Reflections on post-tsunami psychosocial work

by Ananda Galappatti

In Sri Lanka psychosocial interventions became a priority for emergency response largely led by the concerns of the international media and aid agencies. Interventions were quickly launched but coordination was poor and lessons learned from years of pre-tsunami conflict-related psychosocial programmes were not heeded.

For the first two weeks after the tsunami struck, humanitarian agencies, the Sri Lankan government, the Liberation Tigers of Tamil Eelam (LTTE), local and international emergency response teams and the public in the eastern city of Batticaloa focused on providing food, clothing, shelter and curative medical services. The need to address the 'trauma' of adults and children who had had terrifying experiences and suffered tremendous personal loss was soon raised by international reporters who interviewed local mental health workers.

Opinions diverged regarding the most appropriate psychosocial interventions. Local NGOs (primarily those with little prior involvement in psychosocial programming) and concerned groups from other areas of Sri Lanka were keen to provide counselling for tsunami survivors. Aside from the few counsellors already working locally, these services were provided by volunteers trained for a few days only, or by teams from elsewhere on the island. There was a widely held assumption that speaking about their experiences and feelings with 'counsellors' (even those with very limited training) would be emotionally beneficial for people who had faced the loss of families, houses and livelihoods and who found themselves in temporary camps.

This view resulted in small teams of 'counsellors' being deployed to camps within two weeks of the disaster to speak with displaced persons. Given the unstable camp conditions (fluid populations, poor management and delivery of relief supplies, threats of closure and overcrowding) such 'counsellors' often reported that their working sessions were usually with large chaotic groups anxious to tell their stories. The sessions also presented few opportunities for in-depth support to individuals or for follow-up. These experiences often left the 'counsellors' feeling overwhelmed and frustrated.

An apparently opposite approach was advocated by those organisations and individuals who had implemented psychosocial interventions in this district within the context of the armed conflict that existed for many years before the tsunami. This perspective prioritised addressing the social and material needs of affected persons as the primary form of support provision in the acute phase following the disaster. Attempts to 'counsel' survivors were actively discouraged as an initial intervention, although supportive listening and 'befriending' of survivors were encouraged if they initiated conversations about their experiences or difficulties. This view was informed by prior experiences of service provision in the district, as well as by recognised national and international guidelines.

This approach was characterised by lack of conspicuously 'therapeutic' activities. For example, agencies working with separated children would make efforts to reunite children with family members or familiar caregivers. Some would respond to women's concerns about sexual harassment in camps by arranging safe spaces for women to sleep or bathe within camp premises. Others pressured government officials to issue clear written information related to mechanisms for receiving relief, compensation, shelter and other issues that caused displaced persons a great deal of worry and uncertainty. Most interventions with children have been oriented towards providing structure to their daily lives through assisting them materially to restart school, or by offering facilitated play activities.

The need for coordination

As the psychosocial sector of the Batticaloa humanitarian response expanded exponentially, donors pressed agencies to scale up their interventions and new players entered the field. Conflicts and disagreements emerged as various implementing organisations began to trip over each other in their desire to work with particular populations – for instance, attempting to conduct play activities with children in a camp where another organisation had already initiated similar work. Trainers and support workers making flying visits from Colombo or abroad lacked adequate information about local conditions, capacities or requirements.

Hard-learned lessons from around Sri Lanka have been ignored.

The variety of theoretical and practical approaches to psychosocial work both globally and in Sri Lanka presents a challenge for the development of an integrated psychosocial sector in Batticaloa. The polemical nature of the debates in the field, both locally and globally, has made the accommodation of diverse perspectives and methodologies within a single framework difficult. Within the Batticaloa district, however, it appears that developing such an approach is essential if the broad coalition of psychosocial actors is to be strengthened, rather than be allowed to fragment.

At present, the conceptual framework put forward by the Psychosocial Working Group[1] is being used. Efforts are being made to avoid emphasising a dichotomy between community development and mental health approaches to service provision – as has often been the tendency both locally and globally. In the context of inadequate local


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A woman and her two sons light candles at the grave site of the boys' sister and grandmother who died in the tsunami, Piyadegama village, near Hikkaduwa.

resources, particularly for referral of individuals in extreme distress or crisis, there is a practical necessity to mobilise and strengthen all available services.

Examples of psychosocial interventions available within the district at present include the eliciting of experience narratives by volunteers, counselling sessions for individual clients, psychiatric interventions for the mentally ill, formation of tea groups for elderly persons, discussions on tsunami fears, practical information provision and home visits to families of the missing. As well as placement of separated children in temporary foster-care arrangements with kin of their choice, there are regular play activities for children displaced to camps and efforts to ensure consultation of women and children in the placement of water and sanitation facilities in order to alleviate the risks and fears of sexual harassment or violence.

There has also been a great deal of training offered to teachers, health workers, community-based workers and volunteers, although very little of this has been systematic or sustained. Both the support services and training initiatives vary considerably in quality and effectiveness. However, given the reality of an externally driven supply of psychosocial services that is only subject to self-regulation, there seems to be little alternative but to engage constructively with those beginning to work within the district.

Professional and traditional approaches to healing and well-being are sometimes incompatible. There are real concerns about linking approaches that espouse wholly different values and frameworks. The tension between an imperative for professional intervention and a commitment to folk/indigenous perspectives has, in the case of this tsunami disaster, been resolved yet again in the favour of the former.

Hard-learned lessons from around Sri Lanka about the challenges of establishing and maintaining quality psychosocial services and identifying good examples of sustainable and socioculturally-relevant interventions have been ignored. Funding pressures, influx of personnel with little prior knowledge of psychosocial programming in Sri Lanka, local organisations' lack of documentation or institutional memory and a lack of commitment to setting up cross-cultural psychosocial services have all contributed to this neglect. However, it may also be the extraordinary nature of the tsunami disaster that has inhibited a realisation that many of the difficulties faced by affected populations (mass bereavement, repeated displacement, loss of livelihoods, disruption of social roles or separation of children) are similar to the losses and trials experienced during the extended years of conflict. Perhaps something useful could be gleaned from examining the effectiveness of programmatic responses and folk measures for dealing with the latter.

The axiom of 'more haste, less speed' seems to be all too relevant in the case of providing appropriate and quality services to which tsunami-affected populations should be afforded access. It is crucial that the external commitment to intervene swiftly on behalf of persons affected by the tsunami is tempered and guided by an awareness of the need of agencies to plan and coordinate with one another in the interests of providing consistent and coherent interventions to those who may need support. Even a few months after the disaster, it is apparent that initiatives that have taken a long-term (and patient) approach to intervention are already reaping benefits in terms of the effectiveness and sustainability of their services.

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1. www.forcedmigration.org/psychosocial