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Culture and Coping: A Qualitative Study of a Sri Lankan Village Post Tsunami

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Introduction

On the tenth anniversary of the Tsunami on December 26, 2014, Sri Lankan newspapers highlighted the issues that still prevail in Peraliya and other tsunami affected regions in Sri Lanka such as unresolved housing problems, displacement from homes near the ocean, poor infrastructure, and loss of livelihood (Hussain, December 26, 2014, p. AA1), and at the same time commemorated “the resilience of hundreds of thousands of men, women and children who rose from the debris and the carnage, picked up the pieces and soldiered on amidst the tears and the pain” (Editorial, Sunday Times, December 21, 2014, p. 12). A parent who is still looking for his missing 8 year old daughter said: “It’s not that my sadness has lessened but that my strength to face the sadness has increased” (Hettiarachchi, 2014, p. 6). The 2004 South Asian tsunami

provided an opportunity to investigate the effects of ‘uniquely Asian’ socio-cultural factors on the psychosocial responses to natural disasters. We define culture as the shared beliefs, values, customs, patterns of thinking, and ways of communication that structure the behavior patterns of a group of people within a particular environment. Sri Lanka is a country with ancient traditions and practices shaped by religions, primarily Theravada Buddhism. Since it was introduced to Sri Lanka in the 3rd century B.C., Buddhism has been seamlessly integrated into many people’s daily lives. Buddhist philosophy has offered people an intellectual framework to interpret events such as death and loss of property.

Reports from countries impacted by the 2004 tsunami suggest that survivors displayed a remarkable degree of resiliency, which was attributed to socio-cultural factors. For example, Rajkumar et al. (2008) report that tsunami survivors in Tamil Nadu employed their own cultural and spiritual practices to cope with traumatic bereavement instead of professional mental health services. Resiliency is generally defined as the “ability to adapt and cope successfully despite threatening or challenging situations” (Agaibi & Wilson, 2005, p. 198), and is perceived as a quality of character, personality and coping ability. Recent research, however, has pointed out the problem of viewing resilience as something individuals have, rather than a process that families, communities, institutions, and governments facilitate, and calls for an ecological interpretation of resilience which acknowledges the importance of people’s interactions with their environments, and the need to understand lives as they are lived and how social, cultural, and physical ecologies make resilience possible (Ungar, 2012a). We therefore adopted Ungar’s ecological perspective to understand resilience as a “contextually and culturally embedded construct” (p. 3).

Only recently have researchers begun to systematically investigate the role of socio-cultural mechanisms in psychological adaptation following natural disasters (Zaumseil, Schwarz et al.

2014). Most traditional cultures offer constructs to explain traumatic events in life and various practices, often involving family and relatives, to handle them. Previous research on posttraumatic stress among tsunami survivors in Sri Lanka has not adequately addressed cultural variables although some authors have pointed out their relevance (De Silva and Yamao 2007). Therefore, the purpose of the current investigation was to enumerate the role of culture and context in response to trauma among tsunami survivors in a Sri Lankan village. The research question formulated for the study is:

What are the socio-cultural factors that are associated with resiliency and effective coping?

Materials and Methods

Employing an ethnographic approach to understand the sociocultural context and the beliefs, shared meanings, and practices of the participants who were impacted by the tsunami, we utilized a qualitative study design based on open-ended in-depth interviews. The ethnographic approach helped us to see the *emic* or insider perspective and analyze data using the “lens of culture” (Merriam, 2009).

Setting

The setting of the current research is Peraliya, a coastal village in Galle District, in the Southern Province of Sri Lanka. Villagers are predominantly Sinhalese Buddhists, most of whom make their living by fishing, and cottage industries such as coir rope weaving. Over 95% of structures in the village were destroyed by the tsunami, leaving 450 families homeless and nearly 300 inhabitants dead. Furthermore, a crowded train had just pulled into the village station when the tsunami hit, killing 1,468 people on board (including the villagers who jumped on the train to escape from the wave). Therefore, Peraliya became one location on the island where a large number of casualties took place. The data was collected 20-21 months after the tsunami.

Sample

A convenience sample of 20 participants were drawn from a larger sample of 89 survivors who participated in an epidemiological study of the prevalence of psychiatric disorders (Hollifield et al., 2008). The sample comprised 10 males and 10 females. These participants had different levels of exposure to the traumatic event, ranging from human and property loss to survival with physical injuries.

Instrument

An interview protocol containing 8 open-ended questions was employed to collect data from the participants. Follow-up probes were utilized to clarify responses. The initial focus of the inquiry was to gather more in-depth data on psychological symptoms, stressors and coping strategies but later analysis revealed an opportunity to analyze the data from a sociocultural perspective as we discuss next. The questions are provided in the Appendix.

Procedure

A team of national and international researchers collaborated to implement the research design. The research team in Sri Lanka visited the village several times to meet the villagers, obtain consent for the interviews, and conduct the interviews. They were trained by international and national researchers to conduct in-depth interviews and work with a traumatized population. Participants were interviewed in their native language, Sinhala, primarily at their residence, temporary shelters, or at other convenient locations within the village. Aid packs were given to the participants upon completion of the interviews. The interviews were then translated into English. Next the translated transcripts and the original audio recordings were checked for accuracy by a native Sinhala speaker. Upon verification, Atlas TI 5.2 was used to identify the themes and categories emerging from the data by using grounded theory (Glaser & Strauss, 1967). Open codes were assigned to words and phrases that represented various themes and

categories. The coding process used in this study is described in detail by Saldaña (2009). Upon completion of the initial coding, the research team reviewed the codes and decided which themes and categories to combine, remove, or break apart. Generally speaking, the decision to modify the established categories and themes was based on saturation levels. The categories that emerged from the data were also analyzed according to persistent complaints of distress. Unexpectedly, various culturally-based factors emerged which were then checked by national researchers to assure their validity. The prevalence of these cultural factors led the research team to pursue a sociocultural interpretation of the interview data. Lastly the final categories and themes were organized in Excel to generate descriptive statistics which are presented in the next section.

Results

Two major themes emerged from our interview data: (a) coping and resilience as shown in Table 1, and (b) stressors people encountered as they recovered from the tsunami in Table 2. For each of the 20 cases, we present visual case graphs of coping and resilience factors: cases 1-8 (Figure 1), and cases 9-20 (Figure 2). Cases 1-8 experienced the loss of immediate family members as well as property, while cases 9-20 experienced only loss of property. (Cases 2, 3, 7, 8, 9, 10, 11, 12, 13, and 15 were female and cases 1, 4, 5, 6, 14, 16, 17, 18, 19, and 20 were male). Six participants directly experienced the tsunami meaning that they had to escape the waves. The other participants witnessed the events. The numbered themes and categories in Table 1 and Table 2 serve as the legend for reading Figures 1 and 2 with each number referring to a specific category.

Coping and Resilience

Table 1 presents the theme of coping and resilience grouped under three main categories: Support, interpretation of the disaster, and coping mechanisms.

Table 1. Coping and Resilience

Themes	<i>Categories</i>
2. Support	
	<i>2.1 Family</i>
	<i>2.2 Friends</i>
	<i>2.3 Doctor</i>
	<i>2.4 Government Aid</i>
	<i>2.5 Religious</i>
	<i>2.6 Donations</i>
	<i>2.7 Home Remedies</i>
	<i>2.8 Loans</i>
5. Interpretation of the Disaster	
	<i>5.1 Universal Phenomenon</i>
	<i>5.2 Sea Erosion</i>
	<i>5.3 Vihara Maha Devi</i>
	<i>5.4 Supernatural Intervention</i>
	<i>5.5 Unexplainable Event</i>
	<i>5.6 Kamma</i>
6. Coping and Resilience	
	<i>6.1 Drinking/Drugs</i>
	<i>6.2 Hard Work</i>
	<i>6.3 Religious Practices</i>
	<i>6.4 Mental Fortitude/Resiliency</i>
	<i>6.5 No Action</i>
	<i>6.6 Universal Suffering</i>
	<i>6.7 Engaging in Day-to-Day Activities</i>
	<i>6.8 Preparing for Next Tsunami</i>

Support

The support theme contains the types of internal and external support that people relied on as they recovered from the tsunami. The majority (N=12) reported receiving support from family members. Many were provided with shelter while others simply borrowed various goods from their families. Another major form of solace was participation in Buddhist religious practices. Cases mentioned various types of religious activities such as engaging in *Bodhi-pūja*, a ritual that is performed to ask for blessings for the living people and involves performance of specific ceremonies associated with the bodhi tree, a symbol associated with the Buddha (Kariyawasam, 1995), and *Pirith Ceremonies*, (a ceremony in which monks chant Buddhist scriptures

throughout the night) often with family and friends and in one instance the entire village. Community members pitch in to help set-up these ceremonies because they are labor-intensive. Three participants had sought medical help, primarily for injuries and physical complaints. For example, Case 11 received “treatment from a general practitioner. The biggest problem I had was the vertigo. Now it is OK. The doctor told me it is due to too much thinking. Now I don’t have that problem.” Seeking medical treatment was an obstacle for some as they had to travel by bus to a hospital or clinic and often wait to be seen by a doctor.

Interpretation of the Disaster

The disaster interpretation theme provides insights on why people think the tsunami occurred. The interpretation of the disaster helped some people cope with the tragedy. Six people reported that they believed the event was due to *karma*, the belief that “the total effect of a person’s intentions during the successive phases of the person’s existence will determine the person’s destiny” (Levy, et al., 2008). Case 19 said: “most of the good people were saved and the bad ones were affected. They believed that the businesses that acted unjustly towards others were negatively affected. The good people were affected less.” Related to this interpretation is the observation that Buddhist statues near the coast survived the force of the waves while households and people perished. Others interpreted the disaster to be a universal phenomenon as the tsunami impacted many South East Asian countries, and therefore, did not attribute the event to personal karma. A few observed that the tsunami occurred because of sea erosion as the coral reef bordering the shore had been mined and mangroves destroyed by people. Others recalled Sri Lankan history when explaining the disaster as Case 17 said, “Some people say that the tsunami happened like in the ancient days when Vihara Maha Devi was sent to sea to appease the sea God.” (According to the Mahavamsa, the Great Chronicle of Ceylon, over 2000 years ago, sea gods made *the sea flow over the land* in retribution against the king who ordered killing an

innocent Buddhist monk. The king sent her daughter, Vihara Maha Devi, to the turbulent sea to appease divine wrath).

Coping and Resilience

This theme provides insights into how each of the cases coped with the tragedy and developed resilience. The indicators in this category, with the exception of “drinking/drugs” and “no action,” are all internal, native, and holistic methods of coping with the disaster. The two most common categories were hard work and mental fortitude/resiliency. The hard work indicator includes a total of 10 cases. Case 13 described how her family began to rebuild: “My children are still going fishing to make a living and I make cords from coconut husks.”

The mental fortitude/resiliency category includes 9 members like Case 8 who told us, “I tried to get back to my former life. I adjusted to life. I took the advice of elders and tried to make up my mind.” When asked what she was doing to deal with emotional discomfort, Case 10 shared, “We talked to them (our relatives) and made up our mind not to let the disaster bring us down.”

Mental fortitude and resiliency was expressed by terms such as “*mage sitha hadagaththa*,” or “made up my mind” or “developed a firm state of mind.” In the latter two quotes from Case 8 and 10 it is evident that advice of elders and relatives helped them to make up their minds to put the tragedy behind them and go on with life. One case mentioned developing resilience by preparing for the next tsunami. A salient finding was that the majority of cases developed mental fortitude, and were engaging in hard work and day to day activities. People developed a proactive view of how they could influence their circumstances to overcome the negativity associated with the tsunami.

Buddhist religious practices and beliefs were another major form of coping with the disaster.

Seven out of 12 cases who lost close family members or friends reported participating in

Buddhist religious practices as a primary coping mechanism. These practices and their impacts are explained in the discussion.

Seven cases mentioned universal suffering. This theme differs from the “universal phenomenon” theme (why people think such an event occurred) highlighted earlier. The universal suffering theme emerged from participants who reflected on the universality of the disaster (as it impacted many parts of South East Asia) and the collective suffering of a large number of people as an aid in their efforts to cope with the disaster. For example, Case 9 said, “It has happened to everybody not only to me. Thinking like that I mended my mind and it helped me face that we lost equipment and goods worth of 8-8 ½ lakhs” (lakh= Rs 100,000). Other than those who did not mention any coping strategies, and the two people who were depending on drinking/drugs, 15 out of 20 cases were using their own means of coping which included mental fortitude and resilience, and the support of family, friends, community, and religion.

Table 2. Stressors

Themes	<i>Categories</i>
1. Stressful Experiences	
	<i>1.1 Physical Ailments and Insomnia</i>
	<i>1.2 Insufficient Government Aid</i>
	<i>1.3 Dishonest Aid Workers</i>
	<i>1.4 Inadequate Housing and Sanitation</i>
	<i>1.5 Need to Protect Possessions from Theft</i>
	<i>1.6 Children Failing in School</i>
	<i>1.7 Taking Care of Family Members</i>
	<i>1.8 Inability to Earn Money, loss of livelihood</i>
3. Expectations of Support	
	<i>3.1 Financial Support</i>
	<i>3.2 Material Support</i>
	<i>3.3 Employment</i>
	<i>3.4 Civil Behavior by Others</i>
4. Physical and Mental Complaints	
	<i>4.1 Fear</i>
	<i>4.2 Recurring thoughts</i>
	<i>4.3 Mental Hypersensitivity</i>
	<i>4.4 Physical Hypersensitivity</i>
	<i>4.5 Avoidance</i>
	<i>4.6 Inability to recall experience</i>

	<i>4.7 Diminished interest in life</i>
	<i>4.8 Difficulty sleeping</i>

Stressors

The stressors theme presents the factors that could potentially have a negative impact on the cases. The categories within this theme include stressful experiences, expectations of support, and physical and mental complaints.

Stressful Experiences

Six of the 20 cases expressed dissatisfaction with the aid provided by the Sri Lankan Government. Case 1, whose home was completely destroyed, said:

“My son and daughter died due to the tsunami and the government did not give us much. We were only given two and half lakhs (250,000 Rupees = U.S. \$ 2,500) to build our house. We did not get any other goods or material supplies.”

People like Case 17 were frustrated with the dishonesty of aid workers from the government and local and foreign non-governmental organizations (NGOs):

“The people who were sent from the government and NGOs to help us stole money and are cheating us. The government decided to give fishermen affected by the tsunami fishing equipment worth two and a half lakhs. The people who came to distribute the equipment took 5,000 to 10,000 Rupees and gave the money to the people who were not affected. We are the people who were affected the most and we did not get anything.”

Another stressful experience that emerged was inadequate housing and sanitation. Inadequate housing was a particularly serious matter as related by Case 1 who summarizes his situation as follows:

“We could not fix anything. There is nothing to fix. We are struggling to build our house but could not finish it. That is the greatest problem we have. We are still living in this

wooden shelter suffering from mosquito bites. You can see every day when you come here that we are sitting in front of a fire we built to try and keep the mosquitoes away.”

The stagnant water left by the tsunami exacerbated the existing mosquito problem. One case noted the stress of protecting property when living in unlockable shelters. Another was distraught by his children who were usually very good students, failing in school. Others mentioned loss of livelihood and inability to earn money, and having to take care of family members.

Expectations of Support

The expectations theme indicates the types of external support people desired to make their recovery from the disaster smoother. Eight people reported financial support would help them the most to recover from the aftermath of the tsunami. A remarkable finding was peoples’ lack of expectations for professional help to deal with emotional discomfort such as counseling or psychiatric help, which was exemplified by Case 1 who said, “I have done nothing. I am just bearing it. There is no use in telling people about it.” He along with 11 others in our study did not rely on external resources to cope with their mental and emotional distress which may indicate a sense of strength and mental fortitude. There was no mention of a desire for mental health services in our study. The people of Peraliya considered mental issues after the tsunami as part of life and hence, not requiring professional attention.

Physical and Mental Complaints

Despite not requiring professional help for mental issues, there was evidence of both mental and physical complaints. The mental hypersensitivity indicator was by far the most prevalent in our study mentioned by 16 cases. One psychological complaint concerned hypervigilance, indexed by hypersensitivity to the sounds of the train and the sea. Twelve cases expressed fear. For example, Case 11 said: “My only problem is that I get scared frequently.” Figures 1 and 2

present case graphs that show how the themes and categories discussed above related to coping and resilience (Table 1), and stressors (Table 2) were evident in each of the 20 cases.

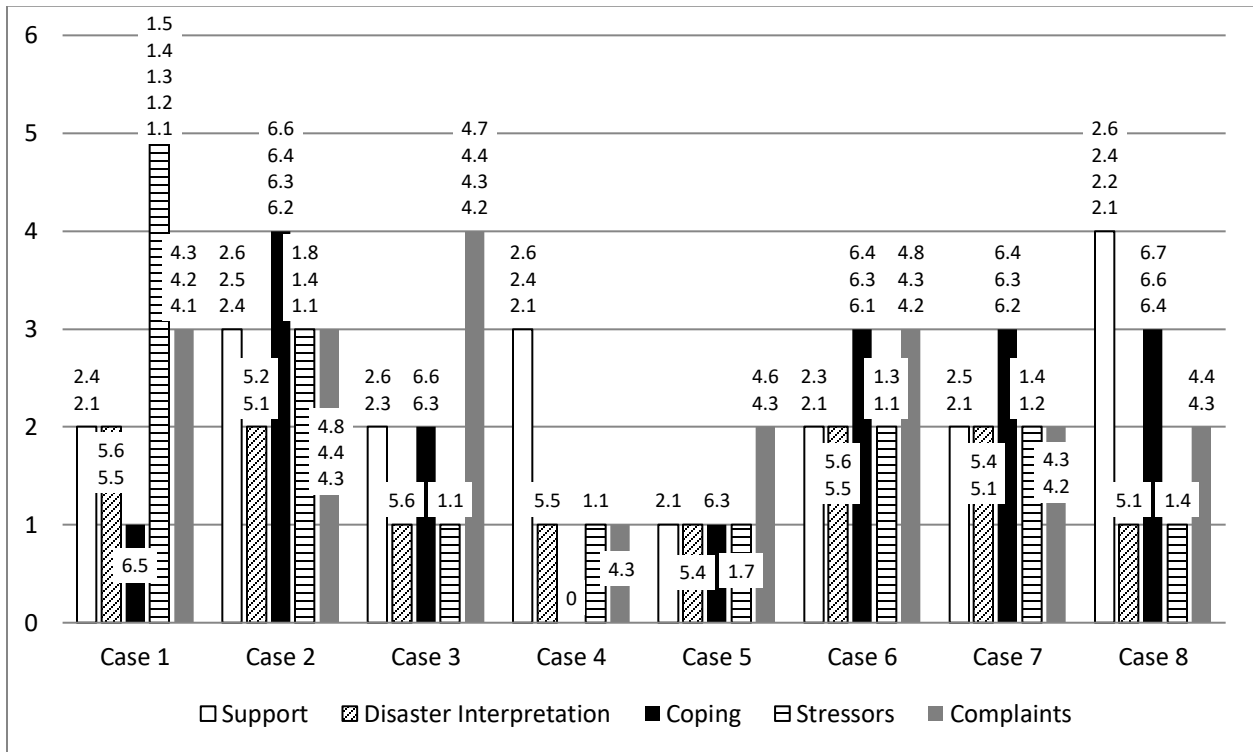


Figure 1. Coping, Resilience, and Stressors: Case Graphs for Cases 1 – 8 (those who lost immediate family members as well as property)

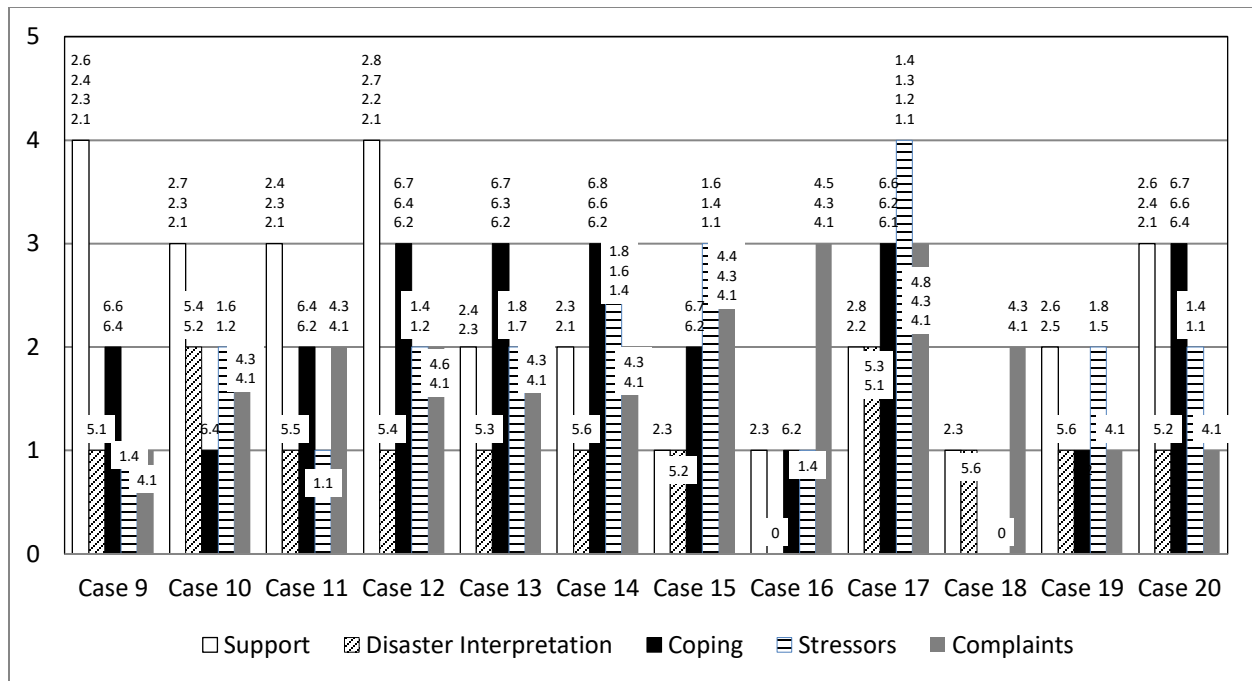


Figure 2. Coping, Resilience, and Stressors: Case Graphs for Cases 9 – 20 (those who lost only property)

We illustrate by providing one example of a case, Case 6 with reference to the category numbers listed in Tables 1 and 2. Case 6 lost close family members to the tsunami and experienced property loss. He was stressed by physical ailments and insomnia (1.1) and dishonest aid workers (1.3). He complained of recurring thoughts (4.2), mental hypersensitivity (4.3), and difficulty sleeping (4.8). He interpreted the disaster as an unexplainable event (5.5) and thought he was in this position because of his own Karma (5.6). Yet, he had the support of family (2.1) and a doctor (2.3). While he resorted to drinking and drugs to cope with his despair (6.1), he turned to religious practices for solace and comfort (6.3), and developed mental fortitude and resiliency (6.4). As Case 6 illustrates, many in our study experienced several stressors and despair, but with the support of family and friends and by engaging in religious practices were able to cope with the tragedy and develop mental fortitude and resiliency.

Discussion

It has been widely documented that most people display tremendous resilience in the face of traumatic stress (Bonanno, 2004). In a study of grief reactions following the loss of a loved one, Bonanno and colleagues (Bonanno, Galea, Bucciarelli, & Vlahov, 2007) found that the majority of grievors (40-60%) showed resilience, showing only short-lived disruptions in functioning that resolved within a few months. Fifteen to twenty-five percent of grievors followed a trajectory called recovery, which was significant for recovering from distress and disruption of daily functioning within about a year. Only 10-15% of grievors experienced what is termed prolonged grief that could persist for years. In the aftermath of 2004 Asian tsunami, the World Health Organization estimated that about 50% of the population in tsunami affected areas might develop mental health problems, approximately 5-10% of them requiring treatment (Ashraf, 2005). Contrary to these predictions, tsunami-affected persons were found handling grief effectively in the context of social settings without seeking professional counseling (Miller, 2005). In a needs assessment survey conducted in Tamil Nadu, respondents requested help with rebuilding their homes and reestablishing their livelihoods instead of mental health counseling (Miller, 2005). Rajkumar et al. (2008) reported that, at 9 months after the tsunami, survivors in Tamil Nadu had reconstructed their lives using own cultural resources.

A number of investigators (Neuner, Schauer, Catani, Ruf, & Elbert, 2006; Wickrama & Wickrama, 2008), including our research team (Hollifield et al., 2008), reported high prevalence rates of posttraumatic disorder, depression and anxiety among tsunami survivors in Sri Lanka. In the community where the current investigation was conducted, Hollifield et al., (2008) found that about 40% of the sample had mental disorders such as depression, anxiety or PTSD. Some critics have questioned, however, the validity and utility of DSM-based diagnostic labels such as PTSD and depression to describe psychosocial adversity in people in resource-limited settings (K.S. Jacob, 2010). These critics have pointed out that the checklists validated in the west grossly

overestimate psychiatric conditions in non-western populations (Rajkumar et al., 2015) partly because psychosocial adversities in these populations can be mislabeled as PTSD or depression (K. S. Jacob, 2013). Rajkumar et al. (2015) observed that the group of tsunami survivors in Tamil Nadu who continued to show posttraumatic stress symptoms did not meet some PTSD criteria such as avoidance and functional impairments.

The nosological validity of diagnostic categories aside, participants in the current study displayed extraordinary resilience in the face of considerable stress. Following the tsunami they continue to experience a range of hardships including inadequate housing and sanitation, inequities in the distribution of aid, difficulty in protecting their possessions from theft, and loss of livelihood. They reported that they continue to experience psychological difficulties including fear, difficulty sleeping, and hypervigilance. Despite these difficulties the majority of the participants reported they “mended their minds” through hard work and mental fortitude. The question of what factors contribute to such resilience has attracted researchers’ considerable attention.

Having critically appraised the prevailing data, Norris, Stevens, Pfefferbaum, Wyche, and Pfefferbaum (2008) have proposed a theoretical framework that posits four primary sets of networked resources contributing to resilience: economic development, social capital, information and communication, and community competence. Particularly, the lack of social and economic resources has been shown to exacerbate psychological distress in trauma-affected persons (Abramowitz, 2005). The majority of participants in the current study identified material support for rebuilding their homes and livelihoods as an important need. Many were upset with the government and NGOs regarding inequities in the distribution of material support. Some complained that they received only insufficient amount of funds from the government to rebuild their homes. Studies conducted in other tsunami-affected communities also found evidence of

inefficiency in the distribution of aid hampering recovery (Fauci, Bonciani, & Guerra, 2012a).

Despite these criticisms, all the tsunami victims in our study site had received financial and other reconstruction aid from the government and NGOs, allowing them to rebuild their homes and livelihoods.

In line with the findings of other investigations (Dissanayake, 2013; Ekanayake et al., 2013), social support figured prominently in the narratives of respondents as a factor that supported recovery from posttraumatic distress. Twelve of the twenty people in the study relied on the support of their families and friend for survival. Despite recent trends in social change toward unitary family units, Sri Lanka continues to have extended families, particularly in villages. Sri Lankans typically celebrate important life events such as weddings, mourn the loss of loved ones, and participate in religious ceremonies in large social gatherings. Many respondents in the current study reported that they helped others whenever they could. One person reported that she had to totally rely on the support of others to live for several months until her home was rebuilt. Social networks also served as an important means of sharing people's pain and "getting it off their chest" (Ekanayake et al., 2013).

Some investigators have utilized the construct of collective trauma to explain variable responses to traumatic events affecting communities (Abramowitz, 2005). The main thrust of this position is that the loss or destruction of social connectedness or 'social self' as a consequence of a traumatic event affecting a community results in psychological distress at an individual level. In an anthropological study conducted in six Guinean communities attacked by Sierra Leonean and Liberian United Front forces in 2000-2001, Abramowitz (2005) found higher rates of posttraumatic stress symptoms and depression associated with greater loss of social connectedness in those communities. However, Somasundaram (2010) reported that people living in Tamil communities in Northern Sri Lanka that had borne the brunt of a protracted

separatist war did not show a significant worsening of their level of functioning following the tsunami, perhaps because those communities had already suffered severe collective trauma. The predominantly Sinhalese community where the current study was conducted had been affected by the war only indirectly and survivors in the community were able to participate in rebuilding efforts. Community competence (Norris et al., 2008) in Peraliya is reflected by survivors' willingness to start new businesses and to participate in community activities such as religious ceremonies. Abramowitz (2005) suggests that social connectedness is critically important for performing rituals and ceremonies for healing a community that had suffered a traumatic event. Some respondents, particularly those who lost family members, sought solace in Buddhist rituals. This seems to suggest that people turned to religion when their internal regulatory mechanisms failed to cope with unbearable pain. Buddhist beliefs in *Karma*, *impermanence of life*, and *reincarnation* can also be considered to play a role in recovery from psychological distress. The concept of *Karma*, the notion that one reaps the fruits of one's action, is invoked to explain unexpected life events (De Silva & Yamao 2007). Furthermore, the body of the deceased is kept at home for several days before burial, which allows relatives and neighbors to process the emotions related to death. Various Buddhist rituals have been developed to deal with grief involving some form of physical activity and social connections. Ceremonies such as alms giving and *mathaka bana* (a sermon in which dead relatives are remembered and Buddhist stories related to life and death are narrated), assume that the benefits of such meritorious acts can be transferred to the deceased if the deceased is in a reborn state where he or she can receive them. In a psychological sense this provides the opportunity for family members to continue to take care of the dead relative as if he or she is still alive. Case 5 reported that he gave alms first three months and then one year after his mother's death for transferring the benefits of the meritorious act to her. As Obeyesekere (1985) observed, when Buddhist laymen are afflicted by bereavement

and loss, they “can generalize their despair from self to the world at large and give it Buddhist meaning and significance” (p. 140). Case 2 reported that there was a *Pirith* ceremony, followed by alms giving at the temple, in which people from two villages participated. She stated that participation in this ceremony considerably helped her ease her mental pain and forget her painful memories. This case clearly illustrates how a religious ceremony allowed two communities to come together and handle psychosocial distress in a group rather than individually.

Our data analysis has shown that not only individuals within the community, but Peraliya as a community developed resilience after the tsunami by relying on their own cultural traditions, the social support of extended family and friends, community support, and collective participation in Buddhist religious ceremonies. This echoes Kirmayer et al.’s (2012) view that resilience can be a feature of whole communities, even though resilience is often understood to be an individual characteristic. They observe that resilience also has systemic, collective, and communal dimensions, and that “Indigenous concepts can provide ways to approach a more dynamic, systemic, ecological view of resilience” (p. 400), than individualistic models that dominate psychology. They further point out that collective efficacy, in turn, may strengthen individual efficacy and help individuals to feel more capable of taking actions to address their own needs. It is therefore more useful to examine resilience as an interactional process between individuals and their environments rather than as a mere presence or absence of fixed individual level attributes (Panter-Brick & Eggerman, 2012). By acknowledging and fostering communities,’ natural and adaptive ways of coping, we can promote processes of recovery, sustainability, and growth (Murray & Zautra, 2012). Murray and Zautra note that over and above individual resilience, community resilience may play a more prominent role in how people in other cultures respond to adversity. For example, in a more collectivistic fishing community like Peraliya

where people depend on each other because of the risk associated with fishing, the emphasis is on interdependency rather than autonomy and individualism, which is a valued trait in western communities. Therefore, there is a need for future research to fully understand the processes of resilience among non-western cultures as individual models of resilience are not adequate to understand collective resilience. “An interactional, environmental, and culturally pluralistic perspective provides a second way to understand resilience” (Ungar, 2012b, p. 14).

Limitations

The primary limitation of this study was the quality of the qualitative data which was gathered during the interviews. The data can be described as thin because much of the transcripts did not contain large volumes of information. Some cases were much more detailed than others but some provided only several words to answer various questions. A potential cause for this was the short time frame, about two days, in which research assistants were trained to conduct the interviews in Peraliya. Generally speaking, probing questions were not used as part of the interviewing process. An additional source of the thin data is that people generally did not see psychological issues as noteworthy of discussion as we have pointed out earlier in this paper. Another issue related to the data collection is the method that was used to catalog the individuals who were part of the interviews. No good record was kept of the exact location of the homes which were visited. In addition, some individuals who were living in temporary shelters have likely moved away. This makes it extremely difficult if not impossible to track the individuals who participated in this study for a follow-up study to determine whether there are still lingering traces of the trauma created because of the tsunami. A final limitation of this study is that the questionnaire used to interview participants was a typical western diagnostic tool. It was not necessarily localized for the people of Peraliya. The findings in this paper shed light on the need

to localize instruments for data collection in diverse cultural settings but this knowledge came well after data collection was complete.

Conclusions

The current study is significant because it included a group of people from a resource-limited setting (a fishing village) who displayed culturally-based resilience in the face of massive devastation in the village. At 20-21 months after the tsunami we found that most people had bounced back from this traumatic experience without the aid of counseling or psychiatric treatment. Results show that social support, social connectedness, and social cohesiveness and the provision of material and financial support by the government and NGOs had substantially contributed to recovery. It is possible that, as Abramowitz (2005) suggested, social cohesiveness and material support provided the infrastructure necessary for people to employ culturally-based strategies to cope with psychological distress. Participants in the current study reported reaping great benefits from Buddhist ceremonies such as *pirith*, *Bodhi-pūja*, and alms giving. Of particular note is that cases who performed religious practices all lost family members. Buddhist ceremonies likely helped them psychologically in the process of fulfilling a social duty.

Although the tsunami experience and trauma was different for each person, the sociocultural context contained elements within it that supported and sustained each one. As countries in South Asia begin to invest in disaster resilience, they can learn from the people of Peraliya, and be mindful of the culturally-based coping strategies that will help communities survive and become resilient.

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Appendix

1. How have you coped with things since the tsunami?
2. How did you manage to deal with the losses?
3. What did you do about illness/injury?
4. What did you do to help your emotional discomfort?
5. What symptoms or health problems have you had since the tsunami?
6. How have the symptoms or health problems affected you?
7. What treatments or interventions have you sought to help with symptoms or feelings after the tsunami?
8. What do you think...why did something like the tsunami happen?