

# Stories from Sri Lanka

## – responding to the tsunami

Shanti Arulampalam, Lara Perera, Sathis de Mel,

Cheryl White and David Denborough

Shanti Arulampalam can be contacted c/o Survivors Association. Email: [suraso@eureka.lk](mailto:suraso@eureka.lk)

Lara Perera can be contacted c/o UNICEF, 5 Githanjali Place, Colombo 3, Sri Lanka. Email: [lperera@unicef.org](mailto:lperera@unicef.org)

Sathis de Mel can be contacted c/o Arthacharya Foundation 1/16 1/1 Galle Road. Mount Lavinia Sri Lanka. Email: [sulak@mail.ewisl.net](mailto:sulak@mail.ewisl.net)

This paper consists of a series of extracts from interviews from Sri Lankan community workers and psychosocial workers who are involved in responding to the aftermath of the tsunamis of December 2004. Three months after the tsunamis had devastated areas of Sri Lanka's coastline, Cheryl White and David Denborough visited the country and witnessed the extent of the destruction and loss of life, and also the extent of the reconstruction efforts. They met with families who are now living in small tents one hundred metres back from the shore and are gradually piecing life back together again. Because it was exactly three months to the day of the tsunami, Buddhist remembrance ceremonies were being held in many parts of the country. A number of interviews were conducted with thoughtful and dedicated local organisations determined to hold onto and utilise local knowledge and expertise in responding to the experience of Sri Lankan communities. This paper includes stories from a number of these organisations.

Keywords: Sri Lanka, tsunami, trauma, culturally appropriate response, cultural protocols, psychological colonisation

## RESPONDING IN SRI LANKAN WAYS

### *Shanti Arulampalam*

Shanti Arulampalam is the founder and director of Survivors Associated, an agency that was formed to respond to communities affected by the Sri Lankan civil war. As Shanti describes, despite the magnitude of the disaster, the Sri Lankan people are rebounding.

*The tsunami was a major crisis for this country. The loss of life has been enormous and people have been responding in many ways. Obviously there is a lot of work going into rebuilding houses, infrastructure and ways to enable people to get on with their lives. There has also been a lot of thought about ways of assisting people to deal with the shock, the loss and the grief that has been experienced. A psychological approach is only one way of responding to this and it is only appropriate in Sri Lanka when taken together with other responses. In this country, we have many traditions and rich cultural practices which have served us well over thousands of years. We are a very proud people. Our culture spans two thousand years. We have what might be called 'psychosocial strategies' built into our traditions. When a person dies, or when a calamity occurs, there are certain cultural and religious practices that we undertake. There are certain duties and responsibilities that we have to fulfil. These are very appropriate responses for us in difficult situations. After the tsunami, it is to these cultural practices that people first turn. In our work, we are trying to support communities in their own ways of dealing with the effects of the tsunami. Of course, we have also learned from other countries and other traditions, including western traditions, and we combine these interventions with our cultural traditions. When an event of this magnitude occurs we try to build upon what we already know and have used successfully.*

*As Sri Lankans, we know quite a bit about trauma and dealing with it. If we didn't we'd be in a lot of trouble because we've been dealing with twenty years of armed conflict!*

*We started our work in communities many years ago with single women whose husbands had been killed or disappeared. Widows in Sri Lanka are often looked down upon. This is one cultural tradition that is not so helpful. In many communities widows are seen as bad luck. They are not encouraged to dress well or take part in community activities and, if they move about in public on their own, they are seen as 'questionable women'. Hardly*

*surprisingly, this can lead to feelings of unworthiness. We brought these women together and created support groups in which they could speak about their experiences and learn from each other. Realising that economic issues were a key issue for these women who were trying to raise their children, the group were given a loan together to start small businesses. Over time these businesses flourished. They even came to own a mill and several small shops. These women who were traditionally shunned had built themselves up into community leaders. And then the tsunami struck. Their homes were washed away. Their property was destroyed. Their businesses were ruined. Some of them lost their children. Several members of the support group themselves were washed away.*

*I was out of the country when the tsunami occurred and I could not imagine how I was going to face these women after all they had been through. When you work together for a long time, you build up close relationships. What was I going to say to them? How was I going to be able to explain this terrible event, why it has happened to them after all they had been through? I came back to Sri Lanka four days after it had happened and when we met up they were devastated. We cried together. All their efforts had been destroyed. But two weeks later, I went back again and there was such a change. These same women had gathered other women for whom tragedy had struck for the first time. They had formed themselves into a support group. These women were now telling the other women: 'We can't stay down all the time. Nothing will happen unless we do it for ourselves. We need to get up and start doing things'. They had befriended these other women. They were offering support to them. They were saying: 'We were in bad situations before and we got out of it, this is how we did it. We must do it again now.'*

*One of the women came up to me and said: 'The food in the camps is terrible. If we had the equipment we could cook for the camp, we could sell food for a very cheap price.' And so, we supplied the equipment. This woman had lost everything, but she was quickly responding to this crisis and was getting re-established again. Within two weeks of the tsunamis I had business plans from women's groups on my table. They knew how small sums of grant money could seed community recovery. When I went back to the camps last week I saw a whole range of small businesses in the camps: little grocery shops, people making things, different food stalls.*

*While there are still many difficulties to address, the strength of these Sri Lankan women is leading a recovery in their villages.*

**Editors' note:** While visiting Sri Lanka, alongside significant stories of recovery and reclamation, we were also introduced to a range of dilemmas and complexities that local agencies are now facing. The counselling and community work approaches with which we are familiar have not often been linked to disaster relief responses and so there was much for us to learn. Humanitarian aid is in some ways a distinct field, differing from longer term development work, with its own debates, themes and realms of knowledge. We cannot hope to convey the range of thinking that informs this area of work. Nor can we describe the mammoth efforts involved in trying to provide housing, food and other forms of practical support to the hundreds of thousands of people affected. We can, however, include the perspectives of Lara Perera, who is the Psychosocial Coordinator at the Consortium of Humanitarian Agencies in Colombo. This Psycho Social Forum, which Lara facilitates, was originally established in relation to the civil war and is now playing a key role in co-ordinating responses to the tsunami.

## **PRINCIPLES INFORMING RESPONSES TO COMMUNITIES AFFECTED BY THE TSUNAMI**

*Lara Perera*

As soon as we came to learn of the extent of the tsunami we began working on a set of principles to guide the ways in which organisations could respond to local communities. These were developed particularly to assist those organisations from outside Sri Lanka that had arrived from overseas. We wished to try to ensure these agencies worked as effectively and culturally appropriately as possible and that they 'did no harm' in the process. We developed ten key principles:

1. *To avoid medicalising people's responses*  
Immediately after the tsunami we knew that people in affected areas might be experiencing many different emotional and physical responses. Every individual reacts differently: many people will display amazing strengths and resilience to different degrees in different phases of recovery. At other moments, some will display responses that include confusion, fear, hopelessness, sleeplessness, crying, and difficulty in eating, headaches, body aches, anxiety, and anger. They may be feeling nothing at all or helpless; some may be in a state of shock; others may be aggressive, mistrustful, feeling betrayed, despairing, feeling relieved or guilty that they are alive, sad that many others have died, and ashamed

of how they might have reacted or behaved during the critical incidents. There may be some experiencing a sense of outrage, shaken religious faith, loss of confidence in themselves or others, or sense of having betrayed or been betrayed by others they trusted. These are all normal reactions to extremely dangerous or stressful situations, or where people have felt helpless or overwhelmed. They do not mean that these people are traumatised, mentally disturbed or mentally ill. We have tried to encourage international organisations who are working in Sri Lanka not to interpret or diagnose people's immediate reactions to the tsunami as indicating some medical condition (such as PTSD). These are simply normal reactions to a terrible situation.

2. *To question the assumption that Sri Lankans as a group were 'traumatised'*  
Similarly, we do not believe it is helpful for outsiders to make assumptions that large numbers of Sri Lankans will be traumatised by this event over the longer term. Sri Lankans know quite a lot about trauma. We have been enduring a situation of war over the last twenty years. We have worked from a different assumption that, providing we can meet basic support services, the vast majority of the people will find ways to support themselves and each other through these times and will not have lasting traumatised responses. Only a small percentage will need mental health services and an even smaller percentage will need any specialised care. We have found that one group has been in need of specialised care: this is the group of people who, prior to the tsunami, were already linked with mental health services or mental health support. After the tsunami these people were very vulnerable as they may have lost access to their usual supports and also to their medication. But we feel that the majority of people will come through this very well.
3. *To return to normalcy*  
We have worked from the assumption that the best, most supportive and effective responses from outside organisations are those that promote and assist a return to normalcy for community members. For instance, we have needed to question programs that remove children from their usual school routines. We have encouraged agencies to consider how their work can best assist people to get their lives back to their usual routines and practices.

4. *To build upon local resources and knowledge*  
We have encouraged foreign agencies to acknowledge the wealth of existing resources in Sri Lanka in relation to responding to communities in crisis. We suggest agencies use local resources and consult Sri Lankans about local knowledge that is relevant to relating to communities. We've also advised that outside agencies work through existing systems (e.g. the Ministry of Health, or existing organisations) so these local systems are strengthened, rather than weakened, by the influence of outside aid. This has become a significant issue. As large international agencies have arrived with considerable funding, a number of small local agencies have been closed down. We are doing what we can to respond to this and to prevent further occurrences.
  5. *To be culturally sensitive*  
We have appealed to international organisations to consider the cultural meaning and implications of all responses and organisational practices. This includes taking into account the religious beliefs of the community. Religion and spiritual beliefs are often an integral aspect of the wellbeing of local people. How locals understand their experiences are powerfully influenced by cultural and religious meanings.
  6. *To prioritise community participation and community empowerment*  
It is vital for community members to be involved in service provision in order to avoid dependency. For instance, we learned that in some camps the food supplies were being cooked by aid workers, rather than by local people. This meant that the mothers were displaced from their regular roles of cooking for their families. We also heard about foreign workers doing the labour to build walls and physical structures in villages when these are skills and abilities that local villagers have always done. Involving the community and mobilising their skills and abilities is critical.
  7. *To be inclusive of all members of the community*  
We have also tried to encourage community responses that are inclusive of all members of the community. Often particular agencies wish to work only with children, or only with women. Very few organisations provide services for men. We try to raise awareness that responses to communities need to include all community members.
  8. *To consider long-term sustainability*  
We are aware that many of the international organisations will only be here for a limited amount of time. We are trying to ensure that the longer-term sustainability of projects is considered.
  9. *To consider the ethics and real effects of research projects*  
It seemed that, for some, the tsunami was an opportunity to conduct research on people's reactions. Many people from other countries came to Sri Lanka to do research on people's reactions and much of this research was not being done in culturally appropriate ways. We are not opposed to research, but it has to be done in an ethical and appropriate way. An ethics committee is being established by the Sri Lankan Ministry of Health to oversee all requests.
  10. *To share resources and information*  
One of the key aims of our organisation involves networking and co-ordination. We seek to reduce the duplication and to encourage organisations to share resources, ideas and knowledge. We particularly try to encourage agencies to share 'needs assessments' because otherwise some communities are 'assessed' many times over and we are concerned about the effects of this. We are also interested in how these 'assessments' can take place in ways that empower communities. We have heard reports of local people saying: 'The big organisation from overseas came and they told us what we need!' We are interested in alternative processes that genuinely consult communities in ways that are empowering [see page 7].
- As international agencies continue to provide much needed food, housing and other forms of practical support, we hope these principles will assist their work with Sri Lankan communities. There are continual challenges, and no doubt we will be generating further principles as time goes on, but these ten principles are providing a framework for constructive conversations and the building of greater teamwork as we work with local communities to rebuild infrastructure, support those most affected, and return to normalcy.

## **FOUR ALTERNATIVE APPROACHES TO CONVENTIONAL 'NEEDS ASSESSMENTS'**

As Lara Perera describes above, there is considerable interest in developing ways of 'assessing' communities which have been affected by disaster that lead to a sense of community empowerment rather than a feeling of hopelessness and dependency. We have included here short excerpts from four alternative approaches to assessment.

### **ASSESSING COMMUNITIES' STRENGTHS, SKILLS AND ABILITIES: AN APPRECIATIVE INQUIRY**

*by Sathis de Mel (from an interview)  
Arthacharya Foundation, Mount Lavinia,  
Sri Lanka.*

Over time we have become concerned with the degree to which conventional 'needs assessments' of communities are problem orientated. We have noticed that only assessing a community's needs can be burdening of local people. Asking questions only about what is lacking in a village can have the effects of being very tough on the poor. We have witnessed that when we are working with the poor of the poor, if we talk only about their problems they become all the more frustrated – with life and with us!

Five years ago I was introduced to the idea of appreciative inquiry (Elliott 1999, Hammond 1998) by Myrada, a community development organisation in Bangalore in South India (see [www.myrada.org](http://www.myrada.org)). We received training in this approach and have subsequently introduced it to some local community organisations. Generally speaking we are encouraged by this orientation. It is clear that people like to talk about their success stories, about their community's strengths and skills. It creates a very different atmosphere.

The aim of our organisation is social mobilisation and we have noticed that, if people are able to acknowledge and take pride in what they have been doing, then this can make a significant contribution towards mobilising future action. It can be a catalyst for people to work

together to address current challenges. I believe we can use this approach in communities affected by the tsunami, to remind people of their strengths. As we move out of the immediate recovery and relief phase we are now beginning to look at longer-term approaches, and I believe appreciative inquiry will have a role to play.

## **CAPACITIES AND VULNERABILITIES ANALYSIS**

*Mary B. Anderson*

In her book, *Rising From the Ashes: Development Strategies in Times of Disaster* (Boulder: Westview Press, 1989), Mary Anderson describes a particular framework for assessment in times of disaster. This framework involves exploring a community's needs, vulnerabilities and capacities:

"Needs, as used in a disaster context, refer to immediate requirements for survival or recovery from a calamity ... [they] arise out of the crisis itself, and are relatively short-term ... Vulnerabilities refer to the *long-term factors* which affect the ability of a community to respond to events or which make it susceptible to calamities ... Vulnerabilities precede disasters, contribute to their severity, impede effective disaster response and continue afterwards ... To avoid increasing vulnerabilities, it is necessary to identify capacities in order to know what strengths exist within a society — even among disaster victims — on which future development can be built." (Anderson 1989, p.10-11)

## **BUILDING ON THE SKILLS OF COMMUNITY MEMBERS**

*America Bracho*

The work of Latino Health Access in California has provided an alternative method of responding to communities struggling with the effects of poverty and ill-health. This is an approach that deliberately builds upon the skills of communities rather than focusing upon their needs.

"We work from the belief that every person and every community has skills and knowledges, strengths and assets which when mobilised can

contribute to the creation of healthy communities. We do not start by recognising the needs of a community and trying to address these needs. Instead we start by recognising the talents, knowledges and skills of the community. Harnessing these, we believe, is the secret to transforming communities ...

It is our responsibility to provide mechanisms in a sensitive way that enable people to demonstrate, to perform their caring. It is our responsibility to notice and enquire about the assets, talents and skills of the community and to provide contexts by which the people we are working with can take actions to contribute towards the accomplishment of their hopes, aims and dreams. In this process we are creating territories of common ground. The first commonality being that everyone cares about similar issues, the second being that they all have something to contribute in relation to that which they care about.

This orientation brings particular responsibilities for workers. We do not believe that 'cultural competence' (which is often talked about in the US) has to do only with being sensitive to the different realities of people from different cultures. We believe that competence as a professional from a cultural point of view, means much more than this. For a start, competent professionals need to be able to appreciate the skills and resources of a community, and the ways in which the particular community understands these. What is more, competent professionals then need to be able to play a part in assisting that person, or that community to engage with their own skills and knowledges in ways that contribute positively to their community" (Bracho & Latino Health Access 2000, p.7).

### **HONOURING COMMUNITIES' CULTURAL UNDERSTANDINGS OF IDENTITY AND MENTAL HEALTH**

*The work of Kiwi Tamasese*

The work of Kiwi Tamasese and the Just Therapy Team of Wellington, New Zealand, introduces further considerations when working across cultures. Their research illustrates the

importance of honouring local cultural understandings of identity and mental health. More than this, they stress the importance of mental health interventions being based on the understandings of self of the local culture. Doing so requires a significant shift in the 'assessment' and 'provision' of mental health services:

"When the Samoan worldview meets with Western metaphors of mental health, they couldn't be more different and this has serious implications. Western science upholds a mind/body split and an individualistic conception of the self that is profoundly different from Samoan perspectives. Western medicine and the health professions are based on assumptions about the self that are rarely questioned and that are simply assumed to be the only ways of understanding life and health. What this often means is that when Samoan families in New Zealand are referred to mental health services in a crisis they can become more crazy rather than less. They find themselves in a situation in which there are two descriptions of reality, two descriptions of the self, which are in conflict with one another.

Within psychiatric services, the Western description of self has the upper hand and the Samoan families are treated accordingly. If the Samoan family tells the doctor about their alternative description of the problem - that they believe the symptoms being displayed could be due to a break in relationships with other people (living or no longer living), to breaches in protocol and etiquette, or to dislocation from land and a sense of belonging - they are likely to be dismissed and this dismissal can contribute to the person concerned becoming more crazy. What's more, the Samoan families' faith in their own belief system may be eroded and their cultural descriptions of life may become subjugated ...

Our main hope for this research is to invite mental health services to include not only the psychiatric / Western understanding of the self as the basis of their interventions, but when working with Samoan families to engage with, and indeed base their understandings around, Samoan conceptions of the self.

Mental health services for Samoan families need to be underpinned by Samoan conceptions of self, health and personhood. We certainly believe that certain aspects of western psychiatric understandings have a function within these services, but it is a limited function. Services need to be informed by the cultural understandings of the populations which they are designed to serve.” (Tamasese 2002, pp.192-193)

### **BALI**

Similar considerations of cultural meanings were highly relevant in the aftermath of the Bali bombing as local Balinese people tried to come to terms with this event and develop community responses that could contribute to healing. To read about these considerations see ‘Voices from Bali: Responding to the October bombing’ by Muhammad Arif, Putu Nur Ayomi, Janet De Neefe, Sugi B. Lanus, Ni Made Marni, Wayan Sarma and Frances Tse (2003).

### **TO DO NO HARM – AVOIDING PSYCHOLOGICAL COLONISATION**

In recent years, writers in the humanitarian aid field have sought to explore what it means to prioritise ‘doing no harm’ when delivering aid (Anderson 1999). This work has particularly focused on how to respond to situations of conflict in ways that do not exacerbate division or violence (see the work of Collaborative for Development Action <http://www.cdainc.com/>). The principles outlined above by Lara Perera relate to how international aid agencies can seek to ‘do no harm’ when they operate in Sri Lanka.

Similar considerations may be relevant in relation to the foreign provision of psychological services, counselling and other forms of mental health provision in times of crisis. After the tsunami a wide range of international organisations either offered support to Sri Lanka, or simply turned up and established counselling and other support services to local people. While the intent was to help, many local organisations had considerable concerns about the cultural appropriateness of the particular models and approaches that were being offered.

We have included here a set of questions that local organisations could ask foreign organisations who are offering psychological, counselling and/or other forms of mental health support. These questions have been designed to assist local organisations to gather information about the assumptions that inform the particular counselling or psychological approaches that are being offered by international organisations. It is hoped that clarifying these assumptions will enable a greater consideration of the implications that any particular approach may have for local communities and will reduce the likelihood of inadvertent psychological colonisation.

### **ARTICULATING THE CULTURAL ASSUMPTIONS OF PSYCHOLOGICAL / COUNSELLING APPROACHES:**

What are the assumptions of this particular psychological of counselling model in relation to:

- **Identity**  
How does the approach understand identity? Is identity understood as residing solely within individuals, or also as a collective, social project? Is the approach designed for work only with individuals, or also with families, communities? What would be the implications for this particular context?
- **Trauma**  
Does the approach seek to build upon the cultural, collective, familial and individual skills in responding to and healing from experiences of trauma? Does it honour the histories of local knowledge in relation to trauma and healing? Does it have preconceived ideas as to what will be healing for a particular community? Does it define the experience of trauma and its meaning, or does it seek to consult community members on these matters? What would be the implications for this particular context?
- **Grief**  
Does the approach prescribe a ‘right way’ to respond to grief? Does it enquire about, honour and build upon collective, cultural, spiritual, familial and individual practices of remembrance? What would be the implications for this particular context?

- **Power/Neutrality**

Does the approach believe that its practitioners can be neutral in their beliefs and actions? Or is there an acknowledgement that any approach brings with it certain assumptions and that every intervention involves considerations of power, culture, gender, class, etc?

- **Assessment**

Does the approach 'assess' only the needs and problems of individuals and communities, or does it also seek to identify the skills and knowledge of local individuals, families and communities that can be used to address current difficulties? What would be the implications for this particular context?

- **Partnership**

Is it assumed that outsiders are capable of addressing problems facing the community or that partnerships are required to ensure that local cultural meanings and practices are respected? What would be the implications for this particular context?

We would be very interested in receiving feedback on this questionnaire. Please feel free to contact us c/o [dulwich@senet.com.au](mailto:dulwich@senet.com.au)

## FINAL REFLECTIONS

We hope that this collection of short pieces of writing conveys the degree of thoughtfulness that the local Sri Lankan organisations have been engaged in as they attempt to respond to the devastating effects of the tsunamis that struck their coastline on December 26th 2004. Alongside their work in the practical reconstruction of houses, villages, economic structures and their support and care of those most affected, they are also maintaining vigilance about avoiding the possible inadvertent negative effects of humanitarian aid delivery, and the imposition of western models of psychological understandings and responses to trauma.

We anticipate continuing conversations about the care required in cross-cultural disaster relief efforts. And we look forward to further contact between those involved in the work of humanitarian aid and those involved in responding to trauma through therapeutic and community work approaches.

## ACKNOWLEDGEMENTS

Thanks to Shanti Arulampalam, Lara Perera, Sathis de Mel and Nalin Hemantha. Special thanks to Mathew Hyndes and Dhakshi Ariyakumar of the Australian High Commission in Colombo.

## REFERENCES

- Arif, M., Nur Ayomi, P., De Neefe, J., Lanus, S. B., Made Marni, N., Sarma, W. & Tse, F. 2003: 'Voices from Bali: Responding to the October bombing.' *International Journal of Narrative Therapy and Community Work*, 1:75-80.
- Anderson, M. 1989: *Rising From the Ashes: Development Strategies in Times of Disaster*, Boulder: Westview Press.
- Anderson, M. 1999: *Do No Harm: How Aid can Support Peace – or War*. Boulder: Lynne Rienner Publishers.
- Bracho, A. & Latino Health Access, 2000: 'Towards a healthy community ... even if we have to sell tamales. The work of Latino Health Access.' *Dulwich Centre Journal*, 3:3-20.
- Elliott, C. 1999: *Locating the Energy for Change: An Introduction to Appreciative Inquiry*. Winnipeg, Manitoba: International institute for sustainable development.
- Hammond, S.A. 1998: *The Thin Book of Appreciative Inquiry*. Plano Texas: The Thin Book publishing.
- Tamasese, K. 2002: 'Honouring Samoan ways and understandings: Towards culturally appropriate mental health services.' *International Journal of Narrative Therapy and Community Work*, 2:64-71. Republished 2003 in Waldegrave, C., Tamasese, K., Tuhaka, F. & Campbell, W. (eds): *Just Therapy – a journey: A collection of papers from the Just Therapy Team, New Zealand*, pp. 183-195 (chapter 12). Adelaide: Dulwich Centre Publications.

## FURTHER RESOURCES

For those interested in further reading about considerations in relation to Humanitarian Aid, we suggest the follow articles:

World Bank Policy Research Report Number 7: 'Assessing Aid: What Works, What Doesn't, and Why'. The International Bank for Reconstruction/World Bank. Oxford University Press, 1998-01-01. Available at: <http://www.worldbank.org/research/aid/aidtoc.htm>

'Humanitarian Aid and Development Assistance' by Amelia Branczik is available at [http://www.intractableconflict.org/m/humanitarian\\_aid.jsp](http://www.intractableconflict.org/m/humanitarian_aid.jsp)

A range of information is available at the website of Collaborative for Development Action: <http://www.cdainc.com/>