

NATURE OF EMOTIONAL DISTRESS AMONG CHILDREN AFFECTED BY THE 2004 TSUNAMI

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Introduction

Natural disasters take a heavy toll on the mental health of those affected and significantly increase the risk of distress, psychological problems and mental disorders. Experiencing a dangerous or violent flood, storm or earthquake is frightening even for adults and it can be especially traumatic for children and youth, who may be less able than adults to understand the situation or to rationalise. Studies investigating the impact of natural disasters on children and adolescents have found negative emotional and behavioural consequences to varying degrees. A study of 16,818 children in 38 villages in Kerala six to nine months after the tsunami found that 33 children were suffering from severe psychological problems; 1081 moderate psychosocial problems; and 13,274 were having mild psychosocial problems (International Centre for Migration and Health [ICMH], 2006; India Info, 2005).

Reactions to trauma may appear immediately after the traumatic event or days, weeks and even months later. Most of these are normal responses to extreme events even though these experiences could be source of significant distress to children interfering with their ability to re-build their lives. For some children, if these reactions are not addressed and resolved relatively quickly, they could become ongoing sources of distress and dysfunction, with devastating effects on their families, and society. Thus, the purpose of the present study was to explore and understand the

nature of emotional distress among children affected by the tsunami in order to identify the children who are having adjustment problems and subsequently facilitate adequate support. *Emotional Distress* means mental distress, mental suffering or mental anguish. It includes all highly unpleasant mental reactions, such as fright, nervousness, grief, anxiety, worry, mortification, shock, and indignity.

Methodology

One hundred and twenty six (63 girls and 63 boys) 9 to 12 year old children were assessed via a researcher developed self-report questionnaire on emotional distress (EDQ) 15 months after the tsunami. In the EDQ, the items are grouped in to four sub-scales, which are labelled as:

- 1) Avoidance/Psychic numbing,
- 2) Reexperience,
- 3) Hyperarousal, and
- 4) Psychological Reactivity to internal reminders.

The question items were rated on a 5 point Likert scale. The measure was validated to meet the local cultural requirements and Cronbach's alpha reliability was found to be 0.76 while internal consistency has also been acceptable (alpha = 0.71). Participants were selected following the multi-stage sampling procedure from four schools affected by the tsunami in the Galle district. The participants were Sinhalese and from families at the lower socio-economic level. The questionnaire was administered to the participants after school after obtaining informed parental consent and child consent as well.

Results

In general, the negative impact of the tsunami on children was moderate. Possible score range being 17–85, children's mean scores reflected moderate levels of stress ($M=47.37$, $SD=11.63$). 50% of the total sample was in the score range of 31-50 indicating a moderate level of emotional distress. 7% reported experiencing lower levels of emotional distress, being in the score range of 17-30. 43% of the sample was in the score range of 51-70, indicating a higher level of emotional distress compared to the other children in the sample. However, no children were in the score range of 71-85, which indicated a very high level of emotional distress.

In response to psychological reactivity to internal reminders 78% children reported getting scared when reminded of the tsunami, which can be considered as a very normal response to an extreme situation ($M=3.67$). Participating children reported experiencing hyperarousal and intrusion/re-experience symptoms more frequently followed by avoidance symptoms. In terms of hyperarousal 69% reported that they get anxious, upset or scared at times thinking that something like what happened during the tsunami might happen again. Also, 52% of the total sample reported that when they hear talk or see information about the tsunami in media, they get tense. In terms of new fear 49% reported having 8 new fears after the tsunami. The most frequently reported fear was the fear of the tsunami (43%). Girls (56%) reported having developed new fears after the tsunami more than the boys (19%) did. In terms of regressive behaviour 54% reported that they want to have someone near them during the day time and 40% of the sample reported that they have begun to suck their thumbs. 42% of the total sample reported difficulty concentrating on their studies. Also, 56% reported difficulty in sleeping due to the occurrence of unwanted thoughts of the tsunami. In response to impulse control the

majority of children reported that they experienced difficulties controlling their behaviour eg. not being careful when crossing the road (89%), and experiencing difficulty in obeying parents and teachers (83%). In terms of intrusion/ re-experience 63% reported having recurrent thoughts and images of what happened during the tsunami. 61% of the total sample reported that they had dreams about the tsunami. 56% of the sample who reported having recurrent thoughts and images of the tsunami reported that they wished they could stop them while 5% did not want to stop the dreams associated with the tsunami as it was the only way that they could associate with their dead family members. In response to avoidance of reminders 41% of the total sample reported that they wanted to refrain from talking about what happened during the tsunami. 66% reported that they want to stay away from things that make them remember what happened to them during the tsunami. 47% of the children reported that they have experienced numbing of emotions at times. The least frequently reported experiences were feeling sadness (20%) and feeling like crying more than before (35%). Girls reported significantly higher proportion of emotional distress than boys ($t(124) = 2.14$, $p < .05$).

Discussion

Exposure to a traumatic event is a critical factor for the emergence of post-traumatic emotional distress. Many of these reactions and feelings these children experienced can be considered as normal responses that occur in most children who face an extraordinary event. It is important to help children recognize the normalcy of most stress reactions to disasters. Speaking with the children about the kinds of reactions survivors may experience could help children understand and "normalize" their feelings. Experiencing these reactions does not mean that they are mentally ill or having a post-traumatic stress disorder.

These aspects need to be emphasised in any support programme.

Conclusions

Although many responses of the children manifest can be understood as normal psychological responses to adversity, some reactions could become complicated and disabling. As there will be a small minority of children who do continue to suffer from long-lasting traumatic stress reactions, services then should be accessible, inviting and offering multi-modal interventions.

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