

EARTHQUAKE AND HUMAN BEHAVIOUR

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ABSTRACT

In 1905 a big earthquake hit the northern areas of Pakistan and Azad Jammu and Kashmir. This earthquake brought a big destruction for the peoples living in those areas. The earthquake killed thousands of people and left behind the widows and orphan babies and children. This disaster not only destroyed the government buildings specially the schools but also buried under them the children and working people. Hundreds of residential houses were destroyed and the thousands of people become homeless. Individual behavior is not necessarily unchanging or fixed set of characteristics not is it highly consistent in all the situations. It is in fact subject to conditions. At any time it is the function of the experiences. Though maximum stress can act as a creative, motivational force for the people but chronic or traumatic stress on the other hand, is potentially very destructive and can develop abnormal behavior by depriving people of physical and mental health, and at times even of life itself. This paper focuses on the earthquake of 2005 and the human behavior. Communities across the affected areas experienced significant disruption of basic needs and services including loss of people, shelter, electricity and potables. Individuals' failure to cope with conditions effectively leads them to develop unhealthy perception of self and the world around. The main objective of the study was to test the human behavior in the disasters. The population of the study was all the effected areas. A sample of all people of Northern Areas and the AJK which were affected by earthquake of 2005 was included in the sample. The participant observation and interviews with the effected peoples were used for data collection. The results show that the behavioral scientists should specifically address the human side of the disaster and assess the psychosocial effects of the earthquake and design and implement intervention packages according to peoples' accepted, model of reality.

INTRODUCTION

Recent earthquake of 2005 is considered to be the most powerful, and one of the most destructive natural disasters of the history. Its passage exposed the underlying vulnerability of this region and threatened the very fabric of the communities affected. It not only tested their capacity to face critical issues but also brought into question their social, economic and political structures.

It is not an isolated incident that northern areas are perennially exposed to natural

hazards of a physical, geological or meteorological nature. These hazards are transformed into disasters by the fact that the zone is extremely vulnerable for social reasons (high levels of poverty), economic reasons (failure to consider natural disasters in the location and characteristics of economic activity), and environmental reasons (inadequate land use on steep slopes, deforestation, erosion, inappropriate location of settlements, occupation of watersheds, etc.)

The psychosocial trauma, on the other hand, was more hidden and subtle. Being so, it was very difficult to identify and, on occasions, difficult to understand and empathize with. However, if no action is taken to prevent, minimize, if not altogether eliminate the abnormal manifestations of this trauma the psychosocial stresses could lead to a disability far worse than the consequences of a physical dislocation. I am sure there will be no disagreement if I were to say that the common pathway, after all, of all the physical effects of the earthquake is ultimately man himself, with all his feelings, emotions and consciousness. Thus, ultimately, man must be the focus of aid and rehabilitation.

Therefore, it is strategically wise to educate teacher so that they may develop a sense of awareness in their students regarding these potential threats. A seasonal or pre-event preparatory activity, as suggested by experts, or a comprehensive curriculum approach as to increase student knowledge regarding relevant disasters, while providing important information about enhancing personal safety. These efforts often reduce anticipatory anxiety and increase a child's sense of control.

OBJECTIVES

Objectives of the study were to know;

1. human behavior in disaster, including factors affecting individuals' response to disaster.
2. difficulties of special populations in disaster, including children, older adults, people with disabilities, ethnic and cultural

groups indigenous to the area.

3. the organizational aspects of disaster response and recovery, including key roles, responsibilities, and resources; local, state, and federal and voluntary agency programs; and how to link disaster survivors with appropriate resources and services.
4. the key concepts and principles of disaster, mental health, including how disaster mental health services differ from traditional psychotherapy
5. the stress inherent in disaster and recognize and manage that stress for themselves and with other workers.

SIGNIFICANCE

The study is of much importance because it stresses on the human behavior in the disasters like earth quake of 2005.. This would also enable us to control the possibility of disasters occurrence, by monitoring the levels of vulnerability and taking adequate measures related to all those physical, social, economic and cultural elements found in a particular region.

The study will provide valid information to all staff and volunteers who will be involved in disaster response and recovery, including management and administrative personnel who will be closely involved. It will give knowledge, skills, and attitudes that will enhance their effectiveness in the disaster setting. Because involvement with disaster related activities requires a perceptual shift from

traditional service delivery, to the acquisition of new skills and information. This paper will create awareness and will bring together experts to discuss the strategy and areas of international cooperation based on case studies, with a view to adopt steps which urge to integrate disaster risk reduction into not only with respect to integration of risk preparedness in the management of heritage sites but also in overall risk reduction / disaster management strategies / policies at regional, national and local levels. There would be increased commitment to build our responses on the communities' own priorities, knowledge and resources

RELATED LITERATURE

According to Britton, (1986) & Bisson, (1994) "disasters can be more easily recognized than they can be defined". Disaster is a severe, relatively sudden and unexpected disruption of normal structural arrangements within a social system over which the system has no firm control. A disaster may also be viewed as "a significant departure from normal experience for a particular time and place, (Turner, 1978). Disaster is also viewed as a mental construct imposed upon experience. This is because to understand disaster knowing the number of deaths, the value of property destroyed or the decrease in per capita income is not sufficient. The symbolic component requires knowledge of the sense of vulnerability, the adequacy of available explanation and the society's imagery of death and destruction.

According to (Silva, 2004) by understanding natural disasters, taking into

account both the importance of a "natural phenomenon" and the level of vulnerability in a given habitat, we will be able to recognize that the risk or probability of a disaster depends not only on natural elements, but also on social, economic, political and cultural factors related directly to human beings and their development. All these elements make a certain habitat more or less vulnerable. This particular view of disasters also facilitates our work, at both individual and social levels, aimed at reducing the risks and probabilities of a catastrophe caused by a destructive event that might take place in a particular region. Disaster shapes the behavior of the people according to their accepted, model of reality; therefore, it is essential that intervention efforts are sensitive to the cultural, religious and linguistic realities of the population served. Whenever possible, disaster mental health support services should be delivered by professionals that reflect the diverse characteristics shared by a community.

According to (Quarantelli, E.L., and Dynes, R.R. 1970) Posttraumatic stress disorder was first acknowledged and labeled as such in the American Psychiatric Association's Diagnostic and Statistical Manual in 1980 (DSM-III). PTSD among children was not clearly documented and identified until the following decade. It was not until the mid 1980's that a proliferation of studies associating abuse and family violence with PTSD appeared in the literature.

Stress according (Rose, 1998) brings about physical symptoms such as increase in

heartbeat and respiration, elevation in blood sugar level, increase in perspiration, and slow digestion. The emotional symptoms, on the other hand, include fear, anger, and frustration. The cognitive and behavioral reactions consist of the actions we take to solve the problem. Mind may become blank or get confused. In psychiatry, the further aggravation of a normal behavior due to disaster which could lead to a psychiatric illness has been termed Post-Traumatic Stress Disorder (PTSD). Some of the symptoms associated with this are hyper-alertness, exaggerated startle response, and difficulty in sleeping. Long term tension affects the very personality structure of the individual. Some of the personality disruptions are;

1. declining interest in others,
2. Doubt of value systems and religious beliefs,
3. questioning of major life areas, and disillusionment.

According to (Ostrow, 1996), in addition to the stress arising from exposure to injuries and death, the care delivers may have the second stress of being direct victims of themselves. Because disaster interrupts and destroy so many aspects of daily life, many problems for disaster survivors are immediate and practical in nature. People may need help locating missing loved ones; finding temporary housing, clothing, and food; obtaining transportation; applying for financial assistance, unemployment insurance, building permits, income tax assistance; getting medical care, replacement of eyeglasses or medication; obtaining help with demolition, digging out, and cleanup.

The process of obtaining temporary housing, replacing belongings, getting permits to rebuild, applying for government assistance, seeking insurance reimbursement, and acquiring help from private or voluntary agencies is often fraught with rules, red tape, hassles, delays, and disappointment. People must often establish ties to bureaucracies to get aid they can get nowhere else. However, the organizational style of the aid-giving bureaucracies is often too impersonal for victims in the emotion-charged aftermath of the disaster.

According to (Keane, 1985) mental health staff may also help individuals by providing information about how specific agencies work. Survivor support groups are often very helpful in this regard, with individuals offering each other concrete advice and suggestions about how to deal with bureaucratic problems. Many people equate "mental health" services with being "crazy."

According to (Myers, 1991) the demographics characteristics of the communities affected by disaster must be considered when designing a remedial health program. Urban, suburban, and rural areas have different needs, resources, traditions and values about giving and receiving help. It is essential that programs consider the ethnic and cultural groups in the community, and provide services that are culturally relevant and in languages of the people. It is important that disaster mental health workers recognize the different phases of disaster and the varying psychological and emotional reactions of each phase.

(Bandura, 1969) supported the idea that fear could be acquired directly or vicariously. Behavioral and emotional responses could occur through vicarious learning situations via observational learning or modeling. Rachman further proposed that fears could be learned in a similar manner when stimuli were associated with fear directly or vicariously.

According to Hobbs (1996), It is very important to prevent the occurrence of more severe psychological impairment and help the victims resolve their psychosocial reactions during earthquake and disasters.

METHODOLOGY

Population

All of the effected areas of earthquake from time to time in different locations of the world and their peoples comprised the population of the study.

Sample

The peoples living in effected northern areas and AJK affected areas of Current earthquake of 2005 comprised the sample of the study.

Instrument

The participant observation and interviews wit the effected peoples were used as an instrument for data collection.

Procedure

The researcher personally visited the northern effected areas and the areas of Azad Jamu and Kashmir. The researcher worked as participant observer for the

occasion. The peoples were really in big trouble. The researcher interviewed the affected peoples and tried to minimize their miseries.

DISCUSSION

If we think that natural disasters depend solely on a natural event or phenomenon, without taking into account any type of human influence on their occurrence, we would be implying that humankind is completely defenseless against nature. This would also produce a general passive behavior, surrendering to what is inevitable. But we should remain active and alert.

In a rush to provide shelter, ration food, arrange medical care and organize other life-saving relief activities, the mental health needs of disaster survivors are often neglected. But community and individual mental health is one of the most lasting outcomes of a disaster and must be prioritized by disaster relief agencies working in the earthquake-affected areas of Pakistan.

The US Department of Health and Human Services just released a series of public service announcements encouraging affected people to seek mental health service. The department estimates that between 25 percent and 30 percent of the population in areas significant affected by Katrina will experience “clinically significant” mental health needs. 10 percent to 20 percent more are expected to experience less serious, “but not trivial” needs. Half a million people may, be in need of mental health service. These statistics are available because the

developed nation has an extensive mental health system in place to deal with the psychological problem related to the disaster. Moreover the need for interventions such as counseling and psychiatric drugs is widely accepted in American culture.

Not so in Pakistan, though the psychological needs of disaster survivors are no less. Visiting the earthquake 2005 affected areas of the Northwest Frontier province, it was clear how much they suffered. More than three months after the earthquake children in hospitals shriek when someone brushes against their bed or chair, shaking it slightly. The large number of children who died in school buildings has made families reluctant and afraid to re-enroll their children's in schools.

In both the developed and developing world, male disaster faces a unique mental health burden. Basing a large part of their identity on their role as providers, destruction of livelihood can be profoundly traumatic. In hurricane-battered New Orleans home for which families worked and saved have been replaced by crowded, donated trailer parks. And in Pakistan the destruction of homes was accompanied by the destruction of livelihood, when terraced fields, canals, shops and carefully stored food were all lost beneath the rubble. The earthquake left behind the hundreds of orphans and widows and thousands of peoples with no shelters.

Throughout the world it has been demonstrated that natural disasters cause an impact on humans, which extends far

beyond the physical. The west's established mental health system is by no means a model to follow blindly. Traditional medicinal practices hold much promise in helping with trauma recovery. And guidance's of Islam, carefully understood, and offers valuable tools for helping an individual perspective in times of crisis. The ladies and children's first and this should not be forgotten in such circumstances. Islam teaches us the lesson to save the life of the others even at the risk of your own lives.

Disaster survivors need assistance in recovering from fear and shock, provision of physical spaces which allow them to carry on normal social and physical activities and means of providing for themselves and their families their in ways that restore their dignity.

Though we were recently astounded to hear of Kashmiri women who recovered alive from the rubble after 63 days, the reality is that the physical rescue operation has ended. Much has been lost, and as the nation moves to help NWFP and Kashmir rebuild it must ensure that the mental and spiritual well being of earthquake survivors are not among the casualties.

RESULTS

Following results are hereby drawn from the findings and discussions of the study.

1. Social support is needed because the common pathway, after all, of all the physical effects of the earthquake is ultimately man himself, with all his feelings, emotions and consciousness. Thus, ultimately, man must be the focus of aid and rehabilitation.

2. It is strategically wise to educate teacher so that they may develop a sense of awareness in their students regarding these potential threats. A seasonal or pre-event preparatory activity, as suggested by experts, or a comprehensive curriculum approach as to increase student knowledge regarding relevant disasters, while providing important information about enhancing personal safety. These efforts often reduce anticipatory anxiety and increase a child's sense of control.
3. The effected areas of current earthquake of 2005 should be rehabilitated, and the awareness should be made among the common peoples for such disasters and a strategy should be made to avoid in future the terrible and long lasted effects of earthquake.

RECOMMENDATIONS AND SUGGESTIONS

In designing the program of intervention, we would take into consideration the following guiding principles:

There are a variety of psychosocial reactions to the earthquake, ranging all the way from normally expected changes to the more severely manifested psychological aberrations. This being the case, there is a need to offer several forms of interventions requiring different skills and levels of specialization. Particular consideration is given to the design of a module that addresses our unique cultural distinctions.

There is also a need to reach out to as many people and in as quick a time as possible since the time within which psychosocial support is given is critical in achieving the desired results. In doing this, care must be taken to match the psychosocial need of a person with the help being offered. Thus, case finding must go hand-in-hand with, the provision of different types of psychosocial services. Care should be taken to organize individuals in the provincial areas belonging to different sectors and to train them sufficiently so that, at a certain point in the future, these individuals can take care of the needs of the area sufficiently. This institution building is critical because the ultimate aim of the psychological support to people is to create systems at the local level that should be able to sustain itself, not only to answer the psychosocial problems created by the earthquake but also to respond to other similar needs that may happen in the future.

The psychological treatment, which should be started as a small group, should expand exponentially and function within a well-established government structure dedicated to service. It is in this context that the Task Force quickly became a multi sect oral and multidisciplinary concern involving not only psychologists and psychiatrists but also social workers, spiritual counselors, family therapists, and other similarly minded concerned professionals coming from the academe, the government and non-government sectors. Each one contributes his own skills, expertise, and insight into a

program. There is continuous monitoring and documentation of the processes as well as the outcome of the intervention to ensure quality as well as provide a basis for expanding our knowledge and understanding of the psychosocial issues in disaster. Let me point your attention to some of the features of the cycle of intervention.

The training of sustainers is an ever-expanding circle. The sustainers themselves train other sustainers. This is the way we try to rapidly expand the circle of people who are able to attend to the problems of disaster. Four things however should be closely monitored:

1. The qualification and background of those have chosen as "sustainers."
2. The certification of those who will be allowed to train others. In this particular instance, they can either just help the victims or become trainers themselves. But training requires special skills and to be able to do this, the candidates must first be certified.
3. The proper identification of those who will need more intensive intervention.

The mass media also informs people who are then able to identify themselves or others as victims needing help or a more intensive kind of treatment. Finally, we have the trained "sustainers", conducting discussions at the community level, who might be able to identify and then refer victims for more intensive treatment.

Taking all these into consideration, the Task Force on Disaster should go out to do its job fully aware of the enormous responsibilities that lie ahead. The work cannot be done alone. Its concerns do not belong only to the social scientist but to all of us.

Pakistan is an under developed country. Pakistan economic conditions are not as such strong to compensate the peoples of such big disasters fully in all areas and all aspects. So it is the responsibility of the world to cooperate with us so that we could be able to put the peoples of affected areas in survival condition if not in the previous one.

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