

A PHENOMENOLOGICAL STUDY ON THE LIVED EXPERIENCE OF LANDSLIDE VICTIMS IN WAYANAD DISTRICT, KERALA

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Abstract

Background: On 30 July 2024, catastrophic debris flows devastated the Mundakkai–Chooralmala–Attamala belt of Wayanad district, Kerala, in one of India's deadliest landslide disasters, destroying entire settlements and displacing thousands. While geological and epidemiological dimensions of such events are increasingly documented, the subjective world of survivors remains poorly understood.

Objective: To explore and describe the lived experience of adult survivors of the 2024 Wayanad landslide disaster.

Methods: A descriptive (Husserlian) phenomenological design was adopted. Fourteen adult survivors (aged 24–68 years) residing in transitional accommodation were recruited through purposive and snowball sampling. In-depth, semi-structured interviews (45–90 minutes) were conducted in Malayalam between May and July 2025, audio-recorded, transcribed verbatim, translated, and analysed using Colaizzi's seven-step method. Trustworthiness was ensured through member checking, peer debriefing, bracketing, and an audit trail, and reporting followed the COREQ checklist.

Results: Six major themes with eighteen subthemes emerged: (1) the night the mountain fell: terror and chaos; (2) living with loss: grief and survivor guilt; (3) uprooted lives: displacement and liminality; (4) the mind after the mud: enduring psychological aftermath; (5) hands that held us: solidarity and social support; and (6) rebuilding on uncertain ground: hope amid uncertainty. Rain-triggered fear, intrusive re-experiencing, disrupted livelihoods, and anxiety over permanent rehabilitation dominated survivors' narratives, counterbalanced by powerful accounts of community solidarity and spiritual coping.

Conclusion: Survivors' experience is an unfinished continuum of trauma extending well beyond the event itself, sustained by displacement, livelihood loss and uncertainty. Disaster-recovery policy in landslide-prone regions must integrate long-term, community-embedded psychosocial care, transparent rehabilitation timelines, and livelihood restoration alongside physical reconstruction.

Keywords: landslide; Wayanad; lived experience; phenomenology; disaster survivors; psychosocial care; qualitative research; Kerala

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1. Introduction

Landslides are among the most lethal hydro-geological hazards in the humid tropics, and the Western Ghats of India constitute one of the most landslide-susceptible landscapes in South Asia [1,2]. Kerala, situated on the windward escarpment of the Ghats, has witnessed an intensifying cycle of monsoon-triggered slope failures over the past decade, including the Puthumala and Kavalappara disasters of 2019 [2,3]. On the night of 29–30 July 2024, after extreme rainfall over a short duration, a series of massive debris flows originating near Punchirimattam swept through the villages of Mundakkai, Chooralmala and Attamala in Wayanad district, burying homes, schools, plantations and

roads. Official accounts place the death toll among the highest ever recorded for a single landslide event in India, with hundreds killed or missing and thousands displaced to relief camps and transitional housing [4].

Quantitative disaster research has established that survivors of sudden-onset geophysical disasters carry a substantial burden of post-traumatic stress, depression, prolonged grief and functional impairment, and that this burden is amplified by bereavement, displacement and economic loss [5,6]. Yet statistics alone cannot convey what it means to be awakened by the roar of a collapsing hillside, to lose family, land, livelihood and neighbourhood in minutes, and then to live for months in temporary

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shelters awaiting rehabilitation. Phenomenology—concerned with the structures of subjective experience—offers a rigorous pathway into this meaning-world [7,8]. Understanding survivors' lifeworld is not merely of academic interest: the Sendai Framework for Disaster Risk Reduction explicitly calls for people-centred, survivor-informed recovery [9], and psychosocial programming that ignores lived experience risks being technically correct but existentially irrelevant [10].

Although a growing body of Indian scholarship has examined the geotechnical causes, early-warning gaps and epidemiology of the Wayanad disaster, qualitative inquiry into survivors' subjective experience remains scarce. To our knowledge, no published phenomenological study has yet described the lived experience of the 2024 Wayanad landslide survivors during the protracted transitional-shelter phase. The present study addresses this gap. The research question guiding the inquiry was: "What is the lived experience of adult survivors of the 2024 landslide disaster in Wayanad district, Kerala?"

2. Materials and Methods

2.1 Study design

A qualitative, descriptive phenomenological design grounded in Husserlian philosophy was adopted, as the aim was to describe the essential structure of a shared experience rather than to interpret it through a pre-existing theoretical lens [7]. Reporting follows the Consolidated Criteria for Reporting Qualitative Research (COREQ) [11].

2.2 Setting

The study was conducted in Wayanad district, Kerala, specifically among survivors of the Mundakkai–Chooralmala–Attamala landslides residing in government- and NGO-supported transitional accommodation (rented houses and township units) in Meppadi and Kalpetta blocks. Fieldwork occurred approximately 9–12 months after the disaster (May–July 2025), a period during which most survivors were still awaiting permanent rehabilitation.

2.3 Participants and sampling

Purposive sampling, supplemented by snowballing through community health volunteers, was used to recruit information-rich cases. Inclusion criteria were: (a) adults aged ≥ 18 years; (b) direct exposure to the landslide (residence within the affected villages on the night of the event); (c) willingness and psychological readiness to narrate the experience; and (d) ability to communicate in Malayalam. Individuals in acute psychiatric crisis, as screened by the accompanying counsellor, were excluded and referred for care. Recruitment continued until data saturation—no new codes in two consecutive interviews—was reached at the twelfth interview; two further interviews were

conducted for confirmation, giving a final sample of fourteen (Table 1).

2.4 Data collection

Data were collected through face-to-face, in-depth, semi-structured interviews conducted in Malayalam by the first author (trained in qualitative interviewing and psychological first aid) at a private space within or near the participants' accommodation. Interviews lasted 45–90 minutes (mean ≈ 62 minutes), were audio-recorded with consent, and were supported by field notes capturing non-verbal expression and context. The interview guide (Table 2) was developed from the literature and validated by three experts in qualitative research and disaster mental health, and was pilot-tested with two survivors (not included in the analysis). Probes such as "Can you tell me more about that?" were used to deepen description. A trained counsellor was available throughout, and interviews were paused or rescheduled whenever distress escalated.

2.5 Data analysis

Recordings were transcribed verbatim in Malayalam, translated into English, and back-translated to verify semantic equivalence. Colaizzi's seven-step method [12] structured the analysis: (1) reading each transcript repeatedly to gain a sense of the whole; (2) extracting significant statements; (3) formulating meanings; (4) clustering formulated meanings into themes; (5) developing an exhaustive description of the phenomenon; (6) identifying its fundamental structure; and (7) returning the findings to participants for validation (member checking). Two researchers coded independently and resolved discrepancies through discussion; a third researcher audited the theme structure. In total, 412 significant statements yielded 96 formulated meanings, 18 subthemes and 6 major themes.

2.6 Trustworthiness

Lincoln and Guba's criteria guided rigour [13]. Credibility was supported by prolonged engagement in the field, member checking with nine participants, and peer debriefing. Transferability was addressed through thick description of context and participants. Dependability and confirmability were supported by a complete audit trail and by bracketing: researchers recorded their presuppositions in reflexive journals before and during data collection and consciously set them aside during analysis.

2.7 Ethical considerations

The protocol was approved by the Institutional Ethics Committee of [Institution] (Approval No. IEC/___/2025, dated ___/___/2025), and administrative permission was obtained from district authorities. Written informed consent covered participation, audio-recording and anonymised publication of quotations. Given the trauma-sensitive nature of the inquiry, a distress protocol with referral pathways to the District Mental Health Programme was in place; three

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participants accepted referral for follow-up counselling. Pseudonym codes (P1–P14) protect identity.

Table 1. Socio-demographic and disaster-exposure profile of participants (N = 14) — illustrative data.

Characteristic	Category	n (%)
Age (years)	18–30	3 (21.4)
	31–45	5 (35.7)
	46–60	4 (28.6)
	> 60	2 (14.3)
Sex	Male	6 (42.9)
	Female	8 (57.1)
Education	Primary or below	4 (28.6)
	Secondary	6 (42.9)
	Higher secondary and above	4 (28.6)
Pre-disaster occupation	Plantation/agricultural labour	7 (50.0)
	Small business/shop	2 (14.3)
	Homemaker	3 (21.4)
	Salaried/other	2 (14.3)
Village of residence	Mundakkai	6 (42.9)
	Chooralmala	5 (35.7)
	Attamala/Punchirimattam	3 (21.4)
Loss of immediate family member(s)	Yes	8 (57.1)
	No	

		6 (42.9)
House status	Completely destroyed	10 (71.4)
	Severely damaged/uninhabitable	4 (28.6)
Current accommodation	Government-rented house	7 (50.0)
	Transitional township unit	5 (35.7)
	Relative's home	2 (14.3)

Table 2. Semi-structured interview guide (core questions).

No.	Core question
1	Please take me back to that night. What do you remember experiencing when the landslide happened?
2	What went through your mind and body in the hours and days immediately afterwards?
3	What has it been like to live away from your home and land since then?
4	How has this experience affected your sleep, feelings, and everyday life now?
5	Who or what has helped you the most through this period, and how?
6	How do you see your future, and what does 'recovery' mean to you?
7	Is there anything you feel people in authority, or outsiders, do not understand about your experience?

3. Results

Fourteen survivors participated (Table 1). Analysis yielded six major themes and eighteen subthemes describing the essential structure of the lived experience (Table 3; Figure 1). Illustrative verbatim excerpts are presented with participant codes.

Table 3. Thematic structure with representative significant statements — illustrative data.

Major theme	Subthemes	Representative significant statement
T1. The night the mountain fell: terror and chaos	1.1 Sensory horror of the event	“The sound was like the sky and the earth breaking together... then the smell of wet soil
	1.2 Flight and survival decisions	

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	1.3 Helplessness in darkness	everywhere.” (P4)
T2. Living with loss: grief and survivor guilt	2.1 Bereavement and bodies never found 2.2 Loss of home, land, belongings 2.3 Guilt of surviving	“We could not even see her face one last time. How do you finish a goodbye that never began?” (P9)
T3. Uprooted lives: displacement and liminality	3.1 Life in camps and rented rooms 3.2 Broken routines and lost privacy 3.3 Feeling like a guest everywhere	“This is a house, not a home. My home is under the stones now.” (P2)
T4. The mind after the mud: psychological aftermath	4.1 Re-experiencing and nightmares 4.2 Rain as a trigger of fear 4.3 Sadness, worry and body pains	“When the rain becomes heavy, my chest tightens... I sit awake watching the hills.” (P6)
T5. Hands that held us: solidarity and support	5.1 Rescuers, volunteers, neighbours 5.2 Faith and spiritual coping 5.3 Care that faded with time	“Strangers dug with their bare hands for us. Kerala stood with us—those days I will never forget.” (P11)
T6. Rebuilding on uncertain ground: hope amid uncertainty	6.1 Waiting for permanent housing 6.2 Livelihood anxieties 6.3 Determination and meaning-making	“Give us land and work—we will rebuild our lives with our own hands.” (P13)

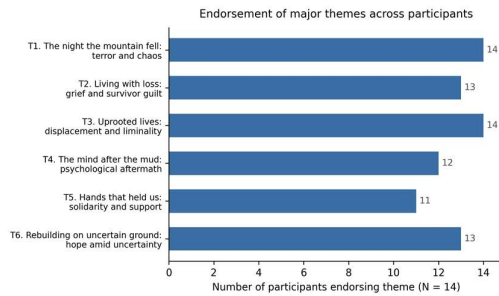


Figure 1. Number of participants whose narratives contained each major theme (N = 14) — illustrative data.

3.1 Theme 1 — The night the mountain fell: terror and chaos

Every narrative returned, unprompted, to the sensory imprint of the event: a deep subterranean roar, the ground vibrating, the smell of churned earth, absolute darkness, and screams. Participants described split-second decisions—whom to carry, which direction to run—made without information, in torrential rain, sometimes chest-deep in debris-laden water.

“First there was a sound like thunder that did not stop. Then the house shook. I grabbed my son and ran without slippers. Behind us, the place where our neighbours slept was simply gone.” (P1, female, 38)

“We stood on the higher rock till morning, soaked, hearing people cry out from under the mud and not being able to reach them. That helplessness lives in me still.” (P7, male, 52)

3.2 Theme 2 — Living with loss: grief and survivor guilt

Loss was described as total and layered: family members, ancestral land, houses built over generations, documents, photographs, animals and the social fabric of the village itself. Grief was complicated for the eight participants whose relatives’ bodies were never recovered or were identified only through DNA matching, foreclosing culturally essential death rituals. Several survivors articulated guilt—at surviving, at not waking others, at having moved to safety alone.

“The land where my father and grandfather worked, where my children were born—it is not damaged, it does not exist. The river flows where my kitchen was.” (P3, male, 61)

“I keep thinking, if I had shouted louder at midnight, maybe the family next door would have come out. Everyone says it is not my fault. The heart does not listen.” (P10, female, 44)

3.3 Theme 3 — Uprooted lives: displacement and liminality

Nine to twelve months on, participants lived suspended between an unreachable past and an undefined future—a liminality expressed in phrases such as “living in between” and “guests in our own district.” Rented houses were appreciated yet experienced as placeless; the scattering of former neighbours across different locations dissolved everyday networks of mutual care, and children’s schooling, travel costs and the loss of kitchen gardens and livestock reshaped daily life.

“In Mundakkai I never bought vegetables; everything grew beside my house. Now every single thing needs money, and there is no work.” (P5, female, 47)

3.4 Theme 4 — The mind after the mud: enduring psychological aftermath

Participants described intrusive memories, nightmares of walls of mud, startle responses to lorries and thunder, and pervasive sadness. The most universal trigger was rain: the monsoon that once meant livelihood now signalled danger, and many reported sleepless vigilance on rainy nights, some repeatedly checking on children or keeping bags packed. Somatic complaints—headache, chest tightness, body pain—interwove with worry. Figure 2 summarises self-reported psychosocial responses.

“The first rain after we shifted here, I woke my husband and children and made them sit in the front room till morning. My mind knows this hill is safe. My body does not believe it.” (P8, female, 33)

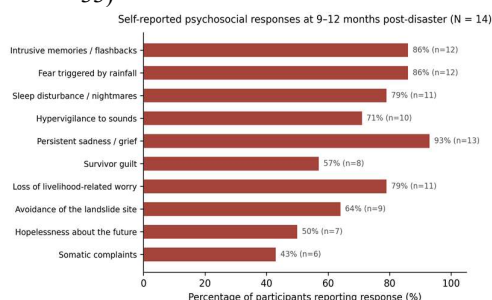


Figure 2. Self-reported psychosocial responses at 9–12 months post-disaster (N = 14) — illustrative data.

3.5 Theme 5 — Hands that held us: solidarity and social support

Counterbalancing trauma were vivid accounts of solidarity: neighbours forming human chains, volunteers and rescue teams working in the debris, donations from across Kerala and beyond, and the steady presence of health workers and counsellors in the camps. Faith practices—prayer, mosque and temple communities, rituals for the dead—provided containment for grief. Yet many observed that attention and support thinned as months passed,

leaving a sense of being remembered only on anniversaries.

“In the camp we were one family—Hindu, Muslim, Christian, nobody asked. That love gave us strength when we had nothing.” (P12, male, 29)

3.6 Theme 6 — Rebuilding on uncertain ground: hope amid uncertainty

The future was narrated as a tension between determination and uncertainty. Participants expressed resolve to work and rebuild, and pride in their children’s resilience, but this coexisted with anxiety about the location and timeline of the promised township, fairness of compensation, and restoration of plantation-based livelihoods. Perceived unmet needs clustered around permanent housing, livelihood and continued mental-health follow-up (Figure 3). ‘Recovery’, for most, meant not a house alone but land, work, community and safety from the hills.

“Hope is the only thing the landslide could not take. But hope also gets tired when it has to wait too long.” (P14, female, 26)

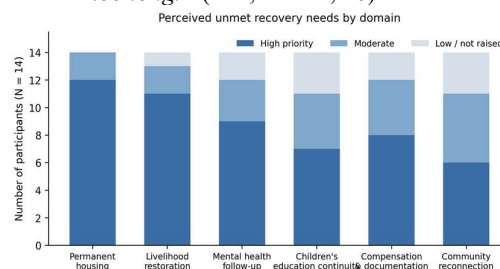


Figure 3. Perceived unmet recovery needs by domain, ranked by priority (N = 14) — illustrative data.

3.7 Essential structure of the phenomenon

Integrating the themes, the essence of the lived experience may be described thus: surviving the Wayanad landslide is an abrupt rupture of world—of ground, home, kin and future—experienced first as sensory terror and then as a protracted liminal existence in which grief without closure, rain-conditioned fear, and dependence coexist with solidarity, faith and a resilient determination to rebuild; recovery is experienced not as an event but as an unfinished negotiation between memory, loss and hope.

4. Discussion

This study offers one of the first phenomenological descriptions of survivors of the 2024 Wayanad landslide during the transitional-shelter phase. Three findings merit emphasis. First, the disaster was experienced not as a bounded event but as a continuing condition: displacement, livelihood loss and rehabilitation uncertainty extended the trauma temporally, consistent with the conservation-of-resources view that resource loss spirals, more than event exposure per se, drive post-disaster distress

[14]. Second, rain—the region’s economic lifeblood—was transformed into a conditioned threat cue, producing seasonal cycles of hypervigilance; similar meteorological triggering has been reported among survivors of other landslide and flood disasters in Asia [15,16]. Third, grief was frequently ‘ambiguous’: unrecovered bodies and impossible rituals complicated mourning, aligning with literature on ambiguous loss in mass-fatality disasters [17].

The prominence of solidarity, faith and community as protective resources echoes findings from post-tsunami and post-earthquake qualitative studies in South Asia [10,18] and supports models of community resilience in which social capital buffers psychological harm [19]. However, participants’ perception that support attenuated over time while needs persisted highlights the well-documented mismatch between the short arc of humanitarian attention and the long arc of psychosocial recovery [5,6]. Survivors’ insistence that recovery means land, work and safety—not housing alone—resonates with the Sendai Framework’s ‘build back better’ principle and argues for livelihood-integrated rehabilitation [9].

4.1 Implications

For practice, the findings support: (a) embedding long-term, community-based psychosocial services—including grief-focused and trauma-focused interventions and seasonal ‘monsoon-readiness’ mental-health outreach—within primary care and the District Mental Health Programme; (b) training community health workers and teachers in psychological first aid and trigger management; and (c) preserving pre-disaster social networks in relocation planning by resettling neighbourhood clusters together. For policy, transparent, time-bound communication about township allotment and compensation is itself a psychosocial intervention, reducing the corrosive uncertainty survivors described. For research, longitudinal qualitative follow-up through resettlement, and studies of children, older adults and bereaved families, are warranted.

4.2 Strengths and limitations

Strengths include methodological rigour (Colaizzi’s method, member checking, independent coding, COREQ reporting) and data collection in participants’ mother tongue. Limitations include the modest, purposively selected sample from one disaster context, which bounds transferability; reliance on retrospective narration 9–12 months post-event; possible selection of psychologically readier survivors; and the inevitable interpretive layer introduced by translation, despite back-translation. Findings describe experience and do not constitute clinical diagnosis.

5. Conclusion

For survivors of the Wayanad landslide, the disaster did not end when the debris settled: it persists in

rain-borne fear, unfinished mourning, uprooted routines and the long wait for permanent rehabilitation, even as solidarity, faith and determination sustain hope. Disaster governance in landslide-prone regions must therefore pair engineering and early-warning investments with sustained, culturally grounded psychosocial care, livelihood restoration and survivor-participatory rehabilitation planning. Listening to lived experience, this study suggests, is not an adjunct to recovery—it is its compass.

Declarations

Ethics approval and consent: Approved by the Institutional Ethics Committee of [Institution] (No. IEC/____/2025); written informed consent obtained from all participants.

Consent for publication: Obtained for anonymised quotations.

Data availability: Anonymised transcripts are not publicly available owing to confidentiality but may be shared by the corresponding author on reasonable request, subject to ethics approval.

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Conflict of interest: The authors declare no conflict of interest.

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