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The Mental Health Consequences of the Tsunami: An Expert Interview With Elizabeth Carll, PhD

Interviewer: Elizabeth Saenger, PhD

Editor's Note:

The recent tsunami disaster in Southeast Asia will have significant repercussions for many years to come. When reflecting upon this terrible situation, most focus on the tremendous loss of life, and, secondarily, land, property, and livelihood. But, what about the emotional impact on the survivors in the area? How has the disaster affected their mental health? And how does coping style affect one's response to the disaster? What should mental health workers expect when working with survivors? What goals should be in place? Elizabeth Saenger, PhD, Medscape Program Director of Psychiatry & Mental Health, spoke with Elizabeth Carll, PhD, a trauma psychologist in New York and a representative to the United Nations from the International Society for Traumatic Stress Studies, to answer some of these pressing questions. They also discussed how coping styles may differ between Eastern and Western cultures, as well as how those in the West can help and how to talk to children about the tsunami disaster in Asia.

Medscape: What mental health consequences can we expect in Southeast Asia as a result of the tsunami?

Dr. Carll: It's an enormous problem. Initially, for the first month, we see acute trauma, such as the enormous grief, ranging from people continually crying to the other end where they're numb and walking around, unable to express their feelings.

The major concern will be the long-term effect, which will be difficult, and we would anticipate lasting many, many years, likely even a decade. So, we're really looking at the secondary, long-term effects of trauma. These affect the entire society on many levels such as economic, health, and social-political.

Economics play an important part in recovery. Think about the economics for a moment -- the entire industry of fishing and tourism has been destroyed; hope for the future is very difficult and that certainly affects recovery, not to mention one's identity, for those who can no longer support themselves.

The health consequences, with sanitation and all of the problems that arise, including disease, will certainly further exacerbate the mental health issues, since mental health is also impacted by serious disease.

Social-political effects would be in the areas of the disorganization of the community and some of the negative consequences of a disaster, such as potential increase in crime

and the concern about human trafficking of children and women being abducted for sexual slavery. Teens and young adults are also targeted as possible recruits for rebel conflicts. These types of events lead to secondary trauma, after having to deal with such an enormous impact of the initial disaster of the tsunami.

Medscape: How do you think those repercussions differ from the results of disasters in industrialized nations?

Dr. Carll: Industrialized nations typically have resources built in for prevention. One of the things we keep hearing is the unfortunate aspect of not having had any kind of warning with regard to the tsunami when, in reality, there certainly were several hours when one would have been aware that the impact was about to occur. In industrialized countries, typically there are prevention and intervention crisis and disaster plans put into place. But, in societies where they have not experienced something like this, such as Southeast Asia and certainly in the areas that were hit hardest, there were no plans for before or after.

Rebuilding and creating new plans are always much more difficult and time-consuming than carrying out or restoring ones that were already in existence. And, industrialized countries tend to have more resources available. So, Southeast Asia is not only rebuilding destroyed areas, but is also creating new systems focusing on prevention for the future; together, these steps require an enormous effort.

Medscape: Are there any differences that would stem from religious and cultural backgrounds, rather than just the economic advantages that industrialized nations tend to have?

Dr. Carll: That's an interesting question, because it is assumed that Eastern religions foster more stoicism and acceptance. In addition, there are the paradoxical aspects of the Hindu religion, with the understanding that the past determines the future. It is important to understand the worldview of differing cultures.

Looking at the situation from the perspective of, "Well, how could this have been prevented as it was destined to happen?" is very fatalistic. On the other hand, it can be very optimistic. If the past predicts the future, then the present certainly does as well and things can change. Therefore, we are ultimately in control of our lives, according to this type of religious thought process.

In addition, even if one does not express emotions related to trauma, it does not mean that they don't have feelings about the experience and the event. It's very important to distinguish between the impact of trauma and how one copes with that. Along these lines, we have to look at and support how a particular culture copes best, which may not resemble our coping style. For instance, in Western culture, we like to talk about things and, perhaps, rely more on counseling/talk therapy than other countries. Once again, because people may not react the way that we do, it does not necessarily mean that they do not feel the same things. This is an important cultural distinction.

Medscape: Do you think settings that would enable groups of survivors to talk might be better than individual counseling?

Dr. Carll: In the Asian culture, there is more emphasis on community culture and support. It is important to build on preexisting strengths.

Community support, however, doesn't mean everyone necessarily sits and talks about things. For many, doing things is just as therapeutic as talking about things; for example, rebuilding schools to get life back to normal as much as possible for the children. This also has an impact on the future, and rebuilding is certainly a community effort. There are many things, not only talking about stress, that can be done in groups and can be very productive and positive, especially in a society that values group cooperation.

Medscape: How do you think psychiatrists and other mental health professionals might be especially sensitive to treating survivors, in terms of respecting the religious and cultural beliefs of the survivors?

Dr. Carll: Well, it's important to recognize and respect individual differences and be there for support. Intervention doesn't necessarily mean you immediately jump in and do something. Waiting to see what kind of support, if any, would be welcomed is important and gives survivors the option of accepting the support or not.

Outsiders coming into a culture are sometimes looked at warily, especially in communities with little exposure to the outside world. Parts of Southeast Asia had considerable tourism, so they've been exposed to Western society. But it's still very important to learn the cultural norms, which may take awhile. Offering support, intervening in the most extreme cases, helping to rebuild the community, and utilizing cultural rituals that have helped in the past are all helpful ways. One example may be utilizing meditation, a coping strategy that has traditionally been more Eastern; although we're adopting this practice in the West as well. Meditation can be viewed as a nonverbal form of coping, relaxing and looking at one's life; it is more closely connected to spirituality than, perhaps, some of the coping methods that we would use in the West.

Medscape: Are there any other methods that may be more common and more helpful there?

Dr. Carll: There isn't any one particular method. There never is one fix-it approach, just as there is no one-size-fits-all approach here in the West. One has to look at the individual who is experiencing the problem as well as the dynamics that are going on at the time. The basic goals of crisis intervention would be to foster hope, minimize self-blame and guilt, and maximize community support and resources.

Medscape: Could you give any examples of how one culture in Southeast Asia might differ from another culture in Southeast Asia in terms of specific mental health interventions that might be best? I hope that this doesn't put you on the

spot.

Dr. Carll: Again, there is no one particular approach. Within a given culture, there are other important elements such as industrial development, poverty vs wealth, urban vs rural, young vs older people; therefore, even within a particular culture, there is much variation. For example, the tourist industry in certain areas of Sri Lanka would result in increased exposure to Western culture and may be much different from, perhaps, the fishing villages of some other areas of this country. So, it's not only cultural differences, but also economic differences, how people define their livelihoods and what is occurring in the society at the time. Culture cannot be separated from social and economic development.

Medscape: It seems that rural vs urban might be a factor, too, in terms of the interventions that would be appropriate.

Dr. Carll: True. The tourist industry may result in more economic wealth in particular locations. So, it's not only rural vs urban, but there may be a larger difference in economic wealth in various industries and various areas within those countries.

Medscape: Is there anything that the survivors themselves can do to minimize the effects of the disaster on their mental health? You mentioned rebuilding; is there anything else?

Dr. Carll: Doing restorative activities is very important, participating in one's own recovery and taking action gives us a sense of control. It is very important to rebuild and to have as many people involved as possible. That sense of control arising from taking active steps to help oneself helps counter the effects of paralysis and feelings of overwhelm at the same time that it fosters looking to the future and building hope.

Memorials and rituals, especially in this instance, are also important because hundreds of thousands of people have lost loved ones whose bodies will not be recovered. It is extremely difficult to not be able to see the body of a loved one. Such situations can give rise to the typical fantasy that one's husband, wife, or child is wandering somewhere in the country with amnesia and eventually will be found. Memorials and rituals serve to recognize and respect the finality of the life of a loved one. It is also important to keep in mind that the word "closure" is often looked upon negatively by survivors, as there really can never be closure for such losses, only acceptance by the people left behind.

Often, we tend to focus on the importance of family as a support system. However, in such an enormous disaster as the Asian tsunami, it is important to remember, with such great loss of life, that many people may have lost their entire family. Therefore, focusing on the value of turning to family in this situation may actually be very hurtful and traumatic.

It can be much more helpful to focus on community and, once again, restorative activities involving cooperation. This has the additional benefit of also avoiding struggle

and competition for the limited resources that may be available.

Medscape: How will those who are not directly affected (in other words, people in the West, for example) be touched by the disaster?

Dr. Carll: Continued exposure to media may result in secondary traumatization as a result of repeated watching of these events. Some people tend to be more fragile and more impacted by these images; watching can be very upsetting to many in the West who feel impotent in their ability to help the victims.

Medscape: What can we do to help protect children from what they are seeing and hearing?

Dr. Carll: Children become worried about these kinds of things, and it's not unusual for children to think, "Well, if a tsunami can happen over there, will it happen over here?" First of all, it's important to emphasize that this is a very, very rare event. Obviously, it's the first in hundreds of years that has happened in Southeast Asia; we know that events like a tsunami will happen once maybe every century in a particular area. Therefore, it is unlikely that it is going to happen again within their lifetime.

Similarly, young children do not have a sense of distance and may think Sri Lanka is not far from their backyard. Once again, reassurance is very important.

Medscape: Also, probably limiting their exposure to television is worthwhile at certain very young ages, because they think that each time they see the event on television, it's actually occurring, correct?

Dr. Carll: Right. The repetition of the impact of the tsunami for them could be perceived as another new event. There really is no benefit for young children to keep watching the news. Obviously, teens may be more interested, but, for a young child, there really is no necessity. As the news tends to be quite negative, children as well as adults may develop a very skewed, negative, and unusual view of the world. We know, from research, people who watch large quantities of news tend to have a much more negative view of the world, so this certainly would impact children as well.

Medscape: Is there any age at which it might be best not to tell the child about the disaster at all?

Dr. Carll: If the child doesn't know anything about the tsunami, there isn't a compelling reason to discuss it. Obviously, if a child brings it up, having heard about it in school, it is helpful to answer questions in a very brief and to-the-point way. Children will revert back to their own interests and activities and will only focus on this to the degree to which they may be aware of it.

Very young children -- preschool, early elementary -- would be unlikely to continue to discuss the tsunami, unless it's a topic raised in school, a friend has brought it up, or they

saw reports on television.

Medscape: Is there anything else that you would like to add?

Dr. Carll: Well, I think we all feel powerless and want to help and, obviously, not all of us can go over there and do something directly. We do know there are great efforts in raising funds and certainly that's a way of contributing. One of the concerns of the UN, however, (and I'm a representative from the International Society for Traumatic Stress Studies and have attended a number of meetings at the UN) is that many of these pledges may not come through. Therefore, increased contributions along with follow through will be very necessary.

Along these lines, it is important to give to credible relief organizations. The UN Web site has a listing of credible organizations that would be appreciative of contributions. That can be a very positive way of contributing and continuing to contribute. Often, after a disaster, contributions flow in immediately and then stop, because media attention is focused on the next "disaster." However, assistance will be needed for many, many years, just as there are many other places throughout the world also continuing to experience great problems.

Medscape: I know some people have mentioned that malaria, for instance, causes more deaths in a year than the tsunami and that because these other diseases in third-world countries are constant, they're somehow not on our radar screen, whereas the tsunami is. What do you think about that?

Dr. Carll: That's very true, although the secondary consequences could be those kinds of diseases resulting from the tsunami. But, typically, our attention is driven by the media and the media covers unusual events. Malaria is an ongoing health problem, only occasionally in the news. But an event, an impact like a tsunami or 9/11, will certainly garner media attention all over the world and there will be much focus on it. And, as a result, intervention may be focused by the media spotlight. Yet, there are many things occurring in the world that are having dire consequences and deaths that are equally, if not more, extensive.

Medscape: Any other thoughts?

Dr. Carll: While tragedies such as this tsunami or any other disaster can have devastating results, it is also an opportunity to highlight the generosity and helpfulness of people who come to the aid of others living in distant parts of the world.

Medscape: Thank you very much for sharing your insights with us, Dr. Carll. This has been quite informative.

Disclosure: Elizabeth Saenger, PhD, has disclosed no relevant financial relationships.

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