

POST-DISASTER COUNSELING

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It was the third week after the 8th October 2005, earthquake when towards the end of a counseling training workshop in Karachi, a colleague who had returned from Mansehra narrated the following story:

“We were doing a clinic when a middle-aged female patient who had lost her family started weeping. We did not know what to do or how to calm her. We offered her 500 rupees but that made her more upset. We had never been in this kind of situation before. We have not been trained to do counseling, especially of this nature, and need your help.”



Quake victims wait for their turn for free medicine at a temporary hospital set up in Muzaffargarh.

At the same time, we received a request from another department of our institution, a teaching hospital:

“We are sending our doctors to earthquake areas. The first batch has already gone. We reviewed some evidence on post-disaster psychological treatment and found that cognitive-behavior therapy (CBT) has the best evidence for effectiveness. Could your department arrange a short training course on CBT for our residents?”

These were two of several requests received following the earthquake, and they reflect conflicting views about

management of psychological trauma following major disasters. This article addresses their issues, in particular: Why do non-psychiatric health professionals feel inadequate in dealing with emotionally difficult issues? How could this be addressed? How applicable are Western findings to our setting?

POST-DISASTER PSYCHOLOGICAL REACTIONS

Following a disaster there are a range of psychological reactions corresponding to the different phases that survivors undergo. Broadly, these can be categorized as follows:¹

Immediate reactions (within 24 hours)

- Tension, anxiety, panic.
- Stunned, dazed, shock, disbelief.
- Elation, euphoria.
- Restlessness, confusion
- Agitation, crying, aimless wandering
- Survivor's guilt.

Within days to weeks

- Being fearful, vigilant, hyper-alert, unable to sleep.
- Worried, despondent.
- Repeated flashbacks.
- Weeping, guilt feeling
- Sadness
- Positive reactions including hoping, thinking of future, getting involved in relief work
- Acceptance of disaster as nature's doing

DIFFICULTIES

Dealing with emotionally difficult issues requires not only good communications skills but also a non-judgmental attitude and formal training. Yet few medical institutes provide training in communication and counseling skills. Even when they do, it is reduced to no more than an



A Pakistani paramedic assisting an injured woman, brought to Lahore Airport, for treatment from the earthquake site.

exercise to pass an examination. Except for one, no other medical college in Pakistan conducts a separate certifying examination in psychiatry. Students therefore do not take the subject seriously. The whole medical syllabus is focused on imparting facts about diseases than on developing communication and counseling skills.

It is assumed that after training in psychiatry, communication and counseling skills of medical students would be enhanced. On the other hand psychiatry is not one of the more attractive specialties for students.^{2,3}

The medical profession is generally heading towards specialization and super-specialization. Disease has become more important than the person carrying it. Even psychiatry is losing the art under the pressure of biologically based progress.⁴ A senior medical colleague was sceptical that I was "still talking about psychosocial interventions when every thing now is explainable on an organic basis". In this context difficulties of our medical colleagues are comprehensible though not desirable. Comments such as "We are busy, there are more important things to do" or "These relatives are very fussy" should not sound unfamiliar to many medical colleagues. One can imagine these difficulties being far greater after a disaster when faced with extreme and unexpected emotional reactions.

DO NO HARM

Against this background it is important to understand some basic principles. The first is: 'Do no harm'. Not only must we understand but also inform survivors that many of their strong reactions are normal, transient, self-limiting and universal. They would improve with time and minimal psychosocial interventions. Psychiatric labeling and yielding to temptation of indiscriminate use of

benzodiazepines can lead to dependence especially when existing health systems have collapsed and there is absence of proper supervision.

Immediately after a disaster, one of the most important issues is provision of accurate, simple and understandable information about the deceased and missing family members.⁵ It can alleviate many potential psychological problems. In the same way measures to keep the family together are equally important. Removing family members with no or minimal information could have immediate and long term psychological consequences. These are important preventive measures against psychological morbidity. All health professionals should be aware of this.

COUNSELING

One of the fundamental principles of post-trauma counseling is that it should not be forced on survivors indiscriminately. This basic principle must be kept in mind especially when some survivors do not communicate and their silence becomes intolerable for the inexperienced health professional. The mere presence of a counselor and offer to help is as significant as actually doing something. Letting the survivors express their emotions without interruption is another important skill. Similarly, there is a tendency in our culture to tell grieving survivors not to weep lest it should hurt the soul of the deceased.



Two Pakistani women comforting each other in the earthquake-hit area of Balakot.

Sometimes we offer water for the same purpose. At times, just being around a survivor without saying anything and holding their hand (if culturally appropriate) may be enough. It is important not to take pity on them or convey anything that could be construed as being judgmental.

Active listening is the crux of counseling. Establishing eye contact, taking note of verbal and nonverbal cues,

responding by gestures and words, encouraging the person to talk by repeating his/her words (paraphrasing), using short phrases to clarify, reflecting their feelings, empathizing, summarizing and not assuming anything are all part of active listening.

Respect of dignity, confidentiality and privacy remain as important as in any other setting.

GRIEF COUNSELING

We are all familiar that in normal times when someone dies, family, friends and neighbors gather, talk about the deceased, his last days, his personality and his relationship with other people and pray for him/her. Condolences are offered and an opportunity is provided to ventilate feelings.

On the contrary, in major disasters the whole social network breaks down. Almost every one is grieving and there is no one to relate to. Volunteers, relief workers and health workers need to know and be skilled in grief counseling. This is a specific technique but the basic principles of counseling remain the same.

Grief counseling follows many of the steps mentioned above, including talking about the deceased, focusing on pre-disaster relationships, assisting, helping and ensuring that survivors perform their mourning rituals. Providing as much information as possible about what happened to the deceased, by meeting people who were involved in the care of the deceased before death is important. These include relief workers, doctors and nurses. Grief



Women and children expressing their grief on the earthquake disaster.

counseling also addresses the issue of survivors' guilt; it is important to explain that this is a normal reaction to the helplessness emerging from being unable to save their family members.

In our setting going to the graveyard and offering fateha are important and helpful rituals.

HELPING TRAUMATIZED CHILDREN

Children constituted about 44% of the population affected in the earth quake. In spite of exclusive focus of certain NGOs on children, this remained an area where the available expertise was at its lowest, and most relief workers and volunteers felt at a loss when dealing with children.

Fortunately, children have lots of resilience. Therefore, simple and common sense measures could help them a lot.



A Pakistani man carries his injured child on his shoulders in Balakot.

Ensuring that they stay with their families, their biological needs are met adequately, and that they return to their pre-disaster routine including education as quickly as possible are important steps in averting psychological damage.

Drawing, story telling, playing board and field games and encouraging them to play local games are all therapeutic. Families should not be discouraging when children talk about the disaster and associated feelings. Adolescents should be involved in formation of community groups.

APPLICABILITY IN OUR CONTEXT

Before applying any intervention it is important to consider what factors might influence the outcome of that

intervention. Take the example of CBT. Though it appears simple and easy to deliver, yet it is a specialized skill needing proper training and supervision. Even in the UK, there are not enough resources to make it available to all patients who need it. Pakistan has 1 psychiatrist for every 0.5-1 million population and only a handful of practicing clinical psychologists. There are hardly any qualified and trained CBT therapists. Therefore, lack of resources and trained personnel simply do not allow us to utilize this technique even when there may be good evidence for its usefulness.

Resources are not the only issue. Religious and socio-cultural aspects are as important in shaping and expression of grief, coping and accepting help. An example is: was the earthquake an aazmaish (test) or an azab (punishment)? One can well imagine the different nature of potential reactions depending upon what people might believe. In the same way coping may differ, as will the willingness to accept of help.

CONCLUSIONS

The October 2005 earthquake in Northern Pakistan has caused death and destruction on an unprecedented scale in the country's history. Conversely, it has given us an opportunity to reflect back on how we can do things in a better way, given our limited resources. Dealing with psychological trauma through proper use of counseling can reduce survivors' distress significantly. All health professionals should be aware of this.

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