialist by the social worker can be clearly seen.

**Monitoring process**

These workers focus on the total rehabilitation process and not just short-term relief measures. Regular monitoring forms an integral part of their work. Monitoring evaluates the results their interventions are bringing and also tries to meet the changing needs as the process of rehabilitation and reconstruction progresses.

After the earthquake, a Social Watch Program was set up wherein a record field of each vulnerable family (uncared for aged, widows, orphans person with disabilities) was maintained at the village level.
contained information regarding problems, needs and resources available to meet those needs. The workers monitored these records and responded to the needs that came up at the earliest.

Today after three years of relief and aid having been provided to the Orissa supercyclone survivors, workers continue to monitor their general well being. They have remained with the survivors long after the aid agencies and supporting NGOs have finished their jobs. This monitoring has revealed that there are issues with compensations, for example with money that is going to mature and how some of the orphans could be duped of their money. Thus, they are looking at preventive actions to be taken to ensure that the claimants get their dues without being tricked into giving away their share of the money.

So one can see that intervention at one particular time and space does not mean the end has been achieved. Monitoring could bring new issues that need to be addressed.
Any one of us leading a normal life has to go through various stages of life. Each of the stages of life is associated with various events which produce some amount of stress. It has been conceptualized that in a normal circumstance each individual passes through seven stages in life. In this seven stages of life there are about fifty two events which each one of us usually under go. The family life cycle is conceptualized on the basis of family of procreation. The first stage of family life cycle is considered as courtship and honeymoon. In this stage the marital partners start developing relationships and the family life starts. The emotional bonding starts developing. The new responsibility starts developing between the partners as a dual relationship. Following this stage the couple enters in the family unit when the baby comes in the family. Though birth of a child is a happy event, still the couple has to take a lot of responsibilities regarding the care of the new born baby which may be stress producing to some extent. Then the child goes to school and other responsibilities regarding the education and school admission come on the parents. Then as the child enters in the adolescent stage other responsibility and looking for the future of the child become another concern for the couple. Then the time comes for launching out the child out of home for job or by marriage. Following this stage, retirement become obvious in the life of any individual. In old age, the usual complication with health starts arising. As a rule of nature one of the partner dies and other has to face a phase of emptiness. In an around this life cycle there are many other events relating to job and finance, health related issues, issues of bereavement, law and order issues, issues related sexual life and marital relationships, etc. In each of these life stages there are certain events which are usual and common.
**LIFE STAGES** | **LIFE EVENTS**
---|---
Honeymoon | Bonding  
| | Setting up a home  
| | Dreaming of a family  
Toddler | Birth of a baby  
| | Bringing up the child  
| | Thinking of the child's future  
School going child | Admission to a good school  
| | Monitoring the child's progress in school  
| | Bringing up a good child  
Adolescent | Taking care of new needs  
| | Dealing with career choices  
| | Trying to get the child to think of his or her future  
Launching the child | Getting the right career  
| | Marriage of the child  
| | Get the children started on their life stages  
Retirement | Once all duties are over  
| | Preparing for old age  
| | Taking care of self  
Empty home | One partner dying  
| | Children leaving home  
| | Any illness  

**UNDERSTANDING IMPACT OF LIFE EVENTS ON SURVIVORS**

It is important to understand that whether the event is happy or sad, it will produce some amount of stress. Therefore understanding the various dimensions of the events is also important. There are usually fifty two life events in any persons' life span. These are the normal events that human beings would go through during the course of their life span. There are four main dimensions of these life events which will help us to understand the amount of stress produced by the events.
Firstly, the event may be desirable or undesirable. The desirable events produce less stress than the undesirable ones. The disaster which becomes an undesirable one produces more stress. Like change of residence is a stressful event. In case of change of residence for job or other opportunities may be a desirable one. But in case of losing home in a disaster and changing residence to a camp or temporary shelter becomes much more stressful. The event is totally undesirable for the survivors.

Secondly, the event may be an expected one or unexpected. The expected events produce less stress than the unexpected one. Obviously the disaster events are most unexpected events which produce high amount of stress in the life of the survivors.

Thirdly, the life events can be an entry event by nature or may be an exit event. Like the birth of a child or getting a new job are entry events. In case of disaster the events like, deaths, loss, destruction are all exit events, which cause severe amount of stress in the life of the survivors.

Fourthly, the events may be personal or impersonal depending upon the meaning the person attaches to the event. Mostly the events due to the disaster affect the survivors personally and each one feels about the personal loss due to the disaster.

It is seen that the life events have direct impact upon the well being of any one. Some of the life events can cause more stress and produce illnesses, whether some others do not. But the disaster events cause more stress in the life of the survivors. However the important point is that all of us go through the process of these life events at any given point of time and they cause stress which we are able to cope with during our normal life circumstances but in case a disaster strikes us we are overwhelmed and are often unable to meet the normal life challenges and need that extra support and attention.

If we look at severity levels of life events, then loss of life cause the greatest amount of stress followed by events involving loss of property followed by law and order issues, then health issues and lastly just the experience of the event even if we have had no major loss. But in a disaster situation it is seen that many of these life events come together at the same time in the life of the survivors and disaster also brings a lot of change in the family life cycle. Therefore the events due to disaster cause more stress in the life of the survivors. Like due to disaster, the person may lose his/her job, house and some family members also. Similarly the disaster alters the life cycle of many of the survivors. Like a lady with a baby who loses her husband has to face the empty nest situation at the very early stage of her life. On other hand the old couple after losing their son and daughter-in-law might have to take care of their young grand children. Therefore it is important to understand that the disaster situation alters the family life cycle and produces higher amount of stress.

This understanding is important to choose people who need more time and attention so as to make our intervention more effective. The survivors with severe stressful life events need more attention. Considering the amount of stress and the life events, the vulnerable people can be identified to provide adequate services. Since the needs will be overwhelming; we need to map out people with whom we should spend more time and give more attention to.
So we try and identify the families with life loss and start working with them. The other vulnerable groups are orphan, single parents, widows, the women headed family, and the families run by aged member as bread earner, the families headed by very young adult, families with severe loss and injury. In a disaster all these losses come together which affects the masses and the coping mechanism goes out.

It is important to understand the stage of each individual’s life and then see how they have been affected. This insight will give us a better understanding of how they need to be helped out with emotional support. At every life stages there will be different forms of stressors operating on the individual, but as a general norm as one goes from the honeymoon towards the empty nest stage, the level of stress and responsibilities goes on increasing. Almost 90% of all people go through each of these stages in their normal life span. It is important to understand the phase that the family was in when the disaster struck and then look at the influence the disaster has had on them. Thus understanding the life stage of any family or person is extremely important. As mentioned before the changes among people are normal reactions to an abnormal event in their life, which is beyond their coping mechanism. Therefore understanding life events will facilitate to provide better service to the needy and to develop adequate plan of action.
WORKING WITH
DIFFERENT GROUPS

The psychosocial caregivers need to have skills to work with people as individuals and then in groups. They need to have skills to work with women, men and children as well. Skills for working with the aged, the disabled and then those who have faced physical or sexual violence need to be developed. The caregivers need to be sensitive to the special needs of these groups in order to reach out to them in a meaningful manner. This section looks at the special groups the workers would need to focus on.

WORKING WITH INDIVIDUALS

At the first level they would need to start reaching out to individuals, finding spaces and time to sit with them and help them ventilate and share their experiences of the disaster. This would enable the worker to develop a rapport with people and form the basis for group work that would be undertaken at a later stage.

For people who are willing to talk immediately:

- Listen attentively.
- Do not interrupt.
- Acknowledge that you understand the pain and distress by leaning forward.
- Look into their eyes.
- Console by patting on the shoulders or touching or hold their hand as they cry but be sensitive to community norms about touching members of opposite sex.
- Respect the silence during your interaction; do not try to fill it in by talking.
- Keep reminding them, “I am with you”. Its good you are trying to release your distress by crying. It will make you feel better.
- Do not ask them to stop crying.

For those unwilling to talk

Some people may be very angry or remain mute and silent. Do not get upset that they are not talking. Remind them that you understand how they feel, the pain and suffering they are going through. ‘It is true that pain is so much that you feel there is no point in talking about it. I can imagine how you must be feeling.”
• Do not get anxious or feel rejected. Remain calm; tell them you are here to help them in the best possible way.

• Maintain regular contact and greet them. Ask them about their welfare.

• Maintain interaction by reminding them about pain of separation, distress of being alone, helplessness, isolation etc. This will help them to feel their pain and get it out of their system.

• Acknowledge that you understand their distress; the frustration, emptiness and also the subsequent anger because of the vacuum created by the loss.

• Share their grief and console them that losing someone dear is terrible and unfortunate.

• Make them understand that they are not to be blamed for the tragedy and need not feel guilty.

• Tell them you will return the next day or in a couple of days.

• Tell them you are not upset or angry because he/she did not talk. Meanwhile ask him/her to think about whatever has been told. “Memories of good days you spent with each one must be alive in your mind and coming to your mind again and again. You must be tense inside! Try and let the steam out, that will make you feel better.”

In Orissa during the cyclone there was a person who had lost his children. The father was still unable to accept the death of his youngest child. If one talked about the tragedy, he would get very angry. The youngest child had been very beautiful with big round eyes and a mole on his face.

Often at night when everyone was asleep the father would walk down to the place where the dead bodies had been burnt. This was noticed by the caregiver (‘Snehkarmi’). One day the caregiver followed him to the place.

There as the father stood the caregiver stood behind the father and said to him, “Look there is the skull of your youngest child.” The father shouted very angrily and told him to go away but the caregiver continued telling him “Look closely the eyes are round just like your son’s, the face would have had a mole there.” The father stood for sometime in silence and then suddenly broke down sobbing and crying. All the feelings he had been suppressing suddenly came out in the form of tears.

In this situation the caregiver was able to use a ‘skull’ to help the father ventilate and bring out the feelings and emotions he had been suppressing within him. It helped the father accept his loss in entirety. This release was very healthy for the father and a very critical part of the recovery process.
Once the person has started talking about the loss and personal grief, he/she feels better. It becomes easier to take stock of his/her life and understand the vacuum (a feeling of emptiness) created by the loss. This will facilitate in rebuilding his/her life. Hence, the more he/she releases the pent up feelings, the lighter they will feel.

Once the person starts talking maintain conversation using the following queries

- How is his/her life and also that of the other family members?
- Focus on details about all the losses he/she and the family have experienced.
- How do they feel about the losses? — Personal meaning of loss, etc.
- Details about support received after the event from relatives, friends, relief workers, etc.
- Ask about how they have been recovering? — How they are handling this situation.
- Learn about the effects of the event on health, like physical problems or problems like aches/pains, decreased sleep, decreased appetite, fear, and loss of interest.
- Ask how the future is visualised?
- What further help is needed?
- Guide individuals to adopt healthy behaviours.

What can individuals do to recover?

- Listen to authentic information about the situation do not believe in rumours.
- Be together with family members.
- Do not send women, children and the aged to far off places for the sake of safety as this separation can cause a lot of anxiety to them and to you.
- Be with people from the same locality.
- Get back to a daily routine as soon as possible.
- Make it a point to, share your experiences and feelings with your relatives or friends. This will help release your emotions.
- Restart activities that are special to your family like having meals together, praying, playing games etc.
- Keep touching and comforting your parents, children, spouse and the aged in your family. This will not only make you feel good but also make the other person feel the same.
- Initiate and participate in rituals like collective -grieving, prayer meetings or group mourning if you have lost a near and dear one. This will help you come to terms with the loss of the person.
• Take part in, relief and rehabilitation operations. Work is a good tonic for healing.
• Keep in constant touch in case of a member of the family having to be shifted to a far off hospital or residence. Update him/her about yourself as well as find out about him/herself. This gives a feeling of being cared for.
• Avoid smoking, taking alcohol or other intoxicants.
• Take 8 hours of sleep.
• Take adequate breakfast.
• Take time of everyday to relax and have a good time by gathering together at a central place, playing games, reading, listening to music, singing, performing prayers.
• Make time for yourself and acknowledge and admit that you will not be always functioning at your usual level of efficiency for a few weeks/months.

WORKING WITH FAMILIES

In addition to individual specific interventions, the family as a whole can also be helped simultaneously. This depends on the number of individuals surviving in the family. If some family members are present, the caregiver needs to encourage them to adopt the following activities:

• The family as a group should share the experience of loss.
• Encourage families to contact relatives, to mobilise support and facilitate recovery.
• Participate in rituals like prayers, keeping the dead persons photographs, preserving the belongings of the dead person.
• Make time for recreation using what is available like the radio, television, visiting religious places, playing with children, engaging in sewing.
• Resuming normal activities of the pre-disaster days with the family.
• The family should try and do things together as a unit and support one another.

WORKING WITH THE COMMUNITY

The following activities help in rebuilding of community life and setting up the social support systems, which is essential in the long-term rehabilitation process.

Group mourning

Grief resolution should occur at the personal, family and the community levels. Group mourning is a process of mass grieving. It expresses solidarity of the grief-stricken community and facilitates unity and collective action. Such activities should be initially organised on a weekly basis,
gradually on a monthly basis, and later annually. In Maharashtra, there was a process wherein traditional coloured pastes (‗Haldi Kumkum‘) were applied to a widow before her bangles were broken. This process helped her to accept her loss and get in touch with her feelings.

Similarly in Gujarat there is a traditional process ‗Iddath‘ among the community wherein the widow stays away from the rest of the people for some time before getting back to regular societal routines.

In Orissa the first anniversary of the supercyclone was mourned collectively.

At the health center in Nandurga run by the Catholic Hospital Association of India programs like ‗from darkness to light‘ during the anniversary of the quake were seen as helpful as the participants felt a sense of belonging with fellow villagers thereby bringing down apprehensions and fears.

Similarly in other communities mass prayers with lighting of candles are done. All of these are traditional methods for people to come to terms with their loss and start their grieving process, which in turn will help them to move ahead in their life.

**Group meetings**

Group meetings are important activities where the community as a whole participates. This stimulates the people to think, and brainstorm about various measures / initiatives for rebuilding the community. This not only helps the community to come to terms with the reality of loss and emptiness but also helps them to initiate collective action and rebuild their lives.

It is also an important technique of distraction, meetings have happened to discuss issues like the preparations for mass marriages. At one place there was an organization of a community meal and meetings pertaining to that.

In Orissa, village level meetings were used to sort out issues of injustice in compensation claims regularly and also to make decisions about which relative’s home and orphan child would go and live in. this participation was extremely critical in enabling the group to take collective action.

**Supporting group initiatives**

The local community on its own, starts responding appropriately and effectively to the disaster by using healthy coping strategies. So, one important task of the caregivers is to encourage, initiate, sustain and guide such local community action. The caregivers can take the initiative to organise community-based actions specific to the local culture in order to alleviate mental suffering.

At one place the camp was being run on the space provided by a Cinema hall owner. At another place a local person had taken charge of running a certain camp.
Cultural aspects

Singing of folk songs helps people gather in a common place and share their grief. There is a sense of commonality in grief that increases the cohesiveness of the community and motivates them to initiate songs which is helpful.

It was seen that Mehndi which was an essential part of the pre-disaster life among the community had returned and even without a wedding many were engaging in putting mehndi. All this led to a normalization process and faster recovery.

An attempt was made by a doctor to use culturally relevant symbols to facilitate grief e.g. haldikumkum programs. The women this doctor interacted with were in a state of shock and unable to grieve. Through these programs the women could express their pain and the hugged her and wept. It was conducted during the early impact phase when women preferred to remain indoors and refused to communicate.

Rally

Organise a rally to sensitise the administration regarding delays in implementation of action for restoration, rebuilding, relocation, compensation, etc. It is also a powerful expression of solidarity “All for one, one for all”, show of strength and action to fight for a just cause.

A rally was taken out involving key members of the government and this was done in an area where earlier there was great insecurity and it helped in rebuilding the faith of the people in the government agency. It also helped sensitise the government office bearers to the reality of the situation.

Group participation for rebuilding efforts

Clearing rubble from broken homes, putting up temporary shelters, providing food for those who are the only survivors or those who are disabled or dependent. In the camps a lot of people were engaged in community cooking, bringing in the raw material and storing it in the camps etc. Encourage people/survivors to share their success stories (recovering from the loss) with others during group meeting. This will make them feel good and also benefit others who need help to come to terms with reality.

There are initiatives to mobilize support for community contribution towards rebuilding of homes, whether in cash or kind.

Sensitization process

Involve religious leaders, opinion leaders, in all community activities. Talk about re-education of the larger community especially on ways to handle rumours.
A cultural group held street plays both within and outside the camps, which got great responses from the audiences. Similarly the puppet show in tsunami areas made a big change among the survivors to understand their own situation and adopt more health coping behaviours.

Although we understand that 'No one who witnesses a disaster is untouched by it' it is also important to recognize that due to various factors there are groups of people who are more vulnerable and need greater attention. We need to identify and work with such groups. For instance there maybe a child who has become an orphan. This child has not only been through the traumatic event but also lost the primary support unit and hence would require additional care to deal with both experiences.
Women are considered as the vulnerable group after any disaster. But it is important to understand the vulnerability factors which are very specific for the women and the special needs of the women after tsunami. There are vulnerability which are due to biological reasons, there are some vulnerability associated with women which are more socially rooted in the community and also there are psychological vulnerability due to dynamic pressure after the disaster.

Because of reproductive health system women are vulnerable to various stress reactions. The specific complications which the women face are specifically relating to menstrual cycle and reproductive health. Premature birth, still born cases are very common after any severe disaster. The period for long or frequent cycle is also common among the young women. Relating sickness, pain all over the body, pelvic pain, lack of privacy are added stress for the women.

There is specific social vulnerability due to the role as home maker which the women perform. Even after the disaster the women take the primary role as care giver for the family. Feeding the children or other family members become their first concern and they start getting involved in various activities. So, with trauma and stress added burden and responsibility after the disaster make the women more vulnerable.

The psychological vulnerability arise due to the sense of loss which the women experience after a grave disaster like tsunami. It is seen all over that the women are prone to depression and other emotional disturbances. The psychological make up make the women again vulnerable when the social vulnerability and pressure of the stressful environment increase.

In the background of prevailing discriminatory attitudes towards women there are socio-cultural and political issues that work against the women (Figure 1). Women find themselves in a situation which places an increased responsibility on them like e.g. widows, or, make them carry the burden of young children, old people. As in the tsunami situation, for few of the women it was a very shameful situation to cover them up adequately after the waves went back. All these make them vulnerable economically, socially and emotionally. The trend being seen is that girls are being married at a younger age or are getting married to older persons. The following diagram explains these further.
WOMEN AND DISASTERS

PREVAILING ATTITUDE IN SOCIETY

- Preference to male children
- Gender biased behaviour in childhood and adolescence
- Misconceptions about women who have been sexually assaulted/harassed
- Popular depiction of women in media (objects of carnal desire, violence against women
- Education more important for men
- Skepticism about helping women who have been assaulted

### Socio-cultural fallouts

- Women becoming widows
- Destitutions of single women
- Newly divorced women (talaqwalis)
- Sexual and physical assault on women
- Increased responsibility
- Increased vulnerability
- Increased use of substances by men
- Increase in domestic violence

### Political issues

- State and political complicity in perpetuation of crimes against women
- Lack of legal help for women
- Coercion to keep quiet about the assault

### Women as Survivors

- Lack of privacy in camps to discuss intimate details
- Further exploitation of vulnerable women
- Tend to talk about physical problems rather than the assault

INCREASED DISTRESS AND VULNERABILITY
Under normal circumstances a woman facing the death of someone dear or experiencing loss of property, like in a robbery copes with the help of her relatives and friends. She may seek help from her employers and neighbours. Usually these supports help her to reorganize her life. Following the tsunami, many women have become widows with young children. Women are now dealing with the grief of having lost their spouse along with the burden of increased responsibility towards their surviving family. These are what some of the women who survived the tsunami had to share. In many situations, there are women who have not seen the dead bodies of their spouses after the tsunami. This has added to their grief and pain by not providing an emotional closure.

"I do not know whether he is dead or alive. Whether he will come back or not, my children are asking every day. What to tell them. I am so confused, I do not no what is in my fate”

Women are reporting difficulties in going through the legal procedures to obtain compensation, providing food for their children and in sending their children to school. Some are raising doubts about the safety of their children and themselves. This can become more anxiety provoking especially to those women who were earlier not working outside their homes. In such cases, even day-to-day living becomes an ordeal.

Unmarried or divorced women find themselves more vulnerable than before. They have lost their savings, home and, in most cases, their livelihood. Many have lost the social supports they had in their neighborhood and families.

“My husband left me five years ago. I was maintaining myself by selling fish. I was managing on my own. Now I am in temporary shelter, every thing is washed away. I have 3 children to support.”

There has been another situation arising in the post tsunami period. Young girls are married off by their parents to reduce their burden and tension. Even many of them are getting married to the older people.

Due to cultural and social situation in most of the situation the women are blamed for the death of their children. Many a time they are under severe pressure to produce another child. Specifically, the death of male child causing a severe family stress.
**ISSUE OF RECANNALISATION**

Another important issue arising in the post tsunami phase is the **issue of recannalisation** for the women who have undergone the family planning measure and currently lost all their children. Few issues which are very important need to be kept in mind while the community level workers are engaged in work with the women.

- In earlier disaster experience it is seen that the recannalisation have been done for many of the women without considering the age and health status of the women. This caused severe physical and psychological problem for the women.

- Once the recannalisation is done, the family pressure and expectation goes very high to have a male child which cause severe stress and emotional strain on the women.

- It is also seen that the women after undergoing the recannalisation become a property or a machine for reproduction. Due to family pressure she is forced to undergo inter-course and she becomes an object without having any right on her own body.

- Due to excessive expectations, the women have felt psychologically pressurized and many other psychosomatic problems have started occurring.

- Simultaneously, it is observed in various disaster areas, many private practices which were started for the recannalisation resulted in grave harm to many of the women. This kind of practices should be prevented from a very early stage.

Therefore the issue of recannalisation has to be looked in to in all its dimensions;

- The medical dimensions should be very clear, whether the woman is physically capable to bare the strain considering her physical and emotional status.

- Adequate pre operative counseling has to be done to the couple and also to the family regarding the nature of the operation and the possibilities of success.

- It is not the physical status; rather the mental health status of the women is more important for becoming pregnant. If the lady is continuously under pressure and tension, it may happen that the process of forming the womb would get hampered. So, it should be made clear that the women should not be blamed for not becoming pregnant after the recannalisation. For dealing with these issues, mobilisation of women force and empowerment of women is important.

- The health workers and other community level workers have a great role in explaining all the pros and cons of the recannalisation operative measures for the women.
INCREASED VULNERABILITY AMONG WOMEN

An immediate impact of the disaster is the creation of female-headed households. In many cases entire families had been washed out. They were not only dealing with the trauma of this loss, but facing a future without their life’s savings and livelihood sources destroyed. For those who were already surviving as single women (including widows) before the tsunami, the future is equally bleak. Having struggled to gain economic solvency, they are now back to being destitute. The various impacts of tsunami on the women are presented here.

<table>
<thead>
<tr>
<th>Physical impact</th>
<th>Emotional impact</th>
<th>Socioeconomic impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soreness</td>
<td>Fear</td>
<td>Inability to work</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>Anxiety about pregnancy</td>
<td>Listlessness</td>
</tr>
<tr>
<td>Eating disturbance</td>
<td>Humiliation</td>
<td>Feeling isolated</td>
</tr>
<tr>
<td>Gynecological problems</td>
<td>Degradation</td>
<td>Feeling stigmatized</td>
</tr>
<tr>
<td>Injuries</td>
<td>Disbelief</td>
<td>Withdrawal from external life</td>
</tr>
<tr>
<td>Miscarriages</td>
<td>Shame</td>
<td>Loss of trust Disorganization</td>
</tr>
<tr>
<td>Aches and pains</td>
<td>Embarrassment</td>
<td>and discontinuity of life routines</td>
</tr>
<tr>
<td>Physical impairments (limbs, sight, voice, hearing)</td>
<td>Denial</td>
<td>Dealing with new societal roles like being a widow, single parent etc</td>
</tr>
<tr>
<td>Injuries (bullet and others)</td>
<td>Anger</td>
<td></td>
</tr>
<tr>
<td>Miscarriage</td>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Repeated thoughts about the events</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dreams and nightmares</td>
<td></td>
</tr>
</tbody>
</table>

Based on all of these observations, while working with tsunami surviving women, it is imperative to understand that they are in a special situation, which heightens their sense of helplessness. This calls for special efforts towards recovery.
Emotional reactions of women who have been victims of trauma include initial reactions such as shock, fear for their safety, emotional numbness and withdrawal. Some may deny the event; report disturbing dreams and recurrent and intrusive distressing recollections of the event, also known as flashbacks.

The long-term effects are also disabling. It affects multiple areas in a woman's life. Women may report depression, vague bodily symptoms, difficulty in forming trusting relationships, feelings of guilt, anxiety and having persistent feelings of arousal.

**Initial reactions of shock**

"In the beginning, I was unable to understand what happened."

A woman who saw her husband being washed away by the waves and was unable to find her four children for a week after she reached the camp.

"It was as if it was unreal. For a few days I kept asking myself if it had really happened to me. Why did the sea become so angry."

**Fear for safety**

A girl of 15 who fled her home as waves washed away their locality said "No place near to the sea can be safe anymore".

A girl of 18 who saw her sister being thrown by water on electric wires by the waves described her feelings as follows; "I feel safe in the camp. I prefer staying here as it is far from sea and there is no sound of waves. Though at night I can hear the waves, even from here."

**Emotional numbness and withdrawal**

"She just sits there and keeps staring. She hardly speaks to anyone." Relative describes a young girl of 8 years who witnessed her brother and grand mother washed away and hit by a big boat.

"What is the use of talking to you. I have lost everything. Let me be."

**Denial of the event**

Inmates of a camp, reporting about a woman who was almost nude and injured and bought into the camp unconscious. "She is too traumatized to recount her own story. She says she cannot remember anything except the water up to her neck."

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**EMOTIONAL REACTIONS OF WOMEN TO TRAUMATIC EVENTS**
"I know my son will come back, I have seen him to swim in the water. So many times he has gone to the sea with his father. He might have gone to some other village".

**Experiencing disturbing dreams**

Narratives of women who lost their belongings and saw their houses being destroyed by the waves,

"My sleep is full of dreams of waves, water and people running for life. These days I dread sleeping."

"My sleep has not been the same since the tsunami. I keep getting up constantly. I listen to the waves, is it increasing?"

**Flashbacks** which are recurrent and intrusive distressing recollections of the event including images, thoughts, or perceptions.

A woman talks about what she witnessed during the tsunami, "I saw the giant waves, they just started smashing the houses boats and people were caught inside the water. I do not know why I feel very tired. I keep getting the same thoughts in my head again and again."

These effects may recur over the first few days and resolve over a few weeks.

**Depression**

"I do not feel like eating, even when I eat I eat little or nothing at all."

"All my family is gone. What do I have to live for? I feel like I can neither live nor die. What sort of life is this?"

A man who had lost 7 out of 8 members of his family in the tsunami, "At times I feel I should have gone too."

**Multiple bodily complaints**

"Half my head aches, I just feel like lying down."

A woman, whose daughter was in her hand but she could not save her daughter finally, in the camp, "After the tsunami I have not been myself. I have a constant backache. I feel there is something wrong with my back. But the doctors say that there is nothing wrong."

**Feelings of guilt**

A mother reporting her son being pulled by the water, "I could hear the screams and cries of my son. My mind was seething with fear and fury. I could do nothing to save my son. Why did this happen to m?. Why did the sea get so angry with us?"
Anxiety (feeling of tension), including avoiding situations related to the trauma

Woman who lost her husband/children or other close family members in tsunami, "I can’t sleep. Every sound, sometimes, even someone talking outside about the waves or sea makes me feel anxious. My heart starts beating fast, I sweat and I think what if the waves come back again."

Mother of a young girl who was washed away but was saved somehow, "She refuses to go anywhere or near to the sea. It is very difficult for her. We are planning to change our residence in some higher-up village."

Persistent feelings of arousal such as irritability, difficulty in concentrating, and an exaggerated startle response.

Woman reporting her distress following tsunami.

"Earlier I used to be very patient with my children. I use to meet all my neighbours, now even the people talking together or making noise irritates me?"

A Mother reporting the changes in her 16 year old daughter.

"She gets scared at the slightest noise. She does not like to leave me."

"I cannot concentrate even on my cooking. My mind keeps going back to the day of the tsunami. Earlier cooking used to be something I did with ease, like the details were in my mind automatically, now everything requires effort. I keep looking out side towards the sea."

All these symptoms may not be reported very easily to care providers. Some survivors can report them once adequate trust is built up. These complaints tend to remain for a long time. Women should be allowed to talk about it when they feel comfortable. Therefore to work with the women, creating a level of comfort and giving feelings of empathy is very essential.
GENERAL PRINCIPLES FOR WORKING WITH WOMEN

Owing to numerous sensitive issues, which arise while dealing with women’s issues in a post-disaster scenario, it is vital that certain guidelines are followed.

Women facing difficult and stressful situations and personal losses need to share problems, concerns, pain, and anxieties. Most of this include intimate details, so needs to be done with a sense of mutual trust, and the clear understanding that everything shared is confidential and private.

In the changed role and status as widow, as child-less mother or as single parents many a time they are subjected to various family and social pressure. Accept whatever the woman is sharing without trying to say whether it was right or wrong. Do not try and analyse what should have been done. It is important for the person to feel totally accepted this will facilitate more sharing. As we have seen, society would be passing certain judgments and would have certain perceptions about issues so the woman needs to feel you are that one person who understands and accepts her point of view. This is extremely healing for the person as she will be able to share her pain frankly without feeling she is being judged.

Points to keep in mind while listening to a woman’s experiences

- Allow her to talk when she is ready to do so
- Do not push her to take decisions
- Keep all information provided like the name and other details that can lead to their identification, private
- No information should be shared without the consent of the person who has shared the same with you, except when it is felt that the person needs medical care or the person may harm herself.

PRINCIPLES FOR WORKING WITH WOMEN

- CONFIDENTIALITY
- NONJUDGMENTAL ATTITUDE
- A COMFORTING ATTITUDE
  - ATTEND NONVERABALLY
  - GIVE A FEEDBACK ON FEELINGS
  - REPEAT IDEAS
  - ALLOW SILENCE
- ENCOURAGE EXPRESSION OF EMOTIONS
- ACKNOWLEDGE WOMAN’S FEELINGS
- HIGHLIGHT PERSONAL RESOURCES
• Do not give your point of view about what happened or should have happened
• Just listen to what is being said
• Support her to continue her sharing

Owing to numerous sensitive issues, which arise while dealing with women’s issues in a post-disaster scenario, it is vital that certain guidelines are followed.

**CONFIDENTIALITY**

Helping women subjected to personal losses involves sharing of very intimate personal information problems, concerns, pain, and anxieties. Most of the information could include intimate details. This special sharing has to be done with a sense of mutual trust, and with clear understanding that all discussions and details shared are confidential and private. Some survivors may prefer not to share their experiences to the caregivers, or even to their husbands and families. Allow them to talk when they are ready to do so. She will talk when she feels she can trust the person and feels comfortable to share. It is important to give time to women. Do not push her to take decisions. Confidentiality means not sharing any information provided by the survivors with other people, like the name and other details as it can lead to identification and stigmatization.

**NONJUDGMENTAL ATTITUDE**

It is likely that others have subjected the women to judgmental attitude in various situations after the tsunami. Do not try and contemplate what you would have done in her situation. Even if she made a mistake in her judgment, she did not deserve to be victimized.

*A lady who lost all her three children is assaulted by her husband and blamed by her husband for not being able to save even one, She is under severe threat that her husband will leave her and get married. The in-laws also feel she is not responsible enough.*

**COMFORTING ATTITUDE**

When a woman is describing her experience make her feel comfortable. It is important that she feels that you want to listen to everything she has to tell. In a camp situation there will be lack of privacy. There may be many distractions. However, it is important that you adopt good listening skills with the following guidelines.

- **Attend nonverbally:** Eye contact, head-nodding, caring facial expressions, holding the woman’s hands. This will let the woman know that you are with her.

- **Give a feedback on feelings:** You may notice that the woman’s voice or nonverbal gestures suggests feelings of anger, sadness or fear. This inability to identify ones own emotions can happen when someone is going through intense emotional turmoil.
• **Repeat ideas:** At times repeat portions of what the woman has said. A sense of understanding, interest and empathy has to be conveyed to her. Reflecting also checks for accuracy, clarifies misunderstanding, and lets the victim know that she is being heard. Examples—“so, are you saying that…” or “I have heard you say that…”.

• **Allow silence:** Allow silence during the course of the interview. Silence can prompt the woman to elaborate. Simply ‘being with’ the woman and her experience can be supportive.

**Encourage Expression of Emotions**

Women should be encouraged to express intense emotions. It is an important part of healing. You should try and stay relaxed and let the survivor know that it is normal to feel such emotions. The safety valve in a cooker is very important. It takes the extra pressure out periodically and helps in getting the food cooked. The cooker would burst if the safety valve were not there.

**Acknowledge Woman’s Feelings**

Help women to understand their feelings as part of normal responses/coping to a traumatic event. It is important to let the victim know that you do not think she is weak, or she is losing her mind, or exaggerating. She may report an understanding of her feelings and a sense of vulnerability, low self-esteem, and self-blame along with a sense of loss of control. By letting her know that she is experiencing a normal reaction to trauma, you will be giving her hope. In other cases it may help in reducing the feeling of shame and guilt she may be having.

A woman related how her house was burnt and she lost all her belongings. Since then she has been getting episodes, when her heart starts to beat very fast, she finds herself sweating profusely and her mouth goes dry. She said “I feel like I am going mad (pagal)”

Worker “You are saying that you constantly feel that you are going to lose your mind. I want you to know that other survivors were able to recover from similar experiences. They went through these kinds of experiences.”

**Highlight Personal Resources**

Highlight personal resources and praise her for having the courage to master her problems. She has taken the first step towards trying to recover from her trauma, by talking to you. She needs to know that you appreciate how difficult this is for her and how much she has accomplished already.
Losses due to the death of a near and dear one, separation from loved ones and material losses are an inseparable part of human existence. Under normal circumstances, everyone goes through this process without much difficulty because the family and relatives as a whole join together to understand the losses. Support from friends, relatives and neighbours occur automatically.

In a disaster situation, normalcy of the social structure which otherwise plays a critical role in the healing process does not exist because each and every one in the area has been affected. The family as a unit no longer exists. For many this leads to a sense of isolation, helplessness and despair. Therefore, survivors have to be provided emotional support.

### Goals of Initial Interventions

<table>
<thead>
<tr>
<th>Goals of Initial Interventions</th>
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<tbody>
<tr>
<td>• To establish rapport with women.</td>
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<tr>
<td>• To facilitate the development of a sense of solidarity among women.</td>
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<tr>
<td>• To note down important health complaints women are experiencing and look for any medical or psychiatric emergencies.</td>
</tr>
<tr>
<td>• To help women understand the need to share their feelings and pain.</td>
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</tbody>
</table>

### Goals of Interventions at a Later Stage

<table>
<thead>
<tr>
<th>Goals of Interventions at a Later Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To facilitate sharing of experiences within group of women who are affected.</td>
</tr>
<tr>
<td>• To reevaluate the health complaints noted in the earlier interventions with a framework of explaining symptoms as a reaction to trauma.</td>
</tr>
<tr>
<td>• To highlight the personal resources and help the woman in ‘looking forward’, beyond the trauma and returning to a sense of well-being.</td>
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</tbody>
</table>
There is a need for external agencies to step in and help with the recovery and rehabilitation process. The people who step in here are both from the community itself, Community Level Helpers (CLHs), as well as from outside. There are two levels of interventions each with its own specific goal.

Let us look at each level that the worker can work at in more detail. We will start with how they can work with women as individuals.

This is the most critical intervention that a worker will need to make as the individuals needs to be helped to reorganize their lives and gain mastery over the trauma they have experienced. Of course family support and community acceptance and reintegration are also important in the whole process but basically it is the individual who needs to come to terms with the event, accept the event and then gain the strength to move on.

The community level helper has three basic tasks to carry out in order to facilitate this recovery process.

**Leads to**

**HELP HER RECOVER BY**

**A. Understanding changes in her body and mind**
- Helping her to share her feelings and fears with others
- Being with people who care for her
- Accepting support from others

**B. Decrease the physical and emotional effects by**
- Getting social support
- Pursuing her interests
- Relaxing
- Practising spiritual beliefs

**C. Help to support and rebuild her life**
- Get help for housing
- Get assistance for compensation
- Get paralegal aid
- Get educational help
- Get livelihood aid

All the above three lead to

**ADJUSTMENT OR MASTERY OVR EMOTIONAL DISTRESS**
Reactions in one category could lead to a reaction in the other category. For instance a girl who was almost without clothes after the waves went back went into depression. Similarly a woman who had lost her children in the tsunami lost interest in daily life. She used to keep sitting and stopped eating and had problems sleeping at night because she could not stop thinking about her children.

Women will demonstrate some emotional reactions initially and then others will come up later.

**WHAT YOU NEED TO DO AS A HELPER?**

Facilitate sharing of experiences whether with you or with others, with whom they are close to.

Sensitize family members about the need to spend time helping women share their concerns.

**For those willing to talk immediately**

- Listen attentively. Do not interrupt.
- Acknowledge that you understand the pain and distress by leaning forward.
- Look into their eyes.
- Console by patting on the shoulders or touching or hold their hands as they cry but be sensitive to community norms about touching members of opposite sex if you are a male worker.
- Respect the silence during your interaction; do not try to fill it in by talking.
- Keep reminding them, It’s good you are trying to release your distress. It will make you feel better.
- Do not ask them to stop crying.

**For those unwilling to talk**

- Some women may be very angry or remain mute and silent.
- Do not get anxious or feel rejected. Remain calm; tell them you are here to help them in the best possible way.
- Remind them that you understand how they feel, the pain and suffering they are going through. ‘It is true that pain is so much that you feel there is no point in talking about it. I can imagine how you must be feeling.
- Maintain regular contact and greet them. Ask them about their welfare.
- Maintain interaction by reminding them about pain of separation, distress of being alone, helplessness, and isolation. This will help them to feel their pain and get it out of their system.
- Acknowledge that you understand their distress; the frustration, emptiness and also the subsequent anger because of the vacuum created by the loss.
- Share their grief and console them that losing someone dear is terrible and unfortunate.
- Make them understand they are not to be blamed for the tragedy and need not feel guilty.
- Tell them you will return the next day or in a couple of days.
- Tell them you are not upset or angry because she did not talk. Meanwhile ask her to think about whatever has been told. “Memories of good days you spent with each one must be alive in your mind and coming to your mind again and again. You must be tense inside, try and let the steam out, that will make you feel better.”

Once the women have been able to share their pain, this repeated sharing would take away the pain and help them feel a little bit at ease. They would not now be overwhelmed with the pain and grief; rather they would now be able to start thinking about what to do next. Mobilizing the available family support by involving them is very crucial. Specifically when women are in stressful situation, due to tension and stress the communication and interaction between the family members become very negative. Therefore, family reunion effort has to be initiated to make the women more comfortable in the existing situation. At this stage you can start initiating work that would help her to rebuild her life in a new manner.
INITIATIVES
TO EMPOWER WOMEN

Discovering their circle of support

Help them analyse for themselves people and agencies who can be good support to them in their immediate family, their neighborhood and relatives and then the larger community. Help them list down what sort of help they would be seeking from each of these sources.

Redefine this same exercise periodically to help them see how their system may have changed and to ensure that they do have things that can help them in the road to rebuilding their lives.

Enlisting your positive qualities

This exercise will help them become more aware of the qualities that make them individuals and unique in themselves. These can be a source of good self-esteem and help them feel positive about themselves.

The list should include physical attributes, emotional aspects, skills they have, their intellect etc. It should be comprehensive and not just focus on one aspect.

At a later stage, while groups have been together for sometime this can also be done for each other within the group members.

Your force field analysis

Help each member to think of an aspect or people in their lives who are helping them cope positively with the current situation they are going through and those aspect that are hindering those process of rebuilding. Then they need to look at things, which will lower the negative forces and help them move towards faster recovery.

Good sharing

Involve each member to come in daily and share something positive in their life that week. For instance, it could be that they have been able to get their child back into school or that they were able to not cry for that one day or that they got their sewing machine or that they made some...
special food. This will slowly enhance the goodness in their life and defocus on the suffering and pain that may be present.

You are not alone

This sharing would involve sharing some personal pain for that week and other who have felt similarly can also contribute. Then there would be a round of sharing to see how still others have been able to overcome such pain. This would set into process a series of peer learned initiatives that would help in the healing process and the women would feel the strength of many with them.

You could choose to do individual work with one woman at a time or choose to work with small groups of woman at a time. Each has its own advantages as given below.

<table>
<thead>
<tr>
<th>Individual work would be beneficial when</th>
<th>Group work would be beneficial because</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family norms or cultural norms prevent the woman from leaving her home say a widow has lost her husband and cannot leave or some woman who is injured and needs to be at home to recoup or has just delivered.</td>
<td>Women in the process of group work discover that they are not alone</td>
</tr>
<tr>
<td>A woman who is still to traumatized and needs special attention to help her ventilate and requires much more care and holding to help her start relating with the external world.</td>
<td>Group processes become sustaining in themselves because peer support is available</td>
</tr>
<tr>
<td>There are health concerns, which the woman may feel too embarrassed to share openly in a group.</td>
<td>Peer sharing provides insights into how others in similar situations have coped and a chance to incorporate the same into their lives.</td>
</tr>
<tr>
<td>The problem of that particular woman is too complex and she needs additional care and attention to deal with all issues.</td>
<td>Groups are ideal to meet functional needs like organise training sessions, awareness building and so on.</td>
</tr>
</tbody>
</table>

**RECONSTRUCTING MEANING AND EXPLORE THE FEELING OF SELF BLAME**

Working through a traumatic event not only involves accessing and integrating the emotions associated with the trauma, but also involves working through the meanings and thoughts the victim feels about herself and the world after the tsunami.
The main goal of this phase is to help the woman to come to an understanding about the reality that acknowledges the impact of the tsunami on her and, also allows her to remain productively and pleasurably engaged in her life.

The feeling of self-blame is seen especially in women who have not been able to save their children or are blamed by the husband or others for the same. Within this framework allow women to express their feelings of self-blame.

Collect details about the view the society has about women in general, prior to the tsunami

Have a discussion about what it means to be a woman in the society. Explore what the women have experienced in every day social interactions prior to the tsunami. It might be a reference to how women handled the finance and took up various active role in managing the household activities. Or it may be in other way that women had functional leadership but the decision making is always in the hand of male members and they faced the problems in taking any independent decisions regarding any of the family issues.

This will help women to develop a sense of solidarity among themselves. They will sense a feeling of ‘they are not alone’.

Do not say that the complaints she is experiencing are only in her mind

As you now know there can be many responses to a severe trauma, women may complain of various physical symptoms like aches and pains, which after a physical examination by a doctor may be found unrelated to any specific disorder. Do not defocus on the complaints or tell the victim that nothing is wrong with her.

You need to help her to understand her complaints by

- Explaining how symptoms can be as a result of increased perception of normal body functions
- Explaining that any sort of stress can enhance the perception of normal body functions which she might be interpreting as indicative of disease
- Sharing negative findings on physical examination and investigations using simple non-technical terms
TECHNIQUES WHICH CAN BE USED TO REDUCE SPECIFIC SYMPTOMS

Anxiety/ feeling that they are going crazy/palpitations

Ask members of the group to hold each others hands, close their eyes and keep taking deep breaths. Tell them that they should try and breathe through their noses. If their mind is unable to do this ask them to say out loud that they are now taking deep breaths. After a few such sessions (15-30 mins, 2-3 times a day, for 3-4 days) ask them to do the same exercise and start thinking of the events. Tell them that initially it will give rise to intense anxiety but slowly they will find that they can breathe regularly and think of the events too.

Encourage members to try this exercise when they are alone too.

Having repetitive intrusive thoughts about the event

Tell members that there will be moments when they get intrusive thoughts about the event when they are doing something, and, they can do their breathing exercises to calm themselves down. There is a simple technique to reduce this symptom.

Ask group members to think about a distressing thought. Ask them to think about it for 2-3 minutes. Tell them you will shout “STOP!” very loudly, and that you will then take it from there. You can hit the desk or clap your hands along with shouting “STOP!” Start with asking them to think about a thought NOT associated with the assault. Progress to thoughts associated with the assault. Do this over 30-45 minutes.

Rebuilding confidence and self-esteem

Women may feel low on self-confidence and self-esteem. Restoring these issues may take a long time. However, you can aim at starting the process.

You can highlight the personal resources (it may be easily measurable resources like the woman being employed, or other personal resources like being able to handle a large family effectively or just having a supportive family) of the survivor. Praise her for having the courage to work on her problems.

Role play – it consists of acting out behaviours, rehearsing lines and actions, and pretending to be in a specific set of circumstances. Role-playing is a way to learn new behaviours and words for old ways of doing things; it is a chance to practice before the event occurs.

Points of discussion could be on non-verbal behaviours such as the tone of the woman’s voice, her posture and her facial expression; it could include a discussion on the verbal behaviour like the words she used.

Try this technique for the same situation for three times encouraging her to become more confident in her behaviour.
WORKING WITH
WOMEN AND FAMILY

The family is the primary unit of care and support for all individuals. In stressful situations the role of a family as a caregiver becomes even more critical. They are the best people to give support and comfort. Solicit the support of caring family members to help the woman to cope with her life.

SOME STEPS THE FAMILY CAN TAKE TO SUPPORT THE WOMEN TOWARDS RECOVERY

- Being together as a family.
- Not sending the women away for safety as the separation can cause anxiety to them.
- Taking time to sit together and share the experience of loss.
- Touching and comforting the women, it makes them feel cared for.
- Getting in touch with other relatives to come and spend time with her.
- Making time for family recreation using what is available like the radio, television, visiting religious places, playing with children, engaging in sewing.
- Resuming normal activities of the pre-disaster days as a family.
- Restarting activities that are special to the family like having meals together, praying, playing games etc. All this will help get a sense of normalcy back to her life.

OFFER HELP USING THE SPECTRUM OF CARE

The most important step in the psychosocial care and recovery process is to recognize that psychosocial care is essential for the entire population experiencing a disaster. We are looking at a holistic intervention care model that covers all aspect of care for a woman who needs support. There is a need to understand that there are many aspects to psychosocial care. Just like an umbrella there is a need to cover all the aspects rather than focusing on giving emotional support for violence and sexual assault alone.
While the focus may be on the woman, the helping process needs to address the family, the woman cannot be helped in isolation. The worker needs to use the spectrum of care approach in trying to see how the family can be helped. Even while working with the woman you need to focus not just upon psychological support of helping her share her pain but in helping her move beyond that to rediscover her life, the spectrum of care can be used to see how she can be helped.

Under this approach there would be seven basic issues (listed below) that the CLH would be looking at, identify needs and attend to specific problems. Referrals need to be made accordingly and a commitment for long-term work given.

**UMBRELLA OF CARE WOULD COVER ISSUES RELATED TO**

Mrs R had lost three young children in tsunami. In helping her, the worker spent considerable time in sharing her pain and dealing with the loss. Later the worker moved to helping her husband in settling compensation claims and file for housing support. He was supported to get the boat and nets for fishing. It was seen that he was very angry with his wife and also had a tendency to blame his wife. Therefore worker had to spend a long time to be with her husband to understand the pain of her wife and make him to think as a husband. It helped the husband to reconcile himself with the loss of children.

Later the worker even gave a referral for a doctor to help her in dealing with the surviving child who also had major fear and depression due to death of siblings. In addition the worker also helped the woman to join in a self help group.

If one looks at the above example the usage of the spectrum of care is very well demonstrated as the worker used the medical, psychosocial care, livelihood and paralegal avenues of reaching out to the woman and her family.

There is a need to move and work at the community level to enable the women to fully recover and rebuild their lives.
In any disaster the most vulnerable population is considered as the women and children. No doubt can be raised against the same, but in the last tsunami disaster another group of vulnerable population attracting the attention of the professional groups are the men, who have lost their life savings and lost their spouse and children. Mostly in Indian context these males are from fisher men community who are dependent on the sea and they have very specialized skills only in fishing.

A look on the socio-cultural back ground of the fishing community will help us to understand better the condition of the male folk after the tsunami. Mostly the fisher men are closed community due to their nature of job. Usually the male members go out to the sea at night and back in the day time within a day or two. Mainly they spend the day time in playing cards and chatting with other community members. Because of the taxing nature of the job in going to sea and being in the sea for a long time, the consumption of alcohol is also very common. Other down stream jobs like selling of fish is managed by the women or other community people. Therefore, the financial management of the fishing families is largely handled by the women, though any crucial financial decisions are in the hand of male members. Therefore, it can be said that largely in the fishing community the functional heads are women but the authority is in the hand of male members. The fishing job is quite profitable than many other business options in the coastal areas, so, the fisher men are expert in fishing only. Obviously they do not posses any other skill which can be job oriented.

After the tsunami with many other social, economical, physical and emotional problems, the specific problem of the men needs to be highlighted. As the men folk are the main earning force for any community and any family, the paralyzed situation of the men is not only a problem for the family but also a loss for the community and the society. It is seen that these men who have undergone severe losses in the tsunami, have adapted various negative coping and negative life style choices. The alcohol consumption among the men has increased a lot and most of the time the men folk are busy playing cards. Ignoring family issues by staying away form the family has become a trend for the men. From observation, it can be crudely said that mostly middle aged men are indulging in more negative life style choices. Though in the initial phase after the disaster it was seen that the male members are very active and joining hands in the camp organization and other activities, but as the days went on and the relief materials started coming in, the male members mostly took back seat in
the whole process or reorganization. Many NGOs youths were involved but silently a large portion of men group took a side line. Further more as the initial compensation money came in the picture the negative coping of alcohol consumption was reinforced. The matter was seen more as group behaviour rather than an individual coping pattern. It is also due to the pattern of close community which is a prevailing nature of the fishermen communities.

Another feature which was very prominently observed among the men is inability to cope with the changed situation and status after the tsunami as they are job less. For in the fishing community for the males, their identity is based more on their jobs rather than any other criteria. The fishing communities are either considered as back ward class or schedule class, but due to the conglomereration of the fishing community in the costal villages they are considered as higher in class or caste strata. Therefore, in the local caste group also it is seen the fishing community is considered as the higher caste. Because of the nature of the job, the fishing activity is considered as heroic and the identity as fishermen is attached with a dignity and status in the community. After the tsunami when the fishing activity is greatly hampered the identity crisis among the men made them to be more inclined towards the negative coping and negative life style.

On the other side in a family structure when the food supply started the women were able to pick up their regular activity and their role as home maker was reestablished. Where as in the case of males, resuming the work was not so easy. Though in some areas the nets and boats were supplied but the close community structure played a major role in resuming the work. Most of the village communities decided to have boats for every family and then resume their work. Therefore the severely distressed men who should have got a chance of distracting themselves from the painful memories by going out of the sea were again pulled back to be within the village and to being out of meaningful engagement.

Because of the patriarchal structure of the community, the male members developed a lot of displacement of frustration tendency on the women. Blaming the women for the death of male child was very high and going for remarriages was also a common tendency in the community for having children. But this tendency has disrupted the whole family stability for many of the families where the children have died and unfortunately in this disaster about one third of the dead are comprised of child population. These are the specific complications of the male folk in tsunami which needs a special focus in psychosocial work.

THE INTERVENTION STRATEGIES

- Involvement of the male members as CLW to work with community.
- Training of the Panchayat members on psychosocial care activities and also involving them as primary psychosocial care giver for the men specifically.
- Initiating more formal and informal group meeting with the men to discuss psychosocial issues in an integrated manner while discussing other rehabilitation issues.
• Developing community based support group for the men as they can get regular chance of sharing and ventilation in an integrated manner.

• Developing public education template on alcoholism and making awareness programme among the men group about the harmful use of alcohol.

• Developing a specific referral channel for the highly disturbed men for mental health care.

In the process of working through rehabilitation many other strategies need to be developed based on situational needs. But, the need of the male folk after the disaster is well recognized and need focused psychosocial care approach for rejuvenating the workforce of the community.
Having been through the disaster like tsunami, earthquake, riots the children would have experienced all or some of the following aspects of that event.

1) Loss of familiar environments
2) Fear and insecurity
3) Struggle for food, shelter and other amenities
4) Witnessed death
5) Witnessing rapes and other forms of violence
6) Continued threat to their sense of well-being

All these can lead to a feeling of confusion and insecurity that results in emotional reactions. At such times the children look at adults in their life whom they are close to and trust, for support and care. It is very important that you are able to provide this sense of security in their life which will help them master these reactions in a healthy manner.

When children experience some traumatic event, which they are unable to comprehend or cope with then children tend to show behaviours, which are not always pleasant to caregivers around. For instance children become disruptive in class, start performing badly in school. At home they might wet the bed, use bad language, not behave well with visitors or scream and shout at family members. All these can actually make those around the child very angry and frustrated. At such times you need to remember that punishment or getting angry is not the solution. You need to understand why this is happening.

The child is unknowingly resorting to such behaviours in order to deal with the pain and suffering they are experiencing within themselves. This is their coping mechanism; they are trying to reach out to you for help. They would like you to attend to them and help them cope in a more effective manner. At such times the child needs extra love and reassurance. They need to be accepted along with the behaviours they are exhibiting. Irrespective of what you think of
the behaviour you must accept the child. Rejection or punishment will enhance their pain. Reject the behaviour not the child.

Remember that these behaviours are a response to the abnormal situation they have experienced, it is their method of coping with that event. It is not a reflection on the character of the child or the fault of the caregiver. Also note that these are not permanent changes, they can be overcome. If you give enough care, time and guidance the child can overcome these behaviours and resume their normal manner of functioning. It is with this in mind that this section takes us through a framework to provide that care and guidance. There are basically three things that you can do.

**Understanding Emotional Reactions**

It is important that we understand how children who have experienced trauma would be processing the information and what sort of reactions they show as a result of such experiences. Since children have limited capacities to process information their sense of what happened is often not realistic and they are not able to comprehend the totality of the situation. Often you would overlook the need to respond and explain things to children but it is a well-known fact that children are the most badly affected population in any disaster and need extra care and comfort. If you fail to address their fears and insecurities the internal turmoil and pain can leave them sad, confused and frightened and this will remain with them for a long time to come. So it is important to understand how children at various ages would be viewing their losses and trauma.

**Child's View of Death at Various Developmental Stages**

**Infants**

- No comprehension but sense something has happened.
- Recognize that people around them are unhappy, sad or worried and become frightened.
- May change eating, sleeping, toilet habits.
Pre-school

- Death brings confusion, guilt. View illness and death as punishment for some personal wrongdoing.
- They may view death as something that you wake up from, it is reversible.
- Recognize people around are unhappy, sad, worried or frightened and become frightened.
- Family is center of their world and they are confident that the family will care for their needs.

5-9 Years

- Often feel responsible for the events and the loss.
- Begin to realize that death is final but believe it will never happen to them or anyone they know.
- Tend to personify death. They may associate death with a skeleton or have nightmares about them.
- Unavailability of other family members to help them cope is troublesome.
- May think about it as magical or punishment.
- Develop an interest in the causes of death (violence, old age, sickness).
- They have to cope with social reactions of other people at school or others around him or her.

9-12 Years

- Start recognizing that death is permanent and common to anyone who is alive.
- They can have somatic complaints.
- They may deny the loss and get on with their life.
- They are curious and interested in the gory details and ask questions.
- Begin an interest in biological factors of death.
- Worry about who will care for them. May regress to an earlier stage of development.
- They may feel guilty and also try and become very good to overcome this guilt.

Adolescents

- Have adult notions and view death as inevitable, universal, and irreversible.
- They are trying to be independent and they will feel dependent when they face a loss. They find it very confusing and may have suicidal feelings.
- They will question life itself and want a lot of discussions. Need someone to listen; to talk with.
- They think about their own death, this can be frightening and they may withdraw and deny the loss.
- May feel guilt, anger, even some responsibility for death that occurred.
- Not sure how to handle own emotions in public or private, they need adult guidance.

(Adapted from the psychosocial issues for children and families in Disasters CD HSS series, American Academy of Paediatrics)
**UNDE**RSTANDING **EMOTIONAL** **REACTIONS**

These are common and normal responses to an event that is beyond the child’s coping abilities, but can be mastered and overcome. There are things you can do to help the child feel more comfortable and in control as they go through these experiences. It is important to remember that even behaviours like stealing and indulging in substance abuse or using abusive language that emerge after such situations are not a reflection on the character of the child or that he/she has gone into bad ways, but a reaction of the child to the pain and trauma that he or she has been through and a response to an event that the child has been unable to cope with. If we can understand this, then we will be in a better position to help the child in the recovery process.

<table>
<thead>
<tr>
<th>Pre-schoolers</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Temper tantrums</td>
<td>- Seek isolation, become less communicative</td>
</tr>
<tr>
<td>- Crying</td>
<td>- Sleeplessness or increased sleep</td>
</tr>
<tr>
<td>- Clinging and demanding</td>
<td>- Feel different or alienated because of their experiences</td>
</tr>
<tr>
<td>- Scary nightmares</td>
<td>- Irritability</td>
</tr>
<tr>
<td>- Helplessness</td>
<td>- Increased risk taking behaviours</td>
</tr>
<tr>
<td>- Regressive behaviour (thumb sucking, wanting to be carried, bed-wetting)</td>
<td>- Avoidance of trauma related thoughts, feelings and activities</td>
</tr>
<tr>
<td>- Moodiness, irritation</td>
<td>- Aggression – fights, destructive, arguments</td>
</tr>
<tr>
<td>- Fear of darkness or sleeping alone</td>
<td>- Feelings of hopelessness, feeling of neglect and isolation</td>
</tr>
<tr>
<td>- Easily frightened and then anger</td>
<td>- Disobedience, specially towards authority and parents</td>
</tr>
<tr>
<td>- Increased aggression specially in boys</td>
<td>- Try to get involved in activities to get a sense of control like rescuing and organising at the camps</td>
</tr>
</tbody>
</table>

**School age**

- Physical complaints – headache, stomach aches
- Aggression
- Fear of darkness / sleeping alone / separation from parents
- Lack of self competency
- Understand loss and become very anxious
- Regression to behaviours like thumb sucking etc
- Nightmares and inability to sleep
- Fear of ghost
- Fear of recurrence
- Difficulty in following routines
- Does not mingle with friends
- Behavioural problems
- Emotional problems like apathy, anxious, withdrawn, depressed
- Disinterest or difficulties in school work - disturbs others, worrying, being tense, undisciplined, refusal to go to school

**Adolescents**

- Seek isolation, become less communicative
- Sleeplessness or increased sleep
- Feel different or alienated because of their experiences
- Irritability
- Increased risk taking behaviours
- Avoidance of trauma related thoughts, feelings and activities
- Aggression – fights, destructive, arguments
- Feelings of hopelessness, feeling of neglect and isolation
- Disobedience, specially towards authority and parents
- Try to get involved in activities to get a sense of control like rescuing and organising at the camps
- Angry, frustrated and may feel very helpless
- Depression due to loss
- Guilt for not being able to do enough or for having survived
- Inability to concentrate
- Behavioural problems like - aggression, lying, stealing
- Dropping out of school or work
- Aches and pains due to stress

Some of the reactions may be more prominent among the girls like, frustration, depression, being isolated and feeling of hopelessness. They also feel more vulnerable due to the disaster experiences.

It is seen that aggression along with drug or substance abuse is higher among the boys. Feeling of guilt, revenge, habit of stealing is also seen more among the boys.
HOW CAN YOU HELP CHILDREN TO RECOVER?

As adults in a caregiver’s role (parents, relatives or members of outside agencies, teachers who have come in to help the survivors of the tsunami) you must understand how you can help them recover. This understanding will help you to work with children and help them master the trauma.

UNDERSTAND THE EMOTIONAL REACTIONS THE CHILD IS EXHIBITING, THIS WILL ENABLE YOU TO SUPPORT THEM BETTER

When children face any traumatic event, they have both emotional and physical reactions. These reactions and feelings are normal responses and occur in most children who face an event that overwhelms them. Knowing this will help you understand the child better and be more caring and comforting towards the child.

The diagram below captures the recovery process after a disaster and what you can do to hasten the recovery.

How to support a child’s recovery from a traumatic event?

- **A. Understanding its emotional reactions by**
  - Observing behaviour
  - Monitoring progress at school/home
  - Accepting and acknowledging the changes

- **B. Decrease the physical and emotional effects by emotional support**
  - Listening
  - Reassuring
  - Modeling healthy coping behaviour

- **C. Facilitate recovery by**
  - Normalizing life routines
  - Talking
  - Play and other activities

All the above three lead to

ADJUSTMENT OR MASTERY OVR EMOTIONAL DISTRESS
OFFER EMOTIONAL SUPPORT AND SECURITY TO THE CHILD

It is well established that talking about the event and allowing the child to share their experiences and feelings decreases emotional stress. You need to be available for the child and create a space where the child can talk openly with you. This will rebuild their trust in people and help them feel cared for and secure.

HELP THE CHILD ADOPT HEALTHY COPING STRATEGIES

The child will often be confused about what can help him or her. You need to facilitate the recovery process. For this the first task is to normalize their life routines. Help them get involved in routine tasks like helping you with household work, getting back to school etc. Also you need to be available for play or ‘talk time’ where the child may want to talk or play out their experiences. Both these will help the child regain their original level of functioning.

This section will look at each of the interventions given above in detail.

UNDERSTAND THE EMOTIONAL REACTIONS

It is important that we do not neglect the child. Even preschool children are able to pick up on the feelings and emotions of the adults around them and this in turn makes them very vulnerable. So keep a watch on the child and look out for any changes the child is showing. For instance a child who was quiet and reserved may have become very irritable and aggressive. You need to accept and acknowledge this change in the child. See it as a reaction to the event and then interact with the child keeping this information in mind. So in normal circumstances you may shout at the child for misbehaving. Here because you understand the situation, you will instead be caring and gentle. Children spend a lot of time in school and school performance might undergo a change if a child is disturbed. Monitor the child’s progress at school, if you are a parent. If you are a teacher, make sure you inform the parents about any changes in the child’s behaviour at school.

Accept and acknowledge the changes by

- **Developing a warm friendly relationship** - children should feel comfortable about reaching out to you if they need reassurance or comfort
- **Accepting them totally** - since a lot of the emotional reactions will tend to put you off, you need to understand and accept children even when they are expressing themselves in that manner.
- **Not giving advice** - you need to give them space and not try and push in your idea of how they should behave or be, rather accept their views and feelings.
- **Respecting the child** - however young the children may be, respect the child’s views and emotions. Do not stop them from expressing themselves.
- **Being there** - give them both time and attention
DECREASE THE PHYSICAL AND EMOTIONAL EFFECTS BY EMOTIONAL SUPPORT

In helping children to share their experiences and feelings about the whole event, allow the child the space and security where he/she feels accepted and cared for. Once the child feels secure he/she will share his/her thoughts and feelings. It is very important that we listen to what the child has to say to us from his/her perspective.

Be available to the child when he or she wants to talk about it, do not push the child. The child may not talk at all but just find it comforting to know that you are around.

You need to

- Tell the child it is normal to think about the traumatic event.
- Share some of your feelings and thoughts about the event.
- Use age-appropriate language and explanations.
- Invite them to come and talk about it anytime they want.
- Listen to the child, answer their questions (even if they are very painful)
- As you answer you can provide comfort and support.
- If you do not have adequate explanations tell them that you too are confused and upset by it.
- Children sometimes assume responsibility for the event, leading to very destructive and inappropriate feelings of guilt. Try to correct any misperceptions immediately.
- Be honest, open and clear.
- Do not avoid the topic when the child brings it up.
- Get an understanding from the child of what he or she thinks death is, their fears etc, it will help you to communicate with them in a meaningful fashion.

Talking helps

Talking about the event helps the child to accept the event and to cope with the losses it has brought. Talking will be especially useful with older children, it helps them to clarify their thoughts and removes many misconceptions they may be holding within them.

It is important to give factual information to the child. The child will ‘fill in’ the details if they are not given and very often these are inaccurate. Just be available and reassure the child, this helps to restore a great sense of safety and security.

Reassure the child

Children need a lot of comfort and feeling of security. Hold the child close if the child is crying; if the child wakes up at night be there to comfort him or her. In school, the child may be feeling left out, support him or her during that time. All this will help the child feel cared for.
children come and sit close or cling do not forcibly move them away. Allow them to be near you if they feel like. Pat them once in a while and hold them close to show your affection.

**Model healthy coping behaviour**

Children will look at you to learn how to cope with their reactions so you need to model healthy coping behaviour in how you are leading your life and returning to normalcy.

**Make sure that you**

- Follow regular sleep times.
- Eat well
- Remain calm and happy
- Take active interest in activities at home or outside
- Do not taking any alcohol or other addictive substances.
- Exercise regularly
- Spend some time in recreational activities

Your life style will enable the child to also pick up healthy coping strategies. The child will learn that you have normalized your life and will do the same in his/her life.

**FACILITATE RECOVERY**

**Set up life routines**

You need to help the child normalize his or her life. Children find it very comforting to have routines in their lives. If these routines are disturbed they too get disturbed. So the first step that you can take to help the child recover from the trauma is to re-establish life routines. Reopening the school at the earliest is very important. If they used to help out with work at home, then get them involved with that activity or if they used to regularly play at a certain time, get them to go out and play with their friends again.

**Ensure that children**

- Have their meals in time.
- Sleep at a particular time at night.
- Re-start their schooling if they are of school going age.
- Get involved in helping you with household work or sewing activities.
- Spend time together as a family.
- Spend time playing and having some fun daily
- Have time with you to share whatever they might be thinking or feeling.

It will help get their mind off from the experience they have been through and start looking positively at their future.
Children use play to express themselves. Play is an extremely crucial communication tool for the children. It serves the same purpose as talking to the adults. Selected toys and effective use of the materials can help children to act out feelings and fear as they have experienced. Children not only express themselves but also learn a lot of new things while playing. When children play and/or draw a lot of their frustration, fear, tension, anger and insecurities are expressed. This helps them to face their emotions and decrease the power/intensity these emotions have on them.

The use of various mediums are very important to work with children. As you know, children are not able to express all their feelings, suffering and worries. But they experience the stress, which needs to be given adequate chance of ventilation. Allowing children to talk and express about their worries and feelings help them to build up positive behaviour and also to cope with the situation. If the chances of ventilation and helping them to develop adequate understanding of the changed situation are not given, the stress reactions will further increase. The use of various mediums with children has to be planned according to the age group of the children you are working with. Many of the mediums work vary with different age groups like drawing, clay modeling etc. It is seen that for the young children from 2-5 years, story telling, play, painting and puppetries are very useful. Similarly for the little older age group (up to 10 years) story telling, drawing, games, developing worksheet, clay modeling are very effective. For the children up to 14 years developing worksheet, clay modeling, play, playing with dolls of animals is more useful. For the adolescent age group drawing, clay modeling, working with dolls of animals is more sensitive.

For working with children after a disaster all these mediums have to be used repeatedly to help them to overcome disturbing thoughts and to gain mastery over the situation. Like painting can
be taken as one of the most useful medium to help the children to ventilate and also to develop understanding of the positive changes in the environment. After the Orissa cyclone and Kuchch earthquake, children were drawing only destruction and injury. As they were intervened through various activities in the school and non-formal school it was proved that the healing of the mind is possible.

In tsunami the children started expressing themselves through drawing and commenting about their own drawing. The children have drawn big waves, people running for life, broken boats, houses and dead bodies. They also wrote various comments like, tsunami is ‘yama’, tsunami left us with crying, tsunami is a five headed snake etc. This drawing and writing helped the children a lot to express about their thoughts and feelings, worries about tsunami.

In tsunami one of the girl who lost her mother and currently staying in a separate rented place expressed herself through clay. She made a figure and identified it as her mother, whom she lost in tsunami. She also made a house which is washed away by waves. She was never able to share her loss to her friends and friends also were not able to talk to her about the problem. The whole exercise made the whole group to talk about the issue and her friends were able to empathize with her.

Similarly group play with children is very important to help them to understand the changes and develop new relationships and peer group. Therefore group activities and group work should be practiced more with the children. Many of the mediums can be effectively used in the group situation. Here the following table is depicting in nutshell how play and other activities can help children:

<table>
<thead>
<tr>
<th>Helps the children to gain mastery over events</th>
<th>Helps in development of understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play helps children to express their feelings and emotions. This release helps the child feel lighter. Repeated expressions also lighten the power the negative emotions have over the child’s life and help the child move forward.</td>
<td>Children can change their way of thinking, modify their behaviour or learn new healthy ways of interacting or behaving or coping by reacting to concepts presented through stories, listening and observing other children etc.</td>
</tr>
<tr>
<td>Helps develop self-esteem</td>
<td>Helps in skill development</td>
</tr>
<tr>
<td>Opportunities to present their creations, talk about themselves, get praised by the others for their work or behaviour, make new friends etc help the children feel good about themselves.</td>
<td>While interacting and playing the child learns to take turns, share things, play by the rules etc. He or she also learns how to talk in a group make friends etc. These skills are developed during the process of play.</td>
</tr>
</tbody>
</table>

FACILITATION MANUAL FOR TRAINERS OF TRAINEES
It is now well accepted that children are vulnerable and need attention when they have experienced some traumatic event in their lives. They look to the adults for support and care and we need to be available in a manner that they can relate to us and master the negative effects the event would have had on their lives. In such situation within the children are groups of children who require even greater care and support. This section will look at some of those groups.

**Orphaned Children**

The child needs to be with relatives who can look after him or her.

Integration with the new family members is very important for the child. The child should find the space with people around him to share the pain about the loss of parents.

Encourage the child to remember the death anniversaries, talk about the good times they had with their parents etc.

He or she should be helped to remember the people they have lost but also learn to relate to the new people in his or her life.

The child needs to relate to the new environment as his own.

Listening and being available is very important.

Help the child to normalize his or her life.

**Ms Marico 10 years old** used to be very scared and never used to come down to be with the children when they were participating in the play activities in ICDS centers. The workers working with this child realized this and spent time with her in her own space by making her do some activities. They also spoke to the aunt of the child and said that the child needed to be talked with and reassured. She used to be with the aunty. At first the child did
not talk much. Later she started remembering and talking about the member she had lost in tsunami. Then once, while talking she started crying and cried a lot. She was then motivated slowly to come down and be with the other children and she was also given support for continuing her studies.

A 16-year-old boy Selvam and his father had been to the sea for fishing on the day when tsunami struck their village. On return from the sea, Selvam and his father found that everything was destroyed near the seashore. Selvam found that his house was washed away. He could find his younger brother, eight years old and younger sister, five years old in a camp. And after one day, the dead body of Selvam's mother was found. Selvam's father has started taking increased amounts of alcohol. The father does not do any work. Selvam has to take the entire responsibility of looking after his younger siblings, cooking, getting compensations etc. He is very distressed. He says that he is aware of what death is but he is only worried about the two siblings who are still too young. He feels a lot for the father but is unable to help him. He says that earlier he was a very easygoing person but since tsunami life has changed for him. He feels confused at times as to how to fulfill so many responsibilities. After CLW started talking to Selvam, he felt little relaxed and the CLW also spend time with his brother and sister. The CLW tried to help them to talk very freely about their mother and other losses. He also made a school visit to make the teacher take special care of these two children. CLW made effort to talk to Selvam's father and the PRI members so that he could resume his activity and take care of his family. The effort is showing success.

CHILDREN WHOSE PARENTS HAVE REMARRIED

Children who have a new parent to adjust with will find this change threatening. Hence, they need to be reassured.

Some time and space has to be given for natural bonding.

It is important to ensure that the child has some quality time with the parent alone so that he/she does not reject the new parent.

Ensure that the basic needs of the child are being met.

Be available to talk and discuss their fears and apprehensions when they need.

The CLW might have to intervene incase the child is being neglected.

A 11-year-old Lilly lost her mother in the tsunami. Lilly has another younger sister who is five years of age. Lilly was coming to school even after the tsunami. Recently she has stopped coming to school. The teacher made a home visit and found that Lilly's father has remarried few days back. As the teacher made a home visit, Lilly has started coming to school again. However, she does not talk to anybody in the class, is very inattentive. She does
not look at the black board while the teacher is teaching and keeps looking outside through the window. The teacher started talking to her personally and also made her to talk and draw her mother's picture. The teacher also tried to find out the family relationship between the members through her drawing of a family portrait. The teacher again made home visits and made the local ICSD workers to be in close touch with Lilly and her parents. She is trying to make the family accept the new relationships by talking to each other rather than separating out the members. This process is helping Lilly to re-establish her trust and faith with her father.

CHILDREN WHO HAVE BEEN DISABLED OR INJURED

Professional help should be sought for the rehabilitation of the child.

The child may require special equipment like crutches etc to enable him or her to get a level of independence.

The child may need space to discuss the difficulty of losing a limb, or about being burnt. He or she may need to discuss their anger, frustrations and depression regarding the same.

Listening and being available is very important.

Help the child to normalize his or her life.

Lasrin, 9-year-old boy was caught in the waves and he was thrown by water on an electric post. His left hand side of the body was burnt. Then he was hospitalized and he recovered. The Doctor has done plastic surgery on him by taking the flesh from his leg. Now also he feels the pain and has problem in walking fast and playing cricket. So, he is very disturbed and feels that tsunami has taken away his talent of playing cricket. The CLW talked to him and made him draw and write all his experiences. The CLW also made him to see what all other qualities he has and sent him for another medical check up. He was involved in a three day child activity workshop where Lasrin was helped to talk and meet his friends freely. The whole intervention made him feel very comfortable and now he does not feel any major crisis with his physical limitations. He says he has developed confidence after meeting the CLW and others.

CHILDREN WHO HAVE BEEN ABUSED

After a disaster, the situation can be very chaotic. People are forced to take shelter in camps where there is lack of privacy. Children especially girls are vulnerable to sexual abuses. Besides sexual abuse, there can be emotional, verbal and physical abuse also.

Abused children need special attention. He/she may refuse to talk about his/her distress. Incase of sexual abuse, he/she may have guilt feelings and may consider himself/herself responsible for whatever happened to him/her. What adds to his/her stress is the fact that most of the times he/
she knows the persons who has abused him/her. Because of social sanction, parents often discourage the abused child to talk about the issue making it all the more difficult for the child to cope. The child needs to be given a space to ventilate his/her feelings. The CLW should not be judgmental and should accept the child.

In case there is chance of further abuse, it is necessary to shift the child out to a safer place.

Help the child to talk about neutral things like what he/she likes, focus on the positive qualities that he or she has and help him/her work through the trauma.

Help him/her normalize his/her life by making him/her follow a regular routine.

A 15-year-old Savitha lost her home in the tsunami and hence came along with her parents to stay in the camp. In the camp, during night Savitha was sexually abused by a boy elder to her from her locality. She was unable to tell it to anyone and remained quiet. She was distressed. She could not sleep and she was unable to eat properly. After three days, she told CLW about the incident. She said that she is more affected by this event rather than tsunami. She felt better after ventilating her pent up feelings in front of the CLW.

CHILDREN WHO ARE CHALLENGED

Mentally or physically challenged children would have also experienced anxiety and shock during this disaster.

Try and normalize their life routines.

Reassurance and extending a feeling of security is very important in such cases.

Specialist care may be required for some.
REFERRAL REQUIREMENT
FOR THE CHILDREN

In some instances, a child may require the help of specialist and each caregiver needs to be aware of when such help is required.

As an adult caregiver you need to take the child to a specialist. Follow up on the advice given both at school and at home. Discuss the progress periodically with the specialists. The table given below describes some of the symptoms that may require referral.

Referral is required if

- No indication of the reactions becoming less
- Increase in severity
- Is distressing to the family or the child
- Interferes with the daily routine of the child
- Interferes with interaction with others like friends, relatives
- Interrupts work or school

Behaviours for which referral may be required

<table>
<thead>
<tr>
<th>Conduct problems</th>
<th>Overactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disobeys people</td>
<td>• Unable to sit still even for a small time</td>
</tr>
<tr>
<td>• Violent towards peers</td>
<td>• Difficulty in concentrating and daydreams</td>
</tr>
<tr>
<td>• Steals or lies</td>
<td>• Engages in impulsive behaviour and activities that are dangerous like climbing and running on the streets</td>
</tr>
<tr>
<td>• Destructive behaviour</td>
<td>• Become over-excited in large groups</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Destroys things Somatisation</th>
<th>Post traumatic stress disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complains of aches and pains</td>
<td>• Re-experiences the tsunami, having nightmares, thinking about it in the day, having flashbacks</td>
</tr>
<tr>
<td>• Difficulties in bodily functions like breathing, increased heart beat, giddiness</td>
<td>• Avoids anything that will remind him of that day</td>
</tr>
<tr>
<td>• Wants to go to the doctor but doctor finds no medical problems</td>
<td>• Increased state of alertness – nervousness, startle response, poor concentration disturbed sleep</td>
</tr>
<tr>
<td>• Complaints interfere with daily activities like school, studies etc</td>
<td>• Distant from friends and family and does not enjoy activities</td>
</tr>
<tr>
<td>• Gets attention from others due to these complaints</td>
<td></td>
</tr>
<tr>
<td>Severely depressed</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Feels sad all the time</td>
<td>• Admits to taking alcohol or drugs or gutka</td>
</tr>
<tr>
<td>• Cries a lot</td>
<td>• Smells of these substances</td>
</tr>
<tr>
<td>• Refuses to play</td>
<td>• Moves between extreme restlessness to lethargy</td>
</tr>
<tr>
<td>• Has no interest in games</td>
<td>• Unable to sleep</td>
</tr>
<tr>
<td>• Poor body posture and eyes show lack of shine</td>
<td>• Slurred speech and inability to communicate clearly</td>
</tr>
<tr>
<td>• Getting thinner, does not eat well</td>
<td>• Decline in school or other work they used to do</td>
</tr>
<tr>
<td>• Tired all day, wants to keep lying or be by himself</td>
<td>• Overspending money or claims misplacement of money</td>
</tr>
<tr>
<td>• Unable to sleep at night</td>
<td>• Indiscriminate sexual behaviour</td>
</tr>
<tr>
<td>• Talks of ending his/her life</td>
<td></td>
</tr>
</tbody>
</table>
ROLE OF DIFFERENT CAREGIVERS

The caregiver has the most important role for the growth and development of the child. Adequate caring and nurturing environment is the utmost requirement for the adequate development of the children. A disaster disrupts the routine and the process of nurturing environment. For example, the tsunami has disrupted the life of millions of survivors. Due to tsunami many of the children have lost their homes, play grounds, family members, care givers or friends. It leads to a displaced life style and the familiar environment becomes suddenly fearful. They start feeling insecure which creates confusion in their mind. The caregivers are unable to pay adequate attention to them and the regular pattern of life is disrupted. Therefore it is very clearly seen that the tsunami has hampered the process of healthy emotional and psychological development.

Children feel safe and secure if they have consistent and predictable routine in life. Caregiver who are caring for them also feel happy to care for the children and the relation between the caregiver and children become more of a reciprocal relationship. This helps in the all round growth which includes physical, emotional social and spiritual development of the children. So, there is a sense of well being in the nurturing environment. The intervention should be promoted to help the care givers to understand the situations of the children as well as facilitate healthy relationship between the children and care givers. Therefore, intervention with children after a disaster has to be promoted in all the three aspects, namely;

- Working with the children individually as well as in the group.
- Working with the parents and immediate care givers.
- Working with the teachers in formal and non-formal schools.

The various intervention models which have been developed as successful models for working with the children are working with children in non-formal set up as well as working with the teachers of the schools. The NGOs are mainly involved in working with the non-formal sectors after the disaster as the formal sector are taken care of by the government machinery and other UN agencies. Many of the NGOs have started non-formal school for children of different age groups. For the young preschool children non-formal schools like, kid’s class, hobby centers, activity centers are found to be very effective. All these centers are basically to work with the children and help them to get back to normalcy by facilitating individual, group work with children through trained community level workers.
For older children, supplementary education in the form of tuition classes, promoting library and games helped the CLWs to work with the children in the community. In all these interventions the purpose was to help the children to get back to the formal schooling and continue with their studies. By these structured intervention it is possible to bring back the normalcy and help the children to over come feelings of fear and insecurity.

PARENTS/RELATIVES
Be available Listen and talk to them
Hug and hold them close Help reestablish life routines Help in meeting their basic needs Ensure that they have playtime Involve them in house work Keep a watch on their behaviour Monitor their school work Seek support of other people—school or other agencies

SCHOOL TEACHERS
Help the child talk about the issue Do not ridicule the child for regressive behaviours Give extra attention to new children in your class make them comfortable Monitor the academic progress Keep interacting with the family Enhance the self-esteem of children

CHILD

CAREGIVERS FROM OUTSIDE
Enable the parents to their children Support the families in caring for their child Set up group initiatives Be available to the child and listen and talk with the child Help with the referral links
Simultaneous work with parents is also very important to enhance the quality of care in the family and also to help the parents to understand the children and adolescents. Therefore organizing regular parents meeting and discussion of issues related to children including their own issues relating to childcare and daily life will facilitate the process.

Another issue related to childcare, which arises after all major disasters is care of the orphan children and foster parenting. From the experiences of working with the children after the disaster, it is quite clear that orphan children should be taken care within the community. Many a time the immediate relatives take care of the child. The foster parents need to be helped and empowered to take care of the children as one of the new entry in the family as well as to secure the care and protection of the child. The financial issues like the use of compensation money should be dealt in the community level by enhancing community groups of foster parents. In various disaster interventions the foster parents have been helped to develop a group and also the community level workers provided special support to ensure adequate nurturing for the orphan child.
UNDERSTANDING
PERSONAL STRESSORS

Stress is common in life. The reasons of stress are very wide and it produces different health outcome in the life of a person. When we do any work obviously stress is produced, so we need to cope with a particular situation and to adopt a strategy for the work. Stress may be in the family life due to adverse situation, may be related with job or with any personal or social events. All of us face different level of stress at our different stages of life. But the effect of stress on our life happens according to the life style and coping strategies of the individuals. Though stress is inseparable part of life but effective control of the stress helps to prevent negative health outcome. Stress related problems cause wide disturbances in the life of the person and it reduces the productivity of that person. Therefore in other way the organizational mandate to work get hampered and also severely disturb the predictable outcome. Any stress factor within the organization may be a severe threat to that organization to work successfully or the personal stress at individual level may affect the job. So, to consider stress, it is essential to look at the entire sphere of life in a holistic manner.

As a humanitarian agency, the Non-Governmental organizations respond to the needs of the community after any disaster. The organizational responses to the disaster rehabilitation by the Government / NGOs have increased many folds in the last two decades. The local level NGOs plays a crucial part being with the community and also many of the workers may be survivors of the disaster. Nonetheless the workers involved in the disaster interventions have various experiences which cause stress and strain in the job. Therefore, in different phases of the disaster i.e. in rescue, relief, rehabilitation and long-term reconciliation, the continuous interaction with the survivors and the persisting demand of the work produce different level of stress among the workers.

It is important for the workers/caregiver to understand that he/she is involved in work that is going to make demands on his/her physical and emotional life. The daily stressors of work will cause tension within them. It is important for them to understand this aspect and take some preventive actions to enable them to cope with this stress.

SOMETHING THAT COULD CAUSE STRESS IN THIS WORK

- Listening to the painful experiences of people
- Travel to inaccessible places
- Being with the people in the camps where the living conditions are stressful
- Dealing with the frustrations and anger of the survivors
- Having to deals with multiple demands for instance, the government office, the survivors,
agency they are working with, attending trainings and meetings
Working long hours
Not getting time to relax and take care of personal issues
Leaving away family and staying separately
The weather in the area

In various disaster related work, the stress which were identified among the workers have shown that disaster cause a considerable stress and disability in the life of the workers. Some other forms of stress are as following:

**STRESS IN RELATION TO THE JOB**

- Sudden responsibility imposed without prior notice.
- Change in the place of work.
- Reaching to the office or field at time.
- Continuous demands of the people with whom we work.
- Inability to get the expected result even after serious work.
- Inability to fulfill certain commitments or planned activities due to some external reasons.
- Talking to the boss in the general meeting or presenting the work.
- Misrepresentation of the facts by the colleague or co-ordinator and blamed.
- Strict time bound nature of Job.
- Very strong hierarchical system, difficult to reach to the top level and all the decisions taken by the supervisors only, they are biased.
- Wide gap in the salary structure in the same level for the same kind of job and responsibilities cause tension.
- Low respect for the work and lack of support.

**OTHER INCIDENTS OF STRESS**

The community people do not accept working with some community and group; criticize, though family is not having any problems.

Problem of being identified by some rivalry groups to work with certain community or groups.

Want to do the work at the best but the external barriers cause problems.

It is important to understand that different people would respond to stress in their life differently. Also what stresses one person may not necessarily stress out another person so equal standards cannot be laid out for everyone, personal differences may need to be considered when we assess who is a good committed workers vs someone who is not putting in their best.
It is important to be aware of how we react to stress in our life and then take steps to prevent this reaction from disturbing our emotional well being. The steps for self-care have to come in consciously and have to be an integral part of the training and orientation of people involved in psychosocial care giving. They have to watch out for burn out that could influence their productivity and skills of good psychosocial care giving.

Often in our cultural context, such work of helping people who are in need is seen as charitable and it becomes difficult for workers to disassociate from their work. This continuous pace and strenuous involvement is overwhelming and suddenly the worker could face a burn out. All the workers need to be aware of the signs that could suggest that they need to take a break and just rejuvenate and refresh themselves. The idea being that we are working but have to remain effective in our work. Commitment should not be equated with how many hours you stretch out to but how much qualitative work you are able to do. Also the workers generally feel guilty for thinking about their needs before those of people in greater need and trouble, taking time off for themselves is seen as selfish but this idea and perception needs to be broken right at the beginning and in this the management needs to also play a crucial role in supervising that the workers take self care seriously.

**SOMETHING SIGNS INDICATING THAT SELF CARE HAS BECOME CRITICAL FOR YOU**

- You find it difficult to leave your work even for a short period.
- Your sleep, appetite is disturbed.
- You are unable to enjoy things.
- You want to avoid going to work.
- You are easily irritable.
- You cry easily.

When the situation becomes more severe, the person loses productivity and is unable to contribute in the work. He also becomes problem for others. This kind of state causes severe disability among the workers. This situation is mentioned as burn out.

The stress cause wide range of changes in the worker in his/her behaviour, sensation, emotions, understanding, and interpersonal relationships, and also produce biological changes. The understanding about the stress reactions in self helps to deal with them effectively with the available resources. The different stress reactions are described in the below
YOUR RESPONSE TO STRESS

So when we are able to see how we tend to react we will be able to see what sort of effect it will have in the long run on our physical, social and emotional well being. So the next question is to look at what steps we can take to ensure that stress does not get the better of people working in this field.

- **EXTERNAL PRESSURE**
- **COPEING RESOURCES**
- **INTERNAL PRESSURE**

### BEHAVIORAL
- Substance dependence
- Sleep problems
- Tea smoking
- Restless
- Eating problems
- Aggression
- Irritation
- Speech problems
- Accident prone
- Eat, talk, walk faster
- Unkempt and untidy
- Low productivity
- Bad time management

### SENSATION
- Heart rate
- Headaches
- Nausea
- Aches and pain
- Tremble
- Fainting
- Numbness
- Dry mouth
- Stomach cramps
- Sweaty
- Indigestion

### EMOTIONAL
- Anxiety
- Guilt
- Embarrassment
- Depression
- Hurt
- Jealousy
- Feel like dying
- Cry frequently
- Moody

### COGNITIVE
- I must do well
- Life should not be like this
- I must have what I want
- This is terrible
- I cannot take this any longer
- Everyone should like me

### BIOLOGICAL
- Digestion problems
- Blood pressure
- Heart problems
- Tiredness
- Allergies
- Low immunity
- Mental problems

### INTERPERSONAL
- Cannot keep relationships
- Suspicious
- Gossip
- Competitive
- Withdraw
- Fearful and unassertive
- Aggressive
TIPS FOR DEALING
WITH STRESS IN YOUR LIFE

Self care or stress management implies understanding the effects of stress in life. It is very clear that there are no quick fixes to reduction of stress except working on damage limitation strategies. It is important to note that stress management is a health promotion strategy; it involves commitment and motivation to remain healthy despite adversities around us; learning practical tips to manage excess stress is possible and potential benefits can impact every aspect of life and make professional careers of individual meaningful and creative pursuit. The self care tips are the basic techniques to avoid the stress on regular basis and maintain a health way of living.

CHECKLIST OF THINGS WORKERS NEED TO DO ON A CONTINUOUS BASIS

- Listen to each other’s feelings.
- Do not take anger too personally.
- Avoid criticism unless necessary.
- Give each other comfort and care.
- Encourage and support co-workers.
- Reach out to others when you are feeling low as well as look around and support others if they are down.
- Develop a buddy system with a co-worker. Agree to keep an eye on each other’s functioning. Check for fatigue and stress symptoms. Take a break when required.
- Get some physical exercise daily.
- Regularize your life leaving enough spare time for rest.
- Listen to music, read books, watch television everyday.
- Try and eat frequently and get enough sleep.
- Practice relaxation techniques frequently.
- Stay in touch with your family and share your thoughts and feelings with them.
- Keep a diary of your activities and experiences.
- Keep one day per week only for your personal work and relaxation.

TREE OF SUSTENANCE

An analogy of a tree beautifully explains the need for self care. Just like a tree, which is able to provide shade and fruits to passers by who take refuge from the sun under a tree, a worker provides support and care to people who need them. However the tree needs to remain shady by
having new growth and leaves on a continuous basis. It draws its strength from the rain that gives it water for nourishment, its roots help it stay in one place and withstand storms that might pass by. Its old leaves fall and give way to new fresh green leaves.

Similarly, a worker needs to identify people in their lives who are providing them strength and support to stand tall and face challenges; these would be their roots and they can call for the support of such people in their life. Secondly, they need to look at the old leaves i.e. behaviours, thoughts or emotions that are hindering their growth and productivity at work and they need to let go of such leaves and give rise to positive qualities and strengths i.e. green leaves in their lives. Finally, they need to identify things in their lives, which refreshes them when they are tired; it could be a movie or a hot cup of tea or music, small things that take away their work stress.

<table>
<thead>
<tr>
<th>RAINWATER FOR MY TREE</th>
<th>MY GREEN LEAVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chess</td>
<td>Make friends</td>
</tr>
<tr>
<td>Cold drinks</td>
<td>Understand the other person's feelings</td>
</tr>
<tr>
<td>Chatting</td>
<td>Talk with an open heart share things with others</td>
</tr>
<tr>
<td>Music</td>
<td>Help others</td>
</tr>
<tr>
<td>Talking with friends</td>
<td>Get angry very rarely</td>
</tr>
<tr>
<td>Drinking tea</td>
<td>Making good friends</td>
</tr>
<tr>
<td>Listen to the news</td>
<td>Independent</td>
</tr>
<tr>
<td>Cold water</td>
<td>Understanding</td>
</tr>
<tr>
<td>Lie down for sometime</td>
<td>Fearless</td>
</tr>
<tr>
<td>Playing with children</td>
<td>Cleanliness</td>
</tr>
<tr>
<td>Settling by myself with my husband</td>
<td>Become emotional</td>
</tr>
<tr>
<td>Sleep in the afternoon</td>
<td>Serve others</td>
</tr>
<tr>
<td>Service</td>
<td>Never lose hope</td>
</tr>
<tr>
<td>Reading</td>
<td>Help and support others</td>
</tr>
<tr>
<td>Helping others</td>
<td>Good behavior</td>
</tr>
<tr>
<td>Watching movies</td>
<td>Reading</td>
</tr>
<tr>
<td>Being in touch with my family</td>
<td>Take decisions</td>
</tr>
</tbody>
</table>
## Debriefing

The management would need to officially spell out time and space available for workers to come and share with their supervisors or line managers their feelings and thoughts about their work. This would have to be a periodic exercise and would take into account not only work related issues but also a focus on the personal well being of the worker. The advantages of this would be manifold:

- The line manager would be in tune with the effectiveness of the worker.
- The intangibility of psychosocial care giving would gain concreteness.
- The worker would get a feeling of support and being cared for.
- The ventilation space would be healthy for the entire program effectiveness.

This could happen as frequently as time permits but at least once a month. In such work people are our basic and most important asset and we need to care for them first before we can genuinely reach out to survivors who have experienced a disaster.

A majority of workers report the need to work through the emotional disasters experiences by sharing their feelings with others.

---

### Table: MY ROOTS vs BROWN LEAVES I NEED TO SHED

<table>
<thead>
<tr>
<th>MY ROOTS</th>
<th>BROWN LEAVES I NEED TO SHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Keep thinking about economic problems</td>
</tr>
<tr>
<td></td>
<td>Get angry very quickly when I see injustice</td>
</tr>
<tr>
<td>Brother</td>
<td>Sometimes take decisions without thinking</td>
</tr>
<tr>
<td>Boss</td>
<td>Cannot hide anything</td>
</tr>
<tr>
<td>Friend</td>
<td>Poor Concentration</td>
</tr>
<tr>
<td>Classmates at BSC</td>
<td>Do not rest</td>
</tr>
<tr>
<td>People at Aman Samudaya/ in my organisation</td>
<td>See too much television and news</td>
</tr>
<tr>
<td>Wife</td>
<td>Do not look after myself</td>
</tr>
<tr>
<td>Uncle</td>
<td>Do not eat on time</td>
</tr>
<tr>
<td>Those who give me good guidance</td>
<td>Lie</td>
</tr>
<tr>
<td></td>
<td>Talkative</td>
</tr>
<tr>
<td></td>
<td>Putting my point of view forcefully</td>
</tr>
<tr>
<td></td>
<td>Sometimes I am lazy</td>
</tr>
<tr>
<td></td>
<td>Watch television</td>
</tr>
<tr>
<td></td>
<td>Addicted to tea</td>
</tr>
<tr>
<td></td>
<td>Anger</td>
</tr>
</tbody>
</table>
It should aim to

- Review the helper’s role
- Ease the expression of feelings
- Explore particular problems encountered and solutions found
- Identify positive gains
- Explore consequences of disengagements
- Identify those at risk
- Provide education about normal reactive processes to acute stress
- Explain how to cope with stress adequately

It involves going through in detail the sequence of events as experienced by each participant

- Share their feelings and thoughts during and after the disaster
- Factual and emotional aspects should be shared
- Reviewing how they coped and felt requires consideration of positive and negative aspects

They may have experienced despair, being useless and overwhelmed or having problems at home for being involved in relief work. Some may suffer performance guilt where they feel they did not do enough. Positive aspects would include feeling satisfied with their work, finding someone alive, and reassurance about having coped well.

Related to this is the concept of the buddy system wherein each worker would choose another as a buddy and that person would on a regular basis meet up and share their problems and just talk with each other and ventilate what has been happening in their work. It is again very effective to deal with daily stress of a person working in such contexts.

**OFFICIAL GROUP ACTIVITIES**

It is important that in work that involves intensive emotional inputs and also work contexts that are extremely stressful, people feel and sense a strong team behind them. As mentioned before many of the stressors are related to lack of trust, gossip, lack of belongingness etc. It is extremely critical that workers feel the office is a space that cares for them. This team spirit and feeling of oneness would greatly help the program effectiveness. There are small things that can be done to ensure that the team distresses together and meets non-officially. It could be a picnic, a movie, cooking together, dance and music session, relaxation session anything where they just meet as individuals not as caregivers working for some organization.

Relaxation or meditation activities could be taken up as official sessions say after a meeting. Initially people will find it difficult but over a period of time it becomes something that one does automatically. The idea of including it officially is one to demonstrate that it is important and
secondly doing such things initially in a group is beneficial. Given below are some ideas to be used. These techniques if practiced regularly can help in calming and enhancing our ability to cope with the demands of the day. It is best suited for early mornings or in the evenings after the day’s work is over.

In Orissa during a training program the group listed out activities they could do as a group in the office setting, say once a month. Some ideas that came up were song and dance programs, movies, combined cooking and eating together going for picnics.

**TIPS FOR RELAXATION**

**Abdominal breathing**
- Sit comfortably
- Close your eyes
- Put one hand on the abdomen
- Focus on your breathing and try and see that you are breathing from your abdomen rather than your chest
- Concentrate on the fact that your stomach is rising as you breath in and falling as you breath out

**Count breathing**
- Sit comfortably
- Close your eyes
- Count 1-2 as you inhale
- Release your breath slowly counting 1-2-3-4 (double the count of your inhalation)
- Practice this till you feel relaxed

**Nostril breathing**
- Inhale naturally and then let out with a whooshing sound, hold for some time and then let out again
- Breathe through one nostril and breathe out through the other one
- Combine breathing with visualization that you are getting energy and refreshment
- Listening to some music while practicing these will enhance positive impact of the techniques
**Free Meditation**

- Sit comfortably or lie down and close your eyes
- Put on some music and listen to the music
- Do not try to think of anything, just concentrate on your breathing
- If any thoughts come in, do not try to control them or force them out. Instead spend time on them and let them go as they come
- Do it initially for about 5 minutes and slowly as you become better at it go on increasing the time period and about 20–25 minutes would prove to be very relaxing

**Candle meditation**

- Sit comfortably
- Light a candle or a lamp in front of you
- Concentrate on the flame
- Spend time just looking at the flame glowing and flickering
- If you feel strained after some time close your eyes and look at the image in your mind
- Slowly open your eyes after you are completely at ease
- Do it initially for about 5 minutes and slowly as you become better at it go on increasing the time period and about 20–25 minutes would prove to be very relaxing

**Relaxation**

- Lie down on the ground
- Slowly move from your feet to your head saying the following to yourself

  "The toes feel completely free and relaxed"

Repeat this for all your body parts pausing between each statement and talking in a calm and slow voice if you are leading a group and silently if you are doing this for yourself.

<table>
<thead>
<tr>
<th>Toes</th>
<th>Calf</th>
<th>Hips</th>
<th>Shoulders</th>
<th>Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heels</td>
<td>Knees</td>
<td>Stomach</td>
<td>Arms</td>
<td>Face</td>
</tr>
<tr>
<td>Sole</td>
<td>Thighs</td>
<td>Chest</td>
<td>Hands</td>
<td>Head</td>
</tr>
</tbody>
</table>

Now your total body is completely relaxed and there is no tension or strain anywhere. Stay with this relaxed self for as long as you wish.
Everything will ultimately fit in beautifully into a framework of maintaining a well-being system. In this workers' would need to identify how much time they spend on different spheres of their lives, which are essential for holistic living and then see how best they can correct the imbalance they might be having.

They need to look at five areas and answer questions under each to see where they need to slow down and what they need to pay more attention to. The idea being that we have to spend adequate time and attention to all these five wells otherwise we will be leading an imbalanced life which will ultimately cause us harm.

An analogy of water in five wells can be used to explain the concept. Say if we have five wells in our compound but continue to use only one or two the rest three will get a layer of moss and the water within them will become bad and not be of any use to us. The water of the two wells which we are using all the time will get overused. The water in them will diminish in quantity and over a period of time the wells will become dry. We need to maximize the use of the resources we have and thus using water from all the wells will help us have greater resources over a longer period of time. In our lives too if we are to keep well both emotionally and physically we need to have a balanced life. A balance can be maintained by giving adequate attention to the five areas listed below.

The Emotional / Mental well

This relates to their support systems that could help them raise their self-esteem, people who would value them and make them feel good when they are low. The fact that they have personal resources to help them share their feelings and provide emotional ventilation, people who would

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**HOLISTIC LIVING (EMOTIONAL WELLS)**

- Physical
- Mental
- Emotional
- Social
- Spiritual

---

**EMOTIONAL THERMOMETER**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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spend time with them and listen to them. Some things that might provide an indication of how healthy their emotional space could be found if they answered questions like

- Do you need to make friends?
- Do you feel happy and laugh often?
- Do you have good relationships?
- Can you express your feelings to someone?
- Do you relate to people in your house?
- Do you get emotional support when you need it?

The spiritual well

This well looks at sources of inspiration that will rejuvenate people; it could be specifically their religion that provides them that inner strength. It could also be other things mentioned below.

- Practicing inner relaxation
- Meditation
- Yoga
- Deep breathing
- Exploring nature and beauty
- Visiting spiritual places
- Talking to learned people
- Reading books

The physical well

This well relates to the amount of care and focus people are paying to their physical health and well-being.

- Do you feel safe?
- Are you eating good food?
- Do you eat at regular intervals?
- Are you exercising?
- Do you have a balanced diet?
- Are you sleeping well and regular hours?

The intellectual / Creativity well

This is how much of their intellect they are using, doing something that stimulates their mind and helps them grow.

- Do you plan things well?
- Do you think things through?
- Do you structure your work and day properly?
- Are you doing some reading?
- Do you spend time reflecting on your work?
- Do you seek others out for discussions and share you ideas with them?
The recreational well

The recreational well looks at the things you are able to do outside your professional life. Giving space and time to this well would ensure that you are able to relax and have some fun. It keeps the enthusiasm and spirit within people alive.

- What are your interests outside work?
- Do you have hobbies?
- Do you like music, art, dance etc?
- Do you get time to relax and have fun?

These are the things listed at one of the training sessions done in Orissa.
More often than not valuable learning gets lost in the Indian context of work. Some people that say we have oral traditions so we remember things and talk well but are very bad at documenting our work.

In Orissa the workers did excellent work on the field after the supercyclone but with very little documentation of the process of giving psychosocial care it has not got translated into material for wider consumption. All the learning lies with the workers and is of no use for others who may like to do similar work.

It takes a lot of time to inculcate these perceptions that record keeping is a very valuable aspect of their role as field workers and an essential aspect that needs to be incorporated in their daily work schedule. Often the lack of documentation also has to do with the fact that the workers are not aware of the larger purposes of documentation and what role it plays in the larger picture.

Having a session on documentation and explaining all of this while dealing with their ideas on what they feel on the issue is very critical. Having done this right at the beginning and established it as a part of their role, the process of documentation will gain momentum and be accepted and established.

**Managerial role**

- Take ample interest in documentation and encourage the practice
- Provide space and time for this work
- Have sharing sessions in groups or with individuals to make use of the information
- Provide relevant feedback
- Listen to the voice of the field worker
- Bring about relevant modifications in program implementation

**Need for documentation**

*For accountability*

- Demonstrates the implementation of the program
- Evidence of a systematic approach
- The worker is accountable to the management and the beneficiaries
- Provide information for monitoring and evaluation too
- Provide an ongoing picture of the progress
- Maintain standards of quality and effectiveness and the quantity of work being done
- Make effective use of scarce resources
- Leads to better planning
**Learning work record**

- Worker develops a document for reference
- He/she is able to step back and see how each intervention has progressed
- Share and communicate information about success and lessons learnt so that other workers benefit
- Record the progress and feed into the organization’s knowledge base, it defines organizational learning too for future initiatives
- Identify problems and get relevant inputs
- Identify opportunities
- Look at the quality of work being done – self-motivation, capacity building, awareness of gender inequalities
- Workers would feel their work has a definite purpose

**Program modification and development**

- New insights for program implementation
- Provide data wherein experts will be able to guide and supervise
- Provide relevant details to decision makers to modify and improve the program

**Information for wider consumption**

- Provide information for advocacy
- Information for awareness building
- Information for donors both for ongoing progress and funding purposes
- Information for future training and material development

**What to document?**

- Observations about the context, the people and themselves
- Their thoughts about their day
- Feelings about their work
- Details of action taken for the day
- Any feedback from the people they are working with
- Any new issues that need addressal
- Successes of any initiatives
- Failures or any lessons learnt
- Any specific illustration

**How to document?**

- Some preliminary writing has to occur daily or else valuable lessons would be lost
- Detailing and refinement on a weekly basis of the daily records
• Written or oral reports with supervisors, line manager or experts of that particular area
• Photographic documentation- before/after snaps or just specific one about a process or event etc
• Cassettes- if writing is a hindrance, record on tape
• Meetings with the other workers or with the team

MAKING USE OF THE DOCUMENTATION

• Wider sharing within the group to have peer-peer problems resolution and skill building
• Sharing with experts for guidance in areas, which are complicated or need referrals
• Sharing and dissemination of learning for a wider audience. This needs to be done at the management level who need to cull out the main learning, add the meat where required and make the information presentable and understandable by refining the core matter

The information collected by the supervisors was shred with the experts guiding the psychosocial care work. They were then able to give guidance into modification of the program inputs, new trainings were organised, suggestion to the management were made on the basis of this information. Inter group learning also took place with one member learning about interventions being done by a particular worker and using the same strategy in their work area. Lastly as mentioned before, the material collected as has been refined and developed into four manuals related to provision of psychosocial care by community level helpers. It has been circulated to a wider audience and the model of care followed has been replicated in some other areas.

RELEVANT RECORD SYSTEM

• All information is identified by name and date
• Periodic review and action as part of monitoring and review processes
• Information refined and obsolete material to be discarded
• Back up information
• Data sent for further analysis to the management or experts on a regular basis
• Action on feedback completed when given back to the field worker

The experience of documenting in Gujarat has provided valuable lessons

• Documentation must start as soon as interventions start
• They should capture the interventions being made and the effects such interventions are having
• Regularity of such processes is very important
• Management needs to provide space and time for such work and it should be included as part of the worker’s role
- The information collected needs to be simultaneously refined, some of it for further documentation, others for feeding and influencing the program initiatives.
- The feedback of how the material was used needs to be given back to the workers.

In Gujarat through CARE India Gujarat Harmony project with ten local programme implementing partners, a simple method of record keeping and documentation has been developed. The purpose was to regularize the pattern of work for psychosocial intervention and also to get quantitative and qualitative information from the field. The record keeping book was named as “My Learning Book”. This record keeping system has three parts consisting of weekly report, monthly report and three monthly report. It is important to remember that record keeping is essential at all the level to get a holistic picture of the intervention being carried. Therefore record keeping has to be given equal importance with the programme.

After tsunami a lot of community level workers from different sectors have been trained to provide the regular information about the situation. This is an important process to understand the ground realities and develop adequate plan of action for successful intervention.
For any technical inputs to be rooted in the community in the practice of day-to-day activities, handholding exercise is most crucial. Here handholding exercise denotes the extensive support provided in the field by the community to the staffs and workers for implementing the knowledge gained during the training of psychosocial care for the care of disaster survivors. In the training, there are various sessions on different aspects like working with general community on psychosocial care in an integrated way and also the sessions focusing on specific groups of vulnerable population. So, in the handholding exercise, it is essential to help the workers and the staffs to use the appropriate knowledge in the respective areas of activities. Simultaneously the record keeping systems and the changes also has to be traced through regular field visits and interaction with the staffs and also with the community groups they are working with. For this reason, various workshops, reflection meetings and focused group discussions need to be conducted with the coordinators, workers and staffs of the organizations on a regular basis.

Therefore it can be said that training starts the process of work, but supervisory role by experts and the management is an essential part of this whole initiative.

There are three groups involved in this process

- The workers at the field
- The immediate line managers
- The experts of psychosocial care

The roles of each must be defined and discussed right at the beginning to set out a systematic approach to the work at field. This will ensure smooth progress and then greater effectiveness at the field. Each group in this process plays an extremely critical role and each partner in the process must understand this so that they fulfill their respective roles.

The handholding exercise is an essential part of training. It ensures that the workers, who have received training, feel that the skills learnt can be translated into work at the ground level. It also provides them with a feeling that the work being done by them is extremely critical. It ensures that the management has a finger on the pulse of the program and is able to provide motivation.
PARTNERS IN THE HANDHOLDING EXERCISE

<table>
<thead>
<tr>
<th>Worker</th>
<th>Management</th>
<th>Experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Field work</td>
<td>• Physical comfort of the workers</td>
<td>• Provide space for ventilation</td>
</tr>
<tr>
<td>• Regular documentation</td>
<td>• Bring in relevant change in the program based on the input of the worker</td>
<td>• Give new inputs through trainings</td>
</tr>
<tr>
<td>• Ventilation with experts</td>
<td>• Ensure training and skill upgradation for the worker</td>
<td>• Ensure correct implementation of the training at the field level</td>
</tr>
<tr>
<td>Sharing with the</td>
<td>• Steps for preventing burn outs</td>
<td>• Assist with documentation</td>
</tr>
<tr>
<td>management</td>
<td>• Address grievances</td>
<td>• Provide guidance at the field level</td>
</tr>
</tbody>
</table>

VARIOUS MODES AND STRATEGIES OF HANDHOLDING EXERCISE

In this continuous process the various strategies, which should taken up are mentioned here.

Field visits: Regular visits in the areas where the trained workers are working as teacher of non-formal school, sewing teacher, community mobiliser, in livelihood distribution or in the formation of the self help groups, or with the youths and women should be done. So, workers have their different areas of interaction with different target groups and with varied programme objectives. In the field visits, the workers need to be helped to see how they can use different skills to establish rapport with the people, to talk to the women in the groups and also to interact with the children in the play groups or in non-formal schools. Therefore, the field visits are very crucial to look at the changes in the community and to identify the psychosocial needs of the population at different point of time.

Interaction with workers in sharing of experiences: Sitting together to share about their experiences about working on psychosocial issues and the difficulties they are coming across and the needs of the community they are feeling. In the sharing sessions the purpose is to see the difference between the areas and learning from each other’s experience. It is seen that many of the suggestions come up from the group itself.

Focused Group discussions: In the group discussion the purpose is more focused on various issues to identify the situations at different point of time or the difficulties with different target
groups, so as to develop adequate mode of dealing with the same. Therefore, the discussions help in identifying the needs area wise, organisation wise or according to the target population.

**Direct interaction with the children, women, youths or with community**

This interaction with different target population is very essential for the workers to help them to develop various skills and also to take care of the special needs of the community.

**Case discussion:** The workers should be encouraged to talk about the cases, which they have handled successfully or they have failed to handle. This is to understand the difficulties and the steps they have taken to work with any particular individual. The case discussion is very essential to look from the individual perspective and also to help the workers to work with a particular individual by making visits to that person or giving special attention to the individual in the group situation. Case discussion is important to facilitate referral for special care.

Simultaneously in the handholding exercise, helping the workers in maintaining records, use of materials, and taking up simple research work are also crucial. Another important aspect in this exercise is, helping the workers to take care of them selves and enhancing the quality of psychosocial work in the long term. In the handholding process, supporting the emerging needs of the organizations, workers and the community according to the programme is important. Proper coordination of effort and maintaining transparency are important for effective implementation of the programme.

Therefore handholding exercise is a process extended through out the time span of programme outlay. This is to ensure the effective implementation of the psychosocial programme in an integrated manner in the disaster relief, rehabilitation and reconstruction work.
To make any intervention successful and effective it is essential to make an effective assessment at different point of time considering the various phases after a disaster. Assessment is very important for understanding the effect of disaster on an individual, the family and the community at different aspects of life due to the disaster. Similarly the assessment is important for understanding the impact of intervention at different points of time. This will also ensure effective intervention at different phases of relief, rehabilitation and rebuilding.

Therefore assessment is an essential part of the intervention process. It serves various useful purposes:

- Understanding the condition of the people with whom you are working.
- Understanding the impact of your work.
- Greater analysis of special interest areas
- Information for learning and developing the implementation strategies.

There are many points at which assessment can happen. The essential one is before any intervention is made. Here we would assess in order to maybe identify the group of people we want to work with. Having done that assessment maybe done to understand their condition. An assessment can also be done midway after some interventions have been made so that we can understand the impact our work is having on the people we are working with. It may bring out new issues where intervention is required. In this assessment the pre-existing conditions of the community have to be well understood to assess the impact of the disaster. For example, the life style before the disaster, the pattern of livelihood, the sex role, other social and economic considerations. The information relating prior to the disaster will help us to understand the pre-existing situations and developing the intervention plan accordingly. Many a time following a disaster, the interventions are planned to remove the negative preconditions of the society. Therefore understanding the social situation, local cultural contexts are very important for developing an effective plan of action.

A last assessment would happen to evaluate the result of our interventions, to see the progress made at the end of all interventions and the improvement in the conditions from the start of the program. This would help us reflect upon the effectiveness of the work done. It would help in analyzing whether the aims of the program have been met.

One more important aspect in assessment is considering various sectors at a time in a holistic approach to take care of the wide spectrum of needs of the affected communities. Therefore in any assessment the four areas have to be looked into for developing a holistic care approach. These are physical, psychological, social and economical aspects of any community affected by disaster.
Another kind of assessment is when we are trying to study in greater detail one aspect of our work. For instance we may be interested in understanding how one particular group say the widows or orphans have coped after the disaster so that we focus on such groups and carry out specific assessments for them. It could also mean a specialist like a psychiatrist does an assessment of someone who was a little more affected by the events and needed greater care.

**The method used for this could be many**

- Oral sharing
- Observations
- Group discussions
- Focused group discussions with workers and/or beneficiaries
- Semi-structured schedules
- Performa
- Other aids like using toys for children
- Participatory techniques like rankings

**Gain clarity into its implementation**

- Set timings of when this would happen.
- Set a time limit within which the entire assessment being carried out at a given point of time needs to be completed.
- The analysis of the information collected needs to be shared with the team at the field.
- Get the Proforma etc translated into the local language and check for any mistakes in translation.
- Have someone for data entry and then someone assigned for analysis to speed up the process.

Assessment is a continuous and repetitive process of understanding the situation and the programme carried out following the disaster. Assessment can be done by the personnel who are involved in the programme as well as by some other external experts. The purpose is to see the changes which have happened over time and also developing corrective or promotive measures in the programme. Unbiased attitude for doing a fare assessment is very crucial.
The need assessment relating to the disaster situation for psychosocial care can be carried out at many levels. This need assessment is very important to identify what is the current needs of the population as well as what are the essential intervention that we should think of for the disaster survivors. The assessment can be done in many levels."

The best would be for a mental health professional like a psychiatrist, clinical psychologist, psychiatric social worker to interview a random sample of the population and carry out an examination to know what is the nature and magnitude of the mental health needs of the population. However, this is very expensive both in terms of human resource as well as the time taken. It is well recognized that at some point of time at least for some small number of people such an assessment is useful.

The alternative is to study patients who are coming to general medical clinics for psychosocial or social issues. Majority of the people all over the world following a disaster preferred to go to general medical personnel for care rather than go to psychiatrists even when psychiatrists were available. In view of this, carrying out a screening of these populations for separating them as people suffering from physical problems, psychological problems and both physical and psychological problems would provide a indication of the needs in the community. This method is very simple to do because there are some screening instruments that can be used in which if the person scores above a certain number, it would indicate high possibility of that person having psychosocial need. In addition, this method is most suitable because it will be dealing with those people who are already seeking help and those who are not getting the appropriate help. Lastly, it also provides an intervention because primary care doctors to whom patients are coming can provide the care also as part of their contact.

The next level of assessment would be through the community level workers of the voluntary organizations who are working with the population. This method is also very useful and can cover a large number of respondents in the community. This method is also very cost effective and does not hamper the regular way of functioning. But empowering the community level workers with knowledge about the basic tools and the procedure of filling up of the same is a very crucial step. Therefore training inputs and also being with them in the field with regular follow up are important. There are various simple tools available (Self reporting questioners, WHO-Disability assessment
Schedule, Impact of Event Scale, Family Schedule) which can be used by the community level workers with adequate coordination by the professionals. With the filling up of the tools it is also essential to have focused group discussion with the workers, survivors and other groups as per the situation. Some of the key topics for such focus group are included here.

Some of the key questions for discussion with a focus group or with the workers or with the village leaders are:

1. Are there people in the community who have not returned to their pre-disaster status?
2. Are there people who are going to the doctors very frequently with one or other complaint?
3. Are there people who are demanding more and more relief material or compensation beyond what is normal?
4. Are there people who are not utilizing relief, reconstruction support and rejecting the volunteers or the organization?
5. Are there people who are showing behaviour like suicidal attempts?
6. Are there people who have started drinking alcohol for the first time and drinking excessively?
7. Are there complaints from women about increased irritability and domestic violence?
8. Are there more than usual amount of quarrels, fights in the community?
9. What are the specific needs to rehabilitate people? Who are most vulnerable like widows, widowers, single parent families, disabled, elderly and people belonging to extreme minority groups?

A random sample of the population they are working with can be selected, so that based on the analysis of these data we can come to an understanding of the psychosocial issues. At some point of time it would be desirable for a mental health professional to see at least some of these people to know the true nature of the problems. The advantage of third method is that the process of need identification also provides an opportunity for sensitizing the workers as well as preparing them for future intervention activity.

The same type of focus group interviews can be held with the leaders of the voluntary organizations, which would be dealing with the total care programme and would be seeing the community for psychosocial issues from different perspectives.
We can obtain very important information from the respondents who have filled in the questionnaire and narratives, may be about the family, about their health or even about their experiences. To understand the data and to plan for an intervention it is necessary to analyze the data. The first step therefore should be data entry. The data in the paper should be transferred in a systematic manner into the computer. This step is called data entry.

**DATA ENTRY IN EXCEL**

- The columns represent the variables and the rows represent the respondents
- First give a variable name that is short and conveys the meaning of the variable
- Enter all the variable names in the first row
- Now start entering the data – the corresponding data under each variable in the correct column.
- After completing the first respondents data enter the next one and thus continue.
- Save the file in between and also on completion of the entry
- Maintain a different spreadsheet or a Word document alongside which will contain the explanations of the variable names

  eg: Variable name - **sex**  
  Variable label - gender of respondent
  Value - 1  
  Value label - Male
  Value - 2  
  Value label - Female

**DATA ENTRY IN SPSS**

- Open a blank SPSS file by pressing on the icon in your desktop
- You will get a blank spreadsheet
- As in Excel the columns represent variables and the rows the respondents
- Define a variable by double clicking on the first column
- In the next window first give a variable name example:- **sex**
- Points to be kept in mind while creating a variable name are
  1. Should start with an alphabet
  2. Can have numbers in between or in the end
  3. Underscore is the only special character allowed in between and not in end
  4. Should not exceed 8 characters
• Press on the type button
• Here define if the variable is a numeric or string and the size of the variable
• Now go to label and describe the variable name and the values
• Press continue or OK after each process
• Complete all the variable definitions
• Now start the data entry
• Save the data file. It will have .sav extension

**ANALYSIS IN SPSS**

• Select the Statistics option on the menu
• The primary analysis are all available in summarize like frequency, Descriptive (means) etc.
• Graphs are available in the graphs option
• Save the output file. This is called a navigator file and will have .spo extension

**CONVERT AN EXCEL FILE TO SPSS**

• Save the Excel file in a version compatible with SPSS like Excel 4.0 for SPSS 7.5
• Now open a blank SPSS file.
• Go to File and Open data option
• In the next window select the file type Excel (.xls)
• Select the correct file name from the folder
• Press Open
• Press on the question where it asks whether the first row of the Excel file should be considered as the variable names
• A tick mark appears
• Now say OK
• You get the file with the variable name as was in the Excel file
Defining the role and task are most crucial for developing an effective implementation plan. After any training inputs it is very crucial to put the trainees in the proper role and task specification for carrying out the activities in the respective areas. Similarly after the training of the trainer on psychosocial care in disaster management the task specification will make the programme sustainable. The purpose of this training workshop is to make the participants capable in dealing with the psychosocial consequences of the disaster survivors. Therefore various understanding about the disaster and the way of handling the same has been described through out the training sessions. Considering the concepts of normalisation and the training inputs given to the participants the role and task specification have been developed.

**ROLE AND TASK**

- Integrate psychosocial care into other programmes.
- Identify those people who need additional psychosocial care.
- Use the seven techniques of psychosocial care in your work.
- Utilise other agencies and people providing psychosocial care.
- Refer people in accordance with their needs to the appropriate organisations.
- Use your learning book regularly.
- Refer the manuals continuously.

**INTEGRATE PSYCHOSOCIAL CARE IN OTHER PROGRAMME**

The psychosocial care after the disaster has to be developed in an integrated mode with all other forms of disaster relief and rehabilitation or rebuilding activities. The psychosocial care can be very effective with other forms of supports, which are required after the disaster to rebuild the life. The spectrum of care has to be followed from the very early phase of working with the disaster survivors. The programme has to be designed in such a manner that the integration of psychosocial care with other provisions of care in the form of livelihood, legal help, medical care or other help can be initiated.

**IDENTIFY THOSE PEOPLE WHO NEED ADDITIONAL PSYCHOSOCIAL CARE**

Identify the people who are vulnerable following the disaster and who are in need of more intensive care. Considering the various losses due to disaster and the subsequent living problems, the vulnerable people have to be selected. Mapping out the people who are in need of more care will help to provide adequate care.
USE THE SEVEN TECHNIQUES OF PSYCHOSOCIAL CARE IN YOUR WORK

The basic seven techniques, which are explained in the psychosocial care activities to provide care to the survivors, have to be followed regularly. The basic seven techniques have to be used by practice whenever the workers are meeting with the survivors in the field for working with the survivors. It may be for survey work in the initial phase or may be for providing the livelihood activities or for other kind of work, but the psychosocial care techniques has to be used in the course of interaction and in the process of working with the survivors.

UTILIZE OTHER AGENCIES AND PEOPLE PROVIDING PSYCHOSOCIAL CARE

As it has been mentioned earlier that one organization will not be able to provide all the required support for the survivors, it is also very essential to develop a coordinated effort with all the agencies working in the same area. One organization may provide the care for the disabled; another may provide the housing or livelihood etc. Therefore utilizing the support of other agencies by appropriate coordination will facilitate the process of psychosocial care and rehabilitation after the disaster.

REFER THE PEOPLE IN ACCORDANCE WITH THEIR NEEDS TO THE APPROPRIATE ORGANIZATIONS

Considering the wide spectrum of needs of the survivors the referral has to be developed accordingly. The people with severe mental health needs need to be referred to the appropriate mental health professional like psychiatrist. So, appropriate referral link for mental health care has to be developed with the local available resources. Therefore linking with primary health care center, local psychiatrist, and department of psychiatry is important. Government hospitals have to be worked out. In need of other requirements like housing, livelihood options, legal help the person has to be referred at the appropriate center or agency. Facilitating the referral process will help in getting adequate services and also will help the survivors to get the required information.

USE YOUR LEARNING BOOK REGULARLY

Documentation and record keeping are two most crucial factors for effective implementation of any programme. Therefore the workers and others dealing with the psychosocial care activities have to maintain weekly reports and documentation format. The record keeping system developed for the same is called as “my learning book”. Use of this learning book will facilitate the actual implementation of the programme in a sustainable manner. Collecting and developing a compiled report based on all these records on monthly basis is important. Providing adequate feedback from the workers and others based on their records also has to be practiced. But it is important to keep in mind that the “my learning book” is not for checking the performance or activities done by the workers, rather it is for collecting the experiences and learning from the field.
There are various manuals available for working with the disaster affected community. Information manuals-1 deals with the individual and family, Information manual -2 for the use by the community level workers, Information manual-3 deals with the children and Information manual- 4 deals with women. So, the workers have to keep referring the manuals while they are working with the community. In each of the disaster situation the manuals are developed considering the nature of disaster and local cultural context.

Many other materials like handouts and posters on psychosocial care have been developed, which has to be used in the field. The effective use of all these materials will facilitate the psychosocial care more effectively.

In the course of working in the disaster intervention the rehabilitation workers have to perform many other roles. But these can be considered as the basic role and task for the psychosocial care for the survivors in any disaster.
As part of the psychosocial care in disaster management, it is also essential to look at the available policy documents to understand the psychosocial care approaches in national and international level. In the last two decades there has been major concentration on psychosocial care for the disaster survivors. Simultaneously various policy initiatives are being seen at different levels. All these policy documents have covered both man made and natural disaster situations.


General principles for responding to the emergency.

1. Preparation before the emergency.
   This focuses on the prepared aspects in terms of developing coordinated systems, training of the relevant personnel on psychological social interventions for dealing with any emergency situation.

2. Assessment. The assessment has to be in local cultural context and with adequate qualitative information on needs and local available resources.

3. Collaboration. Adequate collaboration with Government and other non-government agencies is very crucial for psychosocial care.

4. Integration into primary health care: Mental health interventions should be carried out within general primary health care (PHC) and should maximize care by active use of resources within the families and the community.
5. Assess to service to all: The service should be for the whole community and separate vertical mental health services for special population is discouraged. It also focuses on the awareness programme to ensure the treatment of vulnerable or minority groups within PHC.

6. Training and supervision: Training and supervision activities should be conducted by mental health specialists—or under their guidance for substantial amount of time to ensure lasting effects of training and responsible care.

7. Long term perspective: In the aftermath of a population’s exposure to severe stressors, it is preferable to focus on medium and long term development of community based and primary health care services and social interventions rather than to focus on immediate short term relief of psychological distress during the acute phase of an emergency.

8. Monitoring indicators: Activities should be monitored based on the predetermined indicators.

This document has also categorically mentioned about the various kind of intervention that need to be planned for the psychosocial care of the disaster survivors in the acute emergency phase and also in the reconsolidation phase in long term.

THE SPHERE PROJECT 2004

It included the mental and social aspects of health for responding to disaster situations. Sphere is based on two core beliefs: first, that all possible steps should be taken to alleviate human suffering arising out of calamity and conflict, and second, that those affected by disaster have a right to life with dignity and therefore a right to assistance. Sphere is three things: a handbook, a broad process of collaboration and an expression of commitment to quality and accountability.

KEY PSYCHOLOGICAL AND PSYCHIATRIC INTERVENTION INDICATORS

(to be read in conjunction with the guidance notes)- Chapter 5 minimum standard in health services, page 292 and 293

- Individuals experiencing acute mental distress after exposure to traumatic stressors have access to psychological first aid at health service facilities and in the community (see guidance note 3).

- Care for urgent psychiatric complaints is available through the primary health care system. Essential psychiatric medications, consistent with the essential drug list, are available at primary care facilities (see guidance note 4).

- Individuals with pre-existing psychiatric disorders continue to receive relevant treatment, and harmful, sudden discontinuation of medications is avoided. Basic needs of patients in custodial psychiatric hospitals are addressed.
- If the disaster becomes protracted, plans are initiated to provide a more comprehensive range of community-based psychological interventions for the post-disaster phase (see guidance note 5).

Guidance notes

1. **Information**: access to information is not only a human right but it also reduces unnecessary public anxiety and distress. Information should be provided on the nature and scale of the disaster and on efforts to establish physical safety for the population. Moreover, the population should be informed on the specific types of relief activities being undertaken by the government, local authorities and aid organisations, and their location. Information should be disseminated according to principles of risk communication i.e. it should be uncomplicated (understandable to local 12-year-olds) and empathic (showing understanding of the situation of the disaster survivor).

2. **Burials**: families should have the option to see the body of a loved one to say goodbye, when culturally appropriate. Unceremonious disposal of bodies of the deceased should be avoided (see Health systems and infrastructure standard 5, guidance note 8 on page 269).

3. **Psychological first aid**: whether among the general population or among aid workers, acute distress following exposure to traumatic stressors is best managed following the principles of psychological first aid. This entails basic, non-intrusive pragmatic care with a focus on listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but not forcing company from significant others; and protecting from further harm. This type of first aid can be taught quickly to both volunteers and professionals. Health workers are cautioned to avoid widespread prescription of benzodiazepines because of the risk of dependence.

4. **Care for urgent psychiatric complaints**: psychiatric conditions requiring urgent care include dangerousness to self or others, psychoses, severe depression and mania.

5. **Community-based psychological interventions**: interventions should be based on an assessment of existing services and an understanding of the socio-cultural context. They should include use of functional, cultural coping mechanisms of individuals and communities to help them regain control over their circumstances. Collaboration with community leaders and indigenous healers is recommended when feasible. Community based self-help groups should be encouraged. Community workers should be trained and supervised to assist health workers with heavy caseloads and to conduct outreach activities to facilitate care for vulnerable and minority groups.

**NATIONAL DISASTER RESPONSE PLAN**

Department of agriculture and cooperation, ministry of agriculture, Government of India (September, 2001) mentioned in its Emergency Support Function 2 that there is urgent need for mental health crisis counsel for disaster victims.
The Report Of High Power Committee On Disaster Management Department of agriculture and cooperation, ministry of agriculture, Government of India (October 2001) has special mention about the socio-psychological aspects in disaster management plan. The document mentioned that strong sense of self esteem, personal belief system which enhances one’s ability to cope with stresses, perceived family support and a strong social support system, and religious affiliation are all factors known to modulate the incidence, pattern, course and outcome of psychosocial consequences of disaster.

Disaster situation cause anxiety, depression and somatoform disorders in people. In some cases it can result in alcoholism or drug abuse. We need to build up a strong mental health programme to help people reconstruct their lives and communities post disaster. District Mental Health Programme needs to be geared up.

Components of such programme:
• Community specific mental health services need to be provided.
• For active outreach, genuine concern is needed productive interventions.
• Intervention must be appropriate to the phases of disaster.

The documents also focused on the research based information and training programme of building confidence back into the people and supporting them with a healing touch.

NATIONAL MENTAL HEALTH POLICY 2002, (INDIA)

It has mentioned about the mental health in 4.13 and it has specific mention about the need of disaster management plan. An adequate robust disaster management plan has to be in place to effectively cope with situations arising from natural and man made calamities.

The available documents on policy covered a wider spectrum of care and needs in disaster and emergencies. These policies have covered a range of role players who are engaged in the disaster intervention work. Therefore it considered the public interest, the role of professional groups and specifically mentioned the role for the planners and policy makers for developing more effective policies and implementation of those policies. It is seen that the humanitarian agencies have played a major role in the development of various policies. But the larger role has to be performed by the Government and more effective and efficient policies need to be generated and implemented for responding to the psychosocial needs of the disaster survivors at the earliest.
ETHICS FOR PROVIDING
PSYCHOSOCIAL CARE

Psychosocial care is dealing with human emotions and also with the feelings of human being when they are severely distressed due to the disaster consequences. The psychosocial care therefore is not only something which is good to do rather it is something which is essential to do. It is a basic necessity of the human being to live. From human rights point of view psychosocial care is one of the basic rights of the disaster survivors to live with dignity and being empathized by others. Therefore the ethicality aspects of psychosocial care have to be maintained to keep the sanctity of the psychosocial care programme. One side the rehabilitation workers have to deal with the large number of demands and challenges of the survivors, on the other hand they also undergo a lot of stress due to their personal and professional issues. Considering the complex situation of a disaster intervention work the ethicality issues has to be maintained to take care of the survivors and also look after self.

“We will not share others information”; this is to deal with the confidentiality of the information which are very personal and distressing, shared by the survivors. The situation is specifically to deal with the cases of sexual abuse or harassment or any other confidential information, which the survivor do not like to share with others.

“We will not make false promises”; considering the situation after the disaster the tendency may develop to give promises. But the workers have to be aware about the limitations and no false promises should be made to the survivors.

“We will take care of fellow workers and ourselves”; Disaster intervention work itself is very stress producing. Therefore supporting each other in the team in the course of working is crucial. Helping the fellow workers in the time of need and also taking care of self is important for providing good service to the community.
"We will strive to enlighten others lives"; the disaster intervention work need a lot of commitment and the commitment is for enlightening others life after the disaster.

"We will reach out and seek help when we feel low"; as the work is stressful, the worker also has to be open in seeking help in case of need. Living other personal issues, joining hands is most essential for disaster intervention work.

"We will always keep smiling"; this is to exchange the happy moment with each other and creating caring and comforting environment for each other.
The requirement of psychosocial intervention for the disaster survivors has been well recognized by the policy makers, practitioners, Government and other agencies serving the affected communities. The capacity building of the disaster intervention workers is one of the main requirements to support the psychosocial needs of the survivors after any major calamity. This TOT facilitation manual is developed based on the need to conduct the psychosocial care capacity building activities by local trainers to support healing of mind of the natural disaster survivors. This manual is developed based on experiences and information, which has been documented in different information manuals for the survivors in different disasters like the super cyclone in Orissa, killer earthquake in Gujarat and Marthwada and the Tsunami in South India. The facilitation manual details various sessions, which are conducted as part of the capacity building activities. Specifically, the manual covers the basic concept of disaster and issues of psychosocial care in general. It also covers the psychosocial aspects of men, women and children in natural disasters. It further focuses on the self-care strategies for the disaster intervention workers as one of the basic requirements to maintain the personal well being.

This facilitation manual needs to be used along with the other information manuals like:

- Information manual 1: Psychosocial care for individuals/families
- Information manual 2: Psychosocial care by community level workers
- Information manual 3: Psychosocial care for children
- Information manual 4: Psychosocial care for women
- My Work Book: Psychosocial care in disaster management