

Just Like Bodies, Psyches Can Drown in Disasters

By M. LAURIE LEITCH

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Pairao, a 38-year-old Thai woman with vacant eyes, sits on the dusty floor of her temporary house in a refugee camp for tsunami survivors. Her face is dotted with cuts from debris that struck her as she clung to four family members, all of whom died in the waves. She has been having recurrent nightmares and flashbacks.

I sit with her as she tells how her son had gone to market that fateful day and, therefore, survived. I am there to work with the traumatic stress symptoms of survivors like Pairao. However, my first connection to her is as a mother, and I feel a surge of gratitude that my own children are alive and safe back home.

In the first days of disaster relief work, I wondered how I could possibly make a difference when the magnitude of loss, destruction and trauma was so huge. There is skepticism and hot debate among some experts as to the suitability of Western-based approaches to disaster mental health. I share this skepticism, and I arrived with my own questions about whether there is a place for mental health services in the immediate aftermath of a natural disaster.

My experience with survivors like Pairao convinced me that we need a new science of disaster relief - one that gives immediate aid not just to the body or to the mind but to the two together, as inseparable parts of the whole survivor.

The month I spent working in the Phang Nga Province of Thailand convinced me that we should have arrived sooner. Thai Red Cross personnel, nurses, doctors and Buddhist monks told us how frustrated they were at how little they knew about the symptoms and treatment of trauma.

Our nine-member trauma team's work was done under the auspices of the Princess' Mobile Medical Unit, affording an access and a legitimacy we would not otherwise have had. We worked in medical tents, refugee camps, Buddhist temples and schools, providing treatment and training.

The lack of information about traumatic stress meant that medication was often prescribed in lieu of other treatments. Children and adults had been given major medications for symptoms like night terrors, headaches, weakness in limbs and stomachaches, all symptoms of traumatic stress, which can often be successfully treated without medication, particularly with early intervention. In one case, a woman received an antidepressant for sleep problems and then attempted suicide.

Mental health approaches that rely on "talking it out" would not have been culturally appropriate, nor are they suited to disasters. However, early interventions that ease traumatic stress while restoring the body's resiliency are needed. The term most often used for integrative treatments that link the mind and the body is "holistic," a term too broad to be useful and one that often generates suspicion.

A disaster's reach extends far beyond its immediate victims. We know from long-term studies of post-traumatic stress that the emotional aftermath can last far beyond a decade. Even in non-Western countries where mental health services exist, they tend to be used only in cases of the most extreme mental illnesses, usually in combination with medication and hospitalization.

During our time in Thailand, we found few Thai relief workers who knew about traumatic stress. Yet traumatic stress knows no boundaries, political or cultural, and can lead to long-term emotional disability, work-related problems, family strain and dissolution, substance abuse and an array of physical syndromes.

I could see the effects of trauma as I listened to a man describe with despair his rages at his 5-year-old granddaughter. I worked with a panicky 25-year-old in the medical tent who reeked of alcohol. I heard the distress of a fisherman and village leader who was afraid to go back to the sea.

There is a growing body of scientific evidence that what we consider physical symptoms and what we consider psychological symptoms are intertwined. The work of Dr. Jon Kabat-Zinn, an emeritus professor of medicine at the University of Massachusetts, on the effects of stress on the immune system, has helped bring attention to the need for a new approach that rejects the false dichotomy of mind and body. This has important implications for work with disaster survivors.

Any traumatic event generates a cascade of physiological and emotional responses. Dr. Gaithri Fernando, a clinical psychologist born in Sri Lanka, writing in a newsletter of the International Society for Traumatic Stress Studies, cautions that Sri Lankans have never experienced this type of adversity before and that the magnitude of the disaster may "overtax the resilience" that often characterizes these people. This can also be said for other countries devastated by the tsunami.

A new science of disaster relief must include treatments that go beyond the current models pitting one set of needs against another. Instead, new models must link the mind and body, recognizing that the resilience of one affects and depends on the resilience of the other.

Pairao and hundreds of thousands of survivors - of this and future disasters - are depending on it.

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