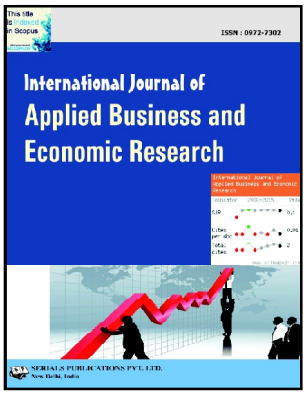

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Need of Psycholgical Training of Armed Forces Performing Rescue Operations in Natural Disasters: A Case of Uttarakhand Flash Floods, June 2013

Amar Krishna and Pramod Damle

Major General (Retd.)

Abstract: The main objectives of this research were to understand the nature of trauma that Armed Forces (AF) troops, as first responders (FRs), undergo while rendering rescue and relief assistance during natural disasters. And, actions that need to be undertaken at the level of their units/subunits to help these troops to cope up with such mental pressures so as to increase the overall effectiveness of the AF during Disaster Management.

To achieve the objectives of the research, an in-depth study of the assistance rendered by the AF during the flash floods in Uttarakhand, in June 2013, was carried out. A questionnaire was also sent to 30 officials involved in the planning and conduct of this operation. An in-depth study of various literatures available on this subject was also undertaken.

The research shows that the FRs need to be made aware of this reality of stress and trauma during such operations. They need to be adequately trained to be able to cope with this aspect.

Faced with likely disasters individuals and organizations need to be, both, logistically ready, and also psychologically prepared. It is important that such psychological preparedness be included in the emergency plans of managing disasters.

It has also been highlighted that the rule that FRs need to take a break every 12 hours is often ignored. This needs to be enforced, so people don't overwork and exhaust themselves. Sometimes it is necessary to remind FRs that taking a break is necessary to doing their job well. As stated by Fredrick Taylor (1910) in his famous quote 'Rest before you are tired'.

After a thorough analysis of all the results, it is fair to conclude FRs need to be aware of the harmful effects of stress and trauma and take steps to guard against the same. The AF require different types of training, aptitude and attitude while dealing with disasters as compared to handling armed conflict. It is now imperative for emergency planners of disaster management to include mental health issues in the planning process.

Key Words: Armed Forces (AF), First Responders (FRs), Posttraumatic Stress Disorder (PTSD), Psychological First Aid (PFA).

INTRODUCTION

The brave jawans of India's AF have rescued thousands in various natural disasters; be it floods, earthquakes, tsunami, cyclones, etc. However, this prolonged exposure to death and destruction leaves many of them often severely traumatized. Is the normal training that a jawan receives, in the course of his military service, good enough to enable him to cope with such traumatic event that have befallen on his own countrymen, or , is there a need to specifically train him in the psychological aspects of his conduct in rescue and relief operations? This issue was highlighted in the conduct of disaster rescue and relief operations by the AF in the Uttarakhand Flash Floods disaster in June 2013.

Natural disasters are different from man-made disasters, armed conflicts, acts of terrorism, etc. The latter ones, being man-made, are controllable by man's finite capabilities. However, natural disasters, often seen as 'acts of god', are generally beyond human capability to control. Therefore, those involved in rescue operations, even though they may be highly motivated and disciplined, may not always be able to succeed in their missions. This leads to FRs coming under acute stress and trauma.

OBJECTIVES OF RESEARCH

The main objectives of the research were

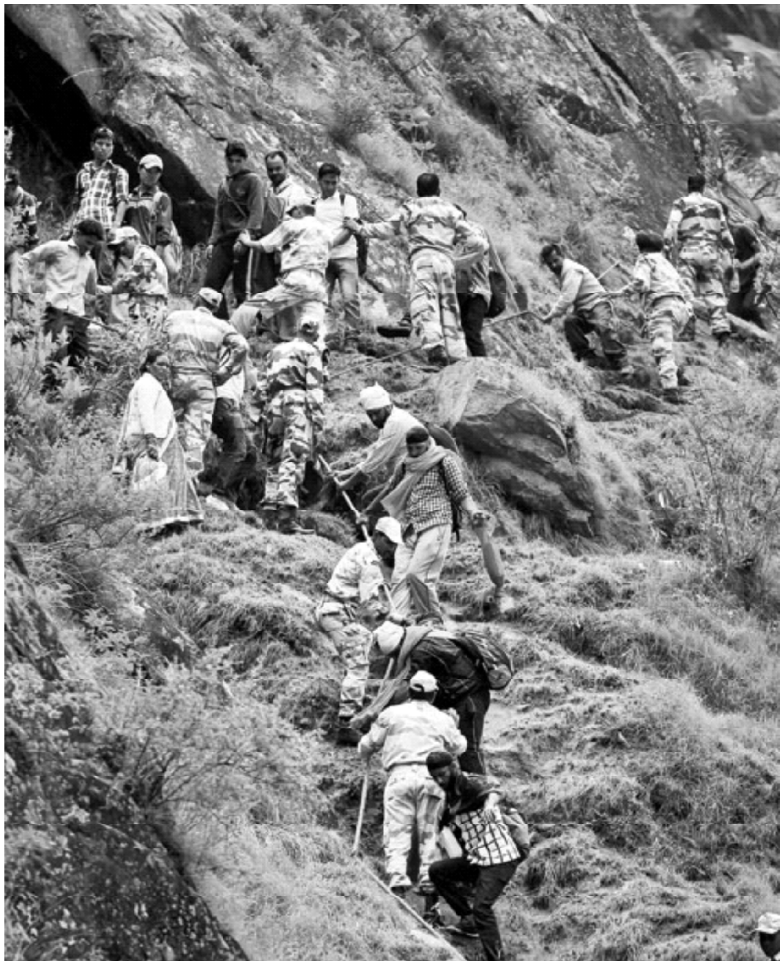
- To identify and study the nature of mental stress/trauma that FRs undergo during rescue and relief operations, with specific reference to the flash floods in Uttarakhand in June 2013.
- To suggest measures to reduce the effects of such issues in future cases of disaster management.

REVIEW OF LITERATURE

Sonia Sarkar, (2013), has highlighted that India's brave jawans (as FRs) rescued thousands in the Uttarakhand Flash Floods of 2013, many a times carrying the aged and infirm for long distances along treacherous mountain tracks on their backs. But the prolonged exposure to death and destruction leaves many of them often severely traumatized. What is the picture that the soldier will carry with him, when he is back in his post? The grateful faces of those he rescued from cut-off, hilly lands, or the bodies of people who could not be saved? While doing their duty, jawans may appear to be men of steel, but they have a heart too. Often, the trauma haunts them for years.

After every relief and rescue operation, soldiers return to their posts or homes with images children crying in pain, elderly people separated from their loved ones, and the stench of human bodies and animal carcasses. Quite a few go into depression. Many jawans suffer from PTSD. It may take at least three to six months for them to recover from the trauma. Apart from depression and lack of sleep, other common complaints are of breathlessness, restlessness and even mood swings. Some even lose their confidence and withdraw into a shell. From being fearless and courageous, they become very docile.

These problems are usually kept under wraps. Higher ranking officers note that jawans need to be emotionally prepared to deal with such trauma. The decision by these officers to provide psychological help to affected jawans, needs to be taken on time before it becomes too late.



TRUE GRIT: Army and security forces personnel conduct rescue operations in Uttarakhand

At times some jawans become so traumatised that they need to undergo fresh training. Jawans are typically trained for war with a foreign enemy, without compassion towards them. The enemy is treated only as objects. Jawans have to trained to accept the fact that there is no room for emotions in the forces. But dealing with own countrymen in a disaster zone, is different. They need to therefore be trained accordingly.

In a disaster rescue and relief operation, fighting against natural elements, it may not always be possible to save all lives. But jawans having high expectations of themselves and their units/subunits, find it difficult to accept such failures. This leads them towards depression. This is further aggravated considering the fact the country men feel that only the AF are capable to succeed in such emergencies.

De-briefing soldiers is also one way of helping them de-stress, as jawans open up and share their traumatic experiences. But the biggest healer is found to be the family. The best way to enable these brave jawans to de-stress is to send them on leave so that they can spend time and be with their families.

Rutkow L, and others, (2011), have highlighted that the role of FRs is critical in emergency situations and they may have to remain in the disaster zone for prolonged periods, extending at times to weeks or even months. They work for long hours, witnessing the destruction and psychological devastation that accompany such disasters. Usually their physical injuries are looked into, however, it is equally important to

monitor their mental framework. Mental health deterioration is generally overlooked because it is difficult to visibly identify and diagnose, but its presence greatly affects the FRs ability to function efficiently. Cases have been seen that after taking part in disaster rescue and relief operations, FRs may experience posttraumatic stress disorder (PTSD) for months or even years.

Rutkow further adds, "Training in the psychological aspects of disaster response reduces the risk of FRs getting into PTSD. However, as all training cannot fully replicate a disaster environment, trained responders also, may not be adequately prepared to handle such trauma. It is therefore, necessary to take measures to safeguard the mental health of FRs."

First Responders and Traumatic Events: Normal Distress and Stress Disorders, has noticed that the exposure of FRs to traumatic events puts them at increased risk for long-term problems from traumatic stress. The *normal* response to traumatic (*abnormal*) events is psychological and physical distress. Humans usually handle such events, based on their drive to survive, and use established coping skills and support from family and friends to reduce the damaging effects. While usually there are no long-term effects of the event, at times, individuals may experience chronic effects from the traumatic incident.

Following situations increase the FRs vulnerability to traumatic stress: innumerable number of calls; continuously responding to these calls, even after returning from a disturbing event; cumulative nature of stress due to being in service for prolonged time; being in a prolonged, failed rescue situation where overwhelming demands makes one feel helpless; having a buddy seriously injured or killed while performing his duty; being at serious risk oneself, such as firefighters finding buildings collapsing, or even beginning to get choked due to lack of fresh air while putting out the fire; another risk factor is being witness to horrifying things; seeing a child die; working when there is lack of support from the administration, or in an investigation, having to answer for one's actions carried out in good faith.

Many people are able to recover with the support and care of family, friends and peers. Willingness to accept support and help is essential to healing, as it is difficult to recover in isolation. If the First Responder is experiencing psychological distress even after a month, the possibility of PTSD exists. This would require professional help, either through individual or group counseling, and return to optimal levels of functioning.

Guterman, (2005), has highlighted that, how well one psychologically prepares for an event can have a bearing on the success of response and recovery efforts. It is, therefore, important that psychological training be factored into disaster management plans. Disaster researchers find that considering the misperceptions and the psychological aspect of such calamities on FRs is essential for an effective rescue and relief operation and to limit the psychological impact of disaster. Experts in this field have proposed numerous ways to help prepare for the psychological consequences of disasters. These strategies enhance resilience and limit the psychological impact of disasters. These needs to be factored in the emergency plans.

Rescue and relief workers need training to recognize the psychological issues that arise during disasters; this helps the FRs to deal with the trauma of an event, helps to minimize the long-term effects and will facilitate the recovery of the FRs.

Terrorism and natural disasters differ in their causes, predictability levels, and in the appraisal of the survivors. These differences explain why terrorist attacks and natural disasters result in bringing about different psychological responses. Natural disasters are generally more predictable because they usually have a slower onset and take place in known geographical regions and seasons. Modern weather forecasting technologies may help predict when and where an event will occur. Therefore, the public can be given advance warning, and asked to take action accordingly. Natural disasters are considered as unpreventable events of nature (God), whereas armed conflicts and terrorism are caused by humans, and are, therefore, seen as preventable.

Guterman adds that "when disasters are seen as preventable, people express outrage and blame the group responsible, and may even assign blame to the person, group, or organization that should have worked to prevent the attack. Natural disasters however, are often seen as "acts of God," and as a result, anger and blame is often directed towards agencies and individuals responsible for prevention, mitigation, and disaster relief."

Guterman has further highlighted that "it is imperative that disaster response planners include the mental health issues in the planning process. This requires better coordination between public health agencies and services, and increased funding of public health-care programs that address needs of mental health. Increased communication between researchers and emergency response and relief workers give researchers the opportunity to share new findings with practitioners, and for practitioners to relate field experience and provide new directions for further research. Implementing these actions will help prepare individuals, organizations, and responders psychologically for disaster."

Stone Adam, (2013), suggests that the issue of mental health among FRs has been getting added attention of late. Despite having professional training, traumatic events have their effects on FRs as they have to cope with things that can be very disturbing, psychologically; such as the sight of dead bodies, people who have lost limbs, people who are trapped, seeing killed or injured children. These leave psychological scars that may have a very deep impact in the short and long term. The effects of such exposure include depression, anxiety and withdrawal. Though some steps have been taken to address these issues much more could (and should) be done.

In recent years, the answer to FRs emotional needs has been the issue of debriefing; however, the World Health Organization says that such debriefings are too generic in nature, ("one-size-fits-all debriefings are not appropriate") and more novel strategies need to be thought of.

Senior leaders must undergo training to recognize signs of trauma and learn how to act appropriately. Troops should be trained to use networks of personal communications. FRs should be encouraged to learn 'texting' to their near and dear ones. Texting does not tie down telephone lines.

Stone Adam adds that "the golden rule that FRs need a break after every 12 hours is usually ignored. It has been experienced that twelve hours at a stretch in such stressful conditions is hard. The FR psyche is to stay-on in the field. Usually they not only don't know when to stop, they even don't want to stop. Often it is very difficult to get people to stop working. Management needs to take a strong stand on this issue. Strict enforcement of hours has to be enforced so that people don't exhaust themselves working overtime, thereby jeopardizing the success of the overall operation."

Such enforcement starts with training, educating FRs and teaching them to recognize signs of mental and physical fatigue. "That you have to take breaks, and you have to leave at the end of your shift." It needs to be emphasised that taking a break is critical to doing their job well. "After a couple of days, people just won't be working as effectively, whether it's decision-making or the physical component. You need rest; you need downtime".

"The tendency is for everyone and everything to show up in the first couple of days. That includes psychologists, clergy and well-meaning laymen. They may be really good people, but maybe it makes more sense for them to wait two or three days until after that first wave, when the mental and emotional stress starts to take place. That means emergency coordinators need to have a system in place."

"Developing a voluntary response network of local care providers to include counselors, massage therapists, pedicurists, chefs and such others, volunteering to help ease the pain during crises, to help comfort those on the front lines, is essential. Volunteers from all walks set up tents to offer support to FRs. They create a respite center, a place to rest. All the volunteers do is sit and talk to people, hold their hand if they wanted to, just to provide some human contact."

Some practices offered by The American Group Psychotherapy Association for supporting FRs are:

- Self Care — Making sure that FRs are meeting their own basic needs as the incident unfolds: sleeping, eating, hydrating and taking off time for activities such as music, exercise and prayer.
- The Walk-Around — Someone needs to be around offering a supportive presence and monitoring the emotional state of FRs. This could be a peer, religious teacher or any other officially sanctioned member. 'Eyes and ears on the ground' have an important role to play.
- Buddy Care — Considering their mentality of 'brothers-in-arms', FRs are likely to be more open to sharing with one another, than an outsider, the emotional state of their peers.

Stone Adam further adds that, "perhaps the greatest challenge in caring for the caregivers is the macho culture that drives the FR mindset. Emergency managers looking to ease the pain must always be mindful that 'tough guys don't cry.' Providing appropriate care means finding a way over, through or around this fundamental sticking point. Mental health professionals can help emergency managers craft plans that address emotional needs while still treading thoughtfully on this delicate ground."

Nolen, (2015), highlights that, "Learned helplessness**,** in psychology, is a mental state in which an organism forced to bear aversive or painful stimuli or otherwise unpleasant, becomes unable or unwilling to avoid subsequent encounters with those stimuli, even if they are 'escapable,' presumably because it has learned that it cannot control the situation."

"Learned helplessness is behavior typical of a human or non-human animal that has endured repeated painful or otherwise aversive stimuli which it was unable to escape or avoid. After such experience, the organism often fails to learn escape or avoidance in new situations where such behavior would be effective. In other words, the organism learned that it is helpless in aversive situations that it has lost control, and so it gives up trying. Such an organism is said to have acquired learned helplessness."

Cognitive dissonance theory is founded on the assumption that individuals seek consistency between their expectations and their reality. "An individual who experiences inconsistency (dissonance) tends to become psychologically uncomfortable, and is motivated to try to reduce this dissonance, as well as actively avoid situations and information likely to increase it."

The managers of disaster rescue and relief operations need to be aware of the existence of the above issues of Learned Helplessness and Cognitive Dissonance, their effect on FRs and how to guard against the same.

METHODOLOGY

The psychological aspects of disaster response in the case of the Uttarakhand Flash Floods in 2013 have been studied by analysing questionnaires answered by officials and victims, interviews with concerned

officials, study of other official records and a review of relevant literature available on this subject, both, online and in the print media.

FINDINGS OF THE STUDY

Uttarakhand Flash Floods (2013). 30 copies of the Questionnaire were distributed in July 2015, to various Officials (AF, civil administration, para military forces and NDRF) who had participated in this operation. 17 were received back; however, three had to be discarded being illegible. An analysis of the remaining 14 responses to the issues relevant to the Research Topic (Need for Psychological Training of AF Personnel) is covered below. Though 14 appears to be a relatively small number, it is pertinent to note that at the time to distribution of the Questionnaire, two years had elapsed since the event took place and the fact that all the officials present then had been transferred out to different places.

Table 1
Details of Respondents from whom responses were received

S. No.	*Service*	*Numbers*	*%*
1.	Civil (State/Central) Administration	04	29
2.	Poiice/PMF	03	21
3.	Armed Forces	04	29
4.	Prominent Citizens	02	14
5.	Others	01	07
	Total	14	100

Table 2
Need for Psychological Training of AF Personnel

S No	*Issue*	*Yes*	*No*	*Total*	*% Yes*
1.	Is Psychological Training Required?	12	02	14	86
2.	Is Normal Military Training Good Enough?	05	09	14	36
3.	Is Specialised Psychological Training Required?	09	05	14	64

While nearly all the respondents (86%) felt that psychological training is required for FRs, 36 % felt that their normal military training is good enough and that they do not require any specialised training in these aspects. However, the remaining 64% of the officials have felt that there is a need for imparting specialised training on psychological aspects to the FRs.

Often many FRs are severely traumatized by the exposure to death and destruction. Troops who participate in such operations suffer from PTSD, significantly affecting their ability to function effectively as FRs.

It must be understood that it is not always possible to save the lives of everyone in an emergency, but troops find it very difficult to accept failures as they have high expectations of themselves and their units/ subunits; the entire country, also, expects them to succeed in their rescue missions. When they are not fully successful, they come under stress and trauma; often leading to depression.

FRs have to be explained the existence of psychological effects of 'learned helplessness' and 'cognitive dissonance' while dealing with natural disasters which may be beyond their power to control or overcome.

'Caring for the caregivers,' is essential. The macho culture of "tough guys don't cry", that drives the FR mindset, needs to be carefully monitored by mental health professionals. If not identified, these dangers are likely to remain under wraps and surface only at a very late and unmanageable stage.

Troops are typically trained to not be compassionate — they learn to treat the external enemy as objects. Rescue and relief operations require them to change this mindset. Specialised training for this is essential.

Natural disasters are unpreventable events of nature, whereas armed conflicts and terrorist attacks are human-caused events, and are therefore preventable. Natural calamities, however, are also often seen as "acts of God," over which man (FRs) have limited capability. This inability to succeed in spite of overwhelming confidence in their training, team work, morale, espirit-de-corps, etc, leads to stress and trauma.

The golden rule that FRs need to take a break after 12 hours of continuous work under stressful conditions, is often overlooked. This needs to be strictly enforced with training and educating FRs so that they are able to recognise signs of mental and physical fatigue.

Recommendations

Military leaders and troops need to be updated on the psychological aspects of disasters. FRs need to be trained and educated to recognize the early psychological aspects of disasters and guard against the same.

It is important that such psychological preparedness be catered for in the standing operating procedures and emergency plans. This needs to become a routine affair.

It is necessary that effective de-briefing of FRs be carried out periodically, to identify those who are likely to become victims of PTSD. The AF need to have trained personnel for monitoring such cases.

The biggest healer is found to be the support and care given by family, friends and peers. It is essential to send the FRs on leave so that they can be with their families and unwind from their stressful experiences, before they prepare themselves for the next operation.

A voluntary response network of local care providers volunteering to help ease the pain during crises and to help comfort those on the front lines is essential.

Increased interaction between researchers and FRs will enable researchers to share new findings with practitioners, and for practitioners to relate field experience and provide new directions for further research.

CONCLUSION

FRs coming under mental stress and trauma in the conduct of disaster rescue and relief operations is an established fact. The AF (officers and jawans) need to be aware of these issues; which are different from the duties and experiences that they are normally trained for. Various strategies exist to control and reduce the disabling effects of these psychological issues. These need to be factored in the planning stages itself, of disaster response. Troops need to be trained to such a degree wherein they feel, 'I have done my duty. I

have done all that was required to be done to save that life. However, God willed otherwise. May that soul rest in peace…. I now need to prepare myself for my next duty'.

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