

Impacto psicológico por inundación en niños de la Antigua, Veracruz, México

Psychological impact by flood in children of Antigua, Veracruz, Mexico

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Resumen

La presente investigación tuvo como objetivo conocer el impacto psicológico por inundación en niños de la Antigua, Veracruz, México, con la presencia del Huracán “Karl” en septiembre de 2010, que dejó a su paso 14 muertos, varios desaparecidos y más de 500 000 damnificados. Se trabajó en escuelas de educación básica, con una muestra no probabilística de tipo intencional, compuesta por niños de 6 a 12 años de edad. Se aplicó la técnica del dibujo libre. Los resultados muestran que los niños con cada uno de sus dibujos aluden a sus vivencias durante la inundación, revelando aspectos de su personalidad en desarrollo y evidenciando estados de ánimo, miedos, sueños, deseos satisfechos e insatisfechos, en una catarsis. Se confirma que el desastre trajo consigo múltiples alteraciones en sus emociones, abarcando los estados del sueño de manera adversa. Asimismo, se identificaron comportamientos resilientes en los menores.

Palabras clave: impacto psicológico, inundación, desastre, resiliencia.

Abstract

The present study aimed to know the psychological impact by flood in children of the Antigua, Veracruz, Mexico, with the presence of Hurricane "Karl" September 2010, that left 14 dead in its wake, several missing and more than 500,000 victims. They worked in schools of basic education, with a sample not probabilistic intentional type, composed of children from 6 to 12 years old. We applied the technique of free drawing. The results show that children with each of his drawings allude to his experiences during the flood, revealing aspects of his personality developing and demonstrating moods, fears, dreams, desires satisfied and dissatisfied, in a catharsis. Confirmed that the disaster resulted in multiple changes in emotions, covering the States of sleep adversely. Also resilient behaviors were identified in the young children.

Key words: psychological impact, flood, disaster, resilience.

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Introduction

One of the natural phenomena most devastating in the Veracruz State of Mexico, losing the life 14 people occurred on September 17, 2010. The consequences of this event not only were the loss of human lives but also damage and psychosocial. In the municipality of La Antigua, Veracruz, 80% of the affected population was impacted psychologically by the feeling of lack of control and lack of protection which generated this unexpected crisis (Bermúdez and García, 2012).

Faced with this reality, the Academic Body (AC) quality of life and human development of the Faculty of Psychology of the University of Veracruz, attended the place to accompany the population in general in their recovery process and to address the consequences of the

traumatic event in children, adolescents and families. This work is restricted to what was observed in children.

It is important to handle in a timely manner, the impact of a catastrophic event in children and protect their rights, which are particularly affected in situations such as this one. Caring to children in situations of vulnerability is a duty that engages professionals in psychology.

The theoretical references come from the psychosocial intervention, crisis intervention, psychological first aid, counseling, repair work in situations of grief and trauma, among others, as well as the work carried out by UNICEF in the field of psychosocial, oriented to the supporters of victims of different disasters.

Throughout life, people are exposed to both opportunities and risks, risk means the probability that there is, at any given time and space, a specific value of individual, social, economic and / or environmental damage is overwhelmed. The risk is determined, in turn, by the relationship between threats and vulnerabilities:

Threat refers to all external risk factors, represented by the potential occurrence of adverse events. Example: earthquake, tsunami, bombing, flooding.

Internal vulnerability would risk factors of a subject or system and refers to the characteristics that can make them more susceptible to exposure and the possibility of damage. Example: girls and young children, poor construction, lack of early warning systems and so on.

The relationship between these two factors is important, because although many external risk factors or threats are not controllable or predictable vulnerabilities are. An example of this is the occurrence of the tsunami in Japan in March 2011: the tsunami is clearly an external factor that exceeded all prevention, but have nuclear power plants built in an area of potential impact of tsunami is a predictable source of vulnerability.

Called disasters occur especially in populated areas and affect vulnerable sites that have been occupied by a society for residence or other purposes. The location of human activities responsible persons and their forms of organization, therefore, that a disaster

depends not only nature but also the decision to install a settlement or human activity without regard to existing threats and vulnerabilities that develop, variables that constitute a potentially hazardous situation (ECLAC, 2005).

An adverse event generated by the interaction of the threats and vulnerabilities are understood as emergency when, although the adverse effects of this event affecting a community, do not exceed their capacity to respond.

Disaster, however, means when the force of the threat, coupled with high vulnerability; is such that exceeds the responsiveness of a community, intensely altered individuals, communities, property, environment and services.

It is also common in the literature to find the term to refer to catastrophe major disasters affecting so the population that countries are forced to rely on international aid. In this article the terms emergencies and disasters will be used.

Below clarifies what is an emergency and disaster, adding that crisis refers to "a state of disorganization produced by the impact of a life-altering situation that exceeds the normal capacity of people to address problems" (Arón et al., 2010).

Situations overwhelm local resources, becoming insufficient, being threatened security and normal functioning of communities and individuals. Therefore, it is essential when planning a psychosocial intervention in emergency and disaster, increase knowledge about what is a crisis. Central to the experience of crisis is that people feel they are not able to cope with their usual resources what is happening to them and that their efforts not only serve to not leave the situation but may even aggravate it.

Crises arise against events that generate great stress, because they are beyond the usual experiences of people and it is this same stress which, in turn, decreases, in a vicious circle, even more responsive. Because it is logical that the feeling of inability and helplessness is revealed.

Crises arise in difficult and painful situations that divide the life of people before and after. Example: before surgery, before the fire, after his parents separated, or after the flood as in the present case in this work.

An event that causes stress not turn into crisis as people are prepared to respond to it and have trained in a practical way, ways to react timely and effectively. It is essential to be prepared.

The psychological and emotional impact of events like those mentioned reactions produce different type and intensity, depending on the vulnerabilities of people and their communities and the sheer scale of the event that causes stress or threat.

A crisis is a normal psycho-emotional response to an abnormal situation, against which it can not respond to the usual problem-solving mechanisms (OPS, 2010).

Psychosocial effects of an emergency or disaster will be determined by the characteristics of the event itself as by the previous vulnerabilities of people and their communities: their life stories, the previous experience of other adverse events, psychological characteristics, ages , gender, the territory where they live, their socioeconomic status, whether they belong to a native ethnic group, if they have a disability, their worldview, and many others.

The literature reviewed suggests that the most obvious emotional symptoms are diminishing and disappearing between the month and the three months of the traumatic event occurred (PAHO, 2010). However, it is necessary to state that the experience of new events; for example, the aftershocks of an earthquake or that every year a community is flooded, increases the processing times of the situation.

Suffering is part of what they live with humans and adequately overcome adversity makes them better people, with more capabilities. This is critical for the recovery of community ties and mutual solidarity and support those affected to make them aware of their own abilities to succeed and seek support.

When psychosocial problems such as those caused by emergencies and disasters are addressed, the psychosocial intervention requires flexibility and to consider the timing of the situation given by the conditions, as the intervening space (shelter, camps), noise, lack of privacy, the number of people who demand the service, and the lack of time to respond.

This is beyond what would be properly and strictly speaking a psychotherapeutic frame, ie agreements on the payment of fees, setting schedules and other commitments.

Psychosocial intervention in emergency and disaster is a process of support and active listening to survivors talk about what happened and their experiences experienced before, during and after the disaster.

This requires following two general principles (Robles and Medina, 2002): the first has to do with the requirements of immediacy, proximity, simplicity and expectation of a speedy recovery. The second is not to label people as sick by the mere fact of showing anxiogenic or aggressive behavior to the circumstances that they have to live, then we can say that their behavior is normal to abnormal situations such as disasters.

The mere fact of letting people affected who live and feel is normal, it is an important intervention at the beginning of the emotional recovery in an emergency or disaster.

Consequently, under the qualitative paradigm and in order to know and understand the emotions and experiences that have children before the flood, they posed the following research questions:

1. What emotions experienced people affected before, during and after the flood?
2. What are your experiences?
3. What mechanisms used to confront their negative emotions?

METHOD

Participants. In this study, a non-probabilistic intentional sample type, involving 122 children aged 6 to 12 years of basic school level.

Techniques. Free and Drawing the Human Figure Drawing (HFD) was applied.

1. Free Drawing became a useful tool in meeting with children. After establishing trust with the participants were given a blank sheet of paper and colors. They were asked "could you share with us through a drawing on her experience with the hurricane?"

2. The DFH belongs to the set of projective techniques known in which the person is not only limited to making a simple drawing plasma indirectly but the essence of their own personality. We can also hypothesize, according to the elements and characteristics of the drawing, about their cognitive and intellectual abilities and skills.

He sits at a table child or empty desk and is presented with a blank sheet of paper with a pencil the No. 2. Then he says: "I want you on this sheet you draw me a whole person. It can be any kind of person you want to draw, whenever a complete and not a caricature or a picture made with sticks or streaks person. " With these last instructions which the aim is to prevent, especially older or smarter, children draw stereotyped in relation to some of their TV heroes or fictional drawings

- No time limit for this test. Usually it lasts no more than 10 minutes.
- The child is free to delete, modify or change its pattern during execution.

The author also suggests from his long experience three basic principles to keep in mind when analyzing the HFD children within the age range of 5-12 years

1. HOW draw the shape, regardless of who draws, reflects the concept that the child has of himself. The way the drawing is made and the signs and symbols used reveal the inner portrait of the child and show his attitude toward himself.

2. WHO draws, is a person of interest and importance to the child at the time of the drawing. In most cases, children draw themselves, obviously no one is more important for a

boy than himself. Usually when this happens quite often do realistically, however, sometimes some children are so unhappy with themselves that distort the images to the point that bear little resemblance to their actual appearance.

Sometimes you can draw people with whom they are in conflict or simply choose others before himself, which may indicate some impairment or low self-esteem.

3. what the child is saying in his HFD can speak of two ways: as an expression of their attitudes and conflicts, or be a desire, or both at the same time.

- If a child describes the person who drew, then the description relates to the drawn person; that is, if he drew himself, the story concerns him.
- If a child tells a story about his HFD spontaneous, then the content of the story represents a wish.

Morgestern S (1948), Freud (1979) and Klein K (1964), they discovered in the therapeutic area that children demonstrated the necessity and possibility to manifest through his drawings, as adults do through word . They claim that the drawings used, like dreams, a symbolic language that is expressed in visual images (Febbraio 2002).

The children's drawing is a combination of motor, cognitive and personality aspects, which prints a visual and graphic testimony the particular mode of psychological functioning of a subject in the style of the game in the child and the adult word.

Results

Free drawing. The 122 drawings were grouped into three stages: before, during and after the disaster. Clearly reflect the emotions and feelings in each of them. They verbally expressed the what, how, where, who ... in relation to embodied in its leaves.



Figure 1. Before the disaster



Figure 2. Before the disaster



Figure 3. During the disaster



Figure 4. During the disaster



Figure 5. During the disaster



Figure 6. During the disaster



Figure 7. Post-disaster



Figure 8. Post-disaster

The results show that children in each of the drawings allude to his experiences during the flood. Through this technique could reveal his moods, fears and feelings they had during and after the disaster occurred.

Research with children of this age (Hervas Anguita, 2006), concluded that those who often use warm colors in your graphics reveal a free emotional behavior, with warm and friendly affective relations; while children prefer blue they tend to be more controlled in their behavior, and those using mainly black tend to reveal introversion or shyness in emotional behavior. The child answers from the structure of his personality.

In reflection circles the experiences of each child were shared. Some of the expressions were: "That happened to me too"; "I was scared but I held"; "I cried without being seen my dad, because I left my teddy bear"; "I helped my mom with hens and my birth certificate"; "I was left to the hostel to take care of my siblings and play with them." Experience in shelters expressed it well: "I met other children crying because they said they were sleeping when they rose up and took them to the shelter - I told them short stories invented by me, lol"; "You got teachers to get games and movies, I liked"; "Moms made us all eating"; there were several children sleeping because they said we would get water and grab us sleeping. " He worked on each child circle the psychological aspect: feelings, loss, hope and grief.

DFH.

The results reveal their DFH free emotional behavior in most of them, with warm and friendly affective relations; more than 50% of the participants tend to be more controlled in their behavior, and 40% showed introversion or shyness in their emotional behavior. In his narrative about the drawing, children externalized his thoughts and feelings, which are necessary to clarify the concepts that have, showing moods, fears, dreams, satisfied and unsatisfied desires, feelings, and projections.

Drawing, children expressed their level of intellectual development and spontaneously projected their own inner world, talking about themselves and their relationship with others. In the aspect of evaluating the intellectual level the following results were obtained. See Table 1.

Table 1. Levels of mental capacity.

PUNTUACIÓN	<u>Nivel de capacidad mental (CI)</u>						
	Mentalmente retardado o con graves problemas emocionales	Límite - Borderline	Normal bajo	Normal bajo a normal	Normal a normal -alto	Normal a superior	Normal alto a superior
	PARTICIPANTES						
0 a 1	9						
2		3					
3			35				
4				47			
5					17		
6						8	
7 u 8							3

It is confirmed that a disaster is an event that affects human feelings causing damage, covering the states of sleep and all adverse consequences as a result of multiple alterations. It can be said that any sharp break from normality can trigger a disaster. The children presented the following reactions:

Emotional reactions: pain, sadness, fear, helplessness, anxiety, anger, guilt and shame.

Cognitive reactions: denial, disbelief, confusion, poor concentration, feeling of insecurity, disorientation, difficulty in attention, recurrent thoughts.

Physical reactions: sleep problems, crying, sobbing, rapid heartbeat, sweating, nausea, vomiting, diarrhea, hyperactivity surprises.

Mechanisms to address the negative emotions that were identified:

Empathy. Most states that developed empathy to see the anguish and tears of other people-adults and children when the stream was animals.

Communication. It is the language and expression of children by asking questions, reasoning, play, give examples. For example, silent while others talk and answer the questions: "Have you understood you", "do you agree with what I said?".

Children 10 to 12 years had higher secondary emotions management and communication expressed through love, shame, and anxiety; They felt safer to talk about it and to assimilate these emotions are presented. For them, it was like when they have an exam. They said: "I realize my fear or anxiety, but I know I can and I do and I'll be fine", "I can speak and say I feel better," "I understand and understand how others feel and could help" .

Finally we were able to share and recognize the psychological and emotional impact of the emergency or disaster in the lives of each / a of the participants and a space group emotional support which enabled to realize generated that what happens to us individually will also it happens to others and can get support from our peers.

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