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REVIEW ARTICLE

PSYCHOLOGY AND DISASTER MANAGEMENT

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ABSTRACT

Managing disasters both natural and man-made is oftentimes a crucial job. In western societies disaster management without the intervention of psychologists is indispensable. From disaster preparedness, disaster response to disaster recovery, psychologists are professionally trained to deal with the problems at different levels of emergency. In India psychologists are still to establish their footing in disaster management, for which both education and governance is to be blamed. The present paper highlights the need of psychologists in disaster management within Indian society vis-à-vis the introduction of disaster management course within the realm of psychology, so as to meet the growing demand of cognitive intervention before, during and after any natural and man-made disaster.

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INTRODUCTION

World Economic Forum in its Global Risk Report (2014) has brought to our notice the fact that accelerating climatic and geological changes have put our world at the risk of global shocks. The shocks that do not respect natural boundaries, the shocks that are capable enough for shaking the very foundations of our institutions and societies. The report has therefore necessitated a great need to understand the seriousness, likelihood and impact of such global shocks. It has further emphasized on building communities that would be adaptable and resilient to such shocks. The goal is impossible to achieve without the intervention of psychologists. Thus the aim of this paper is to emphasize on empowering psychologists in emergency management, so that they can help in building resilience among people. A brief introduction of resilience is given below.

Resilience

Imagine a world without resilience, broken into pieces its every aspect from human beings to the various institutions that they build. Even the minor setback could have been mighty enough to set us off. But no sooner the man experiences touch of adversity without developing resilience in order to come out of it. Therefore resilience is commonly explained and studied in

context of a two dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity (Luther and Cicchetti, 2000). Resilience has stem from Latin (resiliens) and was originally used to refer to the pliant and elastic quality of a substance (Joseph, 1994). Resilience is the happy knack of being able to bungee jump through the pitfalls of life (Fuller, 1998). Over recent years there has been a shift in research and service delivery from a deficit-based approach, which focuses on factors related psychopathology and maladaptive functioning, to an approach that highlights strengths and resources that may enable adaptive functioning and positive outcomes. This focus on strength-based approach has led to a rise in research on resilience (Hunter, 2012). Richardson, Neiger, Jensen and Kumpfer (1990) asserted that resilience is "the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event". Although several definitions of resilience have been propounded so far, yet there is no consensus on a single one fit all definition. After the careful perusal of several definitions the following seems to be worth mentioning:

"Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks" (Fergus and Zimmerman, 2005).

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Early definitions made note of " invulnerable children" (Garmezy, 1974) or children appearing "Unscathed" despite

exposure to adversity (Werner and Smith, 1989) but more recently researchers have come to acknowledge that there are no vulnerable children (Masten and Obradovic, 2006). Although there is a range of definitions of resilience, most agree that it involves children displaying adaptive or competent functioning despite exposure to high levels of risk or adversity. Resilience cannot occur without the presence of two factors- adaptive functioning and exposure to risk or adversity. Despite the popularity of concept there has been growing concern among the research and practice communities about the broadening meaning and use of the construct of resilience (Vanderbilt-Adriance and Shaw, 2008). Resilience as a psychological concept came into lime light with the efforts of Garmezy (1971). The first research findings on resilience published by Garmezy (1971) identified 'protective factors' that now explain the whole concept of resilience. The concept gained momentum around 1960's when researches began to investigate possible problems (drug abuse, delinquency etc) among the youth who were at risk (poverty, illness or natural disasters). It was found that the youth who were at risk actually developed themselves into healthy personalities. They could do it with the help of some protective factors (family support, perseverance, positive emotions and peer support). This tendency of developing into healthy beings with the help of some protective factors was termed as resilience by Garmezy (1971). The scientific study of resilience as conceived by Garmezy, his peers and students has transformed the science and practice of multiple disciplines, from the molecular level to the global ecosystem, infusing a strength based and recovery oriented approach into psychology, education, social work, and psychiatry. Current research on resilience ranges from studies of plasticity in brain development to effective planning for resilience in the context of disaster (Masten, Nuechterlein & Wright, 2011). Resilience theorists generally agree that presence of one or more protective factors can reduce affects of exposure to adversity.

Garmezy (1993) asserted that the study of resilience has focused on answering two major questions: 1) what are the characteristics- risk factors- of children, families, and environments that predispose children to maladjustment following exposure to adversity? 2) What are the characteristics of protective factor that shield them from such major adjustment? Bernard (1995) argued that resilient children usually have four attributes in common viz;

Social Competence: Ability to elicit positive responses from others, thus establishing positive relationship with both adults and peers.

Problem Solving Skills: Planning that facilities seeing oneself in control and resourcefulness in seeking help from others.

Autonomy: A sense of one's own identity and an ability to act independently and exert some control over one's environment, and

A sense of purpose and future: Goals, educational aspirations, persistence, hopefulness, and a sense of a bright future. Werner and Smith (1992) explained how resilience has come to describe a person having a good track record of positive adaptation in the face of stress or disruptive change. Werner and Smith (1992) found that a resilient child is one "who loves well, works well, plays well, and expects well". Masten (1994) contended that resilience refers to (1) people

from high risk groups who have had better outcomes than expected; (2) good adaptations despite stressful (common) experiences (when resilience is extreme, resilience refers to the patterns in recovery); and (3) recovery from trauma. After brief description of resilience it is imperative to discuss main theme of this paper which is the role of psychologists in disaster management within Indian society.

Disaster Management

International Federation of Red Cross and Red Crescent Societies define disaster management as the organization and management of resources and responsibilities for dealing with all humanitarian aspects of emergencies, in particular preparedness, response and recovery in order to lessen the impact of disasters. Role of psychologists at all the three levels has been dealt in detail below.

Before an Emergency

- People must be educated regarding natural disasters, their types, course and steps taken to decrease their after effects.
- They must be provided proper training in order to learn how to deal with any natural calamity when it befalls them.
- Proper training drills could be conducted in schools and colleges so as to prepare students for such incidents.
- At community level psychologists could help in forming social groups. Such social groups must be formed keeping disaster management in view. People must be bonded together in order to enhance community resilience.

During an Emergency

- Here the role of psychologists is restricted to distribution of relief and locating target population.
- Psychologists could help in providing food and other daily requirement items to the victims.
- Psychologists could help in moving victims to safe shelters.
- Psychologists could make victims aware of the nature and course of disaster that has affected them.
- Psychologists could exhibit empathy and care for the victims.

After an Emergency

- Psychologists have much role to play here such as;
- Counseling the victims, helping them to come out of trauma
- Informing the victims regarding various government and private relief schemes that they could avail of.
- Identifying the victims that might need clinical intervention in order to restore their psychological well being.
- Building hope among the victims.
- Making victims feel that someone cares for them.

Keeping in view the above mentioned role of psychologists in emergency management it is quite unfortunate that in India psychologists are yet to find their footing in this domain. It seems they are not wanted for the task or they are not properly

trained to be fit for such task. Our education system and governance is equally responsible for that. Psychology departments in various colleges and universities of India do provide diploma courses in human resource management (HRM), human resource development (HRD), Counseling etc. But they have nothing to offer in terms of disaster management, which is need of the hour (keeping in view the ubiquitous nature of natural disasters in India). There is a dearth of Psychologists in National Disaster Management of India (NDMI) and Indian Red Cross society (IRCS). Psychologists are to be involved both at local as well national level in order to help to achieve the goals of disaster management.

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