

Well-Being and Post-Traumatic Stress Disorder due to Natural and Man-Made Disasters on Adults

Muhammad Naveed Riaz¹, Sadia Malik², Sehrish Nawaz³, Muhammad Akram Riaz⁴, Naila Batool⁵,
Jawwad Muhammad Shujaat⁶

Department of Psychology, University of Sargodha^{1,2,3}, Sargodha, International Islamic University^{4,6},
Islamabad, University of Haripur⁵, Haripur.

Present Address: Department of Psychology, University of Haripur¹, Haripur, University of Lahore³,
Sargodha Campus, Sargodha.

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Abstract

Background: Research has shown that man-made disasters affect people more severely than natural disasters. Females are affected more severely as compared to males in disasters. The most prominent effects are low well-being and high post traumatic stress disorder (PTSD).

Objectives: To compare the differences in well-being and PTSD among adults exposed to natural and man-made disasters.

Subjects and Methods: This cross-sectional survey was conducted on 150 young adults exposed to flood in Punjab (50), terrorism in KPK (50) and suicide bombing (terrorism) in Islamabad (50).

Results: Adults exposed to natural disaster like flood scored significantly higher on well-being as compared to adults exposed to man-made disaster like terrorism and suicide bombing. Post-traumatic stress disorder was more in terrorism exposed adults as compared to flood exposed adults. Within gender, females adapted better to man-made disasters.

Conclusion: Adults exposed to natural disaster adapt better than those exposed to man-made disaster and females adapt to man-made disasters better than men.

Key words: Well-being, PTSD, natural disaster, man-made disaster, male, female.

Introduction

Over the past 20 years almost 800 million people worldwide have been severely affected by natural disasters and other catastrophic incidents¹. In Pakistan, people are under constant and severe stress and fear due to series of natural and man-made disasters. Disasters are divided in two distinct categories i.e. natural disasters and technological disasters. Natural disasters like flood and earthquake are considered as an act of God and the will of destiny that cannot be denied². Technological disasters like terrorism and suicide bombing are regarded as man-made which occur due to human wickedness, hatefulness and bad blood³. Existing literature on disasters suggests that the young adults are at a greater risk to develop psychological problem, probably due to vulnerability in the transition phase through which adults are passing⁴.

Corresponding Author:

Muhammad Naveed Riaz

Department of Psychology

University of Haripur, Haripur .

Email: m_naveed313@yahoo.com

Lazaratou et al.⁴ investigated the effects of earthquake on survivors and found that survivor's wellbeing was negatively affected by such catastrophic events. Researchers therefore, started to look for after effects following both types of disasters as diverse response pattern was elicited by victims of natural and technological disasters⁵. Technological disasters create far more severe and long lasting pattern of social, economic, cultural and psychological impacts than natural disasters⁶. Terrorist incidents cause higher level of post traumatic stress disorder (PTSD) than natural disasters⁶. The reason behind less severe effect following natural disasters could be that people believe that natural disasters are caused by natural forces which are uncontrollable and man has no way except surrendering his will to these divine forces.

Gender studies showed that females suffer more after a natural disaster than males⁴. Psychiatric epidemiological survey of 203 refugee belonging to different countries revealed that females were more vulnerable to multiple psychiatric symptoms than males in the aftermath of disasters⁷. Following a terrorist attack on World Trade Center, it was reported that adult college

going females had higher level of stress⁸. Emotional stress and coping in response to television news coverage of the 9/11 terrorist attacks by other workers showed that females experienced greater level of distress during media coverage of disasters⁹.

Studies indicate that there is a great chance to adopting post traumatic stress disorder (PTSD) by people who are exposed to disaster and this disorder is very common after traumatic events¹⁰. Following 1995 terrorist bombing in Oklahoma City, a very high rate of PTSD was found in victims after the disaster¹¹. The level of PTSD is high in those who are directly exposed the disaster¹²⁻¹⁴ as compared to general public. The prevalence of PTSD is approximately 50 to 60% in first 2 years after disaster¹⁵. Survivor of World Trade Center presented with chronic symptoms such as depression and PTSD¹⁶. Research has reported that there are significant difference in gender in PTSD where a national household survey showed that 3.7% boys and 6.3% girls experienced PTSD¹⁷. Another survey after the 9/11/attack showed that woman were at greater risk for PTSD than men¹⁸. Women have been reported to be more vulnerable to anxiety¹⁹ depression and PTSD²⁰. Men and women differ in coping with disasters and therefore, they vary in vulnerability toward PTSD²¹. The present study aimed to examine the effect of natural and man-made disaster on mental health outcomes including PTSD, depression and well-being among two types of disaster victims. The study further examined the gender differences in PTSD, depression and well-being among natural and man-made disaster victims.

Subjects and Methods

The study population comprised of young adults exposed to natural disaster i.e. flood exposed and man-made disaster i.e. terrorism and suicide bombing. Flood

exposed adults were selected from Punjab province, terrorism exposed adults were selected from KPK, and suicide bombing exposed adults were selected from Islamabad. Purposive sampling technique was used. All three type of disaster exposed adults were equally divided into 50 each with 50% being males and 50% females in each cohort.

Well-Being Questionnaire developed by Khan²² which comprised of 10 items and five-point rating scale was used. Alpha reliability of the scale is computed as 0.74 among flood exposed, 0.73 among terrorism exposed and 0.77 among suicide bombing exposed adults. Post-Traumatic Stress Diagnostic Scale by Foa, Steketee, and Olasov-Rothbaum²³ comprising of 17 items and five-point rating scale was used. Alpha reliability of the scale is computed as 0.74 among flood exposed, 0.89 among terrorism exposed and 0.99 among suicide bombing exposed adults.

Results

Fifty adults exposed to floods, 50 exposed to terrorism and 50 exposed to suicide bombing were selected. Table-1 shows that there was significant difference in mean well-being [$F(2, 147) = 29.48, p < .001$] among disaster exposed adults. Flood exposed adults significantly scored higher on well-being as compared to terrorism exposed and suicide bombing exposed cases. Results indicates significant differences in mean PTSD [$F(2, 147) = 29.48, p < .001$] among disaster exposed cases. Terrorism exposed adults scored significantly higher on PTSD as compared to suicide bombing and flood exposed adults. Post-hoc comparisons indicate significant mean differences between three groups. (Table-1)

Table 1: Mean, standard deviation and F-values for adults on well-being and PTSD.

Variables	Flood exposed (n = 50)		Terrorism exposed (n = 50)		Suicide bombing exposed (n = 50)		F	p	Post- Hoc
	Mean	SD	Mean	SD	Mean	SD			
Well-being	36.62	6.19	35.86	6.73	28.02	6.13	28.03	.000	1>2>3
PTSD	48.26	9.31	52.22	10.60	39.86	12.41	16.93	.000	1<2>3

Table 2: Effect of disaster type and gender on well-being and PTSD.

Source	Psychological Well-being				Post-Traumatic Stress Disorder			
	SS	df	MS	F	SS	df	MS	F
Corrected Model	2674.46	5	534.89	13.91***	5369.02	5	1073.80	9.72*
Intercept	168337.50	1	168337.50	4377.90***	328255.26	1	328255.26	2970.88*
Disaster type	2266.72	2	1133.36	29.48***	3983.52	2	1991.76	18.03*
Gender	156.06	1	156.06	4.06*	1273.12	1	1273.13	11.52*
Disaster x gender	251.68	2	125.84	3.27*	112.37	2	56.19	0.51
Error	5537.04	144	38.45		15910.72	144	110.49	
Total	176549.00	150			349535.00	150		
Corrected Total	8211.50	149			21279.74	149		

Table-2 indicates significant effect of disaster type [$F(2, 149) = 29.48, p < .001$], gender [$F(1, 149) = 4.06, p < .05$] and disaster type x gender [$F(2, 149) = 3.72, p < .05$] on well-being. Figure 1 shows that female adults exposed to flood, terrorism, and suicide bombing significantly scored higher on well-being as compared to male adults. For PTSD, there was significant effect of disaster type [$F(2, 149) = 18.03, p < .05$], gender [$F(1, 149) = 11.52, p < .05$] and non-significant effect of disaster type x gender [$F(2, 149) = .51, p > .05$]. Figure-1 shows that females exposed to flood, terrorism, and suicide bombing significantly scored higher on wellbeing as compared to male adults while diverse results were seen for PTSD (Figure-2).

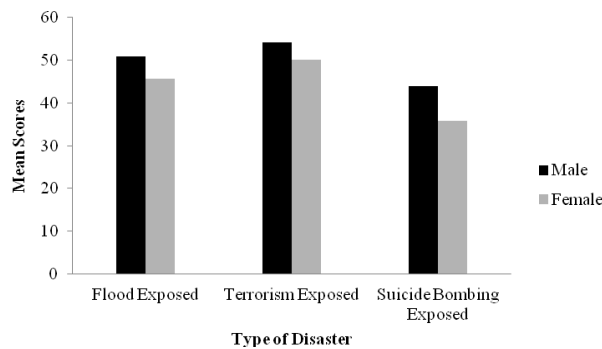


Figure 1: Mean scores of male and female on well-being with respect to disaster type.

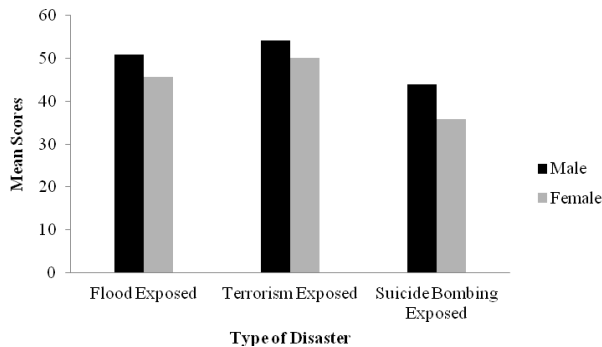


Figure 2: Mean scores of male and female on PTSD with respect to disasters type.

Discussion

The present study compared the state of wellbeing and PTSD in natural vs man made disasters in Pakistan and showed that adults exposed to natural disaster (flood) significantly score higher on well-being compared to man-made disasters (terrorism and suicide bombing). Same was reported by other workers^{15,24,25}. It is reported that exposure to any kind of disaster threatens people’s well being and people who exposed disasters are more vulnerable to various kinds of psychological

problems in general²⁴, PTSD¹⁵ and lack of wellbeing²⁵ in particular.

Natural disaster are considered an act of God and everyone accepts the will of destiny either willingly or unwillingly², therefore this consideration satisfies them and saves them from psychological problems to some extent²⁶. On the opposite side technological disasters are conflict prone and never ending type of disaster which possess plentiful miseries and sufferings, therefore, these are more threatening to victim’s wellbeing²⁷.

Lower level of well-being seen in males in the present study is opposite to that reported by Lazaratou et al.⁴ who reported that female suffer more problems in the aftermath of disasters than their opposite gender. This difference could be due to the reason that most male participants of the present study were not only exposed but were also the direct victims of the disasters as compared to female who were simply exposed to disasters.

Compared between terrorism exposed adults vs natural disaster on PTSD, the terrorism exposed adults scored significantly higher as compared to flood exposed adults indicating that the exposure to man made disaster results in more severe psychological effects as compared to exposure to natural disaster. The current findings are in line with findings from other research²⁸. Studies have shown that disasters leave behind long lasting physiological and psychological destruction for all who have been directly or indirectly effected by disasters such as witnesses and rescue personnel²⁹.

Female have a two times greater possibility of having PTSD³⁰ but this was not true in the present study. The reason could be that in the present study, female participants were solely exposed whereas most male participants were either direct victims or more close to the incident of disaster. Evidence suggests that people who are close to disaster site are at higher risk of adopting PTSD then those who are distinct from disaster site¹⁷.

The limitations of our study are that the data was collected from a single source through self-reported measures and therefore, vulnerable to variance. In future research, triangulation may be a better solution. The data was rather heterogeneous as female were solely exposed to disasters whereas most of the males were direct victims besides being exposed, leading to skewed findings in females.

References

1. Weisaeth L. Prepare and repair: Some principles in prevention of psychiatric consequences of traumatic stress. *Psychiatria Fennica* 1992; 23: 11-8.
2. Barkun M. Disaster and the millennium. New Haven: Yale University Press. 1974.

3. Fritz CE. Disasters. In: Robert KM, Robert N. A contemporary social problems. New York: Harcourt Brace 1961. p. 651-94.
4. Lazaratou H, Paparrigopoulos T, Galanos G, Psarros C, Dikeos D, Soldatos C. The psychological impact of a catastrophic earthquake: a retrospective study 50 years after the event. Athens, Greece: Department of Psychiatry, Eginition Hospital, Athens University Medical School; 2008.
5. Goldsteen R, John KS. The long-term impact of a man-made disaster: an examination of a small town in the Aftermath of the Three-Mile Island Nuclear Reactor Accident. *Disasters* 1982;6: 50-9.
6. Smith EM, North CS, McCool RE, Shea JM. Acute post disaster psychiatric disorders: identification of persons at risk. *Am J Psychiatry* 1990; 147: 202-206.
7. Tousignant M, Habimana E, Biron C, Malo C, Sidoli-LeBlanc E, Bendris N. The Quebec adolescent refugee project: psychopathology and family variables in a sample from 35 nations. *J Am Acad Child Psychiatry* 1999;38: 1426-32.
8. Wayment, H. It could have been me: Vicarious victims and disaster-focused distress. *Personality & Social Psychology Bulletin* 2004;30:515-28.
9. McNaughton-Cassil, ME, Novian, DA, Holmes TL, Smith TL. Emotional stress and coping in response to television news coverage of the 9/11 terrorist attacks. *Journal of Media Psychology* 2009; 14(1):1-30.
10. North CS, Nixon SJ, & Shariat S. . Psychiatric disorders among survivors of the Oklahoma City bombing. *JAMA* 1999; 282: 755-62.
11. North CS, Smith EM,. Spitznagel EL. Posttraumatic stress disorder in survivors of a mass shooting. *Am J Psychiatry* 1994;151: 82-8.
12. Pridemore WA, Chamlin MB, Trahan A. A test of competing hypotheses about homicide rates following terrorist attacks: An interrupted time series analysis of September 11 and Oklahoma City. *J Quant Criminol* 2008; 24: 381-96.
13. Shalev AY, Tuval R, Frenkiel-Fishman S, Hadar H, Eth S. Psychological responses to continuous terror: a study of two communities in Israel. *Am J Psychiatry* 2006, 163: 667-73.
14. Yule W, Bolton D, Udwin O. (). The long-term psychological effects of a disaster experienced in adolescence: I. The incidence and course of PTSD. *J Child Psychiatry* 2000; 41: 503-11.
15. Canino GJ, Milagros B, Maritza RS, & Michael W. The impact of disaster on mental health: prospective and retrospective analyses. *Int J Mental Health* 1990;19: 51-69.
16. Galea S, Vlahov D, Resnick H, Ahern J, Susser E, Gold J, Bucuvalas M, Kilpatrick D. Trends of probable post-traumatic stress disorder in New York City after the September 11 terrorist attacks. *Am J Epidemiol* 2003;158:514-24.
17. Schlenger WE, Caddell JM, Ebert L, Jordan BK, Rourke KM, Wilson D, Thalji L, Dennis JM, Fairbank JA, Kulka RA. Psychological reactions to terrorist attacks: findings from the National Study of Americans' Reactions to September 11. *JAMA* 2002;288:581-8.
18. DeLisi LE, Maurizio A, Yost M, Papparozi CF, Fulchino C, Katz CL, Altesman J, Biel M, Lee J, Stevens P. A survey of New Yorkers after the Sept. 11, 2001, terrorist attacks. *Am J Psychiatry* 2003;160:780-3.
19. Palinkas LA, Petterson JS, Russell J, Downs MA. Community patterns of psychiatric disorders after the Exxon Valdez oil spill. *Am J Psychiatry* 1993;150:1517-23.
20. Breslau N, Kessler RC, Chilcoat HD, Schultz LR, Davis GC, Andreski P. Trauma and posttraumatic stress disorder in the community: the 1996 Detroit Area Survey of Trauma. *Arch Gen Psychiatry* 1998; 55: 626-32.
21. Benight CC, Harper ML. Coping self-efficacy perceptions as a mediator between acute stress response and long-term distress following natural disasters. *J Trauma Stress*. 2002;15:177-86.
22. Khan MA. Conflict management styles of managers: Interpersonal conflict with supervisors and colleagues and its outcomes [PhD dissertation]. Islamabad: Foundation University;2008.
23. Horowitz M, Wilner N, Alvarez W. Impact of Event Scale: a measure of subjective stress. *Psychosom Med* 1979;41:209-18.
24. Dohrenwend BP. The role of adversity and stress in psychopathology: some evidence and its implications for theory and research. *J Health Soc Behav*. 2000;41:1-19.
25. Adams RE, Boscarino JA. Differences in mental health outcomes among Whites, African Americans, and Hispanics following a community disaster. *Psychiatry* 2005;68:250-65.
26. Green, B. L. (1996). "Traumatic stress and disaster: mental health effects and factors influencing adaptation." In: Felice LM, Carol CN. *International review of psychiatry*. USA: American Psychiatric Press; 1996. p. 177-210).
27. Hallman WK, Wandersman A. Attribution of responsibility and individual and collective coping with environmental threats. *J Soc Issues* 1992; 48: 101-18.
28. McMillen JC, North CS, Smith E.M. What parts of PTSD are normal: Intrusion, avoidance, or arousal? Data from the Northridge, California earthquake. *Journal of Traumatic Stress* 2000; 13: 57-75.
29. Kimerling R, Clum GA, Wolfe J Relationships among trauma exposure, chronic posttraumatic stress disorder symptoms, and self-reported health in women: replication and extension. *Journal of Traumatic Stress*(2000; 13: 115-28.
30. North CS. Psychiatric effects of disasters and terrorism: empirical basis from study of the Oklahoma City Bombing. Fear and anxiety: the benefits of translational research. Paper presented at American Psychopathological Association. 2002.