The PSYCHOLOGICAL ASPECTS
OF DISASTERS
(contains extracts from American College of Occupational and Environmental Medicine's website)

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    by Survivors and ERT Members
**Stress Information Sheet**

Experiencing a traumatic event can cause strong emotional reactions with the potential to interfere with our ability to function normally. Even though the event seems to be over, we may be experiencing now, or may experience later, a number of reactions. It is very common and completely normal for all of us to experience a number of aftershocks following a particularly stressful event.

Sometimes these aftershocks (or stress reactions) appear immediately and briefly. Sometimes they do not occur for several days, weeks or months after the end seems to have ended. These variations in timing are also completely normal.

The strength of the signals and feelings of these stress reactions vary. The understanding and the support of loved ones, friends and coworkers usually causes the reactions to pass more quickly. Occasionally, the traumatic event is so painful and overwhelming that professional assistance may be necessary. This does not mean you are weak or “crazy.” It simply indicates that this particular event had such a powerful personal effect that you can’t handle it completely alone.

**Distress Signals**

<table>
<thead>
<tr>
<th>Thinking Distress Signals</th>
<th>Physical Distress Signals</th>
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</thead>
<tbody>
<tr>
<td>Confused thinking</td>
<td>Excessive sweating</td>
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<tr>
<td>Difficulty making decisions or solving problems</td>
<td>Dizzy spells</td>
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<tr>
<td>Disorientation</td>
<td>Increased heart rate/breathing rate</td>
</tr>
<tr>
<td>Nightmares</td>
<td>Difficulty breathing</td>
</tr>
<tr>
<td>Suspiciousness</td>
<td>Chest pain, discomfort</td>
</tr>
<tr>
<td>Intruding images</td>
<td>Muscle tremors</td>
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<tr>
<td>Blaming someone</td>
<td>Grinding teeth</td>
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<tr>
<td>Poor attention span</td>
<td>Difficulty seeing</td>
</tr>
<tr>
<td>Difficulty identifying objects/people</td>
<td>Headaches</td>
</tr>
<tr>
<td>Heightened or reduced alertness</td>
<td></td>
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<tr>
<td>Heightened or reduced awareness of problems or job risks</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Emotional Distress Signals</th>
<th>Behavioural Distress Signals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear, panic, anxiety</td>
<td>Becoming withdrawn</td>
</tr>
<tr>
<td>Guilt</td>
<td>Antisocial actions</td>
</tr>
<tr>
<td>Denial</td>
<td>Inability to rest, erratic, intensified actions</td>
</tr>
<tr>
<td>Agitation, irritability</td>
<td>Changes in speech patterns</td>
</tr>
<tr>
<td>Depression, intense anger</td>
<td>Loss of or intense increase in appetite</td>
</tr>
<tr>
<td>Apprehension</td>
<td>Being hyper-alert</td>
</tr>
<tr>
<td>Emotional outbursts</td>
<td>Increases in alcohol, drug or other substances</td>
</tr>
<tr>
<td>Feeling overwhelmed, out of control</td>
<td>Changes in aggressiveness</td>
</tr>
<tr>
<td>Displaying inappropriate emotions</td>
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Understanding Stress Reactions

How much stress is expected following a traumatic event?
The more extensive the impact of an event has on our lives, the greater the response at the time and in the future, especially in terms of both threat to basic needs and intensity of experience. Even for those who were not an eyewitness or were not actively involved, psychological trauma may be felt.

What are the normal reactions to “highly stressful” events?
The general and normal “responses” to trauma are:

- **Alarm** – It is characterized by disbelief, efforts to make sense, shock and stunned confusion. Our usual abilities to cope are overwhelmed. There are heightened levels of suggestibility, fear and inadequacy. Secondary responses that interfere with thinking, emotions, performance and physical integrity may continue.

- **Resistance** – This involves coming to terms with the event and experiencing less intrusive responses and more personal control. Then coping is effective, normalcy begins to return although the memory may persist.

- **Exhaustion** – This occurs when coping or management of the experience is ineffective. Medical and therapeutic interventions are required to manage a person who becomes traumatically exhausted.

Mild to moderate stress reactions in the emergency and early post-impact phases of disaster are highly prevalent because survivors (and their families, community members and rescue workers) accurately recognize the grave danger in disaster. Although stress reactions may seem ‘extreme’, and cause distress, they generally do not become chronic problems. Most people recover fully from even moderate stress reactions within 6 to 16 months. In fact, resilience is probably the most common observation after all disasters. In addition, the effects of traumatic events are not always bad. Disaster may bring a community closer together or reorient an individual to new priorities, goals or values. This concept has been referred to as ‘post traumatic growth’ by some authors.

There are a number of possible reactions to a traumatic situation that are considered within the “norm” for individuals experiencing traumatic stress.
Traumatic Stress Reactions

**Emotional Effects**

- shock
- terror
- helplessness
- irritability
- blame
- grief or sadness
- anger
- guilt
- emotional numbing
- difficulty feeling happy
- difficulty feeling loving
- loss of pleasure derived from familiar activities

**Cognitive Effects**

- impaired concentration
- impaired decision making ability
- memory impairment
- disbelief
- confusion
- nightmares
- decreased self-esteem
- decreased self-efficacy
- self-blame
- intrusive thoughts/memories
- worry
- dissociation (e.g., tunnel vision, dreamlike or "spacey" feeling)

**Physical Effects**

- fatigue, exhaustion
- insomnia
- cardiovascular strain
- startle response
- hyper-arousal
- increased physical pain
- reduced immune response
- headaches
- gastrointestinal
- upset
- decreased appetite
- decreased libido
- vulnerability to
- illness

**Interpersonal Effects**

- increased relational conflict
- social withdrawal
- reduced relational intimacy
- alienation
- impaired work performance
- impaired school performance
- decreased satisfaction
- distrust
- over-protectiveness
- externalization of vulnerability
- feeling abandoned/rejected
- externalization of blame

Although many of these reactions seem negative, it must be emphasized that people also show a number of **positive responses** in the aftermath of disaster. These include:

- resilience and coping
- altruism (e.g. helping save or comfort others)
- relief and elation at surviving disaster
- sense of excitement and greater self-worth
- changes in the way they view the future, and
- feelings of 'learning about ones strengths' and 'growing' from the experience.

**Problematic Stress Responses**

The following responses are less common, and indicated the likelihood of the individual's need for assistance from a medical or mental health professional:
**Severe dissociation** (feeling as if you or the world is "unreal," not feeling connected to one's own body, losing one's sense of identity or taking on a new identity, amnesia)

**Severe intrusive re-experiencing** (flashbacks, terrifying screen memories or nightmares repetitive automatic re-enactment)

**Extreme avoidance** (agoraphobic-like social or vocational withdrawal, compulsive avoidance)

**Severe hyperarousal** (panic episodes, terrifying nightmares, difficulty controlling violent impulses, inability to concentrate)

**Debilitating anxiety** (ruminative worry, severe phobias, unshakable obsessions, paralyzing nervousness, fear of losing control/going crazy)

**Severe depression** (lack of pleasure in life, worthlessness, self-blame, dependency, early awakenings)

**Problematic substance use** (abuse or dependency, self-medication)

- **Psychotic symptoms** (delusions, hallucinations, bizarre thoughts or images)
APPROACHING A STRESSED PERSON

How to Approach a Person in Distress

If you believe a co-worker is experiencing stress symptoms, please follow this procedure:

- Ask to speak to the person privately. Do not “point out” symptoms to a person who may be in pain.

- Ask, “Are you having some difficulties? Do you want to talk about it?” Sharing feelings and encouraging discussion help to establish the normalcy of the responses experienced. Be a good listener, but do not offer unqualified therapy.

- If you believe the person is having an especially difficult time and may need to discuss feelings with a professional, suggest he or she contact the

You may wish to follow-up later to see if the person took your advice.

If you believe the person is in immediate need of care, you can contact Employees Assistance Programme (EAP) directly via Ms. Doris Decosta ext 

and describe your concerns.
How To Help

Helping disaster survivors, family members, and emergency rescue or disaster relief personnel requires preparation, sensitivity, assertiveness, flexibility, and common sense:

**First priority** is being a team player, by respecting and working within the site chain of command, as well as pitching in to provide basic care and comfort to survivors and workers.

**Second priority** is to make personal contact on a down-to-earth basis with survivors and rescue workers – listen, don’t give advice; ask how they (or their children) are doing and what you can do to help; make them comfortable with food, beverages, practical supplies (e.g., clothes, blankets, sunscreen, writing implements, telephone etc.), and a comfortable place to sit.

**Third priority** is helping them to "defuse" by spontaneously "telling their story" – ask "Have you ever been through anything like this before?" "How's it going getting a place to stay and the assistance you need?" "Is there anyone I can help you get in touch with?" "What do you find yourself remembering most since this all happened?" "Where were you when this started?" "What are your top three immediate priorities, for the next few hours or days?"

**Fourth priority** is a careful assessment of the risk factors and symptomatic problems, to identify and set up referrals for the persons or families most likely to be in need of further care.
The Psychological Supporters

What are the Goals of Mental-Health Providers in the Wake of a Disaster?

**PROTECT:** help preserve survivors' and workers' safety, privacy, health and self-esteem

**DIRECT:** get people where they belong, help them to organize, prioritize and plan

**CONNECT:** help people communicate supportively with family, peers, and resources

**DETECT:** screen, triage, and provide crisis care to persons at-risk for severe problems

**SELECT:** refer people to health, spiritual, mental health, social, or financial services as indicated.

**VALIDATE:** use formal and informal educational opportunities to affirm the normalcy and value of each person's reactions, concerns, ways of coping, and goals for future.

Three questions often asked by survivors and ERT members

1. **“What psychological problems result from disaster experiences?”**

Most child and adult survivors experience normal stress reactions for several days.

2. **“What factors increase the risk of lasting readjustment problems?”**

Survivors are at greatest risk for severe stress symptoms and lasting readjustment problems if any of the following are either directly experienced or witnessed during or after the disaster:

- Life threatening danger or physical harm (especially to children)
- Exposure to gruesome death, bodily injury, or bodies
- Extreme environmental or human violence or destruction
- Loss of home, valued possessions, neighborhood, or community
Loss of communication with/support from close relationships
Intense emotional demands (such as faced by rescue personnel or caregivers)
Extreme fatigue, weather exposure, hunger, or sleep deprivation
Extended exposure to danger, loss, emotional/physical strain
Exposure to toxic contamination (such as gas or fumes, chemicals, radioactivity)

Some individuals have a higher than typical risk for severe stress symptoms and lasting PTSD, including those with a history of:

- Exposure to other traumas (such as severe accidents, abuse, assault, combat, rescue work)
- Chronic medical illness or psychological disorders
- Chronic poverty, homelessness, unemployment, or discrimination
- Recent or subsequent major life stressors or emotional strain (such as single parenting) Disaster stress may revive memories of prior trauma, as well as possibly intensifying pre-existing social, economic, spiritual, psychological, or medical problems.

3. “What can disaster survivors do to reduce the risk of negative psychological consequences and to best recover from disaster stress?”

Observations by disaster mental health specialists who assist survivors in the wake of disaster suggest that the following steps help to reduce stress.

**Protect:** find a safe haven that provides shelter, food and liquids, sanitation, privacy, and chances to sit quietly, relax, and sleep at least briefly.

**Direct:** begin setting and working on immediate personal and family priorities to enable you and your significant others to preserve or regain a sense of hope, purpose, and self-esteem.

**Connect:** maintain or re-establish communication with family, peers, and counselors in order to talk about your experiences – take any chance to “tell your story” and to be a listener to others as they tell theirs, so that you and they can release the stress a little bit at a time in disaster’s wake.

**Select:** identify key resources for basic emergency assistance.

Taking every day one-at-a-time is essential in disaster's wake. Each day is a new opportunity to

**FILL-UP:**

- **Focus Inwardly** on what's most important to you and your family today;
  - **Look and Listen** to learn what you and your significant others are experiencing, so you'll remember what is important and let go of what's not;
  - **Understand** personally what these experiences mean to you as a part of your life, so that you will feel able to go on with your life and even grow personally.