



# Women Widowed in the Disaster: A Psychosocial Perspective

Grace Carolyn Henry\* and K Sekar†

## Abstract

This paper is an attempt to bring about the psychosocial aspects of women widowed in the Tsunami disaster in India. The research used a descriptive research design. Of 214 widows, nearly 107 of them who lost their spouses in the Tsunami (Study Group) and the women widowed prior to the Tsunami disaster for varied causes (Control Group) were interviewed for the study using simple random sample technique. Disability Assessment Schedule (WHO DAS, 2001), Self Reporting Questionnaire (SRQ, WHO, 1994) were used along with semi structured interview schedule to gather socio demographic details. The results indicate that the psychological distress and the disability of the women widowed in the disaster are higher than the women who were widowed prior to the Tsunami. These results guide us to provide psychosocial interventions to the vulnerable groups of women among other vulnerable groups in the disaster mental health programmes.

**Keywords:** Widowed women in disaster, Psychosocial perspectives in disaster mental health

---

\* Former PhD Scholar, Dept of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore; India; [gracnimhans@gmail.com](mailto:gracnimhans@gmail.com)

† Professor of Psychiatric Social work, NIMHANS, Bangalore; [sekarkasi@gmail.com](mailto:sekarkasi@gmail.com)

## Introduction

Evidence based studies over the years have reported that both natural and human engineered disasters leave behind a trail of death and destruction. In a normal circumstance, death poses the most painful adaptation challenges for families (Walsh and Mc Goldrick, 1991). Talking of the various losses, studies have repeatedly proven that women are more sensitive to the depressive effects of network events, death of loved ones, higher exposure rates to certain stressful life events, loss of confidence, crises and problems (Kendler et al.1999). In the event of the disaster, there are special groups of women in various circumstances who are affected; they are the unmarried, single, deserted, widows, elderly women etc. The World Health Reports (2001) adds that most individuals report of psychological symptoms in the after math of the disaster.

The report further revealed that Post Traumatic Stress Disorders arise after a stressful event of an exceptionally threatening or catastrophic nature. The report also states that there have been studies on victims of natural disaster that has shown a high rate of mental disorders. The more the problems and the life difficulties of those affected will go through during the recovery phase; more persistent will be their emotional reactions (Raphel, 1984; Sethi et al., 1987, Rubonis and Bickrman, 1991; Sharan et al., 1996).

Over the years literature reports that Asia has always remained the most affected in various disasters with the highest number of disaster-related deaths. Disasters disrupt the entire systems that exist in the physical and the social environment too, apart from the damages that they cause in all the other spheres of human existence. Various evidence based studies have revealed that there have been certain groups of people who have been consistently vulnerable when the disaster strikes the community.

Disasters bring about untold trauma and suffering to those who are affected. Desai (2008) in her article talks about the trauma that is resulting from the shocking impact of the disaster on the community and family. They undergo losses in terms of both human and material in the aftermath of the disaster. The family

experiences reactions such as feelings of anger, anxiety, crying spells, lack of concentration, sleep disturbance, suicidal tendencies, somatic complaints, depression and alcoholic consumption.

Sekar (2004) in his study on the Orissa super cyclone has reported that in the aftermath of any disaster, the majority of the survivors experience distressing emotional reactions. Similarly, Rubonis and Bickman (1991) have reported that there is strong evidence based research to show that disasters increase the prevalence rate of psychopathology by approximately 17%-20%. Studies have also discovered that the experiences of the survivors in disasters have a direct relevance to their recovery. Grief and depression are seen very often among the survivors as disasters bring about a trail of death and destruction.

Among the vulnerable groups, a woman widowed in the disaster life comes to a standstill post disaster. They have to face the bereavement and the burden of being single parents; they have also been marginalized in the distribution of the welfare measures that is rightfully theirs. The women widowed in the disaster fall from a revered and auspicious status to that of a woman who is considered to be inauspicious after the death of spouse. The disaster wreaked their lives leading to increased distress and disability and thereby increases their vulnerability. Hence understanding the psychosocial issues of widows in the aftermath of the disaster is a crucial need in the area of disaster management.

## **Materials and Method**

The study adopted a descriptive research design where in the psychosocial issues of women widowed in disaster were compared with women widowed prior to the disaster. The objectives of the study were to profile the women who have lost their spouses in the disaster and women widowed prior to the disaster. The study also aimed to assess the psychological distress and the disability among them.

## **Sample**

The Tsunami affected villages in the Nagapattinam and Cuddalore districts in Tamil Nadu formed a sort of a universal study. The population consisted of total of 214 out of which 107 widows who lost their spouses in the Tsunami (Study Group) and the women widowed prior to the Tsunami disaster for varied causes (Control Group) were selected for the study using a simple random sample technique.

## **Tools for Data Collection**

### **1. Semi-structured Interview Schedule:**

The profile of the widows was studied using a socio demographic schedule. This encompassed the areas of personal, familial, social and the spouse loss details.

### **2. Self Reporting Questionnaire (SRQ) (WHO, 1994)**

The Self-Reporting Questionnaire 20 item scale (WHO, 1994) is a scale that has been used to screen the probable casernes in the victims and work towards developing strategies for extending mental health care.

## **Disability Assessment Schedule (WHO DAS) (2001)**

The WHO DAS 11 (WHO, 2001) is a new measure of function and disability that is conceptually compatible with the WHO's recent revision of the international classification of functioning and disability (ICIDH-2). It is a practical tool for measuring level of functioning/ disability across a variety of conditions and treatments or interventions.

## **Results**

### **Socio-demographic Information**

The mean age of the women widowed in the disaster was found to be 38.7 years and of the women widowed prior to the disaster was 39.2 years. The analysis in the educational status of the respondents reveals that eighty six (80.4%) of women widowed in the disaster and 90 (84.1%) women widowed prior to the disaster were

illiterate. Only 54 (50.5%) of women widowed in the disaster were employed after the disaster when compared to 81 (75.7%) of women widowed prior to the disaster. Among those who work, only 33 women widowed due to the disaster out of 107 were involved in fish vending when compared to 44 women widowed prior to the disaster and 66 women widowed due to the disaster were involved in some other work compared to 37 women widowed prior to the disaster. In case of non workers, majority of women (17 and 33 of women widowed prior to the disaster and due to the disaster respectively) in both the groups were getting loans through pawning the jewels and used their fixed assets for their daily living.

The analysis of the data on the living status of the women reports that majority of women in both the groups, 72 (67.3%) and 67 (62.6%) of widowed women due to the disaster and prior to the disaster respectively are living alone with their children. Among the group of women widowed prior to the disaster, majority of spouses (45%) passed away in the year 2002 and 32.7% of spouses passed away in the year 2003. The reasons for the cause of death were alcohol related illness (33.6%), illness (29%), accident (13.1%) and suicide (9.3%).

**Psychological Distress**

Table 1. Psychological Distress between Study and Control Group

Variable	Study group N = 107		Control group N = 107		t value	df	p value
	Mean	SD	Mean	SD			
Psychological distress	15.39	5.58	11.90	6.0	4.12	212	P<0.001

Table 1 explains the level of psychological distress between the study and the control group. The level of psychological distress among the study group was 15.39 which is significantly higher (t = 4.12, df = 212, p<0.001) than that of the distress of the control group which was 11.90

Table 2. Severity of Psychological Distress

Variable	Category	Study group N = 107		Control group N = 107		Total	
		N	%	N	%	N	%
Severity of Impact	Sub Clinical	10	9.3	17	15.9	27	12.6
	Mild	13	12.1	27	25.2	40	18.7
	Moderate	16	15	32	29.9	48	22.4
	Severe	68	63.6	31	29	99	46.3
	Total	107	50	107	50	214	100

Table 2 shows the severity of psychological distress between the study group and the control group. Chi square test shows that significantly ( $\chi^2 = 25.87$ ,  $df = 2$ ,  $p < 0.001$ ) more women in the study group (63.6%) were having severe level of psychological distress when compared to the women in the control group (29%).

### Disability

Table 3. Percentage of Disability between Study and Control Group

Variable	Study group N = 107		Control group N = 107		t value	df	p value
	Mean	SD	Mean	SD			
Percentage of Disability	34.87	15.35	28.74	13.17	3.14	212	$P < 0.01$

Table 3 shows the percentage of disability between the study and the control group. The mean percentage of disability among the study group was 34.87 which is significantly higher ( $t = 3.14$ ,  $df = 212$ ,  $p < 0.01$ ) than that of the control group (28.74).

### Discussion

The Tsunami had imposed a huge burden on the community not only physically but also in terms of the immense psychological trauma that was inflicted on them. In the event of any disaster, it is

seen that most often the women go without food in order to feed their families post disaster. In addition to these issues, women are often the victims of domestic and sexual violence following any disaster natural or manmade. If women become vulnerable in the aftermath of disaster, the widows in the tsunami become doubly vulnerable.

In a normal situation, a woman widowed in traditional India experiences a lot of discrimination. A disaster snatches away her status in the family from a fortunate to a misfortunate woman. There are lots of traditional restrictions that she is bound to follow and the society imposes a lot of socio-cultural implications on her. The analysis of the data revealed that women who were widowed in the disaster had significant psychological distress. The emotional reaction varies from tension, panic, anxiety, shock to numbness during the initial stages. Once the honey moon phase is over after the rescue and the rehabilitation, the reality of loss sinks into the minds of all those who have faced various kinds of loss including the death of the spouse.

The widow has to come to terms with the loss of her spouse; the loss of the bread winner of the family and the entire burden has rested on her. The psychological vulnerability stems from various stressors post disaster where they have been discriminated as women headed households in the relief and the rehabilitation measures. The widows in the aftermath of the death of their spouses have to come to terms with the loss of life, status in the family, relationships, livelihood and habitation. In addition, they have also lost their homes. A home, no matter how poor and substandard, can symbolize years of personal and familial investment and memories (Caraballo and Heal, 2005).

The losses have had significant impact causing psychological distress among the widows in disaster. The results of the current study have been supported by Sekar (2006) who found out that the trauma and stress, burden of duty and responsibility heighten the women's vulnerability to physical, mental and emotional stress leading to severe psychological distress. These findings accentuate the results that have been depicted in the table 2.3 in which the psychological distress of the majority of the women widowed due

to disaster that is the study group had severe level of distress compared with the rest of the population in the same group. Various studies described below talk about the consequences faced by those survivors faced with the loss.

Somasundaram, et al., (2000) reflecting on the mental health of the widows who have lost their spouses in the internal conflict in Sri Lanka has found that the widows who are survivors of this dual disaster are vulnerable to various mental health problems. The sudden demise of the spouse and the uncertainty of the death of the man of the house put the widow in distress.

The findings of the current study are further supported by the psychosocial needs assessment using varied tools to measure the impact of the event by Wiess & Marmar (1997); distress and disability were carried out in all the districts in the after math of the Tsunami 2004. The results revealed that age and gender played a crucial role in the distress level. Further analysis showed that the women experienced higher levels of hyper-vigilance, thoughts of intrusion and avoidance. The overall analysis revealed that the women respondents were found to have higher psychological distress, impact and disability in the Tsunami hit areas of Tamil Nadu (Sekar, 2006).

The findings of this study are further enhanced by the literature in a study that was conducted to understand the psychological distress among bom earthquake survivors in Iran. It was found that those survivors who had lost their first degree family members in the earthquake had severe psychological distress when compared with the other survivors who did not have any death loss (Montezeri et al., 2005). Hence these studies support the finding of the present study in its efforts to highlight the distress and disability that the women widowed in the disaster have experienced.

Disasters are events that challenge the individual's ability to adapt the risk of adverse mental health outcomes including serious post traumatic psycho pathologies. While risk is related to degree of exposure to psychological toxins, the unique vulnerabilities of special population within the affected community as well as



secondary stressors play an important role in determining the nature and amount of morbidity. Over the years it has been seen that disasters in developing countries and those associated with substantial community destruction are associated with worse outcome (Davidson and Mc Farelene, 2006). In a disaster, the loss of property including home and valuables has been associated with psychiatric morbidity, depression and anxiety disorder. But it is crucial to note that death in family as evidenced in this study is a significant factor increasing the vulnerability for psychiatric morbidity, post traumatic stress disorder, anxiety disorders and depressive disorders.

A study conducted by Middleton, Raphael, Burnett and Martinek (1998) to understand the intensity of grief among the bereaved family members who had lost their spouses, children and adult children losing the parents indicated that bereaved spouses experienced intense reactions post the death of the spouses. Various studies have also indicated that observing family members dying or being washed away has also been associated with psychiatric morbidity, anxiety and showed a trend for depression.

The relevance of the findings of this study reflects the view of Ross (1997) in her thoughts on death and dying. The sudden, unexpected death of a spouse or any family member is the most traumatic and tragic experience. In a death denying society that mankind lives, human beings are ill prepared to handle the loss of a member of the family. In a normal situation, one death can cause so much of trauma and distress to the family.

In a disaster, the magnitude of the death and the loss that is experienced by each and every family member is immense and insurmountable. One of the first systematic studies that was conducted in India to understand the psychosocial needs of the bereaved families of the Bangalore Circus Fire tragedy found that majority of the survivors had grief reactions and other depressive features even after 6 months post the disaster (Narayan, et al. 2004).

Disasters are often natural unforeseen circumstances resulting in severe mental, psychological and emotional consequences Murthy and Karki (2002). The finding of this study is further strengthened

in findings of the study conducted by Kendler et al., (2000). Various studies that have repeatedly proven that women have been more sensitive to the depressogenic effects of network events, death of loved ones higher exposure rates to certain stressful life events, loss of confidence, crises and various problems.

## Conclusion

The study reflects the vulnerability of women widowed in the disaster. The study clearly indicates that the psychological distress and the disability of the women widowed in the disaster are higher than the women who were widowed prior to the Tsunami. Hence the Psychosocial interventions in the area of Disaster Mental Health need to focus on provision to this vulnerable group of women among the other vulnerable groups. The findings implicate the need for specific psychosocial support and mental health services for this vulnerable group of women. Social workers working in the area of disaster management have a crucial role in rebuilding the lives of this vulnerable group by facilitating the process of healing the trauma. There is an urgent need to address and provide psychosocial support and mental health services of the widows in the aftermath of the disaster.

## References

- Caraballo, M. B., & Heal, H. M. (2005). Psychosocial aspects of the Tsunami. *Journal of Royal Society of Medicine*, 98(9): 396–399. doi/10.1258/jrsm.98.9.396.doi: 10.1177/0141076813484461
- Davidson, J. R. T., & McFarlane, A. C. (2006). The Extent and Impact of Mental Health After Disaster. *Journal of Clinical Psychiatry*, 67, 9-14.
- Kendler, K. S., Prescott C. A., Laura M. K. (2000). Dr. Kendler and Colleagues Reply. *American Journal of Psychiatry*. 157(8): 1345. doi/10.1176/appi.ajp.157.8.1345.
- Kendler, S. K. & Prescott, C. A. (1999). A Population-Based Twin Study of Lifetime Major Depression in Men and Women. 56(1).
- Middleton, W. R. B., Burnett, P. & Martinek, N. (1998). A longitudinal study comparing bereavement phenomena in recently bereaved

- spouses, adult children and parents. *Australian and New Zealand Journal of Psychiatry*. 32, (2):235-41. doi/10.3109/00048679809062734.
- Murthy, R. S. & Karki, M. (2002). Disaster Mental Health: Psychosocial Interventions. *Indian Journal of Social Work*. 63 (2), 173-181. doi:10.1080/01488376.2013.813767
- Narayana, H. S., Sathyavathi, K., Nardev G., Shobhana, T. (1987). Grief reactions among bereaved relatives following a fire disaster in a circus. *NIMHANS Journal*, 5, 13-21.
- Ross, K. E., (1997). Questions and Answers on Death and Dying: A companion volume to on death and dying. Simon and Schuster New York
- Rubonis, A.V., Bickerman, L. (1991). Psychological Impairments in the Wake of Disaster. The Disaster Psychopathology Relationship. *Psychological Bulletin* 109, 384-399.
- Sekar, K. (2001). Psychosocial Consequences of Disaster. National seminar on Organization and Infrastructure for Management of Disasters. Jointly organized by National Institute of Advanced Studies Bangalore and Alumni Association of Jadavpur University .Bangalore
- Sekar, K. (2004). Orissa Super Cyclone - An Evaluation of Psychosocial Care Provided by Sneha Abhiyan. In: JO Prewitt Diaz, RS Murthy, R Lakshminarayana. (Eds). Disaster mental health in India. Indian Red Cross Society, New Delhi.
- Sekar, K. (2006). Psychosocial Support in Tsunami Disaster: NIMHANS Responses. Disaster and Development. *Journal of National Institute of Disaster Management*. 1(1), 141-154.
- Sekar, K., Dave, A. S., Bhadra, S., Rajashekhar, G. P., Kumar, K. V. K., Murthy, R. S. (2002). Riots - Psychosocial care for Community Level Workers. Information Manual II. Action Aid India. Books for change, Bangalore.
- Sethi, B.B., Sharma, M., Trivedi, J. K., Singh, H. (1987). Psychiatric morbidity in patients attending clinics in gas affected areas in Bhopal. *Indian J Med Res* 86 (Suppl): 45-50.
- Sharan, P., Chaudhary, G., Kavathekar, S. A., Saxena, S. (1996). Preliminary report of psychiatric disorders in survivors of a severe earthquake. *Am J Psychiatry*. 153(4), 556-558.
- Somasundaram, D., & Sivayokan, S. (2000). Mental health in the Tamil Community. Transcultural Psychosocial Organization. Jaffna.

- Walsh, F., & McGoldrick, M. (1991). *Living Beyond Loss*. New York: W. W. Norton & Company.
- Weiss, D. & Marmar, C. (1997). The Impact of Event Scale - Revised. In J. Wilson & T. Keane (Eds). *Assessing psychological trauma and PTSD*. New York: Guildford.
- WHO. (1994). *A user's guide to the self-reporting questionnaire*. WHO/MNH/PSSF, 94.8. Geneva.
- World Health Organization (2001). *World Health Report 2001, Mental Health: New Understanding, New Hope*. World Health Organization: Geneva.