

Significance of close relationships after the tsunami disaster in connection with existential health – a qualitative interpretive study

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Scand J Caring Sci; 2012

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Background: In an existential health perspective, the potential for recovery and development through natural life circumstances provides a factor to be taken into account. Earlier research on disaster-stricken people indicates that people create their own ways of recovering and that natural caring encounters (with family or friends) imply important health factors.

Aim: The aim of the study is to acquire an in-depth understanding of the significance of natural close relationships for survivors of the tsunami disaster in Southeast Asia in connection with the development of existential health and understanding of life in a long-term perspective. The sample consists of 19 persons afflicted by the 2004 tsunami in Southeast Asia, both Swedish tourists and relatives at home. Data were collected from interviews recurring five times during 2006.

Findings: What is evidently seen is how the ontological aspects are expressed in data in relation to the existential and relational aspects. In concrete terms, this is understood

when survivors say that their lives are completely changed (an ontological turn in their understanding of life). A change also occurs in the way they relate to others (a concrete existential turn), for example, in their families. When the findings on communion as an utterance of interdependence were read comprehensively, it was seen that human encounters in the aftermath of a disaster are not only about relationships but inherently affect people's entire understanding of life both ontologically and existentially. Relationships with others and communion become a way of understanding or defining life. To conclude, in line with the aim of the study, the data suggest that relationships and communion with other people helped the survivors of the tsunami to discover a new understanding of life. It is also clear that natural encounters have had great importance for progress in existential health.

Keywords: disaster, long-term care, suffering, communion, existential health, relationship, understanding of life, hermeneutics, tsunami.

Submitted 29 October 2010, Accepted 16 November 2011

Introduction

The aim of the study is to acquire an in-depth understanding of the significance of natural close relationships for survivors of the tsunami disaster in Southeast Asia in connection with the development of existential health and understanding of life in a long-term perspective.

In an existential health perspective, the potential for recovery and development through natural life circum-

stances provides a factor to be taken into account. Earlier research on disaster-stricken people indicates that people create their own ways of recovering and that natural caring encounters (with family or friends) imply important health factors (1). This perspective recognises a need to develop further knowledge on the long-term natural health care of survivors related to that of their relatives and close friends. An assumption that served as a guiding principle for the project approach is that experiences of adversity and suffering can be understood as natural and even in the long run as constructive, that is not always pathological or exclusively destructive. This necessitates a long-term view and reflective knowledge on the postdisaster recovery process.

Another aspect of this study is to consider how relationships involve the way survivors of the tsunami disaster

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develop and change their understanding of life after the disaster. Understanding of life can be concrete, such as understanding everyday life, but it can also be as abstract as attempting to understand the innermost meaning of life itself. A framework for the study is that expressions for relationships are key factors for managing and recovering one's health by means of a development in understanding of life after the disaster (1,2).

The study is based on interviews with survivors from the 2004 tsunami disaster, who had been Swedish tourists in Southeast Asia at the time of the disaster, and some relatives at home. The participants took part in five interviews during a 1-year period between 19 and 31 months after the tsunami.

Database searches revealed few studies that approached the issue of adequate long-term care for survivors of disasters in connection with existential health. We assume that by gaining an in-depth understanding of the significance of close relations in connection with health as a development of understanding of life, it is possible to develop the long-term care of people afflicted by disasters.

Background

Long-term support postdisaster

As rebuilding life after surviving a disaster might result in a life-long struggle, the literature review focuses on describing what is written about the long-term aspects of follow-up care in relation to disasters.

Hobfoll et al. (3) explored evidence-based disaster trauma intervention with a world panel, and five essential elements were found: (1) a sense of safety, (2) calming, (3) a sense of self and community efficacy, (4) connectedness and (5) hope (p. 284). The authors note that the survivors had a greater need for help to regain normality than receiving treatment based on various diagnoses, for example PTSD. At first, the reactions of people should not be seen as a pathological response. It is also pointed out that disaster survivors should be encouraged to avoid pathologising themselves when they are upset, not calm or have strong emotions (3). The essential question according to Benight & McFarlane (4) is what it means to endure long-term distress in relation to health in a long-term perspective. Most research focuses on the importance of social support and affinity to loved ones, but little research focuses on how this knowledge can be implemented. It is mentioned that longitudinal studies are needed to distinguish coping processes from outcomes that have grown from the event experienced. Another example is when the Swedish government's inquiry on the 1994 Estonia shipwreck (5) concludes that the support for survivors and their families was good but ended far too soon.

In families, values, habits and priorities have been observed to change after the families have been exposed to

a disaster. For example, families try to stop arguing, become more united and caring and long for support from a partner (but do not always get it in some cases). In addition, spiritual values may be rediscovered (6). Because psychosocial care sees emotional responses as normal, even though the source of the emotional stress is abnormal, such care is supposed to be a way of normalising life for survivors. For example, psychosocial care providers in a community help others express emotions just by being active listeners (7). In a follow-up after 14 months with 4910 Swedish tourists exposed to the tsunami, it was reported that people were most satisfied with the help they had received from local inhabitants, family and significant others. Official authorities and health care had been less supportive. Support from priests, private psychotherapists and voluntarily organisations (e.g. the Red Cross) was especially appreciated (8).

According to Lindgaard et al. (6), the functioning of a family after a disaster is rarely studied. Dyregrov et al. also assert this and add that families have been satisfied with short-term help, but not with long-term aid. No accepted models for the long-term care of families are available (9). According to Isovaara et al. (10), war victims seem to find interdependence to be the spiritual core of the family unit. The sense of belonging to a family is the context in which the meaning of life may be made visible and concrete (11). Also, we may have something to adopt from psychosocial programmes where training of people at community level partly replaces mental health professionals in resource-weak areas of the world (7). The study of Lindgaard et al. shows that changed values enhanced the cohesion between the family members, but in some cases, the opposite occurred. Also, a changed view of the world was found among the participants that could lead to spending more time with family (6). This, in turn, could lead to good mother-and-child relationships, a situation that could provide a compensatory outcome of depression and PTSD symptoms (12). Positive adjustment 6 months after the tsunami was the result of seeking support from others; negative adjustment 6 months after the tsunami was the result of isolation (13). Swedish follow-ups on the psychological health of tourists who had been exposed to the tsunami showed, after 14 months, a low rate of sick leave as well as use of medicine, which was in fact lower than the population average (14). A 3-year survey shows that the recovery process is continuing but that the trauma had a greater long-term impact, the more exposed to life threat or bereavement the person was (15, 16).

Theoretical framework from a caring/nursing science perspective

Understanding of life, health and suffering are concepts and phenomena closely related to lived experiences of people affected by disasters. Earlier assumptions of life taken for

granted are shattered (17), and a new understanding of life is built up through suffering (1). Suffering comprises a person's wholeness. It implies loss and dying and violates human dignity, but it also provides possibilities of a new life (18) or a new understanding of life (2). Health is here seen as something that is compatible with suffering. To be in good health is to experience endurable suffering (19).

A move from existential experiences to a more in-depth ontological understanding of life can be called a development in the understanding of life (2). A way of conceptualising deep existential distress is to see a person as being in a 'darkness of understanding of life'. In this darkness, her or his suffering is unbearable, and the person only experiences 'death in life' in a unipolar way, that is, only dark sides are experienced such as, for example, solely hopelessness. In the struggle of suffering on the other hand where suffering is bearable, the person is fighting forward through experiences of both light and dark sides of life, and this 'condition' of struggling can therefore be understood as an existential health process (2). Alleviation of suffering can for a person be experienced through understanding life in a more profound (ontological) way and essential for this is interdependence. Interdependence means a relationship where one is metaphorically 'in the hands of another' as a way of being. Interdependence is a basic philosophical concept and means an awareness of how we as human beings are inevitably dependent on each other and connected to one another as an ontological fact (20).

Existential aspects and experiences of life, such as that of life being frail, shattered and limited, are empirically related to life as a limited time between life, death and freedom (17, 21). Ontological life aspects mean an understanding of the inherent deepest qualities and values in life. Løgstrup calls these ontological aspects spontaneous utterances of life to illustrate how, for example, interdependence is awakened when one truly sees one's own and others' frailty in times of adversity (20).

Communion conceptualised as 'being in contact with the sacred dimension that people share' (22) may occur if the suffering person and another person or caregiver genuinely open up towards each other and experience interdependence. The idea is that people in an encounter characterised by communion share something that is universal where they can meet each other in an ontological way, creating meaning in communion (1, 23). Creating meaning in communion can be seen as progress in health as it also implies development of understanding of life.

Aim

The aim of the study is to get an in-depth understanding of the significance of natural close relationships for survivors of the tsunami disaster in Southeast Asia in connection with the development of existential health and understanding of life in a long-term perspective.

Methodology

The overall method and approach is qualitative and interpretative to understand both ontological and existential aspects of the phenomenon studied. In hermeneutics, the main issue, in line with Gadamer, is to find the questions posed by the data itself (24, 25). After becoming familiar with the data, interpretation is made by a 'fusion of horizons' when the preunderstanding of the researcher and essence of the data fuse together and new meanings arise. It is desirable to come into a hermeneutic spiral where wholeness and parts, as well as answers and questions, are constantly deepened in the research process. In hermeneutics, preunderstanding is important to merge with data and make the result as explicit as possible. Preunderstanding helps the researcher to find meaningful structures in data, but also to put preunderstanding into question to reach a fusion of horizons. Understanding of data is achieved when preunderstanding and data are merged together.

Sample

The gathering of data began 21 months after the Southeast Asian tsunami disaster in 2004 and lasted 1 year. The sample was composed of tourists of Swedish nationality and relatives at home during the disaster. Recurrent interviews were conducted with 19 participants, where, as a result of the wishes of the participants, both individual interviews with 11 persons and interviews in two groups with four persons in each group were conducted every 8 weeks to prospectively study the development in understanding of life during that period. The interviews were narrative and built upon each other in which we always started each interview by deepening the thematic aspects of the former interview. This was carried out by asking the research persons to develop some aspects of the former interview at the next interview. Recurrent themes were development in understanding of life and relations.

The 19 participants were voluntarily recruited from the Red Cross support groups (set up in connection with the disaster) and were affected by the 2004 tsunami disaster in different ways. The recruiting of participants was carried out by team leaders at the Red Cross. The authors were not involved in the support groups. In total, 60 interviews were performed and tape-recorded; 11 participants were interviewed individually, and eight participants were interviewed in two groups (Table 1).

Analysis

As Table 2 shows, the analysis is made in at least four modes in a movement back and forth: (1) reading and living with data as a whole; (2) selection of meaning units;

<i>Gender</i>	<i>Age</i>	<i>Circumstance related to the disaster</i>	<i>Location related to the disaster</i>
Man (100 group A)	69	Lost two grandchildren	Not present
Woman (100 group A)	67	Lost two grandchildren	Not present
Woman (100 group A)	57	Lost a daughter, a son-in-law and two grandchildren	Not present
Man (100 group B)	33	Lost no one	Sri Lanka
Woman (100 group B)	47	Lost no one	Thailand
Woman (100 group B)	50	Lost no one	Khaulak
Woman (100 group B)	24	Lost no one	PhiPhi
Man (103)		Lost one child	Khaulak
Woman (104)		Lost one child	Khaulak
Woman (105)	32	Lost no one	SriLanka
Woman (106)		Lost one child	Not present
Woman (107)	51	Lost no one	Present
Woman (107)	28	Lost no one	Present
Woman (100)	49	Lost a brother-in-law and two nephews/nieces	Not present
Man (101)	47	Lost a daughter and his own mother	Present
Man (109)	43	Lost no one	Present
Man (110)	51	Lost no one	Present
Woman (X-1) Later joined group 100 A	64	Lost a sister, a brother-in-law and two nephews/nieces	Not present
Woman (102)	56	Lost a sister, niece and a grandniece	Not present

Table 1 Study sample: persons afflicted by the Tsunami 2004 (n = 19)

Table 2 Examples from the hermeneutic interpretation used in the findings

<i>Meaning unit</i>	<i>Interpretation</i>	<i>Understanding</i>
When you have lost two children, life will never become good again, even though a new child is born	Life has changed profoundly and not even a new child can change this	Darkness of understanding of life where life is not understood anymore
I saw directly the despair in his eyes, and asked if I could do something. But he just said he must find his family in the neighbouring village	Seeing the suffering in the other's eyes as a spontaneous utterance of life	Interdependence

(3) interpretation as a way of understanding; (4) formulation of assumptions and comprehensive understanding.

By way of a team dialogue between the researchers, different questions were asked of the data based on what was seen in the first reading. Both authors (who also collected data) 'lived with' the data by reading it several times, and the first author made the initial analysis by collection of meaning units in search of assumptions in the data. The second author confirmed this analysis after discussion.

The interpretation process continued by reading data in a structured manner and by way of preunderstanding; 'hermeneutic hypotheses or assumptions' were formulated out of which new readings of data took place. Assumptions and comprehensive thoughts were formulated and discussed not as final points, but to present the current stage where the researchers were at the moment.

Findings are presented here by means of a structured interpretation followed by a comprehensive understand-

ing, which means that data are not primarily schematised and categorised, but are presented as a process of comprehensive understanding. When citations are used, they are taken from different participants.

Ethical considerations

The Regional Ethics Committee in Lund (reg. no. 152-2006), Sweden, approved the study. Participation is based on informed consent. The informants were informed that they could leave the project at any time. Aspects of beneficence and nonmaleficence were considered when the project team was arranged with the Swedish Red Cross so that psychiatric help could be arranged, if necessary. Respect for privacy was taken into account in the interview situations by not, for example, pressing a research person into developing a theme that she or he was apparently not prepared to go more deeply into.

Findings

Understanding of life and relationships

Life has been completely changed, and one lives in the shadow of the disaster. The disaster has provided new insights about oneself; for example, one might have been egocentric in relation to others when the disaster happened, but the disaster showed the survivor how much one really did for others or needed from others at the moment of disaster. One person says that for one who has lost all her children, life will never be as it was before, although they now have a new-born child: yet one participant noted that 'there is a great focus that life must go on when new children are born'. A new way of thinking about life in the family is evidence that one's life has changed totally. The disaster is seen as a family disaster, and it is woven into all that is done in the family and in the interactions between family members.

To appreciate life in spite of the circumstances is obvious in the data: 'Three people in the family came back. That is miraculous'. Another way of describing what can be seen as an existential health process as development in the understanding of life is an increased awareness of spiritual matters: 'Maybe she is there (*in the other life*) after all. It has given me a great deal of comfort; you can feel the nearness in spite of the distance'. The word 'meaning' is used in this connection: 'but maybe there was a meaning to having been in Thailand. You are kinder to people. You are more indulgent towards people and try to be a better human being'. A way of expressing this is that it has been more important 'to be' than to do things. A genuine happiness is experienced when being with people close to the one who one loves. This has appeared as an insight in combination with an experience of peace. Many new couples have started a new life together, and children are being born in these families as 'life is always victorious when it has a chance'.

The data also suggest signs of, but not a dominating phenomenon of, a darkness of understanding of life: life has become more complicated and inconceivable. For example, it is hard to find real happiness over a new-born child, and when the worst experiences have faded away, an existential emptiness can be experienced. Experiences of the wave remain, and one example of a darkness of understanding of life is the overwhelming memory that 'I could have climbed on anyone, even children, that's how damned bad it was'.

Communion as an utterance of interdependence

Expressions for interdependence mean that lived experiences or existential utterances reveal something of the mutual dependence detected in the research persons as an ontological aspect deepening the understanding of life.

Relationships with others may be expressed in ways other than words: for example, seeing the despair in someone else's eyes or giving a screaming person a hug when not knowing what to say or do. It is also an aspect of such 'spontaneous utterances of life' that come to the fore in crises or in periods of change in life. Guilt is a characteristic response to surviving a disaster: 'If I had had the knowledge we have today, I would have been together more with my children than I have been'. Guilt can be seen as something that you owe another human being. Another example is the family who gave a helping hand at a hospital. When one member of a married couple wanted to go home, the other became furious; 'I could not leave that hospital'. Also, when the rescue efforts are described, it is easy to see them as spontaneous utterances of life: 'We talked to each other and tried to save people all around us. Suddenly you saw that skin colour had no borders, and then everybody helped each other'.

A lot of safety is embedded in the exclusive relationships built up between the tsunami survivors. People who had met in the acute phase had difficulties parting from each other and followed each other whenever possible even after their initial meeting. In addition, the people who participated in the Red Cross support groups created special bonds where a common sense of understanding originated, an understanding that did not require verbal communication. For example, families that had met in Thailand and who visited one another after the disaster did not feel the need to talk all the time; just sharing time and a place with others who shared the same experience seemed to be beneficial. They understand each other without words. A sense of being close to people who one has met in the disaster was more important than being with friends from one's 'predisaster' life. One person had been in great anguish and had not slept properly for 2 years because he had left a participant on 'that island'. Even the wife had experienced anguish for persuading her husband to leave the participant. This feeling of anguish is so strong that even her daughter's health would have been compromised if they had stayed. Two men from different countries who had shared some hours during the tsunami met occasionally some years later and shared a feeling of 'life-communion'. They would never forget each other and shared a longing to meet once again.

Bonds have been created to the village that had been struck by the wave. One wants to do something for the Asian village to 'make the world a little better'. Also, there was a sense of sharing of experience with the Thai population: 'Even though I have not been there myself, it was obvious that we shared something; we had losses in common'. Another motivation for going back to Thailand is to be together with a dead child.

For some of the participants, it was important to go back to Thailand to 'spiritually bury' their relatives and to look for relatives that had not yet been found. Another utterance

of spirituality was that God was addressed even though the person was not religious. One person says that actions performed should be good, and in that way, one has an 'existential purpose'.

The interdependence with children both during and after the disaster is described in many ways: 'Just had one thing in my head, and that was that they should survive. They weren't allowed to be more than five meters away from me. I had no thought about how to meet my husband. It was only my children; they should survive'. The focus on finding children at any cost is also an example of the interdependence with children. One person is very sensitive to children who are not feeling well. Another example is the teenage children who in the aftermath of the tsunami do not want to go out, but stay at home with their family.

The disaster influenced everything that was happening in a family and in between family members. When asked what is important in life, most participants mentioned close relationships with others, an attitude that they had not experienced so clearly before the disaster. That is, relationships became closer because of the disaster.

Interdependence was also manifested when comforting someone else, a communion that relieves one's negative thoughts: 'It prevented one from sinking into oneself'. This means that interdependence and spontaneous utterances of life prevent self-mirroring to have the strength to see others who are in need of help.

Relationships are also described by the participants in more general terms: 'Only to dare to ask how you feel' is important and to be prepared for the answer 'even when it is hell'. It is better to ask someone over for dinner than to just leave it open by saying that the person can be in contact if he or she needs something. Relations to those who are close are deepened, but one cannot afford superficial relationships in case they are cut off. Relationships must be honest, and it is necessary to open up towards each other.

Comprehensive understanding

The theoretical base is twofold: (i) the understanding of life and interdependence as ontological, deeper life aspects, and (ii) suffering, health, communion and relationships as existential and concrete life aspects. What is evidently seen is how the ontological aspects are expressed in data in relation to the existential and relational aspects. This provides new empirical signs pointing to the kind of thinking where ontological and existential aspects are necessarily merged to interpret and understand data. In concrete terms, this is understood when survivors say that their lives are completely changed (an ontological turn in understanding of life). A change also occurs in the way they relate to others (a concrete existential turn), for example, in their families. This existential turn can be seen

as progress in existential health as their communion with the family is revealed as a life necessity.

A great deal of suffering is caused by the acute confused phase where egocentric as well as altruistic and compassionate tendencies come to the fore. This new situation not only concerns the value of one's own life when death appears at one's doorstep in a 'frozen moment of life' but also uncovers the possession of inner strength to care for others. This inner strength should be encouraged as an existential health factor and is in line with Hobfoll's research that victims should not pathologise themselves (3). This is also in accordance with the importance of close relations for recovery (2).

Developments in the understanding of life are apparent in the data and have many different expressions such as being able to appreciate life in spite of what has happened. To be exposed to a disaster can be seen as a boundary situation (26) where the real ontological utterances of (the understanding of) life are revealed. These could be compassion, openness of speech, trust and communion (20). As mentioned earlier, one sign of this is when people really discover their compassionate 'gift' or capability when saving others and taking care of them in spite of a threat to their own life. Surviving a disaster may also require a new trust in lives in spite of what has happened.

Yet, a darkness of understanding of life is also found, such as fear of life, but this phenomenon is not as dominant in the data as developments in the understanding of life. It seems as though meeting one's inner core of understanding of life where life and death are present at the same time can imply that there is an existential health factor in suffering and that health is compatible with endurable suffering (19). A similar discovery was made in a study where data from people with cancer were compared with that of people with burnout syndrome. A picture of existential health as endurable suffering was seen in the people with cancer, whereas a darkness of understanding of life or unendurable suffering was interpreted in the people with burnout (27). The reason for this was that people with cancer related life to death, whereas in those with burnout, the opposite of life is 'nothing'.

When the findings on communion as an utterance of interdependence were read comprehensively, it was seen that human encounters in the aftermath of a disaster are not only about relationships but inherently affect people's entire understanding of life ontologically and existentially. Relationships with others and communion become a way of understanding or defining life. Expressions of interdependence are seen related to children, to Thailand, to friends who had been close during the disaster and to other people who are grieving or are in the middle of a stressful situation. Also guilt, as something that you owe another human being ('I would have been together more with my children than I have been'), as one of the research persons said, is an expression of communion as an utterance of

interdependence. Relationships with others seem to have become an important existential health factor.

It is noteworthy that relationships with others are described in ontological terms compared with concrete relational terms. It seems that the new discoveries in connection with relations, support and communion have brought with them much to learn for the survivors. This could be seen as progress in existential health, which can be interpreted as a change in understanding of life.

Limitations

The diversity of the research persons their various degrees of exposure to the disaster and the differences in their losses could be seen as limitations. From a research point of view, these might constitute both a limitation and a resource. When seen as a resource, it would include the ability to discover and interpret the structures by way of the diversity of data. A methodological consideration might be that the dialogues referred to started 21 months after the accident. In any case, this fact had advantages as the research persons both had some distance to the disaster and could talk about it, but at the same time, they were still existentially in the midst of the experience. The pre-understanding before this interpretation of data was that it was too superficial to just describe its outer importance. This provides a new way of looking for ontological as well as existential aspects in human encounters.

Conclusion

To conclude, in line with the aim of the study, the data suggest that relationships and communion with other people helped the survivors of the tsunami to discover a new understanding of life. It is also clear that natural encounters have had great importance for progress in existential health. We still have limited knowledge about how to offer existential care in a long-term perspective to enhance existential health, so this is a field of research that must be developed to ease suffering and promote exis-

tential health for individuals (and societies) worldwide afflicted by disasters.

Long-term care of people afflicted by disasters certainly may benefit caregivers in helping them to gain a better understanding of and insight into natural existential health resources and potential health among afflicted persons. To view the victims, irrespective of the time that has passed, as vulnerable but wise and as natural experts on their own lives might imply enhanced respectful care giving in a long-term perspective. More knowledge promoting a natural increase in communion with others as well as an urge for depth and seriousness in relationships with others has clear implications for caregiving to promote existential health.

Acknowledgements

We thank Cambrian Language Service for giving language help with this article. Also thanks to the Swedish Red Cross in Stockholm for cooperation. Sten Isovaara is acknowledged who started this project as a doctoral student, but tragically died.

Author contributions

Both authors have collected and interpreted data. Both authors have made database searches on CINAHL, PubMed, Web of Science with Conference Proceedings, PsycInfo and SveMed+ for relevant literature. The first author had the main responsibility to write the article, but the second author has continuously reviewed the text.

Funding

None.

Ethical approval

Ethical approval was sought and approved by the ethical committee of Lund. Reference number is 2006/4.

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