Casualties Gone Unnoticed: The Marginalizing Effect of Relief Efforts

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Abstract: Wherever several different identities co-exist, conflicts are bound to happen. However, trivial conflicts get magnified into severe clashes and such clashes, can often metamorphose into violent uprisings, bloodshed and riots, which we can broadly consider as man-made disasters. In the aftermath of such man-made disasters, rescue forces are put to work, and immediate health assistance is given to those physically or visibly injured. However, it is important to note that there is a fundamental exclusion and overlooking of the psychological trauma suffered by the survivors, their families and the deceased's families. Sidelining this extremely important tangent of an individual and group's well-being, the institutional records only throw light on the physical casualties, not focusing on psychological health. This can be seen to have severe repercussions, as people who haven't recovered psychologically may harbor feelings of antagonism, hatred, hostility, and may be unable to accommodate themselves to mainstream society again. Such individuals may face alienation from society and are hence, rendered to live their lives at the margins. This marginalization and isolation tends to have a debilitating effect on the health of these individuals. This paper aims to corroborate the significance of psychological first-aid and counseling in the aftermath of man-made disasters, deprived of which the well-being of the society is threatened.

Keywords: Man-made disasters, psychological trauma, psychological first aid.

1. INTRODUCTION:

A conflict is a disagreement through which the parties involved perceive a threat to their needs, interests or concerns. If not resolved, a conflict can quickly escalate and turn into an overwhelming, violent, hazardous man-made disaster. Such clashes affect the lives of people in both psychological and physical aspects, but the governments have always measured the magnitude of such disasters in terms of loss of lives and money, thereby overlooking, or rather, ignoring the psychological trauma that the survivors, witnesses and the families of the victims may go through. This is not just the case in India, but elsewhere in the world too- the Holocaust in Germany can be considered a case in point. In a significant shift of focus from merely physiological recuperation to addressing both the physical and psychological dimensions, after the unfortunate attack of 9/11 in USA, a few mental health professionals and grief-counselors were sent out to help people recover from the trauma, using the approach of psychological or crisis 'debriefing'. Albeit not very successful, it can be considered as one of the first major steps towards the recognition and treatment of psychological trauma caused by man-made disasters.

In sociological terms, we can understand a situation of man-made disaster as normlessness and breakdown of the social order. When riots occur, societal norms are abandoned and a kind of anarchy overtakes everything. The social cohesion begins to weaken and the unity and bond of the society starts deteriorating. This state of normlessness has been described by sociologist Emile Durkheim as 'anomie', a state that triggers deviant behavior in people. It marks a period of social instability, and the individual experiences a kind of chaos. If we trace the causes of man-made disasters, we will find that most of them have rapid social changes or some sort of breakdown at the core. As societies become complex, they are often accompanied by uncertainty and unrest. During times of man-made disasters, people feel a certain detachment and a lack of purpose; they become less subject to group norms.

A man-made disaster affects the entire community, hence affecting the social institutions of family, work, education, et al, creating a deep societal impact. It also has tremendous psychological manifestations, which go largely unnoticed. The trauma experienced by people is not merely at the personal level, but also at the group level, and therefore, needs to be addressed adequately at both levels to ensure proper healing.

Psychologically, the defining characteristic of a traumatic event is its capacity to provoke fear, helplessness, or horror in response to the threat of injury or death. People who are exposed to such events have an increased risk of developing many psychological problems, like post-traumatic stress disorder (PTSD), anxiety disorders, painful flashbacks, feel numb and withdrawn. People with PTSD may find it difficult to build trust again and may often find themselves having feelings of guilt, helplessness, powerlessness and doubt. The survivors of any man-made disaster are highly prone to 'survivors' guilt', also called the survivor syndrome, is a mental condition that occurs when a person perceives themselves to have done wrong by surviving a traumatic event when others did not. This further acts as a disposition for developing PTSD and other psychological problems.

Sickness and disorders can be seen as a social and cultural construction as well, and not just psychologically induced. Sociologists have propounded the social stress theory which asserts that mental health problems are caused due to social stress. They explain that varying social status, social location et al. determines an individual's vulnerability to stress, and these factors play a role in causing mental health problems. However, what is even more significant is the recognition and acceptance of such problems by the society. In the case of the psychological impact of man-made disasters, it is important that social legitimacy be attached to such problems. Devoid of that, neither can the state take initiatives to provide psycho-social counseling, nor can the victims recognize it. In such cases, the victims may experience alienation from mainstream society.

It is in such a scenario of ignorance, and often unacceptance of psychological trauma and stress, that we place the role of mental health professionals. It is on them that the onus of "helping community leaders to join together to develop violence prevention and victim assistance programs, helping religious, educational, and health care leaders and organizations to set up relief centers and shelters, providing direct psychological services near the site of violence" lies. These might entail sessions of debriefing survivors, supervising a 24-hour crisis hotline, and identifying survivors or bereaved family members who are at high risk for developing PTSD (and helping them to get connected with appropriate continuing treatment, to either prevent or recover from PTSD).Providing education, debriefing, and referrals for affected children at their schools, often working with teachers and also providing organizational consultation to government, business, and health care programs affected by the violence are key to getting life back on track for such communities and for restoring peace and stability.

2. REVIEW OF LITERATURE:

The Bhopal Gas Tragedy was a gas leak incident that occurred from 2-3 December 1984. The government of Madhya Pradesh confirmed a total of 3,787 deaths related to the gas release. A government affidavit in 2006 stated the leak caused 558,125 injuries including 38,478 temporary partial injuries and approximately 3,900 severely and permanently disabling injuries. No mention however was made of the psychological manifestations of this tragedy nor was any constructive steps taken by the government to address the psychological turmoil experienced by the victims, survivors, and their families.

The Gujarat riots also present a case in point. According to official figures, the riots resulted in the deaths of 790 Muslims and 254 Hindus; 2,500 people were injured non-fatally, and 223 more were reported missing. The relief efforts, which were very scattered in nature, were totally indifferent to taking into consideration the psychological trail of the riots. This has resulted in widespread feelings of revenge, especially in children (Priya, R.K.). The study findings show the presence of experiences of "trauma reactions (trauma specific fear and the posttraumatic stress symptoms such as avoidance and sleep disturbance) and social suffering (loneliness, separation from loved ones and deprivation)" in these children. Some children were quoted as saying that they wanted to take revenge for what they had undergone. Also, in Gujarat, in the name of "therapeutic neutrality", no psychological relief or counseling was given. Many mental health workers and counselors refrained from getting involved in psycho-social work fearing they will be labeled anti-national. So, it becomes important that the realm of profession be kept distinct from that of personal identity.

The Holocaust of Germany is another man-made disaster which draws attention to the debilitating effects of PTSD. Efrat Barel, PhD, a psychology professor at the Max Stern Academic College of Emek Yezreel in Israel, conducted a study on Holocaust survivors. Two of her key findings were, firstly, Holocaust survivors had

poorer psychological well-being, more post-traumatic stress symptoms and more psychopathological symptoms. Secondly, she observed that Holocaust survivors who lived in Israel showed better psychological well-being and social adjustment than survivors who lived in other countries. In our view, this could be attributed to the state response to the Holocaust, which included institutionalized mechanisms for dealing with the psychological trauma experienced in the aftermath.

Howard Reich, whose documentary film Prisoner of her Past chronicled his mother's mental decline and other recent studies have pointed at the emergence of late-onset post-traumatic stress disorder among the survivors of the Holocaust. Researchers attribute this to the lack of psychological redressal offered to the survivors.

A study investigated trends in probable PTSD prevalence in the general population of New York City in the first 6 months after the September 11 terrorist attacks. One key difference was noted here, that in the case of the 9/11 attacks, there was an immediate action taken to help people cope with the traumatic event, utilizing the method of psychological debriefing. Although it was not so effective, this gave way to the emergence of the concept of 'psychological first aid'. That's why the response to 9/11 has been considered the most effective mental health disaster responses in history.

While some reports have only focused on the physical loss, there also have been reports of riots and communal violence which estimated their magnitude in terms of psychological loss as well. For instance, a study on hospitalized victims of the Mumbai riots in 1992-93 found them in a state of shock, fear and helplessness, a few of them had even attempted suicide and PTSD features scored very high. Also, there have been various studies that have explored the experiences of the traumatized survivors or victims of such events, like a study conducted on the women who were traumatized by the communal riots in Ahmedabad (2002) stated that victims described experiences that closely resembled re-experiencing, avoidance and hyper-arousal.

As is amply evident from the works cited, there is a dearth of work that has been done to mitigate the psychological stress that follows disasters. But even with the availability of studies, there is a clear lack of initiative on the part of the government to engage in psycho-social rehabilitation after such disasters have taken place.

3. CONCLUSION:

In the course of researching for this paper, which uses an intersectional approach based on psychology and sociology, we have observed a fundamental omission of the psychological dimension from the state's disaster management policies and relief efforts. The statistics pertaining to any man-made disaster, especially in India, predominantly focus on the physical injuries sustained. Even the relief efforts are directed towards the physiological recuperation of the people, sidelining the psychological trauma experienced. However, from the cases of Holocaust victims in Israel and 9/11 victims in the US, it can be discerned that timely and well-directed state intervention and initiatives revolving around psycho-social rehabilitation can go a long way in helping survivors of man-made disasters heal, and also lay the ground for a stable society. Sans such efforts, PTSD and other mental health problems will not only be an issue for the present generation, but the psychological problems could also permeate to the second and third generation survivors, as was seen in the case of Holocaust. If the psychological tangent is not addressed in a timely manner, man-made disasters may trigger further social instability, hence giving birth to a vicious cycle of unrest and anarchy.

After the psychological impact of man-made disasters has been recognized and accepted, and given social legitimacy, the next logical step is to prepare counsellors and mental health workers to deal with it. Psychiatrist Rajesh Parikh says that counsellors are not equipped to deal with man-made disasters. "There is no training given to mental-health professionals in disaster management and that is the case everywhere in the world, not just India," he asserts. Recognizing this void in mental health education, there is an urgent need to formulate curriculum regarding the role of mental health professionals in disaster management and incorporate it into academics globally. At the same time, it is essential that the techniques evolved to deal with the aftermath of

disasters must also be contextualized according to diverse environments, instead of simply putting forward a universal set of methods and techniques.

But there is also the pressing question of which method is to be used for treating such psychological trauma. Conventionally, the method of psychological debriefing has been used. It entails "providing emotional and psychological support immediately following a traumatic event to prevent the development of post-traumatic stress disorder and other negative sequel, and normally involves a single session." There have been numerous studies which have suggested replacing psychological debriefing with Psychological First Aid (PFA). In one of such studies, suggested methods of First Aid included: prompt and firm support, personal attention to make the victim feel less desolate, quiet supervision, suggestion to carry out simple routine tasks of helping others less fortunate than themselves, simple explanations, reassurance, explanation to make the victim understand that regardless of the cause of the disaster the damage must be repaired by coordinated effort by all available personnel. PFA seems to have an edge over psychological debriefing and seems to be more effective.

We also concluded that the topic of mental health care seems to be at the receiving end of marginalization in more ways than one. Firstly, there is the marginalizing effect of relief efforts, which incline majorly towards only physiological recuperation, not recognizing the psychological impact of such disasters. Secondly, this topic itself has been prevented from surfacing many a times, put under a wrap due to political agendas and interests. Therefore, there is a politics of marginalization which emerges from this. Lastly, and very importantly, those who are wrought with psychological trauma find themselves at the margins and the periphery of society. This marginalization manifests in the form of scapegoating of these people and they experience social isolation. All three forms of marginalization need to be brought to the forefront and urgent redressal needs to be done. The redressal of these forms of marginalization also presents a platform for psychologists, mental health workers, sociologists, social workers and government agencies to come together and formulate frameworks, policies and direct solutions to overcome the sidelining of psychological issues emerging in the aftermath of man-made disasters. If these issues cease to be addressed, the social equilibrium of many individuals and the society overall may be threatened.

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