

The tsunami – 26 December 2004 – experiences from one place of recovery, Stockholm, Sweden

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Introduction: The natural disaster in South-East Asia had a great impact in Sweden affecting many individuals and families. In this paper, a series of strategies from Ersta Association for Diaconal Work (Ersta) are described to reach survivors by the tsunami of 26 December 2004, from January 2005 to August 2007. **Aims:** To find out what needs the survivors had and how professionals may work and take care of their needs during similar events in the future. **Background:** An immediate empathic effort took place at Ersta; thanks to good funding and many qualified professionals. This is a retrospective, mainly descriptive study of those strategies. **Evaluation:** The work included training of group leaders, support groups, memorials and rituals, weekly Open House meetings, individual contacts, weekend gatherings, day seminars most marketed through Ersta's website, advertisements and word of mouth. A total of 180 trainers/group leaders countrywide were trained and 25 became engaged at Ersta. Through the website and an unknown number of phone calls, an estimated 1362 adults, teenagers and children, grieving, injured and traumatised were reached. **Findings:** The Ersta project was in many ways successful, but could not be sustained, due to lack of enough collaboration with other voluntary organisations and change of leadership. Meeting other survivors and the structure of the activities were appreciated. There was much benefit from support groups. Questions arose about how to act efficiently and when to intervene, early or/and later. Particularly to consider, early signs of resilience among survivors, their own initiatives and networks such as 'naturally emerging groups'. **Conclusion:** Extended collaboration between the authorities is necessary as well as continuous evaluation. A new law aimed at a more divided individual and societal responsibility. A new body (2009) under the Ministry of Defense will coordinate future resources, starting at the parish.

Key words: bereaved; disasters; how to act and when; naturally emerging groups; post-traumatic-growth; resilience; support groups; Sweden; trauma; tsunami

Received 6 August 2011; accepted 14 October 2011; first published online 14 February 2012

Introduction

On 26 December 2004 at 1.59 am Swedish time, an earthquake erupted, North-West of the Indonesian island of Sumatra. Tsunami waves of up to 30 m in height and travelling at the speed of an air

craft, swamped the coasts of 11 countries. At least a quarter of a million people died. More than five million people in 11 countries were left without food, water, sanitation or shelter. The Swedish National Police Registry logged several thousand tourists from Sweden, returning from Thailand within a few weeks. In contrast to most of Europe, Sweden has not experienced war or invasion since 1743. Our war memorials are mostly of anecdotal

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and historical value. With this societal and cultural backdrop, it was easy to believe that the injured lying on or near the beaches would soon be rescued.

I volunteered to use my experience of helping people in crisis and flew to Phuket with a Swedish voluntary organisation¹ on 3 January 2005. Remaining family members did not want to leave the area immediately. The volunteers were to inform and to support the affected; for example, searching the beaches together to find their dead, their belongings or finding the scene of a particular incident to hold a private ritual. It was of great interest, to see how disasters, as matters of life and death, affect us as described by Hernandez *et al.* (2007).

In total, 543 Swedish citizens died. A national survey was sent to 4283 persons who returned through Stockholm Arlanda airport and who lived in the county of Stockholm. In all, 1939 answered (45%) of whom 1505 had been in catastrophic areas. Of these directly affected; 190 had lost someone close, 359 had injuries (76 severe and 283 lighter), 422 had been in the wave and in addition 682 experienced the situation as life threatening (Michelsen *et al.*, 2007, report). Some overlap. Fifteen are still missing. The county of Stockholm lost 224 persons (Swedish National Police Registry).

In January 2005, the Swedish State Inheritance Fund, under the Ministry of Social Affairs, offered financial support to suitable organisations. A need was foreseen for support among the affected, based on previous experiences of disasters in Sweden and in Europe. Ersta Association for Diaconal Work² (Ersta) applied, having experience in dealing with the sinking of the ferry *Estonia* in the Baltic in 1994 (SOU1998:132). Work was funded. Cooperation with other non-governmental organisations (NGOs) was a requisite of grant allowances.

The starting point of the present study was the gained and shared experiences from *Estonia* and previous disasters in Norway. Right after *Estonia*, Ersta offered support during a first service. Reports vary on how many responded to this invitation with representatives from involved authorities, from

120 to 300 persons. A need for smaller groups and an Open House became apparent. The groups (7–15 participants) were limited to 15 sessions (SOU1998:132, B. Norell, priest/psychotherapist, personal communication, November 2009). Ersta collaborated with psychologists from Norway who had experience from earlier tragic incidents. Their experiences of working with survivors and bereaved living far away prompted Dyregrov, Straume and Sari to develop a long-term assistance plan during three weekend gatherings. (2009).

Aim

The aim of the present study is 1) to find out what needs the survivors had and how these needs were met. 2) The secondary aim is to describe a series of strategies based on cognitive behavioural methods, crisis theory and social work from one provider, Ersta, to help Swedish survivors lasting from January 2005 until August 2007; a total of 32 months. 3) Suggest better ways to act/care in the future on the basis of Ersta's experiences.

Evaluation

A qualitative, retrospective and mainly descriptive study, gathering reports of the initiatives during the 32-month period (phase 1): lists of participants, their personal communication to group leaders and proceeding evaluations as well as my personal notes from the period of active work lasting from January 2005 to August 2007.

Another objective was to use the above experiences to initiate a more prepared permanent national service. However, in November 2006, the Swedish State Inheritance Fund declined to provide funding for the expansion. A gradual finishing of the current activities, described in phase 1, ended in August 2007.

During phase 2 (January to August 2008) the experiences were collated into a final report to the fund. Some documentation had disappeared during phase 1 and was now found in a memory stick. An invitation was sent to the 25 trainers or group leaders (TGLs) engaged at Ersta with questions addressing key aspects of what arose in the groups, of being a TGL and future application. Through word of mouth, survivors of one support group wanted to contribute and reconvened with one of their TGL answering the same questions. The transcript from the group leaders' meeting and the summary of the

¹ TVAI (Tsunami Victims Aid Initiative) = assisting survivors at the site of the disaster, closed May 2006.

² Ersta Association for Diaconal Work is a charitable non-profit organisation which, based on Christian values, provides health care, social services, education and research.

support groups' meeting were transformed into categorised descriptive accounts (Rapley, 2011).

The overall procedure was not formally structured, as documentation of the discussions was not required by the funding authority. The strategies are described in chronological order and then analysed according to grounded theory.

Phase 1

Recruiting and training of trainers and leaders for support groups

An invitation to become a TGL was sent to the community-based, psychological disaster management groups, county councils, voluntary and clerical organisations. Personnel from various industries having lost co-workers volunteered, as did other professionals.

Two Norwegian psychologists were recruited as trainers. Their courses, lasting three days each, were requisite to work with the survivors and entitled 'To meet survivors after a disaster' and 'To lead bereavement groups after a disaster'.

Approximately 180 TGLs from Sweden were trained. The 25 TGLs at Ersta, included deacons, priests, psychiatrists, psychotherapists and social workers with eclectic views. Some viewed grief as working through thoughts, feelings and memories. Others had a cognitive behavioural or systemic view and/or inspired by Davidsen-Nielsen and Leick (2003), regarding grieving groups as 'life groups', as they may become a re-evaluation of participants' lives. All TGLs had worked with issues of vulnerability, crisis, grief, dying and death.

I was well placed in the organisation, having a realistic view gained from my work in the field, a ply to the experiences of the survivors. My experience of groups with psychosomatic issues and facilitating groups in prisons gave me the confidence to participate.

The training curriculum focused on the following:

- To share their experiences,
- Listening-skills,
- Ways of helping people to regain resources and techniques to master difficult memories and images.

It was suggested that disaster-stricken people benefit from a psycho-educational component to

Primary Health Care Research & Development 2012; **13**: 308–317

help them manage their reactions, contributing to a sense of 'bringing things together' from the trauma to their current life; to normalise their experience by using techniques to gain control (Dyregrov *et al.*, 2009).

Reaching the survivors

Ethical statement

All survivors were volunteers, and their participation in the training began and ended with their choices. The feedback have been controlled by the persons in question, permitted and confirmed and officially reported to the Swedish Inheritance Fund.

After a natural disaster, those in crisis may need to be contacted repeatedly through different avenues (health care, media, website, etc.) and several methods were used:

- a) An information leaflet was given out at Stockholm airport containing advice about where people could go to obtain help or support.
- b) In January 2005 (closed in May 2006), the Council for Support and Coordination ('Council') was initiated by the Ministry of Defence, to organise ceremonies and support families financially, who wished to return. They were given the confidential addresses of the deceased from the Swedish National Police and forwarded invitations from Ersta. The return to the disaster area helped the survivors to accept their new reality, led to a decrease in symptoms and no return of trauma (Heir and Weisaeth, 2006).
- c) In the first quarter of 2005, a new website published Ersta's activities, aimed to provide a national forum for discussion. However, two survivors initiated their own webpage (www.ViSomFinns.se) in March 2005. Their site, also used by Ersta, had a member option available with a login for remaining family members/survivors to use. The participants were informed of this site, which is still running. Ersta's website contained psychological information to read; 'when someone in the family suddenly dies' for the bereaved relatives, 'what you can do when it becomes difficult' for child survivors over the age of ten.

Advertisements in daily newspapers and word of mouth were also used to inform survivors.

Save the Children in Finland used their radio transmission to reach survivors on the Swedish-speaking Finnish island, Åland.

- d) From October until mid-November 2005, a web questionnaire (also advertised in the daily press and on the radio) aimed at reaching survivors who had not yet received help. Letters were sent to those with no internet based on participants' information and word of mouth. The most frequent question among the 123 answers was how to obtain psychiatric help in rural areas. Sixty-nine survivors were contacted and offered a day seminar, a weekend gathering or help with individual support. Despite the small number, the response was similar to one, sent by the 'Council' in June 2005, concluding that survivors living in the cities had better access to help and felt better than those in rural areas.

Supporting survivors

Stockholm was among the cities in the West worst hit, having lost 224 citizens. Fifty-three of them were 20 years old or younger (Swedish National Police Registry).

Following strategies were used:

- a) Support Groups
- b) Memorials and rituals
- c) Open House Meetings
- d) Individual Counselling
- e) Weekend Gatherings
- f) Day Seminars
- g) Specifically focused Groups

Support groups³

The support groups, available for survivors in the county of Stockholm, were put together according to how they were affected in order to benefit the mutual exchange. The co-group leaders at Ersta, keeping the support groups open for the first three sessions, telephoned and informed interested participants. The meetings lasted 90 min, normally once a week to begin with at a specific time and for as long as the survivors wished. On 3 February 2005, the first group with members of six families with 10 adults, injured and traumatised, having lost all their

children, met with joint leaders from Ersta and Red Cross. Followed by a group with five families, having lost six children, one spouse and one grandparent. The surviving siblings in the second group formed a third group with leaders from *Save the Children*.

Some spontaneous comments from participants of the support groups were from the grand parents: *'the grief becomes more and more difficult'* (2007), *'as the contact was daily... they are in my head all the time'* (2009). From the injured with losses: *'to grieve one loss at a time'*, from the traumatised: *'I would not wish anyone to go through this and I would not be without it'* (2007) or *'good, that my gut feeling came out in tears'* (2006). Someone, when ready to leave the group, said: *'I have my little box now that I will hide and keep'* (2006).

A majority of the participants, who dropped out (37 of the 174 participants – 133 women and 41 men), did so during the first few sessions. Their explanations for dropping out were wanting to move on with their lives, too busy and it was too much to listen to the horrible experiences of others. Two grieving groups dissolved after two and three meetings. The group leaders perceived that the group participants in one group were too diverse to work effectively. The participants of the other group reported they wanted a group 'more similar to their own losses'.

Supervision of TGL of the youngsters' groups was completed in March 2006. Two supervision groups for TGL, of the adult support groups, met biweekly from August 2005 until June 2007. A few TGL experienced secondary trauma, such as unexpected crying. In addition to having a good, supportive personal network, TGL need supervision where the important aspect concerns TGL's own responses in listening to the survivors (Bang, 2006; Hernandez *et al.*, 2007).

Memorials and rituals

In June 2005, six months after the disaster, Ersta initiated a first memorial service. It is accepted that when people are vulnerable and there are no words that can offer comfort, rituals may provide healing and a sense of unity with other people. Also, giving time to understand and collect their thoughts (Imber-Black, 2003; Siegel, 2007). Around 617 people attended with a joint, informal gathering with TGL. An additional

³ Support group = long term. Small group = short term (during weekend gatherings and day seminars).

250 candles were lit for survivors who could not attend. The memorials are still running yearly (26 December 2010).

Open House meetings

From October 2005 until April 2006, weekly meetings already initiated during the first summer break for participants of support groups, opened to all survivors and run by me. One purpose was to identify those vulnerable within a week. Special speakers were invited; a fireman, a survivor who had written a book, founders of voluntary organisations, a professor in geology and a Tibetan monk. Towards the end, a series of talks were given about trauma, stress hardiness and well-being (Benson and Stuart, 1993). The Open House was a hope for survivors to meet others who might have met/seen their lost ones and for the participants of two dissolving support groups.

Individual counselling

From June 2005 to June 2006, I provided individual counselling limited to five sessions that 19 survivors used. Ten came for one session. I informed primary care, consultants and the regional social insurance office. The focus was to work briefly with support and trauma (Bor *et al.*, 2004). Themes included were dealing with unexpected loss, crisis, other trauma surfacing and the beginning of life changes.

A ceremony was proposed, using, constellation work, a systemic phenomenological approach. Depending on the particular concern of the survivor(s), representatives are chosen of a) helpers who died, b) helpers who survived, c) survivors, d) the tsunami itself and e) future. The purpose is to deal with and honour unfinished business (Hellinger, 2006; Siegel, 2007).

Weekend gatherings

Altogether 84 persons came: 28 men and 40 women; 16 were children, three boys and 13 girls.

Together with *Save the Children* and *Children's Rights in Society* survivors who might not be reached otherwise were identified. In August 2005, families from 'rural areas who had lost children younger than 20' were invited to a Swedish retreat held by *Red Cross* (Ersta's fourth collaborator). Nineteen families came, having lost 30 members of all ages.

Primary Health Care Research & Development 2012; **13**: 308–317

Seminars about grief and trauma were combined with small group sessions and free time. Meetings were scheduled with representatives from 'the Council', insurance companies, the regional state insurance organisation and the police. Childcare was arranged during meetings. Ersta categorised six small groups, for adults and children. Two leaders from Ersta used guided visualisation; a sunbeam leading to the dead and imagining ancestors' support for one adult group with one or two remaining family members (Hellinger, 2006). Photos were exchanged. The tasks for adapting to loss by Davidsen-Nielsen and Leick were discussed (2003). 'To accept' was in unison replaced with 'acknowledge', as they experienced their loss cognitively, eight months after the disaster.

A spontaneous feedback confirmed that some felt re-energised enough to manage their daily tasks. The evaluation helped the planning of the follow-up and confirmed the benefits of making new connections with other survivors and learning about the tsunami. Their wishes for the follow-up, six months later, were how to find hope, to move on and spend more time with the others. Some of the five adults did not return reporting they planned their own gatherings with the group 'Ensam kvar' (in English: 'only one left').

Themes for the following:

'For survivors who had not met others' or 'been interested in a cancelled seminar' and 'to grandparents with losses, all over the country' met in April 2006. The small groups and seminars combined familiar themes with special attention given to the grief of being a grandparent. A regional group started due to the success of this.

The last weekend gathered 18 relatives to 8 of 10 'the still missing, younger than 15' in September 2006. The relatives of two reported that they had moved on. A joint letter was sent to the Commission of Identification asking how long they planned to continue. An immediate answer informed relatives of the diminished chances and a plan for a joint memorial and gravesite. The group wished to meet when the Commission's task was completed and arranged in April 2007. The organizers reported that the participants might have appreciated further gatherings.

Participants reported: this is the time and my chance to make the best of deepening contact with other survivors. The feedback from TGL was that these gatherings were intense and important.

Some experienced a compassion fatigue. Key aspects learned were the benefit of a well-prepared schedule and a pleasant environment with a day intact and daily meals and evenings shared. New lasting connections for the survivors were formed. Key themes for the survivors were to share experiences, meet with others and talk about Thailand.

Day seminars

This was the activity that men attended the most (46 out of 164).

On 25 September 2005, a day seminar to reach and enable survivors to meet others, was held in Stockholm. This seminar was over-subscribed, so other seminars were arranged, also one in Malmö (south of Sweden). An introductory seminar followed by survivors randomly divided into groups, with a leader in each, repeated in the afternoon. Lunch, coffee breaks and an ending question hour brought all together. The seminars, held by lecturers from Ersta, *Save the Children* and others invited, dealt with crisis, the grief of adults and of children. Some were too distressed to stay for the whole day. Each 'small' group had approximately 20 survivors impacted differently.

Specifically focused groups

Using autogenic therapy, a relaxation technique, focusing on the body to promote sleep and muscular relaxation among group participants started in June 2006 (Broms, 1999).

Phase 2

Evaluation data from TGL

The invitation with questions was answered by 14 out of 25. Nine TGL reconvened in March 2008. The discussion lasted about 3 h. The participants of the support groups reported to TGL that their families and social networks, after some time, seemed less willing to talk about the event, a theme Roxberg *et al.* (2010) describe as a 'heavy burden'. It was perceived as 'too much' to deal with for those closest to them. Their family relationships might already be tense. They could not necessarily turn to friends, afraid of being dismissed or misunderstood: 'it ought to be over by now'. At times, they reported being socially or emotionally isolated, feeling 'older' than their age group. They wanted to grieve

with others alike and to be in 'the only place where one can safely rest and express one's worst thoughts and feelings'.

Their unique experience bonded them and forged an immediate connection and respect, also described by Roxberg *et al.* (2010) as the theme of 'help that helps'. Through vicarious learning, by listening to others', they gradually found themselves in their own experience, also described by Råholm *et al.* (2008).

Another key aspect was when 'a scratch in their bubble' was felt, 'the bubble loosened its grip'. The 'scratch' enabled them to live more fully, to sense flavours and to hear the birds. Some had preconceived ideas: 'mourning should not last more than a year'. Thus, signs of recovery, for example, feeling lightness and laughter in the midst of grief, were normalised. Others became curious about their recovery; therefore, discussions about wellness, stress hardness and thoughts of the future were discussed.

The recovery highlighted themes for the survivors, in stages and repeatedly so in order to make sense: First, their holiday expectations; second, their experiences before the tsunami; a third stage what happened during the wave and fourth, after the drawback of the wave and the journey until coming home. The last stages were to meet and manage their current situation and their future. Timing of these varied, Ersta's later groups dealt less with the expectant holiday, focusing more on their current life and their grief. In the earlier groups there was more anger towards the authorities.

For the TGL it was engaging to feel needed and a privilege to work with the survivors. The TGL experienced the consoling strength of the groups' presence when feelings of powerlessness and anger arose. TGL became more finely attuned and less apprehensive about discussing death and able to stay with other difficult issues arising. They felt more human warmth and the work experience brought on a new appreciation of life affecting one's values like the importance of close relationships.

Evaluation data from survivors in a support group

The discussion was summarised by one of their TGLs:

The participants of one support group (starting autumn of 2005 until August 2007) reconvened in

Primary Health Care Research & Development 2012; 13: 308–317

March 2008. The most important factor was to come to the same place with the same people on a specific time and date. The need to meet fellow survivors confirmed that their own unique experiences of being in the water could only be shared with equals. There was an immediate and mutual respect freeing them to share their own words, their thoughts and feelings, absence of feelings or 'wrong' feelings. This receptivity is described by Roxberg *et al.* (2010) as 'a consolation that opens up'. At times they thought they had gone mad. In social situations they could feel distant, as though in vacuum and older than their age group. The support group was vital for a sense of coherence and fellowship. The talking helped them to make sense of it all.

The participants wanted help to deal with the chaos they felt eight to nine months after the event. Conversations in the group about the trauma in Thailand, the pain, the treatment they received, the grief, the shock and their fear had become part of their daily life. Taking part in the support group gave hope that life after this might be possible. Therefore, this need by being participant of a group was fulfilled.

Regarding other initiatives, the mix of seminars with relevant topics and facts and meeting in small groups was appreciated. Some wished they were repeated now, three years afterwards, as at the time, they were still recovering and not able to listen fully. Still, some found it hard to believe that they might reach their old strength and potential (survivor group B). The overall rituals at the meetings promoted a sense of safety. The encouragement from the leaders to talk about their current situation was reassuring.

A sensitive issue was the need of some participants to be in touch with their dead relatives through mediums; to touch unknown dimensions. To feel love and warmth was consoling. The survivors gained an increased ability to listen to difficult issues. They stressed, repeatedly, the importance of contacting survivors.

The support provided should be longer, as it takes time to become aware of one's own needs, to put them into words, to listen and be listened to. The invitations to those affected from all over the country (weekend gatherings) and the practical information posted on the website were appreciated. By meeting the others during other group sessions/gatherings they gained an immediate

sense of who had been helped. They were able, 'despite a tearing feeling in their chest', also physically, to cope and not leave and feel a relief that they managed. The survivors encourage survivors in the future to engage in the strength and the dynamics of a group with professional leadership.

Given these experiences and from the five support groups (Table survivor groups A.1, C, D and F) where I was a co-leader, I have a theory about what takes place during recovery: it seems that later the support groups start, the focus is on stage three onwards when professional help might be considered.

Findings

The experiences of the survivors (as well as TGL) are impacted by the various strategies, affecting us all, our values and at times, life philosophy. This phenomenon is described as post traumatic growth by Tedeschi and Calhoun (2004), Arnold *et al.* (2005) and Joseph and Linley (2006).

It was particularly enduring for the first three support groups (survivor group A.1). And for the grandparents most having lost both children and grandchildren (survivor group A.2). The physically injured with losses reported that they dealt with their physical injuries before dealing with their loss (es), one at a time (survivor group B).

Thus, resilient factors provided by Ersta were the following:

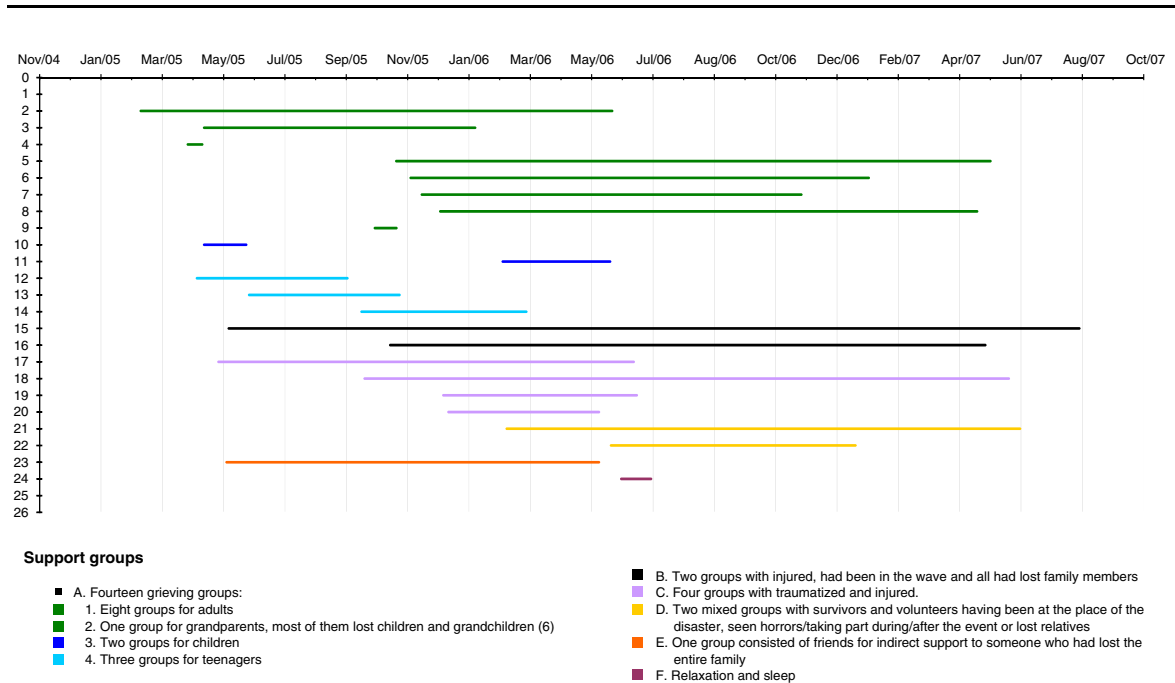
- survivors appreciated being connected and sharing experiences with others alike and finding hope;
- the support groups provided a 'unique' space, a sense of community for some survivors where they perceived they could recover 'safely'; and
- an availability and structure of strategies.

There were early signs of resilience from the survivors without professional involvement:

- naturally emerging groups from the site of the disaster,
- initiating their own website, and
- the survivors initiated their own weekend gatherings with their own groups inviting remaining family members of older tragic accidents to help them 'move on' and find hope. Also providing a sense of positive group identity.

Table Reaching and supporting survivors

An unknown number were offered support groups and 24 evolved ranging from 3 to 12 participants:



The most enduring groups met for 25 months. They were the injured who lost family members, followed by the groups of grieving adults lasting on average 18 months. The five groups of children and teenagers met over five months during ten sessions. The first grieving group met most frequently, three times a week to begin with and over one hundred times thereafter. The groups with trauma and injury met on average 27 times during 11 months. One of the mixed groups was led locally by the only appointed regional ombudsman, also consulted by the local C-PDM group, before the organisation began to close (November 2006).

Discussion

Hobfoll *et al.*, 2007 describe five evidenced principles guiding interventions during the first months after a disaster: 1) a sense of safety, 2) calming, 3) a sense of self and community, 4) connectedness and 5) hope. In addition, a sense of positive group identity with fellow survivors is essential. To talk and find meaning about the experience afterwards are other factors that contribute to resilience; a concept Bonnano (2004) argues is more common than we think. Resilience may be underestimated among professionals because of what we meet. Most of us are trained from a traditional perspective, the need for grief work. Knowledge of resilient factors is critical to successful treatment (Agaibi and Wilson, 2005).

When and how professionals act and intervene efficiently during the first months following a disaster is difficult. Who needs immediate attention? Whose recovery benefits from normalising the situation however painful? How much does it benefit them by knowing we are available, suggest a

contact after six months? Would our work have unfolded or been different in any way, perhaps? Some were satisfied knowing a group would start and others, although aware of their trauma, preferred to move on without intervention.

Could the website and the Open House have been sufficient if opened right away?

No two disasters are alike. Within a few seconds lives are threatened by violent events beyond our comprehension. One of the psychological challenges concerning a natural disaster is that there is no one to blame (Weisaeth and Mehlum, 1997).

A national survey in 2006 shows that in Stockholm 25% of the injured with losses sought no help (Michelsen *et al.*, 2007, report) Does that reflect resilience, satisfactory family and social networks, dissatisfaction or fright? Others have a history of trauma that surfaces again in a new emergency. What happens to this group years after the original event? Some may need help at future life stages (Weisaeth and Mehlum, 1997). There is anecdotal knowledge of suicides among the grieving and/or

injured relatives as among volunteers on a mission of mercy.

Erstas initiatives were both limited and enriched by the survivors' own initiatives. These naturally emerging groups, bonding as a consequence of extremely violent and life-threatening circumstances were reported as highly valued and used as benchmarks in their recovery. Some are still active (personal communication, anonymous survivor, March 2011) and easily so through internet and mobile phones. Survivors and volunteers also joined together informally right after disaster adapting to what was needed. These different emerging citizen groups are, according to Stallings and Quarantelli 'inevitable before, during and after disasters. There are deeply rooted reasons for its pervasive appearance' '...natural, neither necessarily dysfunctional nor conflictive and cannot be eliminated by planning' (Stallings and Quarantelli, 2008: 262).

It is known that 'times of great tragedy can bring out the best in the human spirit: ordinary people showing extraordinary courage, compassion and generosity in helping kin, neighbours and strangers to recover and rebuild lives' (Walsh, 2007: 208). We could broaden our horizons by attending to these naturally occurring phenomena using a 'multi systemic resilience oriented meta framework' (Walsh, 2007: 221).

The observations above, might contribute to how we act, our availability and supportiveness and also inform us when to intervene.

Considerations and conclusions

The limitation of this study is that no evaluations were built into the project from the beginning. We were too quick to react due to circumstances and the general crisis, also politically, in Sweden. This combined with the cultural differences of the collaborating NGOs and change of leadership became a hindrance. It seems, from the evaluation of the first weekend gathering, the contribution from one support group and the final discussion among the TGL that Ersta did provide a space where survivors could come. By making Ersta easily accessible, they could use us in various ways over a period of two years and eight months, also being one conclusion in an evaluation by Linblad to the fund (www.arvsfonden.se, 2008). The rituals and structured activities evolved like a

mushroom, spreading sideways, from perceived needs. The strategies encouraged self-disclosure and social interaction with fellow survivors, the acknowledgement of their coping mechanisms and their own resourcefulness, factors associated with resilience (Agaibi and Wilson, 2005).

Implications for practice

Some findings from this study could be used to cope with daily disasters, which we know will take place. For Primary Care, to develop better ways of interviewing about resilience as well as detecting trauma in anxious and depressed patients. And inform professionals when support groups are useful. Rynearson (2002) suggests structured-time limited group interventions divided into (a) more practical supportive groups to begin and (b) a restorative story telling group, both repeated, if desired. And for professionals to plan ways of working as teams and link with the emergent citizen groups as Stallings and Quarantelli (2008) already suggest for the network of emergency management organisations.

The new body, Swedish civil contingencies agency (In Swedish: Myndigheten för samhällsskydd och beredskap, MSB) in line with the bill of the new government in 2006 (2007/08:92, enhancing emergency preparedness – for the sake of safety) will coordinate resources in the future where the focus is now on a more divided individual and societal responsibility. Coordination is needed also internationally as described by Wladis and von Schreeb (2011) as disasters, affecting many civilians, are increasing.

MSB has financed the Department of Human Geography, University of Lund to study areas of concern in preparation for any future disasters. Of particular interest is the reconvening of groups within the parish, now called 'risk and vulnerability groups' for instance the civil defence league (Guldåker *et al.*, 2010).

Acknowledgements

The authors thank the Swedish State Inheritance Fund⁴ and Director Thorbjörn Larsson with gratitude for a generous support. Also to Johan Tor

⁴The Fund supports non-profit organisations and was established 1928 when the Parliament altered the law of intestate succession. Parents and children benefit, others' assets go to the Fund.

for the layout, Ann-Christine Falk social worker and Petter Strömberg. Riva Miller systemic psychotherapist, Royal Free Hospital, Hampstead, UK; Tuija Nieminen Kristofferson, PhD, Department of Human Geography, Lund University; Mariann Olsson, PhD, Karolinska Institute Stockholm; Harry M Overline, EdD, California State University, USA have contributed for the discussion of the study.

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