

The Tsunami Disaster: A Grief Perspective.

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A few brief days ago, most of us did not know what a tsunami was. Now we have observed the devastation that can be unleashed when the forces of nature conspire and wreak havoc on an unsuspecting and unprepared world.

Let me clearly state that none of us can, or ever will be able to understand the depths of grief and despair that this disaster has caused to so many lives. While we are becoming increasingly knowledgeable about the tsunami phenomenon from a geological standpoint, the effects and human toll on the lives that have been touched will take years to evaluate, if indeed they ever will be. Hopefully we can begin to understand some of the reactions that we are observing and will become aware of in the upcoming months, in the aftermath of the tragedy, and give some insight as to how we can be supportive and allow people begin to adjust to something that has affected their lives forever. For while the immediate relief and fund raising efforts are obviously most commendable and very necessary, this process of grief will continue long after the troops and relief workers have left. And **that** ongoing relief work should not be overlooked

With the death toll well over 100,000 and rising daily, it is difficult for any of us to imagine the emotional state of those who were actually there, or the feelings of those whose lives have been affected by the loss of loved ones. It has been emotionally difficult enough for those of us who just watched it unfold on TV. Even those who are personally unaware of anyone who has been affected, this is a world calamity which could have affected any one of us.

People not only grieve ACTUAL losses, they also mourn their POTENTIAL for loss. This could have been MY son, YOUR family, OUR neighbor or friend. Everyone who has ever sat on a beach realizes that “this could have happened to me.” Add to that the reality that we are all emotionally affected by our constant exposure through the media to the sights and sounds of the disaster itself and it’s aftermath, and this becomes a very personal event for every one of us.

But what of those most directly affected by the tsunami? There are many reasons why people may be distressed, traumatized and upset in the aftermath, including the following:

The loss of family members, relatives, friends, personal belongings will sadden and shock the people affected. This will be particularly intense for those who have lost their families, home and property, and for those who have lost their entire livelihoods. And it is even more traumatic for those who have lost several or ALL family members in the tragedy. Multiple loss gives rise to bereavement overload, and the survivor often is **so overwhelmed** that they do not know where to begin in dealing with their losses.

Exposure to horrific events can traumatize the witnesses. Many people have observed or suffered very distressing experiences in this disaster, which may cause shock, confusion, anxiety and

alarm. When a person has a close personal encounter with death where there was a significant threat to their own survival, there can be an intense psychological reaction. One such reaction can be “survivor guilt” where the person is affected by the fact that they survived while others died. Other reactions may include fear, helplessness, increased vulnerability, and the yearning for relief and rescue.

Because of the overwhelming needs, hospitals are unable to cope. Supplies and medicines are in short supply, and thus people may not be able to get the help they desperately need, or take care of themselves or others as well as they would like to. This adds to the trauma and intensifies the resulting reactions. Add to that the ongoing risk of danger. Even in these last few days, there have been many alarms of further tsunamis and earthquakes or after-shocks, creating further panic and confusion amongst people. Perhaps we begin to get some sense of what some of these survivors may be experiencing.

Living in a stressful and deprived environment adds to the misery. Refugee camps are often overcrowded, without adequate food and water, and have poor sanitation facilities. People may be stressed because they have to share personal space with people they are unfamiliar with. There may quarrels or disagreements about how to share scarce resources. You may have seen TV images of supplies being thrown from helicopters, and the mad scramble among desperately waiting recipients eager to get these supplies. It can become a daily fight for survival, and some individuals may be left out because they are not as forceful as others, or even come from socially ostracized groups.

People in crisis benefit from having reliable information as soon as possible about their family members or loved ones. We can only imagine the agony of people waiting for information about missing family and friends, and this uncertainty adds to the trauma. Web sites have been useful in alerting people of those who are missing, reconnecting families and contacting worried relatives half a world away. Also information regarding tsunamis themselves, how and why they occur, and what expect and do in their aftermath will be helpful for people to understand what has happened.

While difficult to even contemplate, the reality of the situation is that many bodies may never be found, or, because of health risks, have to be buried before they identification can be made. One news commentator put it this way, “How can people find closure when they do not know what has happened, whether their loved one really has died when there is no physical evidence.” People who were affected by 9/11 would probably agree that this makes the grief process much more complicated. One can only hope and pray that the need to dispose of bodies because of health risk will not result in unceremonious disposal or burial of the dead. Survivors need to have the possibility to conduct funerals or have meaningful memorials and, if not mutilated or decomposed, see the body in order to say goodbye.

Of course, as a grief counselor, I was somewhat disappointed (if not really surprised) that only a few days after the disaster struck, the news commentator was already raising the possibility of “closure”. But I remember the comment of one survivor of 9/11 put the whole thing clearly in perspective for me. “**CLOSURE ?**” she retorted in response to the question. “How can we think of closure when it hasn’t even sunk in that it’s **REAL**.” Let’s allow these people the time they

need to grieve. And let's avoid the temptation to forget them all too quickly as "the next thing" diverts our attention.

The events of these days are all the more shocking because this was so unexpected. While there are numerous factors that are inherent in sudden, traumatic death and disaster, two will illustrate the point I want to make:

* Our assumptive world is violently shattered without warning, and the violated assumptions (e.g. of myself as invulnerable, that this can't happen to ME, or the world as meaningful) cause intense reactions of fear, anxiety, vulnerability and loss of control.

* The mourner obsessively reconstructs events in an effort both to comprehend the death, and to prepare for it *in retrospect*.

With sudden and unexpected deaths, there is no time to prepare, thus the whole situation seems overwhelming. Add to that the fact that so many of the deaths in this current disaster are "inappropriate". These are children, young people, holiday makers, people who were not expected to die. Death was the last thing on their minds, or on those of their loved ones who are left to mourn.

Thus, people have a psychological need to "prepare for the event, AFTER the event." We all struggle with random acts which leave us feeling helpless because they are beyond our control. We like things to be meaningful. Therefore, people may try to "rewrite" the story to try to bring some sense of control to a situation that was unmanageable. You may hear people say things like, "I had a feeling something was going to happen"; "I told them not to go"; "I should have known something like this would occur." These perceptions help people try to find some meaning in a situation that makes no sense. It is an attempt to make the unbelievable "fit" into a context of meaning.

Suggestions for Helping Traumatized People:

While most of us will not be directly involved in the aftermath of the tsunami, possibly the time will come when we have the opportunity to assist people after a traumatic tragedy or calamity.

Realize that people whose lives are affected by such disasters are involved in a process. This is not an EVENT it is a JOURNEY. There are many manifestations of grief, but a few components may have specific relevance in a traumatic situation. An initial reaction is **disbelief**, with thoughts of "This can't be happening; I just saw or talked to him an hour ago; it's not possible, there must be a mistake, it can't be them." Another common reaction is **questioning**, which enables the person to seek **reasons** for what has happened. The facts of what happened play an important part in this, and often require patience on the part of the helper who may not have all the information.

Anger is another common reaction, expressed in statements such as "Why", and is often a protest against that which seems unfair and unacceptable. The trouble with anger, though a positive emotion, is that it often gets focused on the wrong person or issue. **Guilt and/or blame** refer to

the tendency to seek a source of responsibility for the death or the disaster. If we can blame God, or fate, or nature, or the absence of an early warning system, or ... whatever; this gives us a FOCUS. If something can be **blamed**, it is not a **random** event; it is one that could have been **controlled**. Human nature would rather things were manageable than arbitrary. **Desperation** is also a common response to trauma, and may manifest itself in a demeanor of dismay, hopelessness, despair and resignation to the death

People who are affected by sudden death or traumatic loss are often affected by Post Traumatic Stress Disorder (PTSD). While the title "PTSD" is fairly recent, the *symptoms* of post traumatic stress are not new. Samuel Pepys wrote in his diary of the panic and distress of those who survived the great fire of London in 1666: "A most horrid, malicious, blood fire. ... So great was our fear ... it was *enough to put us out of our wits*." For weeks after the fire, Pepys, along with many other survivors, suffered from insomnia, anger and depression, all common symptoms of PTSD.

In the "Diagnostic and Statistical Manual of Mental Disorders" (DSM IV), the official handbook of psychiatric problems, the diagnosis of PTSD depends on meeting the following criteria:

A: You have been exposed to a traumatic event involving actual or threatened death or injury, during which you responded with panic, horror, and feelings of helplessness.

B: You re-experience the trauma in the form of dreams, flashbacks intrusive memories, or unrest at being in situations that **remind you** of the original trauma.

C: You show evidence of avoidance behavior, such as a numbing of the emotions, and reduced interest in others and the outside world.

D: You experience physiological arousal, as evidenced by insomnia, agitation, irritability, or outbursts of anger.

E: The symptoms in B, C, and D persist for at least one month.

F: The symptoms have significantly affected your social or vocational abilities or other important areas of your life.

PTSD can either be acute or delayed-onset. Acute PTSD occurs within 6 months of the traumatic event. Delayed-onset PTSD usually means the symptoms occur more than 6 months after the traumatic event, and can even be many years after the actual incident. This gives further weight to the contention that the crisis is not an event but rather our reaction **to** the event.

Post traumatic stress is an entirely normal reaction to an abnormal amount of pressure. Many people exposed to traumatic situations try to be strong. Not to cope feels like weakness, which many of us find the most difficult thing of all. Yet, in a brief moment, one's emotions, identity, and sense of the world as an orderly, secure place can be severely shaken if not shattered. Trauma truly is an affliction of the powerless. So much so that a traumatized person might think, 'I just can't get over it.'

The key to critical stress interventions is to try as quickly as possible to re-establish those feelings of safety and security. For it is only in this context that the traumatized individual will be able to explore the cognitive and emotional reactions to what has occurred and be able to rebuild by taking back control over the things that can be managed.

Carl Jung used the metaphor of a growing tree to describe our life journey. We are like a tree, naturally growing taller and fuller as our roots spread deeper and wider into the ground. When these roots hit a rock or some other obstacle, do they push it away, or try to crack it? Or, alternatively, do the roots just stop growing from there? No. The roots simply grow **around** the obstruction and then keep going. The obstacle may interrupt or slow the tree's progress for a while, but it will not stop it from growing. In fact, sometimes these very stones can support and strengthen the root structure of a tree.

The application is obvious. Traumatic events can hamper our personal growth, and may never be completely eliminated. But in the same way that roots surround the rock and make it a part of the tree, so we need to find ways to move past the barrier and grow beyond the trauma.

I have found that a Four Stage model for the healing process works well. Like any model, we must be careful not to apply it too literally to every situation, but it provides a useful framework upon which to build:

1. Re-establishment of Safety: The Stabilization Stage
2. Reconstructing the Trauma: The Cognitive Stage
3. Feeling the Feelings associated with the Trauma: The Emotional Stage
4. Empowerment: the Mastery Stage, in which the person finds meaning in the trauma and develops a survivor, rather than a victim, mentality.

What are the grief counselors or crisis management people going to do? How can these fore-mentioned stages be integrated practically in a community in crisis.

Two kinds of behavior generally arise in response to the twin factors of *loss* and *loss threat* in any crisis or disaster situation. First there is *reactive behavior*, referring to the way people "automatically respond" immediately following the news, which can occur either from direct verbal communication or personal observation of the circumstances that have caused the loss or the loss threat. Second, there is an *adjustive behavior*, referring to the way people accommodate a loss or loss threat over the long haul. This is different from reactive behavior inasmuch as it occurs over a protracted period of time. Adjustment refers to coping with the conditions of any given situation, coming to terms with them, and modifying one's personal behavior to suit the circumstances.

Every circumstance and every reaction is unique. Every individual responds differently to crisis, and indeed it is the reaction rather than the event that provokes the crisis. Thus, there is no set formula, no "10 easy steps to crisis intervention" that anyone can give. Nonetheless, there is a recognized pattern that often occurs, readily identifiable in 4 stages.

1. Re-establishment of Safety: The Stabilization Stage

The central task of this first stage is the establishment of safety. Trauma robs its victims of a sense of power and control. A crisis or traumatic event often increases anxiety because of the sense of helplessness and powerlessness they produce. Realizing that one's control and power are useless, and that one is unable to undo what has happened, or recover what has been lost, often attacks one's sense of competence. The intensity and experience of that helplessness profoundly affects the person and is a main factor in the traumatic imprinting of the impact. For many, helplessness may be most difficult to integrate and the most distressing aspect of the entire trauma.

Thus, any intervention must ***begin*** by reassuring the individual that they will be OK. Establishing safety begins by focusing on control of the body and the self, before moving outward to control of the environment. It is an expression of this need that often motivates people to "want to stay home" and not venture outside. Suddenly their world has become an unsafe place, and this needs to be understood and addressed before anything else can be achieved.

Far too many counselors rush in and get people to express feelings or relive the story before they feel safe enough to do so, resulting in a much deeper crisis and even more trauma. We dare not bypass the requirements of the establishment of safety and rush headlong into exploring the traumatic aspects of what has happened.

2. Reconstructing the Trauma: The Cognitive Stage

The second stage is more cognitive, by which I mean "capable of knowledge". It is with a sense of safety established that the person feels able to begin to tell the story of what happened. Yet in many cases, this stage is still just a repetition of facts. It may not reveal the storyteller's feelings or interpretation of events. The traumatic memory is often described as a series of still snapshots, rather than a movie with words and music.

The reconstruction of the trauma story begins with the person's life before the circumstances that led up to the event. This enables the survivor to create a context within which the meaning of the trauma can be understood. In other words, when confronted by a traumatic incident, someone can tend to see only that one snapshot, and interpret the whole of life according to that event. The cognitive aspect allows the person to discern that there are other images, experiences and events which are not as horrible, and so the process begins of seeing the snapshot of the crisis in the context of the total picture album of life. Yes, this is a horrible thing you have seen and witnessed, but this is not the only picture. There are other images which can help soften the difficult one.

In this stage is also created the opportunity to provide education as to what the person can expect and what the effects of trauma and grief can be. This legitimizes the process that the person is going through and lets them know that their emotions and reactions, while complex and difficult, are in fact natural.

3. *Feeling the Feelings associated with the Trauma: The Emotional Stage*

The telling of the story inevitably plunges the person into profound grief. Earlier in the series, I described some of the emotions that can be experienced. Frequently, people resist mourning, not only out of fear, but also out of pride. We want people to think we can “handle it” and surrendering to emotions is often difficult.

The purpose of having people repeat the trauma story is that eventually it no longer arouses quite such intense feeling. Retelling the story makes the incident a part of the survivor’s experience, but only one part of it. The story is a memory and like other memories, begins to lose its vividness. It may even occur to the survivor that this crisis is not the most important, or even the most interesting, part of life.

Admittedly, the reconstruction of trauma is never completed. New conflicts or challenges may trigger or reawaken the trauma. The third stage is accomplished when the person reclaims their own history and feels a renewed hope and energy to engage life.

4. *Empowerment: the Mastery Stage.*

The violation of one’s assumptive world involving the shattering of global or specific assumptions is a major aspect of mourning. The old self has been destroyed, for we are forever changed by such events. Now a new self must be developed. Having come to terms with the traumatic past, the survivor faces creating a new future.

It is here the person finds meaning in the trauma and develops a survivor, rather than a victim, mentality. Coping with victimization is a process that involves rebuilding the assumptive world and incorporating into one’s own identity our experiences as a victim. To the extent that old assumptions have been held with extreme confidences and have not been challenged previously, they are more likely to be shattered with devastating results. The adjustment process often centers on :

- a) a search for meaning in the experience.
- b) an attempt to gain mastery over the event in particular and over one’s life more generally
- c) an effort to restore self-esteem through enhancing evaluations.

Thus a major goal in the treatment of post-traumatic responses will be the **empowerment of the survivor** after the trauma as well as throughout the remainder of their life. It is the subsequent gaining of some **sense of control** that will mitigate to some degree the feelings of helplessness.

Therefore, if I were involved in the aftermath of this tsunami, I would involve survivors in the relief or rescue efforts where possible, especially adolescents, orphans, widows, widowers and those without families. I would not treat people as passive and helpless victims. This is one of the most disturbing experiences for people who have been displaced or otherwise affected by disasters. Instead, I would involve them in concrete, purposeful and common activities, recognizing the different needs of different groups of people.

Tips on How to Help a Traumatized Person:

Follow the principles of brief psychological first aid to provide emotional care and support to others in this difficult time.

- * Listen
- * Convey compassion and caring
- * Assess practical needs
- * Provide practical help as and when required
- * Ensure basic physical needs are met
- * Do not force people to talk. Listen to what they want to share with you.
- * Support people in solving or handling problems. The problem management techniques involve identifying the problem, looking at causative factors, listing courses of action to alter causative factors, evaluate courses of action and choosing what seems to be most feasible and appropriate under the circumstances. Help the person in carrying out what action they have chosen, although this may not be in line with what you've thought about.
- * Point out how well they have coped and how they have been resourceful during the crisis, where appropriate
- * Do not give simple reassurances to people such as "it is God's will" or "at least you have your children" or "look how others have suffered". These clichés do not help.
- * Provide or obtain company for people, preferably family or known people
- * Protect people from further harm

Specific to Tsunami Survivors.

The loss of loved ones is one of the most difficult experiences for people who have survived the tsunami disaster. It is important to recognize that this is an extremely personal experience and that there is no right or wrong way for people to respond or react to their loss. People need time to recover from this loss, and their expressions of grief at this point in time should not be seen as signs of mental health illness or as irrecoverable grief. People's capacities for recovery and resilience have been found to be very strong. Some of the ways of supporting people directly:

- * Listening to the person talking about the loss or the lost persons
- * Reassuring the person that imagining the person is still alive or searching for the person is normal and not signs of insanity.
- * Telling the person that different people respond in different ways and that there is no right or wrong way. Some people find it difficult to believe in the loss, others may be angry or guilty that the person is lost, and others may feel extremely sad and lonely.
- * Crying, having sleeping difficulties and loss of interest in activities and other people are normal reactions to loss.
- * Performing activities such as prayers or religious functions for the lost person may be helpful. Funerals or ceremonial burials are very helpful, and there are various creative ways these can be performed even if a body is not present or accessible.
- * Encouraging person to be in the company of those whom they know or trust.
- * Ensuring that those who have lost all or many of their family members are adequately supported and involved in different activities recognizing that are at risk of self-harm.