



# **Trauma, Psychology and Disaster**

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# After the earthquake in Bam....



# Worldwide evolution



## *Raise in number of emergencies*

- Deep changes in the nature of conflicts since WWII
- Global warming and multiplication of disasters
- Increase in the number of refugees everywhere
- Globalization modifies the ways of helping: huge budgets, business models, computer technologies, managerial techniques...
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- Concept of complex emergencies

*New ways of addressing mass victimization, especially in the realm of mental health*

## New response models



One may distinguish:

- The Mental Health approach
- The Psychosocial approach



## Mental Health Risks / Resilience



# The « Mental Health » debate



- Western model mostly targets the individual with a focus on intra-psychic dynamics
- Ignores the social and political context
- Obsession with the pathological and the abnormal
- Research biased by focusing on vulnerability instead of psychosocial resources
- Based on the idea of zero risk

*...Is it some kind of cultural imperialism?*

# The PTSD concept



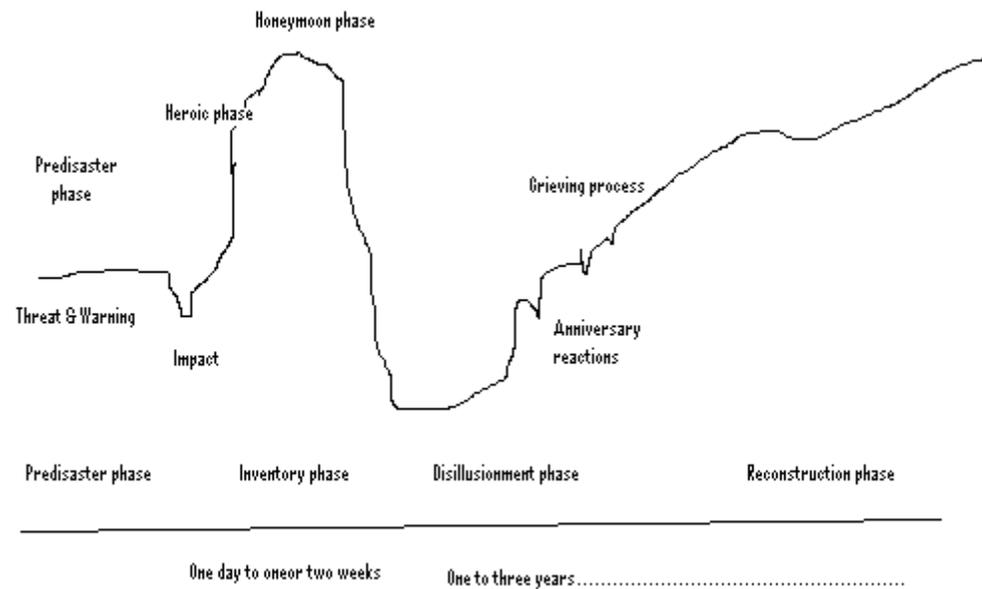
- Recent evolution: DSM-IV and ICD-10, growth of research on trauma – also in disasters
- PTSD concept: does not account for all the facets of trauma – Emerging concept of C-PTSD
- Needs to be integrated into a broader context: social, cultural and political
- Certain cultures do not have words for trauma, dissociation, depression...
- What kind of treatments proposed after a PTSD diagnosis in an environment in ruins...?

## New approaches



- Starts with the WHO's definition of Health (1949):  
« A state of complete physical, mental and social *well-being*, and not merely the absence of disease or infirmity »
- Helped develop since the 50's the public health and community health approaches
- Need to add other disciplines: anthropology, religion, sociology, developmental sciences, economics, Human Rights, political science, especially international relations, ecology...

# Disaster phases



# Psychosocial approach: a definition



## Psycho:

Influence of the psyche of individuals on their social environment

## Social:

Influence of the social context on the psychological make-up of the persons

*In disaster relief, supporting the social framework to help individual people.*



- The Psychosocial Working Group (PSWG) model
- The WHO model
- The FEMA model

## The Psychosocial Working Group (Forced Migration)



- Based on the notion of psychosocial Well-Being (WB)
- WB is affected by three key issues:
  - *Human capacity*: physical and mental health + knowledge and skills
  - *Social ecology*: social connections & support that people share
  - *Culture & values*: influences how people experience the disaster, understand and respond to the events, building meaning along the way.



*Core principles of this model:*

- Community based approach
- Capacity building

## WHO and IASC's model (1)



- WHO with the *Department of Mental Health and Substance Abuse* + a branch in Mental health in emergencies
- IASC (Inter-Agency Standing Committee) with the “Guidelines in Mental Health and Psychosocial Interventions in emergencies” (2007)

## WHO and IASC's model (2)



### Core principles of emergency interventions:

- Promote Human Rights and protection of all victims with maximum fairness
- Maximize the participation of local people to help resume control over their situation
- *Do no harm* by extending professional services
- Building on available resources and capacities
- Emergency activities should be integrated into support systems



How?

- Multi-layered supports
  - Basic services & security
  - Community and family supports
  - Focused, non-specialised supports
  - Specialised services

## Some concluding remarks



- Systemic approach to disasters
- Bottom up instead of top to bottom
- Respects societies where family is core value
- Places the individual inside the social network
- Takes into account the time factor
- Victims are rather survivors
- Based on the concepts of well-being instead of pathology
- Based on resiliency with its coping mechanisms

# The Psychosocial Approach



# Definition of « psychosocial »



## What it is not:

- Psychological or psychiatric treatment
- Counselling or therapy for the mentally ill or severely impaired

## What it is:

- Psychological support through empathy and understanding
- Information dissemination to beneficiaries and workers
- Identifying individuals for referral to extended services
- Assisting individuals, families and communities to identify their needs
- Linking beneficiary needs and community services
- Facilitating beneficiaries' self-help toward adaptation and resilience
- Providing worker support to mitigate stress

# Core concepts for psychosocial interventions



- Well-being
- Resilience
- Stress and coping model

# Well-being



## *Definitions:*

- Another word for wholistic health: ref. WHO definition
- Subjective experience, described by the individual, or by its entourage
- Translates how people evaluate their lives, social & economic status, cultural satisfaction...
- Now largely used in public health and as a national and international economic indicator = quality of life

# Resilience



- Definition: ability to meet and adapt to hardship – to “bounce back”
  
- Does not mean the person is invulnerable and cannot suffer!
  
- Can be seen either as a state/construct - or a process:
  - A state: the resilient personality
  - As a process: adaptive balance between risk and protective factors

# Collective resilience in disasters



- Concept not well documented and researched yet
  
- Shows best in disaster preparedness programs:
  - By strengthening infrastructure, cities, and individual businesses
  - Steps for improving the safety of coastal regions
  - Preserving natural ecosystems
  - Increasing security of local populations
  - Adaptation of insurance coverage to new situations
  - Mitigation policies—softening the blows of natural forces
  - Coordinated pre-planning of response agencies

# Psychological resilience



May be seen as:

➤ A state

➤ A process

## Resilience as a state



*The resilient personality has:*

- Social competence
- Sense of autonomy
- Problem-solving skills
- Sense of purpose and future

# Resilience as a process



Balance between:

- Risk factors
- Protective factors
- Inside a time frame

# The stress & coping model (1)



## *Hans Selye's definition:*

Stress is a natural adaptive mechanism of the mind-body to external (contextual) or internal (perceptual) stimuli

## *The normal course after a disaster:*

- Acute phase (from minutes to days)
- Reaction phase (1 to 6 weeks)
- Repair phase (1 to 6 months)
- Reorientation phase (after 6 months)

# The stress & coping model (2)



## *Neurophysiology of stress response*

If stimuli are overwhelming (too much for too long), the natural mechanism becomes negative:

- The fight or flight response
- The freeze response

## Coping (1)



Coping is a way to prevent, delay, avoid or manage stress.

Categories of coping mechanisms:

- Change the source of stress
- Change the view of the situation
- Tolerate the situation until it passes or becomes less troublesome

## Coping (2)



### *Examples of coping in disasters*

- Seeking help from others or offering help to others
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of their loved ones
- Gathering their remaining belongings
- Beginning to repair the damage

## Coping (3)



### *More examples of coping in disasters*

- Burying or cremating the dead
- Following their religious practices
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the perceived impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it...

# After the tsunami...



## Example of a psychosocial program



***Terre des hommes Foundation - Switzerland***  
***Centre for Humanitarian Psychology***

**Psychosocial Program**  
**in post-tsunami Sri Lanka:**

34 recreation centres  
supporting over 10'000 children  
and their family  
over a period of 2 years

# When there is hope again

