

Psychology & Developing Societies

<http://pds.sagepub.com>

Survivors' Suffering and Healing Amidst Changing Socioeconomic Forces in Two Years of Post-Earthquake Kachchh

Kumar Ravi Priya

Psychology Developing Societies 2004; 16; 41

DOI: 10.1177/097133360401600103

The online version of this article can be found at:
<http://pds.sagepub.com/cgi/content/abstract/16/1/41>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Psychology & Developing Societies* can be found at:

Email Alerts: <http://pds.sagepub.com/cgi/alerts>

Subscriptions: <http://pds.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.in/about/permissions.asp>

Citations <http://pds.sagepub.com/cgi/content/refs/16/1/41>

The impact of natural disasters on survivors has been a thrust area in psychological research since the early twentieth century. However, the discipline's strong adherence to a set of "scientific" methods has rendered the research in this area also to be acultural, ahistorical and apolitical through the use of the diagnostic category, posttraumatic stress disorder (PTSD). A culture sensitive study of the impact of the earthquake that hit Kachchh district in January 2001 has been going on. This study provides an account of the socio-historically rooted suffering and healing of the survivors over a period of 2 years in post-earthquake Kachchh. An ethnographic approach was adopted which provided the methodological flexibility to incorporate the changing socioeconomic context and its impact on the suffering and healing processes. The paper also sensitises one to the issues of the healing process that is under threat as the social support networks have been devastated by the dynamic socioeconomic forces.

Survivors' Suffering and Healing Amidst Changing Socioeconomic Forces in Two Years of Post-Earthquake Kachchh*

KUMAR RAVI PRIYA**

University of Delhi, Delhi

The devastating earthquake that hit Gujarat, especially the Kachchh district where nearly 18.5 thousand¹ (93% of the total number of deaths due to

* Kachchh is one of the districts of Gujarat. It is also spelt as "Kutch" or "Kuchchh". Although Bhuj is the district headquarters of Kachchh, this recent earthquake has frequently been quoted in literature as the Bhuj earthquake.

** The author is grateful to the survivors, who participated in the study, Amrit Bhai and Vijay Bhai for the much needed help in the field and Prof. Girishwar Misra for his encouragement and guidance in pursuing this research endeavour. The author is also grateful to Prof. Ajit K. Dalal for his feedback on the first draft of this paper. Address correspondence to Dept of Psychology, University of Delhi, Delhi 110 007. email: krpriya2903@yahoo.com

¹ Source: Krishi Control Room, Ministry of Agriculture, Government of India (estimation of member of deaths in February 2001).

earthquake in Gujarat) human lives were lost, completes two years of its aftermath on 26 January 2003. The earthquake measuring 6.9 on the Richter scale originated from its epicentre in Bhachau block of Kachchh district at 8.46 a.m. and lasted for nearly 2 minutes. It not only ravaged the property, assets and physical health of the survivors, but also severely affected their psychological well being. This disaster was followed by numerous aftershocks (up to the intensity of 4.5 on the Richter scale and hitting the earthquake-affected region almost everyday) as well as by socioeconomic changes in the lives of the survivors which threw up challenges before they had recovered from the trauma. It necessitated an endeavour on the part of social scientists and psychologists to understand their problem and design a programme of psychological rehabilitation for the survivors. This paper is based on the findings of such a research endeavour.

Earlier research on the psychological impact of natural disasters has focused primarily on the degree of posttraumatic stress disorder or PTSD among survivors. However, for over three decades, some psychologists and social scientists have made serious efforts to demystify the metatheoretical and ideological assumptions underlying the categories used in its theory and research (Gergen, 1973; 1985; Koch, 1981; Misra, 1994; Misra & Gergen, 1993; Sampson, 1977; 1981). Their emphasis on the significance of sociology of psychological knowledge has created greater awareness of the ethnocentrism of a particular culture behind the use of such categories (Buss, 1979). PTSD, a diagnostic category under the domain of the medical model, presumes that stress or ill health results due to "loss of control over nature", which is a proposition based on western cultural discourses (Atwood & Maltin, 1991; Misra & Varma, 1999; Mitcham, 1996; Unschuld, 1978).

Psychologists like Dalal (1999), Lazarus (2000), and Pepitone (1987) emphasised the importance of incorporating cultural belief systems in the study of health and illness. However, their use of the concepts of stress and coping and the category of PTSD fail to do justice to the other meanings and experiences of "health" and "illness" that exist in different cultures of the world. Stacy (1988, p. 12) strongly advocated the incorporation of *culture-sensitive* concepts in the area of health and illness which, according to her, is possible by using terms and concepts which are not tied specifically to the organisations, institutions, or ideologies of a particular time and place. She further emphasised that such terms and concepts must aim at examining the beliefs and practices about health and illness in other times and places.

Suffering and Healing

A perusal of the psychological literature on health reveals that over the last three decades, the terms “suffering” and “healing” have been used in its theories and research. It is also evident that there is a twofold purpose of using these concepts (*a*) to avoid ethnocentricity associated with the use of the category, PTSD, and (*b*) to understand the crises in people’s lives in a *culturally informed* way. Thus, apart from the experiences of pain and agony, the concepts of suffering and healing also incorporate the shared meanings and belief systems associated with pain, illness and health of the people of a culture (Kakar, 1982; Klienman, 1980, 1988; Ramaswami & Sheikh, 1996; Stacy, 1988).

In line with the culture-sensitive conceptualisation of these terms in the area of health and illness, here the term suffering is used to refer to the experience of pain or agony in a crisis situation, which is assumed to be *shaped* by one’s cultural belief systems about illness and health. Healing is conceptualised as gradual recovery from such an experience of pain or agony. Palsane (1998) delineated the roles of beliefs and customs of a culture in the process of suffering and healing, “The belief system based on tradition helps in immunization against suffering, and in adaptation to and acceptance of suffering with equanimity. The belief together with custom provides the necessary psychological strength in times of crises and also makes available social network resources” (p. 7). Anand, Srivastava, and Dalal (2002) asserted that *invoking* of the cultural beliefs of a person as a part of a traditional healing system does facilitate the recovery of his or her agony.

Present Study

This study was planned a few months after the earthquake hit Gujarat to understand its psychological impact on the survivors and it has been continuing ever since. It provides an account of the suffering and healing among the survivors in rural and urban areas of Kachchh district amidst the changing socioeconomic conditions over a period of 2 years after the earthquake. This study was conducted in two phases: the first phase was conducted between 2001, 20 November and 2002, 11 January and the second phase

between 2002, 22 December and 2003, 19 January. The study sought to document the subjective experiences of suffering and healing among the survivors. In addition, the role of cultural beliefs as factors influencing the experiences and constructions of suffering and healing was explored. The significance of support networks in the healing process was analysed. In the second phase of the research, the study of support networks assumed greater importance as they were deeply influenced by the dynamic socioeconomic changes in the lives of the survivors.

Four dimensions of the processes of suffering and healing were explored—*emotional* (grief and feelings associated with the recollection of the disastrous event), *cognitive* (attribution of cause of the event and cognitive reconstruction of suffering), *behavioural* (resuming work for earning a livelihood and usual household activities), and *social* (participation in social and religious activities). The interrelationship among these four dimensions was investigated.

This study adopted the ethnographic approach with a constructionist ontological position within the framework of qualitative research tradition. Lincoln (2001), Marcus and Fischer (1986, cited in Bryman, 2001), and other social scientists of this research tradition emphasised that an ethnographer's personal and theoretical orientations and reflections should be accessible to professionals and other audiences so that the dynamic role of such orientation (in impeding or facilitating the research process) may be explicated. A brief description of my personal and theoretical orientations is presented in the following.

Myself: Personal and Theoretical Predispositions

There were two basic reasons for taking up this study of suffering and healing among the survivors of the earthquake in Kachchh. First, was my interest in and identification with existentialism. Existential philosophers proposed that in the wake of an existential crisis (a feeling of extreme anxiety associated with the crumbling of all categories, through which one understands the world and lives in it, when one is faced with unsettling societal changes or situation incurring one's possible physical or psychological death), one has a choice to choose between authentic and inauthentic modalities of existence. This proposition has been my own lived experience.

Since early adolescence, I began to realise the inherent contradictions and meaninglessness in religious and social norms (which pivotally shape our schema). Be it my own suffering or suffering at large, I found these norms

to be undoing their own purpose, i.e., growth and well being of human beings. Abhorrent social practices and rituals associated with my sister's mate selection and marriage and the norms exerting excessive psychological pressure on us for selecting careers out of a few *prescribed* choices were among the most significant personal experiences which have repeatedly brought to the fore the meaninglessness of categories and the absurdity of life. Besides, global capitalism in the garb of local political anarchy aggravated the feeling of meaninglessness. However, despite such unnerving experiences, my struggle to search for aesthetics and ethics in life has continued. I had an urge to contribute to the expected existential crises of the earthquake survivors through my own experience of existential crisis. While reflecting on the fieldwork at the end of the day, I often found myself projecting my own philosophical orientation onto the analysis of experiences of the survivors. However, such reflections made me revise my methodology and the mode of analysis to reach nearer to the experiences of the survivors.

The second reason to engage in this research was rooted in a resolve which I made after engaging in the ontological debates of realism versus constructionism, epistemological debates around psychometric-tests-as-tools versus researcher's-self-as-a-tool, and application-oriented debates of psychologist-as-a-professional versus psychologist-as-an-activist throughout the two years of postgraduation. The resolve was to test myself *personally* and *academically*, to find out (a) the extent to which I could provide space to and empathise with the feelings of a person in an unknown sociocultural context, and (b) whether I had the ability to delineate the projection of the theoretical perspective, intimate to me, in the co-construction of reality with the researched. Such a resolve strengthened me to push the limits of my capacity to empathise with the survivors, which was at times a painful exercise.

Method

Participants

Data were collected from the survivors at three levels, i.e., individual, family, and community. Data collection at the family and community levels was done primarily through participant observation and focused group discussion. In the first phase of the study, members of 20 families (where at least one death had occurred) of Selari village of Rapar block and members of 18 such families

of Bhachau town participated.² These two areas of Kachchh differed considerably in the degree of loss of life and material property.

The same 20 families of Selari village participated in the second phase of the study. In Bhachau town, of 16 families which had participated in the second phase, only 5 families had been included in the first phase. Having two relatively different sets of participants for the two phases constrained the understanding of recovery of the participants in Bhachau town. It also reflected the challenge, the changing demography of a region ravaged by a natural disaster, sometimes facing a researcher in social sciences even after employing ethnographic methods which requires him/her to live in the field of study for long periods of time. This issue will be discussed later.

Out of the 20 families, which participated in both phases of the study at Selari village, 13 belonged to the Patel community and agriculture was their main traditional occupation. Of these 13 Patel families, only 5 had some facility (hired or owned) of pump sets to use underground water for irrigation. These families could survive merely on their crops. The other 8 families were solely dependent on rainwater for irrigation and according to the local sources, a "good amount of monsoon" which is "sufficient" for cultivation, falls once in 3 or 4 years. As a result, these families usually had to work on other farmer's fields. Because of their poor economic status, they had to borrow money from others. Seven non-Patel families were also from a low socioeconomic background and their traditional occupations were tailoring, sheep rearing, manual labour, and shopkeeping.

The traditional occupation of most of the families from Bhachau town in the sample was shopkeeping or some kind of business that had been wiped out by the earthquake. With aid from the government or some recovered assets, they had been able to restart some kind of business to sustain themselves. In both phases of the study, it was difficult to elicit information about their social and economic conditions because of the intensely emotional nature of our interaction. Participant observations and informal group discussions provided some insights into their social relationships.

Procedure

In both phases of the study, an ethnographic approach was adopted which facilitated data collection at the family and community levels through

² These members of the earthquake-stricken families, who participated in the study would be referred to as "participants" throughout this paper, unless otherwise specified.

participant observation and focused discussion apart from the semi-structured interviews conducted with family members. In line with the typical ethnographic procedure, these methods initially addressed various issues and concerns related to the objectives of the research. As research progressed, on the basis of these initial findings, new questions and concerns emerged which were also addressed. For example, I (2002b) described how the need to interview "experienced" people (creative writers, journalists, social workers, etc.) surfaced to know from them the reasons for the philosophy of *karma* (which is pervasive in the rural areas of Kachchh) being practised by the participants and not by those who had not lost any one in the earthquake.

Further, reports in the local newspapers and periodicals regarding the sociopsychological effects of the earthquake were obtained and analysed. Importantly, participant observation of the sociocultural activities provided further insights into the belief systems of people in the community.

As pointed out by K. Khatri (2002), the people of Kachchh were up against not only the pain due to loss of lives of near and dear ones, but also the morale-shattering socioeconomic changes in their habitat. The ethnographic approach enabled me to comprehend and incorporate the influence of these socioeconomic changes on the processes of suffering and healing of the survivors.

Results and Discussion

Socioeconomic Changes after the Earthquake

Diffusion of the Boundaries of Caste and Class after the Earthquake. The narratives of the participants as well as interviews with others revealed that in the wake of such disaster, people generally dispensed with the boundaries of caste and class and helped each other in whatever way they could—whether it was extricating bodies from the debris or spending time consoling each other by living as a collective in the open or in tents. Maheshwari (2002) observed that such a social condition after the earthquake lasted much longer in rural than in urban areas.

Values Challenged by Abundant Relief Materials. On the basis of a focused group discussion held in Selari village, I (2002b, p. 109) noted that the adult male members of families which had not faced any loss of life suffered from a feeling of guilt of grabbing more relief materials than what they required.

In several editorials, K. Khatri (2002) exhorted the people not to forget the generosity and honesty associated with the Kachchhi citizens. Even the titles of these editorials indicated the threat posed by the relief packages: “*Kachchhiyatni Agnipariksha*” (23 June 2001, meaning, “the ultimate test of the essence of being a Kachchhi”), and “*Sauna Naqab Bhutandave Chiri Nakhya chhe*” (16 November 2001, meaning, “earthquake has exposed everyone’s real character”).

Social Norms being Re-experienced. A close look at the social life of people ethnographically revealed that in the last 2 years, the norms and ethics of the social lives of people had returned to what they were before the earthquake. Males and females, who spent almost 2 months mourning or consoling each other, had to return to the roles they were performing before the earthquake. Significantly, there were new challenges of social adjustment in the lives of widows (who had lost their husbands in the earthquake) because of the social norms that permitted remarriage in the case of younger widows and created social aloofness for the older ones.

Mismanagement in the Distribution of Relief Materials. Apart from the participants in the study, Upadhyaya (2001), Thakkar (2001), and Maheshwari (2002) also expressed their frustrations and agony over the mismanagement in the distribution of compensation money. They added that the corrupt practices of the government-appointed “assessors” of the loss of lives and damage to houses exacerbated the people’s agony (see Joshi, 2002 for the state government’s policy of relief and rehabilitation including the variety of packages for survivors who suffered loss of lives or lost their houses and property due to the earthquake).

Suffering and Healing in Rural Areas

“Moving on”—The Construction of Health. In the first phase of the study, a considerable amount of time elapsed before the grief and silence of the participants in Selari village, associated with any reference to the earthquake, subsided and they could engage in some kind of reasoning and reflection on their own life situation, philosophy of life, and social conditions. At that time, I could discuss (assisted by Amrit Bhai, the interpreter) with them the issues pertaining to this study.

The discussion on their meanings of *sukh* (happiness) and *dukh* (sorrow) followed a common pattern (shared by almost all the participants). They

tended to spontaneously talk about their attribution of *sukh* and *dukh*, rather than the meanings of these constructs. They attributed *sukh* and *dukh* to the performance or non-performance of their duties (*karma*) in the past. Since their cultural beliefs were centred on the *karma* philosophy, it was important to understand *their* meaning of *karma*. This endeavour was in line with Paranjpe's (1984) assertion that the complex meaning of *karma* varies according to the cultural context in India.

I (2002b, pp. 107–108) described their construct of *karma* on the basis of interviews with the survivors and a key informant, Vitthal Das Baba (a widely respected priest of the village):

1. Exercising one's potentialities to the fullest.
2. Diffusion of the boundaries between self and other "beings" of nature. Action should be oriented towards the welfare of not only the self, but also the other "beings" of nature.
3. Possessing only that amount of material property that is required for "healthy body and mind" by adopting a non-luxurious life style.
4. Forces of nature (which may cause happiness and sorrow to human beings) are beyond the control of human beings. Also, how much these forces oppress a person depends on the nature and intensity of wrong deeds of his/her past and present lives. Through exercising one's potentialities to the fullest in this present life to live in harmony with the forces of nature, one can rise above these forces and merge with the *paramatma* (almighty) to transcend the cycle of birth and death.

Clearly, this construct of *karma* implies their meaning of health, i.e., "moving on" (or carrying out one's duties) in harmony with nature by accepting what it has to offer. Two sayings prevalent in the village and the rural society of Kachchh highlight the two facets of their construct of health (*a*) carrying out one's duties, and (*b*) being in harmony with nature by accepting what it has to offer.

Bhutkalno bhuli jao, bhavishyani chinta nahin karo, vartmaanma pravrutti karo.

This has been translated as forget the past, do not worry about the future and perform your duties in present (so that one can do one's best to bring about "harmony" in and around himself/herself).

Sukhma hasvun nahin, dukhma radvun nahin.

This has been translated as one should not laugh during happiness and cry during sorrow (highlighting the transitoriness of what nature has in store for us).

It was found in general the rural people irrespective of their caste and class believed consistently in this meaning of health. However, during the second phase of the study, a couple of survivors reported that their belief in this shared meaning of health had been challenged by the growing impact of the socioeconomic changes in the village.

Constructive Engagement in the Present: Karma in General Recovery. The first phase of the study revealed that the participants' belief in *karma* had facilitated a cognitive reconstruction of their state of loss by attributing the loss to their own or their community members' wrong deeds (*paap*) in the present or past lives. This reconstruction also emphasised the fact that the only way to experience good health was to carry out one's duties. Such a reconstruction had initiated positive behavioural changes in the participants as they began to pursue their work (males earning the livelihood and females managing the household activities). Almost all the men of those families which had lost one or more of their members were back to work after a month or two. Among them were men like Narsingh Bhai, Megha Bhai, Kheema Bhai, and Ramesh Bhai whose families had lost two or three relatives. During the second phase of the study, most of the participants were actively pursuing their daily life activities. Among the participants, even those farmers who depended solely on the monsoon worked hard on others' fields to earn their livelihood. They were satisfied with whatever they were able to earn. Megha Bhai, a tailor by profession (who injured his pelvic joint in the earthquake) worked double the time he worked before the earthquake as he had to get his sister married and repay the debt he had incurred.

This cognitive reconstruction had a positive impact on the emotional (grief of "loss" and avoidance of recollection of the disastrous event) aspect of healing. In the first phase of the study, verbal and non-verbal expressions of grief were manifest during interaction with the participants. Those expressions were invariably coupled with their acknowledgement of the fact that "grief is there and it will subside only with time but our *karma* is in our hands which is the only *truth* or the way *out*." It was clear that health for them was to "move on" or to carry out their duties towards their families and society, despite having gradually-reducing-with-time grief of loss of their near and dear ones. Atwood and Maltin (1991) noted a similar pattern of healing among easterners,

The best way for [Easterner] patients to handle unpleasant feelings is to recognize them, to accept them, and to go about their business. In time, unpleasant feelings will pass . . . Just as one cannot hold on to positive feelings forever, one cannot hold on to negative feelings forever. Feelings are temporary experiences (p. 375).

Kohli and Dalal (1998) also observed that such metaphysical belief about health led to a comprehension of and protection from traumatic experiences in the Indian culture.

It is important to note that even after such a calamity, the village culture spontaneously elicited survivors' participation in social and religious activities like collective mourning (a common practice in the village following a death in the family), rendering of sermons to the survivors (*satsang*), and religious songs (*bhajans*). The participants admitted that such socio-religious activities not only provided an opportunity for giving vent to their intense feelings of loss, but also reminded them of their belief in *karma* which they considered to be their *only* means to well being or health. Not surprising that even during days of scarcity after the earthquake, despite suffering a death in the family and being poor himself, Vasta Bhai (a participant) distributed his entire stock of stored *bajra* (a cereal) to homeless wanderers. Parma Bhai, a simple farmer who had lost his 13-year-old daughter in the earthquake, constructed a bus stop in the village with the money he had received as compensation for her death.

The second phase of study revealed that in addition to the progress in social, cognitive, and behavioural aspects of healing, even the grief of the survivors had subsided considerably as expressed by the participants themselves. For example, Bala Bhai, one of the participants, said in good spirit,

You are meeting me the second time since the earthquake. Now, you tell me how you have found me after a span of one year? . . . I had told you last time, didn't I, that pain shall be reduced if *karma* is followed. That is what has happened with those who have really worked.

Narsingh Bhai stated, "You do know, *only* our efforts were in our hands . . . That is what I have tried . . . Surely, pain has been reducing gradually." The participants, in general, took comparatively less time reflecting on their life situation since the earthquake. They made more frequent eye contact with us. Their physical health, too, had improved considerably. They felt far more comfortable (being less tearful) talking about their course of life after the earthquake. Again (as in the first phase of the study) they talked

about their notion of health, which encompassed the grief of loss “grief is there and it will subside only with time but our *karma* is in our hands which is the only *truth* or the *way out*.” Thus, belief in *karma* had provided a means to health and well being. These findings in Selari village were in line with the numerous insightful researches by Ajit K. Dalal and his colleagues (although his presumption of recovery is “to have a sense of *perceived control* over the perceived causes of distress/disability”) on the relationship between cultural beliefs, attribution of illness/disability, and psychological recovery in the Indian setting.

Kohli and Dalal (1998) demonstrated that cancer patients attributed illness to cultural beliefs such as fate, God’s will, and *karma*. Dalal and Pande (1999) noted that the female family members of children with disability attributed their disability to their “own mistakes”. Aggarwal and Dalal (1993) reported that belief in one’s own *karma* was positively related to recovery from myocardial infarction. Dalal and Pande (1988) observed a significant positive correlation between attribution to *karma* and God’s will and psychological recovery of accident victims with temporary and permanent disability. Anand, Srivastava, and Dalal (2002) argued that the process of healing through the cognitive reconstruction of life events was facilitated by belief in *karma* in the Indian culture.

Social Norms and Space for Victimhood Experiences. In the first phase of the study, in spite of her grief over the loss of her husband in the earthquake, Moghi Ben expressed her faith in *karma* which she revealed her husband also considered to be the *only* truth of life. Daily prayers (in the morning and evening) gave her satisfaction and she frequently held *bhajans* at her house which were attended by several women and children. With the passage of time, the family life concerns of people dominated their social life concerns. The time they spent concentrating on the problems and concerns of others months after the earthquake had gradually lessened. In such a social situation, during the second phase of the study she appeared estranged and admitted that people related to her only in a superficial manner. The reason for this estrangement became clear from her reply to the question whether she was looking forward to her granddaughters’ marriages in the future. She said,

... I definitely will feel happy about it but people won’t like me becoming happy as I am a widow . . . the person (her deceased husband) with whom I could share my happiness is no more . . . now the God is my only support . . . now also, when I realize the loss of my husband, I can only pray to God in order to reduce my pain.

Diffused after the earthquake, social norms began to take shape again and did not allow a widow to express her happiness in public.

Apart from the pain of loss of her husband, Moghi Ben faced the brunt of social norms which did not provide any scope for her happiness associated with family affairs; as the norms made a clear distinction between "good" and "bad" and "pure" and "impure". Foucault's (1967) thesis on insanity, rooted in the power processes within the civilisation, makes one realise that the imposition of social norms through the use of social categories (like widowhood in this case) has been a practice of the "civilised" and the powerful to project oneself to be pure by creating the "impure other" throughout the history of civilisation.

Szasz (1960) located mental illness in the sociocultural milieu where the symptoms communicated a struggle between one's experiences and the social and cultural ethics. In the second phase of the study, a marked decrease was observed in the grief of another widow of the village, Kuvar Ben. In this case one of the factors (apart from her faith in *karma*) in healing was the social engagement and catharsis through her involvement in religious activities (like conducting *bhajans* and prayers) at the house of the village priest. Again, it may be noted that norms provided space to a person's experiences only if they served the "sacred" or the powerful.

Class Hierarchy and the Recovery Process. It was observed in the second phase of the study that economic hierarchy had reasserted itself in the village as a farmer participant expressed his frustration about his economic condition because (a) farming was based primarily on the monsoon which deceived them most of the time, and (b) he compared himself to other well-off farmers whose relatives living in Mumbai contributed to their family income. Without making any value judgement about him (other poor farmers had already taken the "loss" in their stride), it may be noted that class hierarchy created some impediment in the recovery process generally found in the village.

Mead (1913; 1934, cited in Sahakian, 1982), the proponent of the basic idea of social psychological perspective of symbolic interactionism, argued about the significance of family members and the people with whom one related in society in the reintroduction of understanding and feelings about oneself and the world. According to Gergen (1985), beliefs as forms of understanding are social artifacts, products of historically situated interchanges among people. Belief in *karma*, a social artifact, was shared by the villagers. But, as class hierarchy reasserted itself, one of the tenets of the *karma* theory (i.e., possessing only that amount of material property that is required for "healthy body and mind" by adopting a non-luxurious life style) may be

seen by the poor as being seriously challenged by the richer ones. It may have produced frustration in the deprived ones due to the negative reintrojection (from the other members of society) about oneself and other members in the class hierarchy.

Suffering and Healing in Urban Areas

Materialism and the Construction of Health. Dholakia (2001, p. 2) talked about the growth of materialist culture particularly in the urban areas of Kachchh over the last 20 years because of the continuous increase of capitalist forces in the region. He emphasised that such a culture is marked by a longing for more luxury and a passivity towards any kind of labour. I (2002a; 2002b) described the general construction of happiness and health in the urban areas of Kachchh on the basis of interviews with several authors, journalists, social workers, and the Director of All India Radio, Bhuj as having material properties and illness free bodies. J.N. Joshi, Director, All India Radio, Bhuj, stated in an interview, "*Maya hi maut ka kaaran bani hai*". In other words, running blindly after material gains caused such a disaster and the people unfortunately, had still not learnt a lesson from that. According to him, the people of Kuchchh were aware that this place was prone to earthquakes in the past. Names of villages signify this. For example, a village is named Ludai, which means "to swing", and yet, multi-storeyed buildings were constructed here. Upadhyaya (2001) asserted that the earthquake had exposed the materialist culture of the people of the urban areas of Kachchh who adhered to the earlier mentioned construction of happiness and health.

Suffering: Dynamic Nature and Intensity. After the first phase of the study, I (2002a; 2002b) studied the emotional, cognitive, behavioural, and social aspects of the psychological impact on the members of 18 families. The psychological impact was deep and serious in 70–80% of the families, whereas it was only 10% in the case of families in the rural areas. After the loss of family members and material property in the earthquake, it was extremely difficult for the survivors to recover from the deep and severe impact on their psyche because they remained passive (as was the case earlier). Addressing such "stagnation" in their lives, Dholakia (2001, p. 5) argued, "*Jetli aaskit moti, telun dukh motu laage chee . . .*", i.e., the greater the "stagnation", the more will be the intensity of sadness or depression. Due to local administrative

and demographic reasons (people were made to shift by the administration from one area to the other) in Bhachau town, out of 16 families, which participated in the second phase, only 5 families had participated in the first phase. Yet, as far as the impact of the earthquake was concerned, even after two years of the disaster, the extent of suffering of the participants had more or less remained the same (i.e., deep and serious). Among the members of 10 out of 16 families, not much improvement was found in the emotional, cognitive, behavioural, and social aspects of the psychological impact since the first phase of the study.

In the second phase of the study, two unique patterns were observed to be existing simultaneously among the survivors. In most of the families, the male members were frustrated that they were living under conditions of economic deprivation as all their material property had been destroyed and they did not receive the promised relief package from the government. Coupled with this frustration, there lay apathy towards the members of their own family and community. Therefore, grief of other survivors did not find adequate space for catharsis and further recovery. Thus, over the two years of the aftermath of the disaster, the nature of suffering had changed as several socioeconomic changes in the region had added estrangement to the loss-induced grief associated with the earthquake.

Corruption, Economic Divide and Wrecked Support Networks. Maheshwari (2002) observed that the distribution of relief materials on caste lines led to an implicit "community divide", which had a telling effect on the healing process. Both he and Thakkar (2001) noted that due to inactive authorities and insensitive and corrupt officers who, for their own economic gains out of the disheartened survivors, have created gross irregularities in the assessment of loss of material property of the survivors and in the distribution of relief packages to them. Due to this administrative mismanagement and the comparison between the survivors in terms of the packages received, they experienced a strong feeling of intracommunity and intracaste "economic divide".

Interviews with the participants as well as observations by Maheshwari revealed quarrels within the families over the distribution of relief packages. This "economic divide" shattered the social support network, which is important from the point of view of the survivors. Lifton (1967) and Das (1992) also noted the problems created by the comparison between survivors in terms of the received relief money or material. But they did not find any adverse effect of such a comparison on the process of healing as was seen in the urban areas of Kachchh.

Here it is important to note Mead's (1913; 1934, cited in Sahakian, 1982) assertion about the significance of family members and the people with whom one relates in society in the reintroduction of understanding and feelings about oneself and the world. The "economic divide" may have led to frustration in the deprived ones due to the negative reintroduction (from the other members of society) about oneself and other members in the class hierarchy.

Gradual Acceptance of Trauma: Some Light at the End of the Tunnel. It is clear from the preceding discussion that intense grief, avoidance of recall of the disastrous event, and the estrangement induced by socioeconomic changes among the survivors in the urban areas impeded the process of acceptance of suffering. Atwood and Martin (1991), Brison (1997, cited in Ellingson, 2001), Dalal (1999), and Kohli and Dalal (1998) asserted that the acceptance of suffering is the first step towards its cognitive reconstruction and process of healing.

M. J. Khatri (2002) mentioned the cases of a few survivors who provided solace to other survivors and in the process accepted their own suffering. However, few such cases were found in this study. In one of the participant families in Bhachau, the members accepted and reconstructed the suffering attributing it to their fate and struggled against the crisis and the socio-economic changes which followed it. Their acceptance of the intense grief was reflected in a short poem appearing alongside the photographs of the deceased son and wife of Himmat Bhai:

*Tame awya nahota kain
thoda ghana varas laine
tame-to jawso hridayma
bhavo bhavni taras laine.*

Addressed to the deceased, the poem may be translated as: Couldn't you come [to this earth] for some more years? You shall remain in my heart making me long deeply [for your physical presence] till eras to come.

Reflections

Throughout this study, a common experience was touching the limit of my capacity to *empathise* with the unimaginable nature and intensity of grief of

the survivors. During the second phase of the study, the presence of my wife provided space to my emotional exhaustion and academic reflections induced by the fieldwork experiences. Also, it was relatively easier to obtain information from female participants as she was present during the interviews and discussions with them.

During the first phase of the study, I struggled to comprehend and act in a situation overwhelmed by the expressions of intense grief of a widow during an interview at Selari. Reflecting on this incident, I realised the relevance of Rosaldo's (1993) assertion that exposure to the intensity of the expression of one's grief sometimes is more insightful than the dense elaboration associated with it. However, during the second phase of the study, I observed that she was managing her life effectively. Such survivors experiencing lingering intense grief were few at Selari. In Bhachau, in both the phases of the study, I was upset by the apathy among some of the survivors towards their own family and community members. Reflecting upon the reason for getting disturbed, I understood that the disturbance was because of my expectation that such an existential crisis should move the survivors more towards humanitarian values. The apathy among some of the survivors, induced by the materialist culture and corruption in administration and vested interests of some of the local influential people, raised difficult questions about the healing vis-à-vis wrecked social support networks.

Among the numerous cases in Bhachau town where grief over the loss of family members loomed large was the case of Shankar Bhai, a low paid government employee. Listening to his and his wife's accounts of the loss of four family members in the disaster was a realisation to me that the existential crisis I had faced (due to the demands implicitly forced on me by the socio-political situations threatening the choice of my way of life and profession) early in my life was of a lesser intensity. This realisation led me to review my crisis which enabled me to see the positive side of my life even during the periods of crisis. According to Ellingson (2001), such a realisation (based on the spontaneous comparison of my illness narratives with those of the participants) is actually a "personal transformation" leading one to adopt a philosophy of life, which constantly activates and reminds one—"I can be of some solace to the people in crisis". She also talked about the "social transformation" a listener may bring about by catering to a sufferer's need, to be listened to, by providing space and strength to the patient to articulate his/her suffering. Brison (1997, cited in Ellingson, 2001) also observed the performative role of speech (which may be facilitated by an empathic listener) in recovery from trauma.

Having listened to the survivors (and in the process empathised with them), I realised that sincere fieldwork participation is an opportunity more for one's growth through reflections and one's sense of contribution to human beings than merely for a personal and academic test of a qualitative researcher.

Concluding Comments

An examination of the process of suffering and healing in Kachchh revealed that the progress in rural areas was satisfactory. But the changing socio-economic conditions posed serious challenges to the healing process (already delayed due to the intense experiences of "emptiness" or "loss") particularly in the urban areas. It has raised several critical and difficult questions. How long were the "economic divide" induced by the administration persist? What will be the nature of suffering of the survivors if it persists? How long will it take for the survivors to effectively address their experiences of "loss"? What will be the nature of a normal and healthy life of the people of Bhachau and other urban areas and how long will it take to come about? Does the meaning of "health" prevalent in rural areas provide an alternative to people in the urban areas? Time will provide some of the answers to these questions.

REFERENCES

- AGGARWAL, M., & DALAL, A.K. (1993). Beliefs about the world and recovery from myocardial infarction. *Journal of Social Psychology, 133*, 385–394.
- ANAND, J., SRIVASTAVA, A., & DALAL, A.K. (2002). Where suffering ends and healing begins. *Psychological Studies, 46*, 114–126.
- ATWOOD, J.D., & MALTIN, L. (1991). Putting eastern philosophies into western psychotherapies. *American Journal of Psychotherapy, 45*, 368–382.
- BRISON, S.J. (1997). Outlining oneself: Trauma, memory, and personal identity. In D.T. Meyers (Ed.), *Feminists rethink the self* (pp. 12–39). Boulder, CO: Westview Press.
- BRYMAN, A. (2001). Introduction: A review of ethnography. In A. Bryman (Ed.), *Ethnography* (vol. 1, pp. IX–XXXIX). London: Sage.
- BUSS, A.R. (1979). The emerging field of sociology of social knowledge. In Allan R. Buss (Ed.), *Psychology in social context* (pp. 1–24). New York: Irvington Publishers.
- DALAL, AJIT K. (1999). Health beliefs and coping with chronic illness. In G. Misra (Ed.), *Psychological perspectives on stress and health* (pp. 100–125). New Delhi: Concept Publishing Company.
- DALAL, A.K., & PANDE, N. (1988). Psychological recovery of the accident victims with temporary and permanent disability. *International Journal of Psychology, 23*, 25–40.

- DALAL, A.K., & PANDE, N. (1999). Cultural beliefs and family care of the children with disability. *Psychology and Developing Societies*, 11(1), 55–75.
- DAS, VEENA. (Ed.). (1992). *Mirrors of violence: Communities, riots and survivors in South Asia*. New Delhi: Oxford University Press.
- DHOLAKIA, HARESH. (2001). *G-paanch thi G-shunya taraf...*. Bhuj: Positive Attitude Training Centre.
- ELLINGSON, L.L. (2001). "Then you know how I feel": Empathy, identification, and reflexivity in fieldwork. In A. Bryman (Ed.), *Ethnography* (vol. IV, pp. 52–74). London: Sage.
- FOUCAULT, M. (1967). *Madness and civilization: A history of insanity in the age of reason*. London: Tavistock Publications.
- GERGEN, K.J. (1973). Social psychology as history. *Journal of Personality and Social Psychology*, 26, 309–320.
- GERGEN, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266–275.
- JOSHI, N. (2002). Bhukampgrastoma Pran Poornari aa chhe sanjeevani samaan sarkaar neetiyo. In Kirti Khatri (Ed.), *Kutchmitra vishesh prakashan-2002* (pp. 22–26). Bhuj: Kutchmitra Printing Press.
- KAKAR, S. (1982). *Shamans, mystics and doctors*. New Delhi: Oxford University Press.
- KHATRI, K. (Ed.). (2002). *Kutchmitra vishesh prakashan-2002*. Bhuj: Kutchmitra Printing Press.
- KHATRI, M.J. (2002). Visham gati, santulit mati. In Kirti Khatri (Ed.), *Kutchmitra vishesh prakashan-2002* (pp. 255–256). Bhuj: Kutchmitra Printing Press.
- KLIENMAN, ARTHUR. (1980). *Patients and healers in the contexts of culture*. California: University of California Press.
- KLIENMAN, ARTHUR. (1988). *The illness narratives: Suffering, healing and human condition*. New York: Basic Books.
- KOCH, S. (1981). The nature and limits of psychological knowledge: Lessons of a century qua "science". *American Psychologist*, 36, 257–269.
- KOHLI, N., & DALAL, A.K. (1998). Culture as a factor in causal understanding of illness: A study of cancer patients. *Psychology and Developing Societies*, 10(2), 115–129.
- LAZARUS, RICHARD S. (2000). Toward better research on stress and coping. *American Psychologist*, 55, 665–673.
- LIFTON, R.J. (1967). *Death in life: Survivors of Hiroshima*. New York: Random House.
- LINCOLN, Y.S. (2001). Emerging criteria for quality in qualitative and interpretive research. In N.K. Denzin & Y.S. Lincoln (Eds), *The American tradition in qualitative research* (vol. I, pp. 108–121). London: Sage.
- MAHESHWARI, M. (2002). Prakritinun rudra swarup, tantrani butthi samvedna ane bhrasht tantroni boorai vachche bhukampgrastonan dusakan dabai gayan. In Kirti Khatri (Ed.), *Kutchmitra vishesh prakashan-2002* (pp. 12–16). Bhuj: Kutchmitra Printing Press.
- MARCUS, G.E., & FISCHER, M.M.J. (1986). *Anthropology as cultural critique: An experimental moment in human sciences*. Chicago: The University of Chicago Press.
- MEAD, G.H. (1913). The social self. *Journal of Philosophy, Psychology and Scientific Methods*, 10, 374–380.
- MEAD, G.H. (1934). *Mind, self and society*. Chicago: The University of Chicago Press.
- MISRA, G. (1994). Psychology of control: Cross-cultural considerations. *Journal of Indian Psychology*, 12, 8–45.
- MISRA, G., & GERGEN, K.J. (1993). On the place of culture in psychological science. *International Journal of Psychology*, 28, 225–243.

- MISRA, G., & VARMA, S. (1999). Introduction: Concerns in the study of stress and health. In G. Misra (Ed.), *Psychological perspectives on stress and health* (pp. 25–37). New Delhi: Concept Publishing Company.
- MITCHAM, C. (1996). Biomedical technologies and environments: Rejecting the ethics of rejecting nature. In J. Chesworth (Ed.), *The ecology of health: Identifying issues and alternatives* (pp. 3–16). Thousand Oaks, CA: Sage.
- PALSANE, M.N. (1998). Concept of stress from traditional Indian standpoint. In Usha Ram (Ed.), *Suffering and stress management: West versus east* (pp. 4–8). Pune: Deepa Publications.
- PARANJPE, A.C. (1984). *Theoretical psychology: The meeting of east and west*. New York: Plenum Press.
- PEPITONE, A. (1987). *Human belief systems*. Paper presented at the XXI Congress of Inter-American Society of Psychology, Havana, Cuba.
- PRIYA, K.R. (2002a, 30 January). Kachchhna bhukamp pidit lokoni vedna ane tena nivaran ni prakriya. *Kutchmitra*, p. 5.
- PRIYA, K.R. (2002b). Suffering and healing among the survivors of Bhuj earthquake. *Psychological Studies*, 47, 106–112.
- RAMASWAMI, S., & SHEIKH, A.A. (1996). Buddhist psychology: Implication for healing. In A.A. Sheikh & K.S. Sheikh (Eds), *Healing east and west*. New York: John Wiley.
- ROSALDO, R. (1993). *Culture and truth: The remaking of social analysis*. London: Routledge.
- SAHAKIAN, W.S. (1982). *History and systems of social psychology*. USA: Hemisphere Publishing Corporation.
- SAMPSON, E.E. (1977). Psychology and the American ideal. *Journal of Personality and Social Psychology*, 35, 767–782.
- SAMPSON, E.E. (1981). Cognitive psychology as ideology. *American Psychologist*, 36, 730–743.
- STACY, M. (1988). *The sociology of health and healing*. London: Routledge.
- SZASZ, T.S. (1960). The myth of mental illness. *American Psychologist*, 15, 113–118.
- THAKKAR, S.M. (2001, 15 April). Laachaar praja, nishkriya vahivatitantra ane nishthur padadhikarioni triveni sangam! *Kutchmitra*, 4–6.
- UNSCHULD, P. (1978). Discussion on David Meguceis paper. *Social Science and Medicine*, 12, 75–77.
- UPADHYAYA, N. (2001, 14 April). Local jevi manosthitiman jhoolto shaheri bhukampgrast manavi. *Kutchmitra*, 4–7.

Kumar Ravi Priya is working on his doctoral dissertation at the Department of Psychology, University of Delhi. His research interest includes human suffering in its social–historical context.