

Treating tsunami survivors for trauma

The effectiveness of a short-term psycho-physiological trauma treatment approach among South Asian tsunami survivors

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Ph.D.

I am on the faculties of Peter Levine's Somatic Experiencing professional training programmes and the Santa Barbara Graduate Institute. I lecture and teach internationally. My increasingly eclectic approach draws from bodywork systems of postural integration and biodynamic craniosacral therapy, body-psychotherapy systems of somatic experiencing and bodydynamic analysis, Jungian and archetypal psychologies, object relations and inter-subjectivity, affective neuroscience, and Advaita Vedanta, a spiritual tradition from India. My current interests are trauma and attachment on the one hand and trauma and spirituality on the other.

Summary

A short-term psycho-physiological approach to trauma treatment was used to treat more than 200 adults and 50 children for symptoms of trauma from the Indian ocean tsunami of 2004. The treatments were offered to tsunami survivors from 13 fishing villages in Tamil Nadu, India, six months after the tsunami. Initial findings from follow-up research conducted four weeks after treatments indicate significant reduction in trauma symptoms in a majority of adults treated, even with single treatments.

Introduction

The picture was a devastating one. The mother and father grieving while holding the hands of their dead son lying on a beach in Cuddalore, Tamil Nadu, a south Indian state that lost thousands of lives to the tsunami of December 26, 2004. I had carried around a copy of the *India Today* magazine with the picture of the grieving parents in it since the tsunami. And I had it with me when I arrived in Tamil Nadu with an international team of 11 trauma therapists six months after the tsunami to treat its victims. In the course of the next two and a half weeks, we would treat trauma symptoms in more than 200 adults and 50 children from 13 fishing villages in three districts of Tamil Nadu. We would make seven presentations on trauma and healing in Tamil and English to those involved in tsunami relief

work, and we would make arrangements to have all adults we treated interviewed four weeks after the treatments to assess whether our treatments offered lasting symptom-relief. What will unfold in these pages is an account of the effective use of a short-term psycho-physiological trauma treatment approach based on Somatic Experiencing (SE) in a post-disaster setting. Initial findings from the follow-up research indicate that a majority of those treated were reporting significant relief from their symptoms four weeks after the treatments, exceeding our expectations.

The treatment approach

As a senior faculty member of Somatic Experiencing (SE) professional training programmes taught all over the world, a psycho-physiological trauma treatment

approach initially developed by Peter Levine and made popular in the book *Waking the tiger: healing trauma*¹, I have always been interested in how to help people resolve their trauma symptoms in the least amount of time. With the opportunity to treat limited to one, or at the most two, treatments (only 10% of those we treated received second treatments), it was time to test in a post-disaster setting the theory and practice of short-term trauma symptom resolution refined over 10 years of teaching, private practice, and personal work.

Disturbances in basic physiological responses as the basis of trauma symptoms

During life-threatening and overwhelming experiences, the physiology (brain and body) of human beings appears to be hard-wired to respond with a number of inter-related survival/coping strategies: constriction or flaccidity of body/brain tissue, high or low nervous system arousal, terror or its apparent absence, stress or its apparent absence, and overactive or underactive defensive responses of orienting, flight, fight, freeze, and dissociation, to name the more important among them. When such basic physiological survival/coping responses (we will call them basic survival responses) are unable to deal with the overwhelm, the physiology might even undergo extreme states of dysregulation, such as convulsions and various autonomic nervous system disturbances. In most cases, such basic survival responses and extreme states of dysregulation do not endure, as human beings appear to also be hard-wired to self-regulate their survival physiology back to health. However, when they persist, for whatever reason, they can become a source of troubling trauma symptoms in human beings.

The importance of education of the psycho-physiology of trauma

The reasons why most people heal naturally from their traumas over time and some do not are probably many. However, a discussion of the reasons that we can do something about can be very useful in developing an effective short-term treatment

approach. If trauma symptoms are from ongoing disturbances in the survival physiology, it implies that the lower brain centres that regulate the body back to health are overwhelmed, needing support or interactive regulation from the higher brain centres and/or



the environment to get back on the track of self-regulation. Educating trauma survivors about the physiology of trauma, how it behaves during trauma and how it behaves naturally after trauma to heal itself, is one way to inform higher brain centres so that they can provide the necessary support to lower brain centres where the latter might be failing in regulating the body back to health. With advances in science and medicine, human beings appear to have become increasingly disconnected from the knowledge of their self-healing abilities and of ways they can support them. In India, a culture in which the tendency to somatise difficult life experiences and seek medical treatment for them is unfortunately on the increase, educating trauma survivors about the physiology of trauma and healing so that they can find the healing for their symptoms within themselves was a critical part of our treatment strategy.

The importance of touch in interactive regulation

In addition to such education, we used touch as an important component of our approach to help restore self-regulation in the physiology of those we treated. Touch perhaps even played a more critical role than education in the success of our short-term treatment strategy. Touch can be effective because human bodies are designed by nature to interactively regulate each other, especially in times of stress, as every mother intuitively knows. And what is true for children is true for adults as well when they are in overwhelm. A team member, who recently worked with Hurricane Katrina survivors in the US, reports that the short-term treatment approach that worked well in India among tsunami



survivors also worked well in the US among hurricane victims. To illustrate the effective use of touch, she reports the case of an anxious male, from a town destroyed by the hurricane. He had been unable to sleep for days but fell asleep in a

matter of minutes with a hand supporting his neck.

With education and touch as important components of our approach, we sought to shift and stabilise the physiology of those with trauma symptoms away from its disturbances or fixation in one or more of the basic survival responses described above. Our hope was that our intervention would be sufficient to restore enough self-regulation to the physiology that it would take care of the rest of the healing with the support of a greater understanding of the healing process on the part of the client. The rest of the paper is devoted to a presentation of four case studies from our trip to India to illustrate our treatment approach and its outcomes in a variety of clinical presentations.

Treatment examples

The fisherman who could not see

At the end of a presentation on trauma, a fisherman who was tossed around in the tsunami reported that he had been unable to return to the ocean to work because he has not been able to see well since the tsunami. He also reported that his eyes have remained painfully extra-sensitive to light making it difficult for him to be out on the ocean. He had been sitting in the audience listening to a lecture on trauma in Tamil and to the idea that the forces or 'medicines' needed to heal one's trauma symptoms could be found within oneself. He volunteered to do some work in front of the group to see if he could get some symptom relief. When he started to describe what happened to him during the tsunami, with me guiding his attention, he could sense constriction, terror, and high arousal increase in his body. With further guidance, he was able to learn to discharge the high arousal in his body through his extremities (his legs, arms, as well as head and neck areas) and reduce the level of terror, arousal, and constriction he felt in his body. After allowing some time for his body to settle from the first cycle, I helped the fisherman to work further with the constriction in the muscles of his neck and eyes by having him move his neck and eyes voluntarily and observe how those movements brought up terror and arousal

again in his body. Once again, with my guidance, he was able to detect the signs of discharge of high arousal such as tingling and shaking in his extremities, support them with his awareness, and reduce the uncomfortable level of terror and arousal he felt, as opposed to constricting helplessly into symptoms as terror and arousal increased in his body. As he explored how his neck and eye muscles were not as constricted as before while settling from the second cycle, he reported that his whole head appeared to expand from within by itself, which is often a strong sign of self-regulation. When I asked him to look around and notice if anything had changed, he reported with surprise that he was not only able to see better but there was no longer the painful glare when he looked at bright sunlight through the window. I concluded the session by educating him again on how he could reduce constriction, terror, and arousal he felt in his body through his own awareness and movement, as he had done twice during the treatment. After the session, a 40-minute video of the three waves of the tsunami hitting the coastal town of Kanyakumari was shown to the audience. When the video ended, I checked with the fisherman to see whether his physiology had remained resilient or reverted to its trauma pathology during the video. The fisherman reported that he could sense his body getting aroused, afraid, and constricted as the video progressed, but he was also able to sense the discharge of the arousal and the lessening of the terror without getting helplessly constricted. He also reported that his symptoms of lessened vision and sensitivity to light increased during the video with the constriction, terror, and arousal. However, as the video progressed and after the video ended, as his arousal discharged along with his terror and constriction, he was able to see as well as before and his sensitivity to bright light was as low as it had been at the end of his previous treatment, indicating a good prognosis for the resolution of his symptoms.

The boy whose heart was beating fast

As team member Jeanne du Rivage was wrapping up for the day, a young boy approached her, took her hand in his hand, and placed it on his heart and uttered the word 'tsunami'. His heart was beating very rapidly and he communicated his need for help with his eyes and gestures. He reported that his heart had been beating fast like that since the tsunami. Much moved by this interaction with the boy, Jeanne sought permission to stay longer to work with him. With the help of a translator, Jeanne helped him to normalise his heart rate by touching his chest and teaching him how to sense his body and help the discharge of high arousal in his nervous system through his arms and legs. The boy was very responsive and seemed to intuitively understand the process. At the end of the treatment, his heart rate was normal and he was more relaxed and happy.

The woman who could not stop crying

I worked with a woman who was constantly overwhelmed by grief, in a village that lost 650 lives in the tsunami. The woman, who survived the tsunami by holding onto a beam on the ceiling of her house as the water rose, lost three of her four children. Overwhelmed by tremendous grief, the physiology of the heart can be so taxed as to trigger even a fatal heart attack in what scientists term as the broken-heart syndrome. Never-ending cycles of expressing one's grief is one way of relieving this dangerous pressure. Providing temporary relief, repetitive cycles of expression of grief can often leave the person exhausted.

Where repetitive catharsis of grief is an indication of an inability in the physiology to tolerate overwhelming experience, the person might not be able to feel the grief in its intensity in their body and tolerate it, and so will not gain a sense that they can live through it or live with it. Such situations carry the risk of people despairing and concluding that they cannot live without those they lost or bear to live with the grief of their loss. The survivor's guilt in situations where one survives one's child, which most people to whom it has happened describe as the worst experience of their life, can be overwhelming in itself. The ability to tolerate the intensity of grief in one's body leads to the person being able to have an awareness that they can bear it, live with it and through it. The objective of the work with this grieving mother was to get her to pay attention to her body to regulate it towards a greater container for her grief as waves of grief overwhelmed her, regressed her, and threw her into exhausting cycles of expression of grief and despair, as she was asked to verbalise her loss, grief, and survivor's guilt. The work was done with education, awareness, movement, touch, and a great deal of empathy. After the session, she stayed behind to rest and to watch others being treated. In a follow-up interview four weeks later, she reported that she has been doing a little better since the treatment. It is one of the instances where follow-up treatments would have been very useful.

The child that would not stop burning

Team member Lucia Ribas treated a nine-month-old male baby with touch. Touch is often not only necessary but quite effective in helping a traumatised child's physiology to work through its trauma and return to self-regulation. The baby was three months old when the tsunami struck. The parents – who were both killed – placed him in a drawer and put the drawer on top of a closet. The drawer floated away during the multiple waves of the tsunami. His brother found him hanging on a tree branch by his t-shirt several hours later a kilometre from the destroyed house. He had had a constant low fever since, with high peaks about twice a

month. His aunt had sought repeated medical help for his condition only to be told that there was nothing physically wrong with him to explain it. Lucia, who also practises energy medicine, found the physiological and energetic patterns in his lungs and in the back of his neck quite disregulated. As these patterns started to resolve with touch, his lungs went from being heavy to light and he started to breathe better. He started to laugh, his eyes and face became more soft and relaxed.

Further details about the treatment approach and other treatments can be accessed in the form of two photo essays on the web. For a shorter photo essay of the trip focused on treatments with 85 photos, go to <http://indiatsunamitrip.smugmug.com/gallery/775844/1/31149493/Medium>. For a longer photo essay on all aspects of the trip with 135 photos, go to <http://indiatsunamitrip.smugmug.com/gallery/712185/1/34349726/Medium>.

Conclusion

The experience of treating tsunami survivors in India established the effectiveness of a short-term psycho-physiological trauma treatment approach based on Somatic Experiencing beyond our expectations. The non-government organisations we worked with in India have expressed a strong interest in further training, treatment, and research in the approach. Trauma Vidya (meaning 'knowledge' in Sanskrit) is a non-profit organisation in the US set up to carry on such further trauma outreach projects in India and other countries. Those interested in supporting its efforts can write to Beth Nielsen at bethmft@cox.net. Raja Selvam will be doing a presentation and a workshop on Somatic Experiencing (SE) at the University of Westminster, London, on April 22 and 23, 2006. For information on these and other events in England on Somatic Experiencing, please write to Giselle Genillard at ggghazal@aol.com.

Reference

- 1 Levine PA with Frederick A. *Waking the tiger: healing trauma: the innate capacity to heal overwhelming experience*. Berkeley, California: North Atlantic Books, 1997.