

# A Decade of Disasters: Lessons from the Indian Experience

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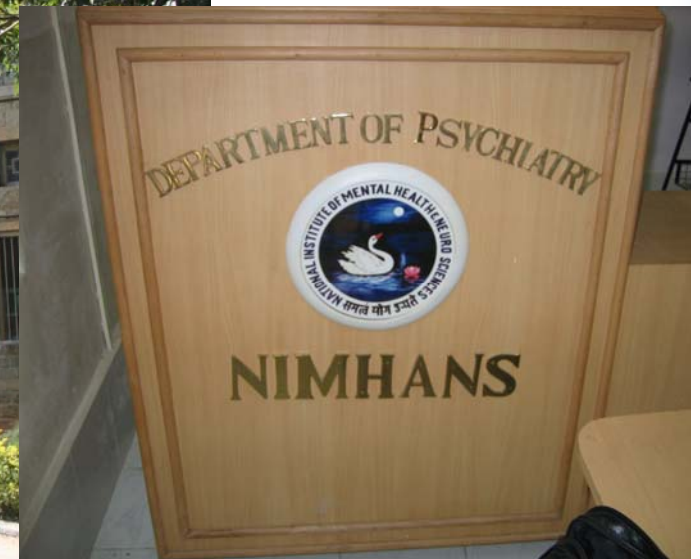
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# National Institute of Mental Health and NeuroSciences NIMHANS - Bangalore



# December 2005 -January 2006

- NIMHANS: An Ethical Foundation for 21st Century Medicine
- Indian Psychiatric Society - Karnataka Branch:  
The Ethics of Globalization and the  
Globalization of Bioethics
- Karunashraya Cancer Hospice - Survivorship
- NIMHANS - Center for Ayurvedic Medicine
- NIMHANS - Psychosocial Care in Disaster Management  
- Tamil Nadu Field Trip



# India's Disasters

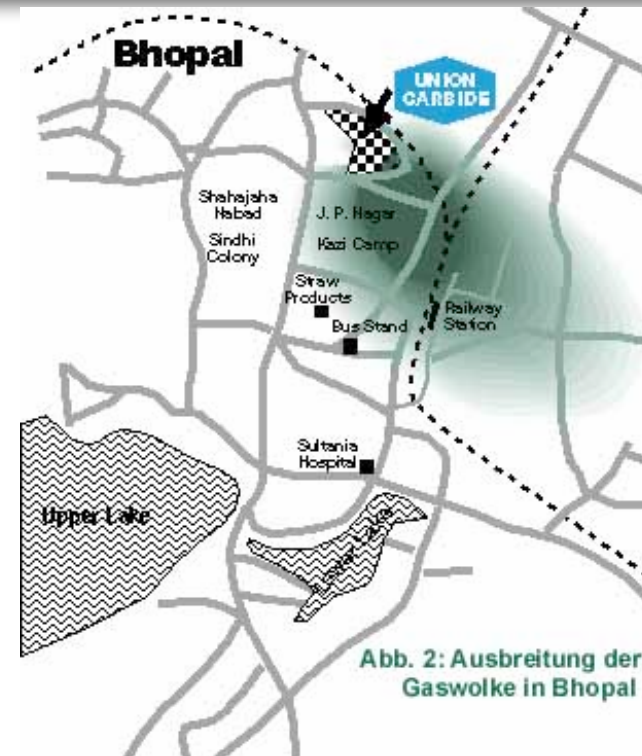
- 1984 Bhopal Chemical spill
- 2002 Gujarat Riots
- 2005 Tsunami
- 2006 Kashmir Earthquake





Bhopal: December 1984

40 tons cyanate gas: 2000 died immediately, 200,000 injured



# Mental Health Consequences

- Confusional states
- Reactive psychoses
- Anxiety-depression
- Grief reactions
- Long term: disabilities, uncertainties about the future, broken social units, problems related to rehabilitation

# Consequence of compensation

Many administrators and health professionals believed that complaints were factitious.

No psychiatrists in Bhopal at time of disaster.

Teams of psychiatrists developed profiles of affected persons.

Teams of psychiatrists, psychologists, psychiatric social workers came to Bhopal to treat survivors and train general medical officers.

NIMHANS prepared a training manual for psychosocial rehabilitation.

*R. Srinivasa Murthy, Disasters and Mental Health*



# Psychosocial Care in Disaster Management



**NIMHANS and CARE INDIA**

# Train-the-trainers model

- School teachers
- Health Care workers
- Government workers and NGOs
- Volunteers

# NIMHANS Orientation



Subhasis  
Dyer  
Sekar

# In the Wake of the Tsunami

## Psychosocial Care of Disaster Victims



Tsunami survivors

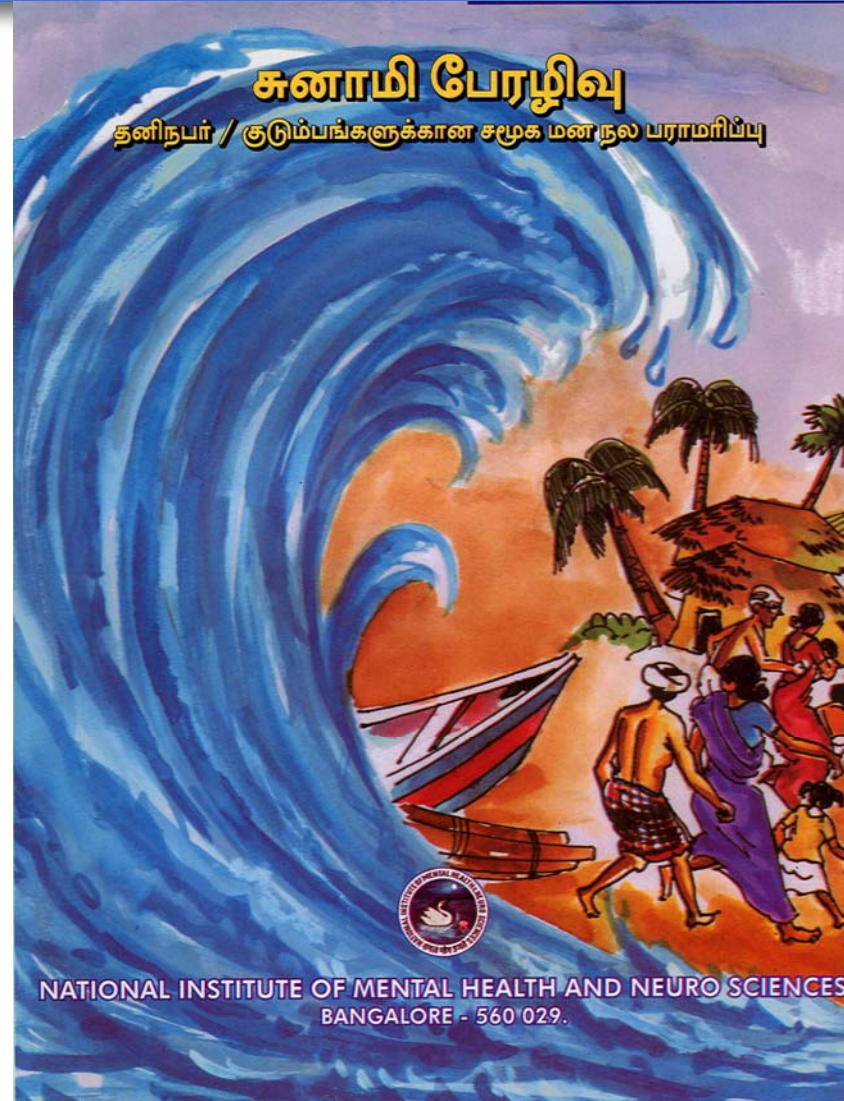




*P. Sabarinathan, 9 years, IV standard at  
Government Middle School, Akkaraipettai*

*'I am very scared to sleep. I get nightmares.  
I want to play with friends all the time so that I feel better.'*

# TSUNAMI DISASTER PSYCHOSOCIAL CARE FOR INDIVIDUALS/FAMILIES





# Normal Reaction to an abnormal situation

- Loss of near and dear ones
- Sudden displacement from family and community
- Physical injuries and other health problems
- Difficulties of living in temporary shelters
- Loss of livelihood and uncertainties about the future
- Demands of rebuilding personal, family and community life.

# Normal feelings

- Sadness
- Helplessness
- Hopelessness
- Worthlessness
- Frustration
- Anger

“By understanding this, you will not feel overwhelmed by emotions and reactions; rather you will be able to work towards adopting effective coping techniques to master the situation.”

# Stages of grief (putting words on feelings)

- **OUTCRY** (immediate) fear, sadness, grief, anger
- **DENIAL** (1-2 weeks) refusing to face the memory of disaster
- **INTRUSTION** (6 months) unstoppable thoughts of the events
- **WORKING THROUGH** (6 mo+) facing the reality of what has happened
- **ADJUSTMENT**: Going on with life

# Special Groups

- Women/widows
- Children
- Aged
- Disabled

# Mourning rituals



“This is my wife.”

## Anniversary rituals: December 26, 2005





# Evaluation



- “You have brought life back to the school. Before, the children just sat here bewildered. Now they are engaged in life again.”

- “We have lost not just loved ones, but our livelihood. Now there is nothing to do. The children don’t even go to school.”

# Medical practice

- OLD PARADIGM
  - (Modern)
  - Acute illness
  - Hospital based
  - Curative
  - Doctor centered
  - Prototype:
  - White male
- NEW PARADIGM
  - (Post-modern)
  - Chronic illness
  - Community based
  - Preventative
  - Dr-patient partnership
  - Healthcare Teams
  - Multi-cultural

# Paradigm Shift:

Focus on Populations instead of Individuals



# The smallest unit of health is

- The cell
  - The individual
  - The community
  - The nation
  - The planet
- 
- The smallest unit of health is the community --  
*Wendell Berry,*  
*American (Kentucky) agrarian philosopher*

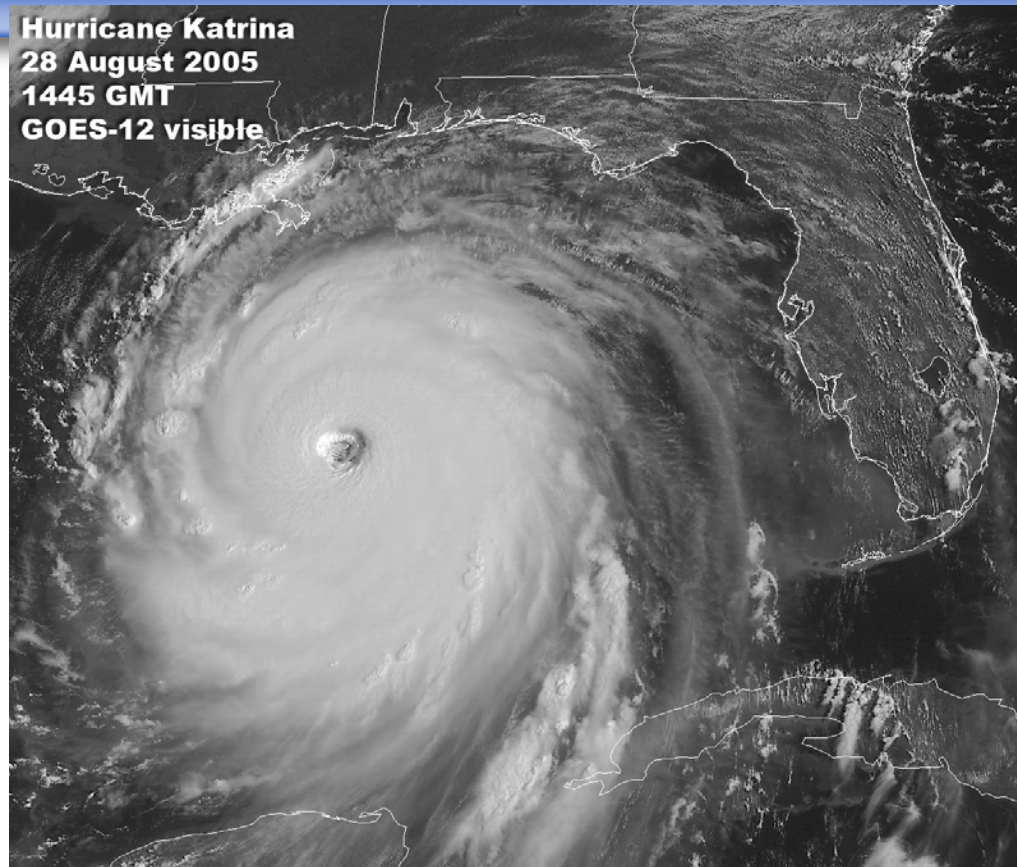


# America's Disasters

11 September 2001



Hurricane Katrina  
28 August 2005  
1445 GMT  
GOES-12 visible



# Lessons from the Indian experience

- Disasters are recurring phenomena
- They can be anticipated and planned for
- Response involves preparation, physical, medical, and psychosocial care
- Feelings of traumatization are normal reactions to abnormal events
- Individuals fare best when their communities are caring and cared for



# Crash

(Best Picture of the Year)



# Crash

*Crash* deservedly won the Grand Prize at the last Deauville Film Festival. It is a choral film, about the doubts and fears plaguing post-9/11 America. Through a story based on a criminal investigation, Paul Haggis's magnificent, deeply moving film brilliant analyzes American society today.

*Tous les films, Magazine Air France*

# Post-9/11 America

- Traumatized
- Frightened
- Angry
- Trigger happy

# Non-Western Sources of Value

## **Native American:**

Healing is understood in terms of man's relationship with his environment and his traditions (Ancient Asian traditions):  
“We believe in the land bridge.”

**Linwood Tall Bull,  
Cheyenne Medicine Man**



# Non-Western sources

## Traditional Chinese Medicine:

Confucian virtues similar to Hippocratic

Based on restoring Qi or energy flow  
(similar to Galenic view of body humors)

Balance between Yin and Yang,  
the Chinese way of life

Techniques such as acupuncture, acupressure,  
moxibustion

Complimentary to Western Medicine



QuickTime™ and a  
TIFF (Uncompressed) decompressor  
are needed to see this picture.



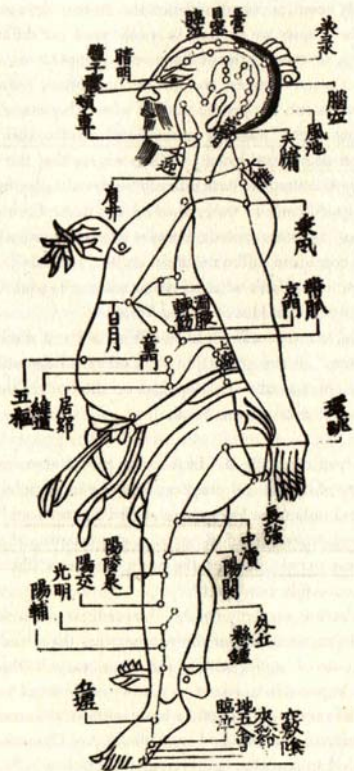


Figure 1. Hua Shou, *Shisijing fahui*, 1341, Fujikawa Collection, Kyoto University Library.

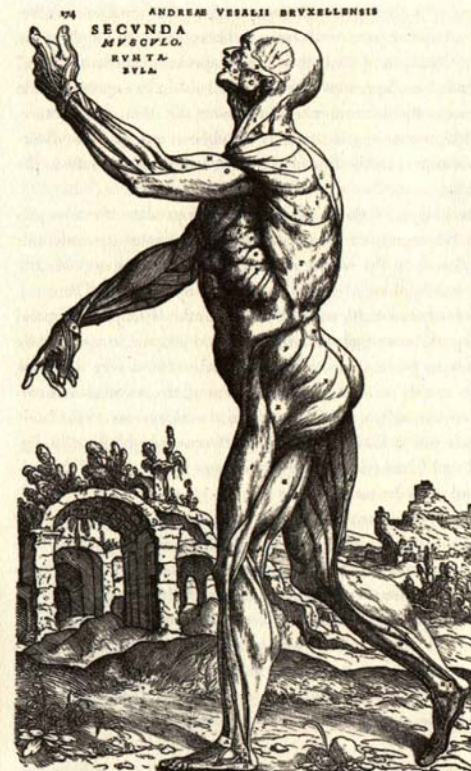


Figure 2. Vesalius, *Fabrica*, 1543, Wellcome Institute, London.

# Non-Western Sources

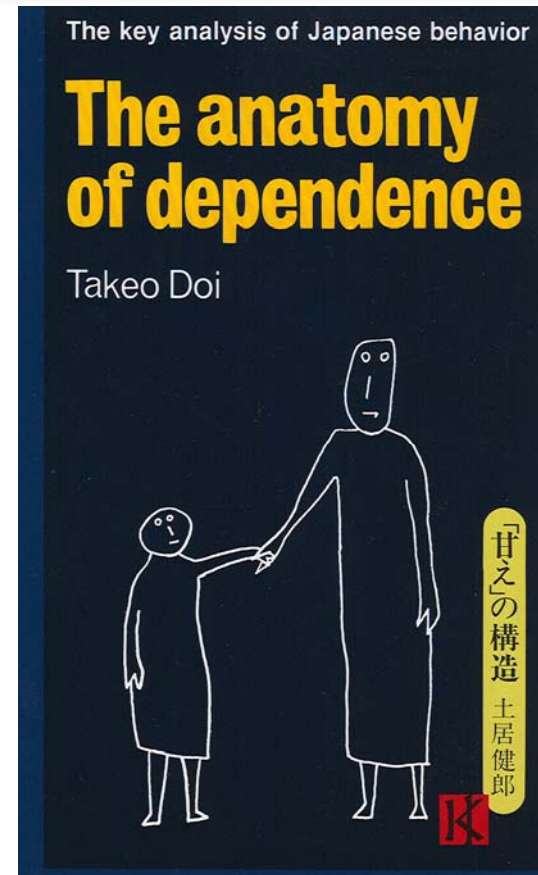
## Japanese:

Network of familial interdependencies

Individual is seen as part of a larger whole

Reciprocal responsibilities

*Amae*, to indulge and care for  
*Giri*, (voluntary) social obligation



# Non-western sources

## India / Nepal / Tibet

Spirituality is part of all aspects of life.

Nepali / Tibetan lamaism:

healing rests on relationship with the natural and spiritual world.

Ayurvedic principles: all life is directed more to living well and living healthful lives, rather than elimination of illness/disease

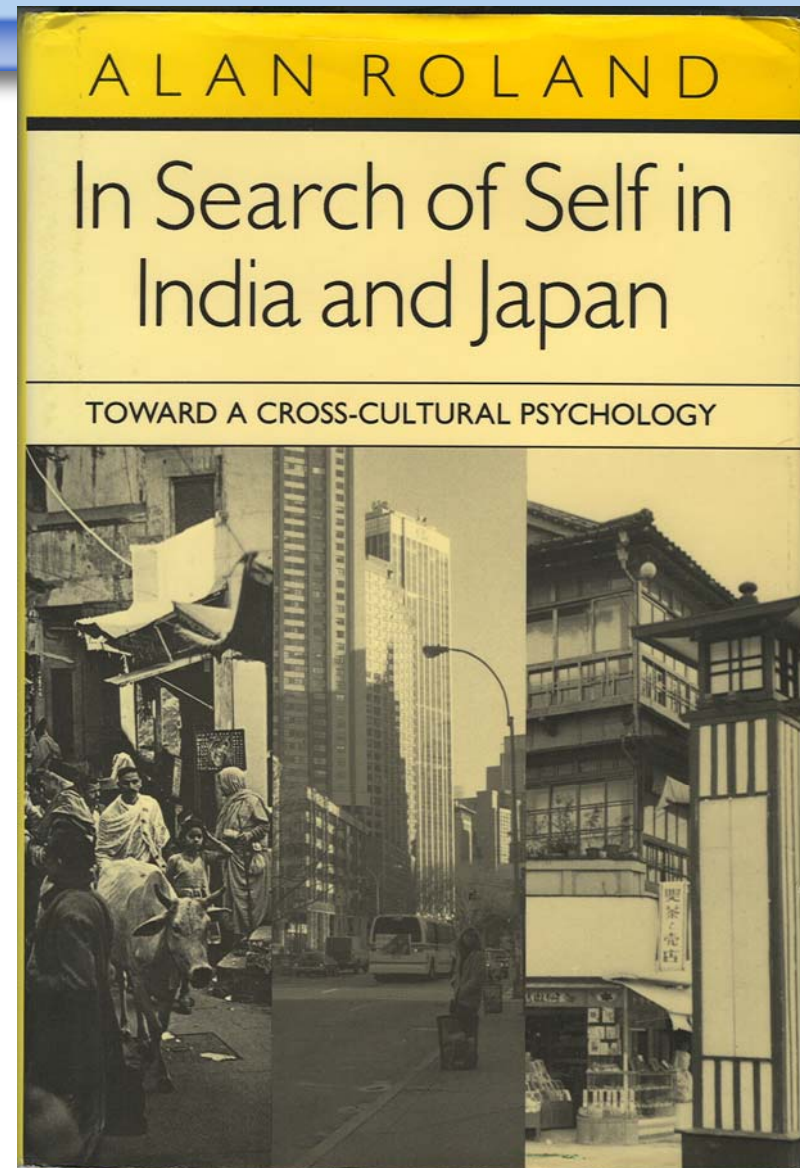
Cycle of life: All life is eternal suffering.  
Goal of nirvana (enlightenment) is not eternal life, but to get off the endless cycle.

# Indian philosophy and religion

- Indian philosophy is spiritual
- Neither humanity nor the universe is looked on as merely physical
- Philosophy is not just an intellectual exercise, but embodied in the spirit
- Introspective approach to reality: Internal not external approach to physical reality
- Reason (necessary but insufficient ) with intuition and experience of reality
- Synthetic outlook: “God is one, but men call him by many names.”

# Self-psychology

- Individual Self
- Familial Self
- Spiritual Self





# Non-Western Sources

## Islam:

First public hospital: Baghdad, AD 809

Islamic virtue: Free medical care at point of need

Small pox vaccination (Sina's *Canons of Medicine*. 1037)

Direct relationship between worldview and health

(e.g. transformation of herpes from minor illness to major contagion through sexual transmission)

# Contrasting relationships

## Traditional societies

- Family and Group oriented

Extended family

- Status determined by age, position in family, and care of elderly

Relationship between kin obligatory

- Arranged marriage

Family decision-making

- External locus of control

## Western societies

Individual oriented

Nuclear family

Status achieved by own efforts

Relationships between kin matter of choice

Individual choice

Individual autonomy

Internal locus of control

# Contrasting medical relationships

## Traditional societies

- Physician's decision respected
- Malpractice suing rare
- Deference to God's will
- Individual can be replaced
- Pride in family relationship
- Family care of mentally ill

## Western societies

- Doubt in dr-pt relationship
- Malpractice suing common
- Self-determination
- Individual irreplaceable
- Pride in self
- Community care of mentally ill