

## **A9.10 Psychological Effects**

### **Introduction**

**A9.10.1** Emergencies and disasters typically have a wide range of impacts on individuals and communities. These may include the impacts of evacuation, damage to community infrastructure, personal loss and financial hardship. There is a psychological component to each of these impacts which may require local attention as well as attention at the management level.

**A9.10.2** In all phases, the planning, management and delivery of emergency services have the potential for serious psychological consequences for individuals and affected communities as a whole. Positive consequences can be enhanced and negative ones avoided, or at least alleviated, by managers being informed by specialist psychological consultancy of the psychological consequences of their decisions.

### **Definition**

**A9.10.3** For the purposes of this publication, the term 'psychological services' refers to those specialist psychological services that apply skills ranging from psychological first-aid to long-term clinical treatment provided by personnel trained to the level appropriate to the task.

### **Psychological Effects**

**A9.10.4** Most disturbances are in the nature of strains and distress and are often called stresses. Situations which give rise to stresses may be called crises or critical incidents. When stress responses are insufficient or inappropriate, stresses may 'give' and irreversible disruptions of various magnitudes, called traumas, may develop. Stressors are particular agents in emergencies and disasters, which lead to stresses and traumas.

## Myths and Reality

**A9.10.5** Recovery and restoration workers of all types need to be aware of the potential impacts and likely reactions that may be experienced by individuals affected by emergencies or disasters. In particular, they need to be aware of the ways in which individuals may react to the event to ensure that services are delivered in the most supportive and effective ways possible.

**A9.10.6** The following table details a number of myths concerning individual and community reactions to an emergency or disaster. As can be seen from the second column, the reality is somewhat different to the myth.

Myth	Reality
1. People panic	People behave quite rationally and responsibly except where there is a threat to life and no escape, no information or no leadership.
2. People cannot look after themselves	People generally care for each other, helping those in need where possible.
3. Too much information is bad	People respond appropriately to sound information from a reliable source. They may try to check it with those they consider credible before acting.
4. Children are too young to be affected	After the immediate responses, children may hold back needs until after the crisis. Children often require special attention and counselling.
5. If people don't 'crack up', they are not affected.	Few people 'crack up' but everyone is affected and suffers stress in varying degrees.
6. Communities never recover	Communities may undergo trauma and permanent change may result,

	but they can recover. This can be a positive development if improvement desired by the community is recognised and facilitated in the post-event period.
7. Emergency workers are not affected	Emergency workers are also victims of disaster-related stress in varying degrees.

**A9.10.7** In addition to the realities outlined above, it should also be noted that disaster ‘victims’ are normal people, usually capable of functioning effectively, but who have been subjected to severe stress, and some of their reactions to the stress may show as emotional strain. This is usually transitory—it is to be expected and does not imply mental illness. Often the most important help for emotional distress may be simply listening, providing a ready ear, and indicating interest and concern.

**A9.10.8** For the most part, people perform quite capably considering the amount of stress endured. However, frustration may accumulate, especially as people encounter misinformation, red tape and bureaucratic tangles while seeking help. Feelings of anger and helplessness may result.

**A9.10.9** People undergoing great stress and pressure often tend to feel isolated and alone. An interest in their concerns helps restore their sense of identity and forestalls much more severe subsequent emotional distress. Where workers expect healthy responses, pathological responses are much less likely to occur. Many people find it difficult to accept assistance from beyond their normal networks and may reject help because of a sense of pride and altruism, believing that there are people with greater need in the community. Consequently, tact and sensitivity are required in bringing assistance into the community.

## **Common Experiences and Feelings**

**A9.10.10** The effects of emergencies and disasters are very real. Strong feelings may arise when the experience is talked about. Increased worry may interfere with day-to-day living and the experience may leave people shaken and worried about the future. 'Getting back to normal' can be difficult after an experience of this kind.

**A9.10.11** Everyone's reactions will not be the same; however, detailed below are some of the common feelings.

### **SHOCK**

- disbelief at what has happened
- numbness—the event may seem unreal, like a dream
- no understanding of what has happened

### **FEARS**

- of damage to self, or death
- of a similar event happening again
- awareness of personal vulnerability
- panicky feelings
- other apparently unrelated fears

### **ANGER**

- at 'who caused it' or 'allowed it to happen'
- outrage at what has happened
- at the injustice and senselessness of it all
- generalised anger and irritability
- and 'why me!'

### **HELPLESSNESS**

- crises shows us how powerless we are at times, as well as how strong

## **SADNESS**

- about human destruction and losses of every kind
- for loss of the belief that our world is safe and predictable

## **SHAME**

- for having been exposed as helpless, emotional and needing others
- for not having reacted as one would have wished

## **GUILT**

- that some have not lost as much as others

## **Effects on Behaviour**

**A9.10.12** The effects of disaster on behaviour can be expressed in many ways.

## **TENSION**

- more easily startled, general nervousness—physical or mental

## **SLEEP DISTURBANCES**

- unable to sleep, thoughts that keep the person awake
- reliving the event

## **DREAMS AND NIGHTMARES**

- of the event or other frightening events

## **MEMORIES AND FEELINGS**

- interfere with concentration, daily life
- flashbacks
- attempts to shut them out which lead to deadening of feelings and thoughts

## **IRRITABILITY**

- frequent swings in mood

### **DEPRESSION**

- about the event, past events or loss of personal effects
- guilt about how you behaved

### **SOCIAL WITHDRAWAL**

- a need to be alone

### **PHYSICAL SENSATIONS**

- tiredness, palpitations, tremors, breathing difficulties, headaches, tense muscles, aches and pains, loss of appetite, loss of sexual interest, nausea, diarrhoea or constipation and many other symptoms

### **DELAYED EFFECTS**

- any of these may occur after months or years of adjustment

**A9.10.13** These physical and emotional symptoms are normal. They develop in people facing stress, threat or loss, and are responses that help the person cope. They can be unpleasant and distressing.

## **A9.11 Psychological Recovery and Restoration**

**A9.11.1** Although potential effects have been previously discussed the services needed to alleviate these require expertise. Agencies with this expertise should be brought in to assess the needs of individuals and the wider community and deliver the aid that is required. Advice should be sought from Northumberland Care Trust.