

Therapists help with Philippine typhoon mental health

November 13 2013, by Cecil Morella

Dozens of psychologists were starting work in the typhoon-raked Philippines Wednesday to help dazed survivors deal with the psychological fallout of one of the country's worst ever disasters.

The operation is an early attempt by [health professionals](#) to head off what they fear could be serious problems down the road, even as the physical scars from the tragedy begin to heal.

There have been sporadic incidents of riots and looting, including the storming of a rice warehouse that left eight people dead, and experts warn these could spiral if the root causes—loss and helplessness—are not addressed.

"We are worried that in the next few days there will be anarchy," said Annabelle de Veyra, chief administrator of the health department for the region.

"Two big stores have already been looted. It's not just food that they are getting. It's more of a psychological reaction," she told AFP.

"People from Tacloban are not like that. They need psychological counselling," she added.

A 55-member team of psychologists from the health department arrived in Tacloban on Tuesday to help some of the city's 220,000 inhabitants deal with the disaster, which is feared to have cost as many as 10,000

lives.

Stories of almost unimaginable tragedy abound in Tacloban, a place where parents have been forced to abandon the bodies of their children as they struggle to hold on to their own shattered lives.

Those who have the strength are trying to flee the stench of death that hangs in the city; others wander its broken streets, dazed by the magnitude of the horror they have confronted.

Nedy Tayag, a clinical psychologist for the health department, told AFP that behaviour being exhibited by the typhoon survivors was typical among those confronted by massive disasters or destructive conflict.

"Their reaction is normal in light of the abnormal situation," the doctor said.

Tayag, who worked with survivors of the 2004 Indian Ocean tsunami as well as victims of other earthquakes and conflicts in the region, said Typhoon Haiyan was by far the worst disaster she had been involved with, and it was imperative that issues be addressed early.

"It could lead to mental breakdown, emotional imbalance, confusion and depression," she said.

The focus of the health department experts would be "[psychological intervention](#)" that could involve therapy and counselling sessions of both individuals and groups.

De Veyra, the regional health official, said many of the survivors will need stress debriefing to combat their psychological reaction to the sight of water after the coastal city was flattened by deadly storm surges.

She said the mental trauma of an event of this magnitude affected everyday behaviour and decision-making.

"Here people are walking to and fro, dazed. If there is a queue they automatically line up for it," she said.

Looters were not only grabbing food, but also big appliances like refrigerators and washing machines, she said.

"They are hoarding everything. These are [psychological effects](#)," said de Veyra, a trained nurse whose experience as a disaster responder included working with the victims of Typhoon Nargis in Myanmar which killed 138,000 people in 2008.

Tayag said Tacloban looters were reacting to having lost everything to nature's wrath and the helplessness they felt.

"There is a justification: 'I do not have anything but now I have the means to acquire them.' It's all about knowing that they are in control—they call the shots," she said.

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