



The Trauma Of Tourists Affected By Disasters

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ABSTRACT

The research purpose is to explore the trauma experienced by tourists impacted by disasters. These adverse experiences may lead to an enduring sense of insecurity, deterring them from revisiting the affected destinations. While some individuals exhibit post-traumatic growth-demonstrating increased resilience and psychological strength-others may struggle to cope, leading to maladaptive behaviors such as increased use of harmful substances. Furthermore, the mental well-being of local residents after disaster, especially those employed in the tourism sector, may also be compromised, potentially diminishing the quality-of-service provision and the overall appeal of the destination. The research methodology used a qualitative research approach utilizing descriptive methods supported by a systematic literature analysis. The literature review was conducted using peer-reviewed journal articles indexed in the Scopus database, covering the period from 1919 to 2025. Six targeted keywords were used to identify relevant publications: Tourists in disaster-affected areas (11), Tourists in disaster (1,454), disaster survivors (limited to psychology) (916), Tourist trauma (8), Posttraumatic after disaster (768) and psychological effects of disaster (686). This keyword strategy facilitated the identification and synthesis of scholarly sources relevant to trauma experienced by tourists in post-disaster contexts. The research findings highlight the diverse psychological traumas experienced by tourists affected by natural disasters, both during the event and in its aftermath.

INTRODUCTION

Indonesia is among the countries that have a risk of natural disasters including earthquakes, floods, volcanic eruptions, and deteriorating air quality. According to a study by Journo Report and Intersec (<https://www.tempo.co/lingkungan/studi-indonesia-peringkat-ke-2-dalam-daftar-destinasi-wisata-dengan-risiko-bencana-alam-terbesar-147062>), five countries consistently identified as having the highest disaster risk for tourists-based on factors such as seismic activity, population exposure to flooding, volcanic threats, and air quality index-include Japan, Indonesia, Chile, Mexico, and Russia. These research findings are supported by existing literature on geographic and environmental vulnerability in major tourism zones (See also (Gaudru 2014; Nagai et al. 2020; Sahoo and Lenka 2023; Seal et al. 2022; Sholeha et al. 2025)). Despite the high level of risk, both tourists and tourism destination managers often exhibit limited preparedness and insufficient disaster mitigation strategies. This gap in disaster resilience raises concerns about the psychological and physical safety of tourists in disaster-prone regions.

Indonesia, in particular, presents a unique case due to its complex geotectonic position along the Pacific Ring of Fire. This positioning makes many of its tourist destinations highly susceptible to natural disasters, including volcanic-eruptions, tsunamis, floods and landslides. Popular tourist areas located near active volcanoes, low-lying coastal zones, and mountainous regions are especially vulnerable to sudden-onset disasters. The following table 1 presents a list of major tourist destinations in Indonesia that are at heightened risk of natural hazards.

Table 1. Tourist Destinations with the Potential for Natural Disasters

No	Tourist Destinations	Potential for Natural Disasters	Source
1.	Mount Bromo, Mount Merapi, Mount Agung and various other volcanoes	Potential eruptions that endanger tourists	(Maulana, Prasetyo, and Wijaya 2017)
2.	Anyer Banten, Pangandaran and Bali	Prone to tsunamis, earthquakes and eruptions of Mount Anak Krakatau	https://www.radarbanten.co.id/2024/08/28/30-persen-daerah-wisata-di-banten-berpotensi-terkena-bencana-alam/
3.	Bandung Regency (Cicalengka such as dreamland, cinulang waterfall, Rengganis crater in Rancabali, palace cliffs in Cimenyan); Pangalengan (sky park, Wayang Windu mountain, Cibolang hot springs); Batu Kuda Tourist Locations in Cileunyi, Baros River in Arjasari, Pasir Mulya Shape in Banjaran, Mount Puntang or Mega Peak in Cimaung, Cisangkuy Hantap River in Banjaran, Love Park in Soreang, Citarum Swimming Pool in Arjasari	Steep slope or landslide-prone areas	https://www.tempo.co/hiburan/15-lokasi-wisata-yang-rawan-bencana-di-kabupaten-bandung-273953

Source: Research Results, 2025

Such traumatic experiences can result in persistent feelings of insecurity and discomfort, deterring many affected tourists from returning to the disaster site. Despite these challenges, some individuals demonstrate post-traumatic growth (Shultz et al. 2013). Bernd Kraemer et.al (Kraemer et al. 2009) reported that, in the aftermath of the 2004 Indian Ocean Tsunami.

RESEARCH METHOD

The research methodology used a qualitative approach with descriptive methods supported by systematic literature analysis. The data sources comprised peer-reviewed articles retrieved from the Scopus database, spanning the publication period from 1919 to 2025. A keyword-based search strategy was implemented to identify relevant literature, focusing on psychological responses to disasters within tourist populations. Six keyword clusters were used to guide the literature search: Tourists in disaster-affected areas (11 articles), Tourists in disaster (1,454 articles), disaster survivors (psychology-specific, 916 articles), Tourist trauma (8 articles), Posttraumatic after disaster (768 articles) and psychological effects of disaster (686 articles). The total number of articles identified for each keyword is presented in Table 2.

Table 2. Number of Articles by Keyword in the Scopus Database 1919-2025

No	Keywords	Year of Publication	Number of Articles
1.	Tourists in disaster-affected areas	2012-2024	11
2.	Tourists in disaster	1971-2025	1.454
3.	disaster survivors (limited to psychology)	1978-2025	916
4.	Tourist trauma	2009-2020	8
5.	Posttraumatic after disaster	1985-2025	768
6.	Psychological effects of disaster	1919-2025	686
	TOTAL		3.843

Source: Research Results, 2025

RESULTS AND DISCUSSION

Trauma reflects a dysfunction in the psyche's ability to process, integrate, and symbolize lived experiences (Azevedo and Brandão 2019). Furthermore, trauma is not solely an intrapsychic phenomenon. It manifests relationally, often altering interpersonal dynamics and fostering rigid, maladaptive behavioral patterns that constrain an individual's emotional and social functioning (Brothers 2011). From a broader lens, trauma can also be conceptualized as a response to social-political oppression and systemic adversity (Thompson 2021). A comprehensive understanding of trauma necessitates the integration of both external traumatic events and internal psychological processes, acknowledging the dynamic interplay between environmental stressors and individual vulnerability (Alford 2018).

Traumatic memories are often encoded in fragmented or non-verbal forms, making them inaccessible to narrative processing. This unresolved state can manifest somatically and repetitively, reflecting a form of psychological entrapment in the original traumatic experience (Levine 2014, 2021). At the neurobiological level, trauma alters brain structure and function, leading to behavioral dysregulation and psychological distress (Reid and Gardy 2024). These complex manifestations underscore the necessity for trauma-specific therapeutic approach (Grace and Stewart 2015). Moreover, trauma may extend beyond the individual, taking the form of intergenerational or collective trauma, where unresolved psychological injuries are transmitted across generations (Isobel, Goodyear, and Foster 2019; Young 2006). Integrating positive psychology into trauma recovery has also shown promise in reinforcing post-disaster resilience and psychological well-being (Vernberg et al. 2016). Effective trauma interventions consistently prioritize creating therapeutic space defined by safety, acceptance, and collaborative relationships (Alessi and Kahn 2019). Healing from trauma involves restoring an individual's capacity for trust, autonomy, competence, identity, and intimacy-core psychological domains often disrupted by traumatic exposure (Zepinic 2008). Comprehensive trauma management models that integrate biopsychosocial perspectives are vital in fostering adaptive resilience (Wiese 2013). Psychological First Aid (PFA) supports initial stabilization by fostering a sense of safety, calm, efficacy, connectedness, and hope (Wade et al. 2013). Additionally, individual trauma responses are shaped by neurodiversity, cultural context, and personal history, necessitating a flexible and culturally attuned approach to care (Farrington and Woodward 2024).

Natural disasters exert significant and multifaceted psychological impacts on both local residents and tourists.

1. Post-Traumatic Stress Disorder (PTSD), which is typified by intrusive flashbacks, recurring nightmares, hyperarousal, and persistent anxiety (von Känel and Ferrari 2011; Musa et al. 2014; Shultz et al. 2013). The risk of PTSD is heightened among individuals with higher levels of exposure or personal loss.
2. Depression and Anxiety variables such as socioeconomic disadvantage, insufficient social support networks, and, heightened religiosity (Cherry et al. 2015; Musa et al. 2014). These conditions often coexist with PTSD, further complicating recovery trajectories.
3. Substance Use Disorders: There is also a documented increase in the incidence of substance abuse among disaster survivors. Substances are often used maladaptive as a means of managing psychological distress and emotional dysregulation stemming from both immediate and prolonged exposure to traumatic events (Shultz et al. 2013).

Theoretical and Practical Contribution

To address the psychological consequence experienced by tourists following natural disasters, this research offers several evidence-based mitigation strategies for practical contribution. First, mental health screening for disaster-affected tourists (Persaud et al. 2018). Research indicates that individuals from lower socioeconomic backgrounds are particularly vulnerable to depression and anxiety in post-disaster contexts (Cherry et al. 2015).

Second, enhancing community preparedness and resilience is crucial to reducing the psychological burden of disasters. This involves the development of adaptive coping strategies (Parimala Gandhi et al. 2024) and mitigates the mental health effects of disaster exposure (Cherry et al. 2015; Reyes-Valenzuela et al. 2021)

Third, The establishment of specialized post-disaster mental health care centers is further recommended to provide sustained psychological support and to facilitate long-term community recovery (Fukuchi and Chiba 2022).

CONCLUSION

The research findings elucidate the diverse psychological traumas experienced by tourists impacted by natural disasters, both during the disasters phase and in the aftermath. Trauma understood as a condition that dominate an individual's psychological capacity, disrupts cognitive and emotional functioning, manifests in maladaptive relational patterns, and is often shaped by broader socio-political stressors. Disaster-related trauma among tourists is influenced by factors such as the degree of exposure, the extent of material and personal loss, and the resulting disruptions within the affected social environment.

In response to these conclusions, the research proposes several mitigation strategies aimed at supporting the mental health of disaster-affected tourists. The establishment of dedicated post-disaster mental health care centers is also recommended to ensure sustained psychosocial support and to facilitate long-term community recovery.

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