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Role of God and Religion in Healing in Post Disaster Settings

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ABSTRACT

The relationship between God, Religion and Disaster appears not to be a straightforward one. Concept of God and Religion has always given a background to cope up with the effects of disastrous events. They are related in one way or another in the way any disastrous event or natural calamity is being perceived, dealt and the way healing is done in relation to that event. As religious beliefs have different functions, they help in balancing the mental health of the deceased and the effects of aftermath of the disaster, not only at the individual level but also at the community level. The concept of God is vital to look into as many people view it as part of religion and others understand it as not shaded by religion. It is vital to understand how religion and concept of god helps in the healing process of the victims in the post disaster settings. This review paper provides a concise but comprehensive review of the studies done on Religion, God, Natural Hazards, Disasters and the Healing Process involved and recommendations for further research have been stated towards the end of the paper. Insights from the paper will be helpful especially for the disaster management team organizers and social workers to consider these constructs as vital part of the relief programs.

KEYWORDS: God, Disaster, Religion, Coping, Healing

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INTRODUCTION

A disaster is said to occur when a hazard (an event or physical condition with potential to cause loss of life, property, or environment) is realized and the losses incurred exceed the ability of the society to cope using its own resources¹.

Disasters have become widespread it affects individuals and communities across the globe. Such disasters as earthquake, tornado, flooding, hurricane or terrorist attacks have effect on migration patterns, mental and physical health of the victims and it induces traumatic stress². Recent data shows that in first and second half of the 20th century disastrous events are on rise worldwide. They result because of the spatial and temporal conjunction between society and natural hazard³.

More data came in support of that as Guha- Sapir et al (2004)⁴ reported that around 182 million became homeless, around 2 million people were killed and more than 5.1 billion people were badly affected between the period of 1974 and 2003. These data are showing enough evidence to the fact that disasters are increasing at a rapid rate and badly affecting human lives. The United Nations Office for Disaster Risk Reduction (UNISDR) in 2015 ranked India third in the top five most disaster hit nations in the World. According to article⁵ "Worst Natural Disasters in recent times in India and their impact" published in August 23, 2016, Major tragic disasters were Odisha Cyclone in the year of 1999; Gujarat Earthquake; 2001; The Indian Ocean Tsunami, 2004; Uttarakhand Flash Floods 2013; Kashmir Floods, 2014; Cyclone Hudhud Vishakhapatnam 2014; and in the year of 2015 Chennai Floods. Year 2015 witnessed 2800 deaths and damages of 22000 crores.

Disasters such as volcanic eruptions, earthquakes, floods etc. have been usually explained by scientists, governments and media by mentioning them as "unscheduled", "unexpected", "uncertain", "extraordinary" and "unanticipated damage" which effects region which are "over populated", "under developed" or "unprepared" regions.

When individual is experiencing pain in crisis situation it is known as "Suffering"⁵. Cassell (2004 , p. 32)⁷ defined suffering as "the state of severe distress associated with events that threaten the intactness of person". Close to it is a term frequently used "Healing" which is considered as a process of gradual recovery from the pain.

⁶Early studies points out that research done on disaster and other catastrophic events consider it as punishment given by God to human kind and emphasizes on guilt and sinfulness being experienced by the deceased³.

Intent of this research paper is to understand how the concept of God and practicing religion helps the victims in post disaster situations to end “Suffering” and to move on to the process of “Healing”.

METHOD OF THE REVIEW

The systematic review was done in two ways. First in which specific keywords like religion, religiosity, religiousness, Post disaster settings, coping were searched in well-known journals to identify related researches. Second, when appropriate papers were identified references from each paper were serially looked into to get a more comprehensive view of the topic.

RELIGION AND DISASTER

Is religion related to an enhanced way of coping? Whether it suggests a better mental health? As claimed by religious professionals? Or is religious way of coping is an unhealthy way or it leads to worsen mental health and poor adaptation to stress as claimed by Freud, Ellis, and Watters⁷?

Defining religion is a controversial topic in which scholars and researchers have failed to agree on any one specific definition.

According to the MacMillan Encyclopedia of Religions, there is an experiential aspect to religion which can be found in almost every culture:

[...] almost every known culture [has] a depth dimension in cultural experiences [...] toward some sort of ultimacy and transcendence that will provide norms and power for the rest of life. When more or less distinct patterns of behavior are built around this depth dimension in a culture, this structure constitutes religion in its historically recognizable form. Religion is the organization of life around the depth dimensions of experience—varied in form, completeness, and clarity in accordance with the environing culture⁹.

In other words, Religion is an organized system to increase sense of closeness with the sacred or the ultimate being, higher Power in Western religious traditions, or Brahman, manifestations of Brahman, Buddha, or ultimate truth/reality in Eastern traditions. It involves varied beliefs, practices and rituals being followed⁹.

Religion has been considered a meaningful and readily accessible coping resource for the medically ill patients or elders experiencing adverse events and functional impairment from illness or aging¹¹.

An important advantage of religion is availability; many people can use it at any time without reference to social, financial, or physical conditions, unlike other coping strategies.

People do not just talk about superhuman beings, they believe in their existence. People do not merely perform rituals; they also believe that the ritual should be performed for certain reasons and that it will have certain effects.

Religion further intermingles with structural causes of vulnerability and often serves as a factor of marginalization that leads some groups to be discriminated against. Discrimination may lead to greater vulnerability and unequal access to aid in the aftermath of disasters. This is exemplified in Bangladesh, where Hindu communities face greater difficulties in accessing livelihoods than Muslim communities, a difference manifested in uneven death tolls in times of poor harvest and famine (Hartmann and Boyce, 1983).

On the other hand, Bankoff (2004), Gillard and Paton (1999), Schmuck (2000), Smith et al. (2000) and Torry (1986) argue that religion may serve as a coping strategy in the face of recurring hazards or disasters among Muslim, Hindu and Christian communities¹¹.

Gallop Polls in US have shown that it is a religious nation. Majority of them (94%) believes in God, out of them 70% are church members and 40% regularly go to Church or temple or to religious gatherings to attend ritual activities and approximately 60% claims that religion is a very important part of their lives⁹.

It was found that after 9/11 attacks in US majority of the people turned to religious practices to cope with the stress of aftermath of the brutal event. It was found that 90% Americans chose religious coping (reading scriptures, attending religious meetings, performing religious rituals etc.) after a week of terrorist attacks and around 60% people attended memorial services and religious meetings and Bible sales rose to 27% as reported in a study in the New England Journal of Medicine. Religious Coping is not only restricted to US, it is widely practiced in India as well as in Arab countries.

DISASTERS AND RECOVERY

Philosophers have always stated that religion works as a coping mechanism against anxiety (Feuebarch L, 1957), and suffering (Marx K, 1987), and is especially appealing after natural calamities (Freud, 1951)¹³.

It has been found in researches that after tragic suffering (Attran, 2002), death (Norenzayan A, 2006) and randomness (Boyer P, 2006), faith in religion appears to be more appealing¹³.

Numerous studies have shown that religious coping helps in improving health¹⁴, improves social belonging¹⁴ and leads to effective coping¹⁶; it tends to improve emotional regulation, monitoring behavior and conflict regulation and resolution.

McIntosh D N et al, (2006) conducted a study in which it has been found that religious parents who lost their child have better coping abilities. Also studies have shown that in post disaster settings people who religious experience less grief are.

Our culture of suffering tells us this: that we are afraid; that we suffer; that we look on our suffering with extreme, morbid sensitivity; and that we do not know what to do with suffering or with fear¹⁷.

As Oliver- Smith and Hoffman (2002) states Adaptation has always been one of the central concepts in anthropology. To cope with a disaster, religious expressions become important for many people. Commonly, new ceremonies and rituals arise, or old ones continue with new aspects interspersed in the old form. Cultural change occurs in tandem with cultural conservation.

The role of prayers in times of suffering has also been considered to be both mentally and socially effective in coping with disastrous situations and is believed to ward off further events by appeasing deities^{18,19}.

Religion can thus never be detached from the larger picture, as it always interacts with social, economic and political constraints in the construction of people's vulnerability in the face of natural hazards. People do not assess risk in simple terms, in terms of either the threat of hazard or religious and cultural filters. Their assessment always balances a large array of losses and benefits for their everyday life.

It has been observed during the review that studies on this topic is very limited. Earlier as well as the current ones have not paid enough attention in taking initiative to include religion in understanding the issues related to the field^{20,21}.

Future research can be done by exploring how the survivors used their religious practices and teachings in the healing process. By studying how the understanding of concept of God enhances or hampers the healing process. As coping is both positive and negative, more effort should be done to understand negative coping in post disaster settings and to understand its role and importance. By trying to study different rituals victims engage in to speed up healing process. Lastly attention should also be directed to atheists, who do not believe in God but are religious or the ones who believes in neither of them.

Bear in mind that many quantitative studies have been done in this field which is not quoted here.

CONCLUSION

Review has shown that religion has proven to be as one of the most effective ways of coping in post disaster settings and in many stressful events as well and in many cultures it is the primary

way of coping as it is a sense of faith in unknown. Many authors in their researches confirm to this fact that people who practice religious ways of coping have better healing capacity and better mental health as compared to those who are not engaged in religious coping during aftermath of disasters. The field of religious coping is expanding rapidly and it needs more researches so that social worker and other healthcare practitioners can include religious coping in their practices.

REFERENCES

1. Priya, K. R. Disaster Mental Health. In Kenneth D. Keith (Ed.), *Encyclopedia of Cross-Cultural Psychology* Malden, MA: Wiley-Blackwell. 2013; 421-423
2. Rosenfeld, L., Caye, J., Ayalon, O. and Lahad, M. When their world falls apart: Helping families and children manage the effect of disasters, Washington, DC: NASW Press 2005.
3. J.C. Gaillard & P. Texier Religions, natural hazards, and disasters: An introduction, 2010; 40:2: 81-84.
4. Guha-Sapir, D., Hargitt, D., Hoyois, P., (2004). Thirty Years of Natural Disasters 1974-2003: The Numbers. Presses de l'Universit  Catholique de Louvain, Brussels.
5. Worst Natural Disasters in Recent Times in India and Their Impact. (2016). Retrieved from <https://www.icicilombard.com/insurance-information/home-insurance-info/article/worst-natural-disasters-in-recent-times-in-india-and-their-impact,28> May,2019.
6. Merskey, H. The illness narratives: Suffering, healing and the human condition. *Pain*, 1989; 36(1):135.
7. Cassell, E. J. The nature of suffering and the goals of medicine (2nd ed.). New York, NY: Oxford University Press. 2004
8. Chester, David & Duncan, Angus. Responding to disasters within the Christian tradition, with reference to volcanic eruptions and earthquakes. *Religion*. 2010; 40: 85-95.
9. Koenig, H. G. *Faith and Mental Health: Religious Resources for Healing*. Philadelphia: Templeton Foundation Press. 2005
10. Jones, L. *Encyclopedia of religion*. New York: Macmillan. 2005
11. Bosworth, Hayden B., Kwang-Soo Park, Douglas R. McQuoid, Judith C. Hays, and David C. Steffens. The impact of religious practice and religious coping on geriatric depression. *International Journal of Geriatric Psychiatry* 2003; 18(10): 905–14.
12. J.C. Gaillard & P. Texier. Religions, natural hazards, and disasters: An introduction, 2010; 40:2: 81-84.

13. Sibley CG, Bulbulia J. Faith after an Earthquake: A Longitudinal Study of Religion and Perceived Health before and after the 2011 Christchurch New Zealand Earthquake. *PLoS ONE* 2012; 7(12): e49648.
14. Koenig H, McCullough M, Larson D. *Handbook of Religion and Health*. New York: Oxford University Press. 2012
15. Sibley C, Bulbulia J Healing those who need healing: How religious practice interacts with personality to affect social belonging. *Journal for the Cognitive Science of Religion* 2012; 1: 29–45.
16. Miller WR, Thoresen CE Spirituality, religion, and health: An emerging research field. *The American psychologist* 2003; 58: 24–35.
17. Norris, R. S. The paradox of healing pain. *Religion*, 2009;39(1): 22-33.
18. Bankoff, G., Frerks, G., Hilhorst, D., *Mapping Vulnerability: Disasters, Development and People*. Earthscan, London. 2004
19. Mitchell, J.T., The hazards of one's faith: hazard perceptions of South Carolina Christian clergy. *Environmental Hazards* 2000; 2(1): 25–41.
20. Burton, I., Kates, R.W., White, G.F., *The Environment as Hazard*. The Guilford Press, New York. 1993
21. Wisner, B., Assessment of capability and vulnerability. In: Bankoff, G., Frerks, G., Hilhorst, D. (Eds.), *Mapping Vulnerability: Disasters, Development and People*. Earthscan, London, 2004; 183–193.
22. Hoffman, S. M., & Oliver-Smith, A. *Catastrophe & culture: The anthropology of disaster*. Santa Fe: School of American Research Press. 2013
23. McIntosh, D. N., Reichmann-Decker, A., Winkielman, P., & Wilbarger, J. L. When the social mirror breaks: Deficits in automatic, but not voluntary, mimicry of emotional facial expressions in autism. *Developmental Science*, 2006; 9(3): 295-302.