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## Hope Intervention against Depression in the Survivors of Cold Lava Flood from Merapi Mount

S. Retnowati<sup>a\*</sup>, D.W. Ramadiyanti<sup>a</sup>, A.A. Suciati<sup>a</sup>, Y.A Sokang<sup>a</sup>, H. Viola<sup>a</sup>.

<sup>a</sup>*Faculty of Psychology, Universitas Gadjah Mada, Jl. Humaniora 1 Yogyakarta, 55281, Indonesia*

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### Abstract

The series of Mount Merapi eruptions, which involved a big explosion on 26 October 2010, had been made the damages. It caused the residents, especially those having responsible for other people such as mothers, volunteers, teachers and village apparatus, get depressed. They went through so much depression because besides as survivors their beings were important to others. Therefore, the impacts they felt were not only physical but also psychological. In addition to depression, they were attacked by anxiety. The subjects of this research were groups of mothers, volunteers, teachers and village officials of Sirahan Village, Magelang Regency. Intervention of Hope to lessen depression was taken to them in order to help them face the post-disaster situations. Hope Intervention covered session aiming to identify goals, plan strategies and strengthen motivation to reach the goals. The intervention was taken in four-time meeting with duration of more or less two hours per meeting. The research used a design involving untreated control group with dependent pre-test and post-test and waiting list control group. The control group was given the same treatment after the research process ended. The scores gained by both groups were analyzed with Mann-Whitney Test. The data resulted from observation were analyzed qualitatively. Both analyzing methods showed that there was significant difference of the average of depression rate between the experiment group and the control group at the pre-test and post-test with the value of  $F = 11.589$ ;  $p=0.001$  ( $p<0.05$ ). This result showed that hope intervention had significant influence on decreasing the depression rate in the experiment group compared with that in the control group. Therefore it can be concluded that Hope Intervention can lessen depression in the survivors of natural disaster.

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\* Corresponding author. Tel.: +620274550435; fax. +62274550436  
E-mail address: [sofia\\_retnowati@yahoo.com](mailto:sofia_retnowati@yahoo.com)

## 1. Introduction

Prior to the big explosion and eruption on 26 October 2010, the status of Mount Merapi had been raised to “Caution Alert” since 20 September 2010. Eventually it was reduced to “Alert” on 3 December 2010 (Andayani, 2010). The eruptions had discharged a massive amount of sand and stones, piling up on the slopes of the volcano. When rain poured heavily on the slopes, rivers brought cold lava down and flooded the lower grounds. Kali Putih River that runs through Sirahan Village, Magelang District overflowed, making the village one of areas heavily affected by the cold lava flood. The disaster brought impacts to the environment and people. According to the National Disaster Mitigation Agency (BNPB), the eruptions and cold lava flood caused damages in the sectors of settlement, public infrastructure, economy and society (BNPB, 2011). There were more people living under poverty level so that social strata changed (BNPB, 2010). The residents of Sirahan Village lost their main livelihood as farmers because their farming lands and gardens were covered by the volcanic materials. Moreover, it was difficult for them to get funds to start businesses and recover their economy.

The impacts were not only physical but also psychological. Ehrenreich (2001) revealed that the source of trauma does not end when the disaster ends or when a victim has been evacuated. Survivors need to stay at refugee camps in a short or long period of time. The people of Sirahan Village had to go through this condition. They stayed at temporary shelters for three months. Afterwards, many of them still had to remain there because they no longer had any house due to the flood and some of them were still afraid to go back to their houses because the flood could still happen. Those already going back were always haunted by anxiety when the sky began to turn dark. They would have gone back to the shelters if they found it was likely going to rain (Ramadhiyanti, Sokang, Suciati, & Viola, 2012). Such condition is similar with those depicted by numerous older researches, which conclude that post-disaster responses may come up in different forms such as decrease of consciousness, derealization, depersonalization and amnesia (Eriksson & Lundin, 1996). In addition, sadness and distress, paranoia, anxiety, shock and disbelief take place at high intensity (Gray, Maguen, & Litz, 2004). High intensity emotion that is not well tackled will generate symptoms of anxiety and affective disorder as well as the symptoms of Post-Traumatic Stress Disorder (PTSD, Dirkzwager, van der Velden, Grievink, & Yzermans, 2007; Gray et al., 2004; Irmansyah, Dharmono, Maramis, & Minas, 2010). Disaster-affected people usually also show symptoms of being difficult to control anger, suspicious, sensitive and hostile, avoiding or withdrawing from other people, having sleep disorder due to nightmares, waking up suddenly due to flashback and anxiety of disaster to happen again (Ehrenreich, 2001). The disaster affected so much the people of Sirahan Village that they easily believed in anything that actually was still doubtful. They had once fled back to the shelters because one of them dreamed that bigger flood would come. In addition, there was someone believed to have ability to predict the future so that he could make sure when lava flood would come (Ramadhiyanti et al., 2012).

The results of preliminary research showed that there were complaints from a number of affected people. Women said that the disaster kept bothering their mind. They were always worried about the flood that could happen again. It affected them physically. Every time they saw cloudy sky their heart pounded and body trembled. They also would feel dizzy, painful at chest, hard to sleep and often have nightmare. Groups of teachers also made complaints. Following the disaster, they found difficulties to run school activities. It was difficult for them to handle the behavioral changes of their students who became more “disobedient” and even often skipped school. They also found difficult to accommodate the complaints of students’ parents about the changes and fear in their children. Village officials also went through hardship because the residents demanded aids from the government. When the aids came, they expected aids in the form of goods and money more. In addition, the burden of their work got heavier, making them suffer from both physical and psychological disorders. Meanwhile, volunteers disapproved the attitude of the affected people because they received material aids only. They kept complaining and the volunteers got tired of hearing. However, they could hardly understand. On the other hand, the volunteers had their own burden because while thinking about the affected people, they had to think about their own conditions too (Ramadhiyanti et al., 2012). Such complaints fit the symptoms of reduced Autobiographical Memory Specificity, which explains that individuals suffering from depression tend to be hard to form detailed memories about an unpleasant event and to avoid remembering them, making them difficult to make decision to solve the problem, lose positive reinforcement, feel powerless and depressed (Neshat-Doost et al., 2012)

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