

Teaching Council in Sri Lanka: A Post Disaster, Culturally Sensitive and Spiritual Model of Group Process

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Abstract In response to the December 26, 2004 tsunami in Southeast Asia, a method of treating trauma with group therapy, called Council, was introduced to Sri Lankan paraprofessionals working for Sarvodaya, a local non-governmental organization, by American psychotherapists associated with Heart Circle Sangha, a Zen Buddhist temple in New Jersey. Working together, Americans and Sri Lankans incorporated meditation, mindfulness and culturally congruent spiritual ritual that made the group process acceptable and healing to the survivors who were Buddhist, Muslim, Hindu and Christian.

Keywords Post disaster · Trauma · Group psychotherapy · Sri Lanka · Southeast Asia · Multi-ethnic · Multireligious · Spiritual · Meditation · Mindfulness · Buddhist · Muslim · Christian · Hindu · Training local para-professional counselors · Sensitive to differences between eastern and western cultures · Rituals of religion · Eye contact · War trauma · Transgenerational transmission of trauma · Tsunami · Group therapy · Group process · Disaster · Loss · Grief · Defenses · Ritual · Dissociative fainting

In a real sense all life is inter-related. All men (sic) are caught in an Inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly.

Dr. Martin Luther King, Jr.

Introduction

The tsunami of December 26, 2004, devastated hundreds of thousands of lives in Southeast Asia, leaving people without a home, family or community. There were an estimated 35,000 deaths in a population of 19 million. Parents lost children and children lost parents.

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Entire villages were destroyed. In early 2005, hoping to help, I contacted Sarvodaya, a large Sri Lankan non-governmental organization (NGO) and offered to work with them to create a training program for local para-professional counselors. Our hope was that we could create a nucleus of trained Sri Lankan counselors to lead support groups in the villages for those with the most severe losses.

Without emotional support, the risks to individuals, families and society seemed staggering. Almost every family in Sri Lanka had lost either an immediate family member or one of their extended family. We know that trauma can leave parents unable to adequately parent their children and lack of adequate parenting results in subsequent trauma to the next generation (Hesse et al. 2003) with patterns of violence flowing from unresolved trauma (Schore 2003). In addition to the trauma from the tsunami, there was an ongoing civil war in Sri Lanka. The war continued to inflict additional traumatic losses and grew worse after the tsunami.

Our task was complicated by the Sri Lankan culture's unfamiliarity with Western psychotherapy. Although there are a few Professional Counselors in Sri Lanka, they have a role that is much more limited than that of therapists in the west. They are employed by the government or they work as volunteers in institutional settings with special populations such as rape victims, disabled or disturbed children or families in conflict. Following the tsunami, there were many pleas for psychological help, and the existing resources were fearsomely inadequate.

The predominant religion of Sri Lanka is Buddhism; the other major religions practiced include Hinduism, Christianity and Islam. The culture is open to religious practice, but tension and distrust exist between the different religions. I hoped that Sarvodaya and a US team of experts in grief and trauma, working together, could create a spiritually imbued model of group psychotherapy that could transcend religious differences, so that people of all religious beliefs might find comfort and healing. Since spiritual beliefs are central to individual identity and are sustained by the Sri Lankan culture as part of the social fabric, I hoped we might create a multi-ethnic and multireligious spiritual process that included enough elements of therapy to be both healing and culturally acceptable.

McFarlane and Van der Kolk (1996) suggest that religion provides a larger perspective, offering meaning in the face of terrifying events. In designing our model, we drew on the knowledge that religion and ritual allow individuals to move beyond their personal suffering. Spiritual practice provides a shift in perspective permitting individuals to transcend the personal self and connect with a Universal Self, God, Allah, Oneness or Unity of Being. Survivors can move to a sense of shared losses, to communal suffering, which results in a desire to connect and help others. Connecting and helping others counteract the personal powerlessness experienced in disasters.

In addition to our concern for the survivors of the tsunami, we were also motivated to reduce the transmission of trauma to future generations of Sri Lankans. Many parents in Sri Lanka had their children torn from their arms by the tsunami wave, and hundreds of children lost one or both parents leaving thousands of traumatized parents and children. In addition, thousands more lost their homes and all their possessions, leaving them and future generations of Sri Lankans vulnerable to transgenerational transmission of trauma.

We were resolved to make sure that the project was inclusive of all religions and ethnicities. We invited Tamil para-professionals from the north and east to join Sinhalese counselors to work together to heal the trauma of their country. We included villagers of Buddhist, Muslim, Christian and Hindu faiths. Thus, we also hoped to ameliorate in a tiny way the impact of the 20-year long civil war between Tamils (largely Hindus) and Sinhalese (largely Buddhists) continuing in the north and east.

Project Beginnings

I first arrived in Sri Lanka, in February 2005, 5 weeks after the tsunami. I was to be there for 3 weeks exploring ways to partner with Sarvodaya (www.Sarvodaya.org). Founded by Dr. A.T. Ariyaratne in 1958, the Sarvodaya Shramadana Movement (which means “awakening through the donation of labor”) is based on Buddhist values and inspired by Gandhi’s principles of non-violence and the sustainable empowerment of people through self-help and collective support. Using a system of student volunteers, Ariyaratne began by organizing community projects in the villages which empowered the local villages and increased their economic well-being.

Over the last 50 years, the Sarvodaya network of villages, districts and national headquarters has become a powerful force in Sri Lanka. Community members are inspired to volunteer their labor in order to meet commonly identified village needs such as roads, wells, canals, pre-schools and orphanages. Support services are provided by various Sarvodaya ancillary organizations. Sarvodaya Rural Technical Services works with communities to build clean water and sanitation facilities, roadways, houses and alternative energy sources. Sarvodaya Economic Enterprise Development Services (SEEDS) offers banking, micro loans and financial services with the goal of eliminating poverty. Sarvodaya Community Health Services provide health clinics to the villages through volunteer doctors and nurses.

The Sarvodaya Legal Services Movement (SLSM), the organization that was home to our project, was founded by Ariyaratne’s daughter Charika Marasinghe, PhD. to provide free legal support to village families through a network of volunteer lawyers. Their goal is to keep the villagers out of court through legal guidance, family counseling and mediation. Already on board when the tsunami hit was a small staff of five volunteer family counselors. This network, already in place, provided us a promising structure for organizing effective support groups in the villages.

Working with Marasinghe, we proposed to develop a team of Sarvodaya counselors. Sarvodaya committed to recruiting a total of 22 counselors to work in the 22 Sarvodaya districts impacted by the tsunami. I, a psychotherapist, Zen Teacher and Abbot of Heart Circle Sangha, a Zen Buddhist Community in the US, committed to finding a team of U.S. therapists who were expert in grief and trauma, who followed a spiritual practice and who could be sensitive to differences between eastern and western cultures. We agreed that group therapy would be the natural vehicle for the spiritual/therapeutic process we were designing, which Marasinghe named The Psycho-Spiritual Healing Programme (PSHP). We believed group process would be efficient, allowing more people to be treated at once, and it would serve to rebuild community connections which were badly damaged by the tsunami. At that time, thousands of displaced persons were living in temporary housing, and community structures were largely lost or dysfunctional because the villagers were not placed in the same camps.

However, we were not confident that a group therapy process would work in the Sri Lankan culture. Conscious of my ignorance of the Sri Lankan culture, I worried that the US team would stumble unknowingly into cultural blunders. Was it, I wondered, a form of hubris on my part to imagine we could teach them anything of value? By introducing group therapy, we might be providing a structure well suited for therapeutic work in Sri Lanka or one that could be harmful. There was no way for me to know. I had to trust that my Sri Lankan colleagues would guide me.

Sudhir Kakar (1985), an Indian psychoanalyst from south India, who is very close culturally and physically to Sri Lanka, writes of the cultural divide between the foundational beliefs of western psychoanalysis and norms of the east. Many cultural and family

practices which we in the west would consider troubling, neurotic and unhealthy are the cultural norm in Southeast Asia. Kakar writes, for example, that children sleep for many years with the mother in the parental bed, and then shift to the bed of another family member, such as the father or an older sibling, when a younger sibling is born.

There are other practices which are hard for us to understand. It is common for Asian families to get an astrological reading before the birth of a child. We heard stories in our first workshop of a mother who was given a very bad prediction for her child and who therefore gave her child away. It seems that this is not at all uncommon. In another widespread custom, many families give their oldest child to the grandmother to raise when a younger sibling is born, believing that child and family will be better off. Another norm unfamiliar to us is that adults live with their parents until they are married. Even after marriage, they may continue to live with their parents, sometimes moving only when they can afford to build or buy their own home. Our concept of the developmental task of adolescent and adult separation seems not to apply. Many families live in family compounds and remain intimately linked.

In another example of cultural dissonance, I was distressed by the view of most Sri Lankans at every level of society that the tsunami was the result of bad karma created in a previous life. It felt to me like blaming the victim. In the case of the many lost fisherman who, in their daily work, had routinely broken the Buddhist precept against not killing, their deaths were viewed as the result of bad karma created in this life. Eventually, however, I came to recognize that this belief was soothing to them because it meant that the tsunami could not be helped and was beyond blame. It allowed them to accept their fate. Even the belief that the fisherman may have caused their karmic deaths by fishing was a way of accepting their predetermined fate because they knew the fisherman had been handed their livelihood by their fathers and grandfathers and had no choice.

In addition to the cultural divide, I was concerned about the dynamics of working through translators. Would we be able to teach the basic psychological concepts we believed they would need to know to be able to contain a healing group process? I had never worked professionally through a translator, but I did have knowledge of other languages and therefore knew how difficult it could be to achieve an accurate translation. In our work, we would be working in three languages, Sinhala, Tamil and English, requiring two translators with an understanding of psychological terminology. The culture is reflected in the language and in a culture that is not psychologically minded I wondered if our concepts could be translated meaningfully. Some of my concerns were borne out in our first workshop; there was difficulty translating “anxiety” and we learned there is no Sinhalese word that exactly translates to “trauma”. After a number of missteps in the first year with “professional” translators, eventually a team of wonderful translators were found, all of whom spoke perfect English and two of whom were themselves professional counselors.

Before I left Sri Lanka that first time, we held a 3-day workshop. Invited were the 14 Sarvodaya District Co-ordinators, the five volunteer Sarvodaya counselors who were already on staff, two Buddhist nuns, the President of the Sri Lankan Professional Counselors Association and a Roman Catholic nun who was also a counselor and members of the staff of Sarvodaya. The first 2 days were devoted to co-ordination of relief efforts and to a discussion of the spiritual questions that arise in the face of natural disasters. The third day I was invited to present our ideas of working therapeutically in groups.

I had decided to teach a way of doing group process based on the Native American council. As a Zen teacher and priest, I have been using “Council” in my own Zen community for about 10 years. I have found that it is a very simple way of processing

complex group and individual issues in a safe and satisfying manner which is described by Zimmerman and Coyle (1996). The form utilizes a “talking stick or talking object” which the speaker holds when talking. In Sri Lanka, we have used a stone about the size of a potato. Right from the beginning, the weight of the stone in the hand seemed to facilitate talking of heavy things. The instructions to the group from the leader are that they must speak from the heart and listen from the heart. This instruction is not explained further, but they are encouraged by the leader to speak about their own experience, feelings and thoughts and discouraged gently from offering advice or judging each other. The leader also guides them not to speak to one another while someone is holding the talking stone. A serious tone is set at the beginning of the group by the ritual described below. I proposed that it would be possible to teach para-professionals to lead such groups effectively because of its tight structure and simple techniques.

With about thirty people present, we sat on the floor of a large open, covered patio. The overhead fans created a cooling breeze in the Sri Lankan heat. Outside was a lovely pond surrounded by the lush tropical garden of the retreat center. Wishing to be culturally sensitive in conducting the 1-day workshop, I opened with the traditional Sri Lankan lighting of an oil lamp and began my presentation with a guided meditation. In the center of the patio was a simple altar to hold the small oil lamp accompanied by an image representing each of the four major religions of Sri Lanka: Buddhism, Hinduism, Christianity and Islam. These elements of spiritual ritual—meditation, the lighting of oil lamps and the altar—have remained a fundamental part of our process. As a part of the ongoing program, the counselors have felt free to modify it, making it meaningful to their participants and themselves. Their affirming response confirmed our understanding that the rituals of religion are a valuable part of the healing process following a disaster and provide a sense of endurance, a sense of shared suffering and a sense of hope.

But in the early stages, it was evident that we had much to learn. Eleven people volunteered to be in an inner circle for the group process, ten women (including all five Sarvodaya counselors) and one man. I asked the remaining people, mostly men, to sit behind the first group in an outer circle so that they could hear what was being said. Almost no one complied. Some left; others leaned against the wall too far away to feel part of what was going on. A couple of men leaned against a pillar close by and chatted. This resistance from the men was hard to interpret. Were the men reluctant to participate for reasons of gender? Did they regard this as something only women do? Were they being consciously or unconsciously disrespectful in order to make it clear they were not going to be a part of this process being led by a white foreign woman? It made sense to me that they would mistrust a new process they did not understand.

Using prayer as a means of connection to both the culture and the transpersonal, I offered a simple opening blessing, “May all beings in Sri Lanka find peace and happiness.” I then explained the procedure and tenets of Council: the stone is passed from one person to the next; the stone may be passed without speaking; only the person holding the stone speaks; we listen from the heart; we speak from the heart; what is shared in this process must be kept confidential and not shared outside the group present. I explained that I thought this process might work for the village survivors and that it could be a vehicle for healing. I invited them to try it out by telling their personal stories.

Although most in the inner circle did use the Council to process their own pain and fear, I was not encouraged that it would be immediately useful in the villages. Among those who used the process effectively was a woman whose brother had lost his wife and two children. He now lived with her family and spent all his time drinking, which upset her family. She had asked him to keep the door to his room closed when he was drinking, but he tried

and then said he felt too lonely and needed to keep it open. As she talked about her brother's losses, her own pain was evident. Her tears flowed freely sometimes making it difficult for her to talk. Again I noticed signs of resistance from the group. Some in the group could not stay with her story and appeared to need psychological distance which they garnered by chatting to one another. Although this did not deter the woman at all from telling her story, I asked the group to pay attention to the speaker and refrain from speaking while she was speaking. I was largely ignored. However, the combination of working through a translator and of knowing neither the culture nor the participants made me hesitant to intervene in a more determined way. I was most certainly not ready to do then what I subsequently did, *i.e.*, to ask them directly how they were experiencing her story.

There were other stories. However, the group seemed to have difficulty tolerating the anxiety aroused by listening to them. Much advice was offered to one another to be strong. There appeared to be a lot of judgments of the survivors around issues like drinking and "laziness," by which they seemed to mean not coping well. As the culture strongly values stoicism, they were expressing beliefs supported by the culture, but they were also distancing themselves from the victims in a dissociative or intellectual defense. As long as they could judge the victims, they did not need to experience their own pain. Nor did they need to experience their own guilt and shame in surviving. I was discouraged and had little hope that any of them would be able to use the process by the end of the day to work with villagers in the field. Nonetheless, despite the resistance, the experience seemed appreciated by the participants. They said they were happy to have had an opportunity to tell their own stories and to be heard. I could not tell whether they were being polite or honest.

In retrospect, the most important part of the workshop was my own learning about where they were and what needed to be taught. I felt they could not begin to counsel others effectively without first connecting to their own feelings. The idea of admitting to their own feelings, especially dark feelings such as anxiety, anger, sadness, shame and guilt, was very foreign. Yet, if they were not comfortable talking about their own feelings they would not be able to elicit or allow the village survivors to talk authentically about their experience or their feelings. There was much work to be done.

Training Workshops 2005–2006

Six months later, I returned with another group therapist, Gaea Logan, MA, from Austin, TX, to begin the first 4-day training workshop. We introduced group process to the now 22 counselors, most of whom were brand new trainees and had done no previous counseling nor ever experienced any form of therapy. After my experience the previous February, when the group had seemed reluctant to admit to difficult feelings and resistant to re-experiencing the pain of the tsunami, we decided to concentrate first on providing them with a therapeutic experience. I believed they could not be effective counselors for tsunami survivors without first processing their own tsunami experience, their own grief and terror.

The five counselors already working for Sarvodaya before the tsunami were already working in the villages conducting workshops, and we began with a field trip to learn what they were doing. Their workshops included meditations, games and lectures but made no reference to feelings. Although meditation was not a part of the lay culture in Sri Lanka, (as a rule only the monks meditated), it was strongly encouraged by Charika Marasinghe, PhD who had facilitated our entrance into Sarvodaya. The villagers liked the guided meditations and found them calming.

The structured play in the village workshops led by the counselors brought the villagers together in fun. In one workshop, one of the best we observed, the game was to work in

teams building a house out of straws. The women, all homeless and living in government temporary housing, laughed as their straw houses fell apart. However, at the end, each team had made a house of some sort that stayed together. The lesson articulated by the counselor was that through working together even very hard things are possible. In other workshops, the participants played games such as two teams racing while carrying jugs of water on their heads. Although there was no lesson in this game, they had fun. Physical activity is restorative in helping trauma stored in the body move through it so that healing may take place (Levine 1997).

Some of the lectures, given by outside resources, teachers and Buddhist monks were helpful and engaging, but many were troublesome to our western ears. We heard one ex-principal exhort the audience of traumatized villagers to discipline their children so that they would not be spoiled. An equally disturbing talk was given to a group of children at another workshop where the traumatized children were told the importance of being good. It was clear to me in observing the workshops that the villagers were anxious to tell their stories but were not being given the opportunity. One counselor, leading a workshop for about 70 villagers, invited people to speak at the end. She was expecting feedback on the workshop, but people stood up and began to tell of their family losses in the tsunami. They went around the room speaking as if for the first time of their lost family members. It was very moving. Halfway around the room, the counselor cut off the process because she had “run out of time”. We were subsequently surrounded by villagers who wanted to tell us their story. This experience reaffirmed my belief that we had to give the counselors enough personal therapeutic process to allow them to experience their own pain, enabling them to be present to the villagers’ stories.

After 4 days of observing workshops in the villages, we returned to the Sarvodaya retreat center and began our own workshop for the counselors. We worked with the counselors in dyads counseling each other in structured exercises; we led psychodynamic groups; and we taught didactically about loss, grief, trauma and defenses. We taught countertransference to the counselors using meditation, mindfulness of body sensations, thoughts and feelings to help them get in touch with their reactions to their clients. We taught various styles of meditation including guided meditation, listening meditation, body centered meditation and silent breath focused meditation. We also taught mindfulness as a way of recognizing their own and their clients’ stress from the recent traumatic events. Meditation and mindfulness practice has continued to be an essential part of all our workshops.

In this first workshop, we chose to lead psychodynamic groups rather than Council because I wanted to maximize the therapeutic experience and believed at that time that that required more active and involved leadership than the Council process permitted. (I have since changed my mind and would now go directly to the Council process and stick with it so that they had a longer, deeper relationship with it and did not get confused by the model of a “Group Leader.”) As we encouraged them to talk about what they were feeling in the room, they began to respond. We facilitated their acknowledgment and acceptance of their own dark feelings by morning rituals. The first morning they were asked to write a paragraph beginning “My biggest fear is....” The second day the sentence began, “I am very sad about...” The third day the sentence began, “I am angry about...” We built a ritual around the notes, taking them to a sacred place in the retreat center and placing them under a rock. On the last day we burned them, symbolizing the impermanence of feelings. Once they were given permission to explore their dark feelings, they appeared to enjoy this exercise very much.

We coached them in active listening techniques, such as mirroring, asking for more, asking open-ended questions and empathic responses like “That must have been hard” in an attempt to wean them of their defensive tendency to give advice and explain. Leaning on our spiritual underpinnings, we called what we taught, “Compassionate Listening” because compassion is a highly valued and familiar virtue in their Buddhist culture. (At this time all were Buddhists.) By working in dyads, we hoped each would get an experience of being the client and would experience first hand the benefit of this kind of listening. We developed exercises to help them remember the pain in their own lives to share with each other. One such exercise was for them to first draw a picture of a painful experience in their life and then to take turns telling their partner about it while the partner practiced active listening skills.

Sharing personal experiences in a meaningful and therapeutic fashion, they got to know each other and began to build trusting relationships with one another and with us. After that visit, I believed they needed yet more therapeutic process themselves so they could understand what was required of them from the inside. To this end, I asked the subsequent teams going from the US to provide them with as much therapy as possible. The counselors also asked to be taught to work with children and how to work with trauma and grief.

Another team of two therapists Mary Cattan, MA, and Suzanne Hoffman, PhD, conducted workshops in November of 2005. They concentrated on providing the counselors with more therapeutic group processing, didactically improving the counselors’ understanding of depression, suicide and trauma and deepening their skills of “compassionate” listening. In January of 2006, a third team, Jesse Harris Bathrick, MA, and Gretta Keene Sabinson, MSW, both experts in working with traumatized children using expressive arts therapies, came to teach a workshop focused on how to work with traumatized children. They led psychodrama groups, worked in large groups with drawing, painting and clay, told classical folk tales that elicited personal stories and worked in dyads allowing the counselors to continue processing their own material. They taught the importance of play, the use of symbols and the way children can use various media to tell stories of difficult events which are hard to talk about.

Observing Groups in the Villages Prior to Fourth Workshop

In June 2006, 17 months after the tsunami, I returned with another colleague, Eric Aronson Psy.D., to teach the fourth workshop of the program. This time, with Sarvodaya’s encouragement, we were determined to continue teaching them to do group therapy. Confirming indications from our American colleagues that the counselors were ready to lead their own groups, Geethani Suriyabandara, Director of Sarvodaya’s Psycho-Spiritual Healing Program, said the counselors had already begun leading psycho-spiritual groups in the villages using the techniques we had taught.

The day after our arrival, we headed to Kalutera: a village about 2 hours away where three of the original counselors were meeting with 30 villagers in a local temple. We were to observe the groups they were leading. One of the counselors began the workshop by lighting a large oil lamp and leading a 10-min meditation. She then asked the villagers to divide themselves into three groups, each group to be led by one of the three counselors.

Leading her group, another of the counselors, introduced a stone about the size of a baking potato and explained to the group that the stone was heavy enough to hold their sorrows and would facilitate their speaking of their problems. As she passed the stone, she invited each participant to light a small individual oil lamp after they spoke. In the center, she had placed a simple altar with a Buddha image on it in accordance with the Buddhist

beliefs in this part of Sri Lanka. This altar was surrounded by the oil lamps waiting to be lit. The group began with a short guided meditation by the group leader. She passed the stone to her left at the end of the meditation. The first speaker held it for a moment and then began to speak of her difficult life without her spouse, lost in the tsunami. After she spoke, the counselor invited everyone in the tight circle of ten men and women to give the speaker supportive eye contact, allowing her to feel that she was not alone. Then, she asked the speaker to return the eye contact, taking in their healing support. The speaker did so, nodded and then lit her oil lamp.

Eye contact, in Sri Lanka, as in many other cultures, establishes an individual's social presence and belonging. Avoiding eye contact connotes shame and a sense of not being part of the community (Argenti-Pillen 2003). By deliberately incorporating eye contact, this counselor invited full acceptance by the group of the speaker and her suffering.

This ritual was followed by each member of the group taking the stone and speaking. If the speaker's material was particularly painful, the leader asked the group to breathe together in a silent supportive meditation. This process took about an hour and a half. At the end, each member was asked to speak about her experience. All the feedback was positive. Most people said they had not had such an opportunity to talk about their losses; although it was sad, they said they appreciated the opportunity to share their experience with others. All expressed a desire for more such groups.

The counselor created a powerful group holding container which worked from beginning to end. People opened up, shared deep sorrow, held each other's grief and gave support. The group became the counselor, and the leader allowed it to happen. She avoided the common practices of advice and explanation and powerfully directed the group to provide what was needed.

I was impressed that our counselor had done such a consummate job of integrating what had been taught in all the prior workshops. She had expertly facilitated the group using the Council method. She had added to it by incorporating the eye contact, the compassionate listening skills and the use of meditation and ritual from subsequent workshops. She had introduced her own elements in a highly effective manner. And most important, her presence was very therapeutic.

The other two groups led by the other counselors were not as successful. They attempted a process where the counselor was the authority, but they could not yet hold the group effectively. The circles were loose, people had private conversations, and the counselors gave a great deal of advice. Nonetheless, at the end the participants still expressed appreciation for the opportunity to get together in this way and to share the problems of their lives. Although the other two counselors had used the process less skillfully, they were open to our feedback. I was encouraged that it would now be possible to prepare all the counselors to do effective group process for the survivors using the Council method.

Fourth Workshop

We began the fourth workshop for the counselors by holding a large group Council with all 22. As we re-introduced the Council with the guidelines and rituals described earlier, we explained that the rituals could be modified by the group as they felt appropriate for their culture and for the religion and culture of the participants.

There was a lot of pain in the group and the counselors' connection to each other was evident as we passed the stone around the circle. Some chose not to speak. Others poured out their sorrow. After the stone had gone around once, we put it in the middle and asked

anyone who wished to speak to take the stone. Several more people responded by picking up the stone and speaking. Then, we passed the stone again around the circle for closure. Everyone spoke on the final round. The entire process took an hour and a half.

During this four-day workshop, we concentrated on teaching Council and each of the Sri Lankan counselors led a group of peers using the Council model. I was pleased to observe how the leaders incorporated skills they had learned from all of our previous workshops at appropriate moments in the group. The leader often mirrored what the speaker said. Some leaders introduced various brief guided meditations. Familiar Buddhist chants were sometimes used for closing. Their growing self-confidence evident, they clearly understood what would work for their culture and did not hesitate to innovate as they saw fit.

After each group, they shared feedback with their leader to enhance each other's skills. They remarked on how the leader's style facilitated their speaking or how the style might have blocked their feelings or their ability to speak freely. This kind of honest and helpful feedback was a new experience for them. Their culture appears to endorse only positive feedback with no suggestion of what might be improved. This feedback was kind, but also honest and helpful. Finally, at the end of the workshop, we all left for coastal villages where we again observed the counselors leading groups of villagers in the village temples. I was astounded by the numbers of villagers who appeared for the programs; in 2 days we stopped at three villages, and 30–50 people came to each of the first two programs. In the last village, there were 80 people awaiting us.

This time, although the group leaders were all consistent in their use of process, a number of unexpected things happened. In the first village, there were three simultaneous groups of ten or eleven women each. In one group, ten Muslim women and one Christian woman were led by a Buddhist counselor. The Muslim women rejected both the use of the Talking Stone and the lighting of the oil lamp because they were not familiar Muslim rituals. The Muslim women wanted only the Quran on the altar, but in deference to the Christian woman, the leader asked that they leave the image of the Virgin Mary. The women agreed. Once this issue was resolved, I could see them begin to share their stories, cry and comfort each other.

In another of the three groups, a young woman slipped to the floor in a faint. It was hot and there was not a lot of air, but my guess was it was a dissociative fainting at the prospect of talking about the loss of her husband. She was struggling to raise her two young children without him. Cared for by the group, she eventually felt strong enough to talk of her loss and struggles and reported she had been subject to frequent fainting spells since the tsunami. About 20 min after the first woman fainted, another woman fainted in the third group. This woman appeared to be about 60 and very fragile. She too was revived and tended to by the group and encouraged to talk in the group. Observing her, I concluded she may have been more fundamentally disturbed, possibly psychotic, but she too was integrated back into the group by the other women.

Writing of the Sri Lankan culture, Argenti-Pillen (2003) describes such fainting spells as a common result of terror, violence, trauma or unbearable psychic pain. The victim, more often a woman but not always, falls down in a "spell," sometimes whispering "*inna bariyo*" which is translated as "can't stay here." Another such fainting episode occurred during our November 2006 workshop where the topic being discussed was peace. One of the counselors from the northern war zone crumbled to the floor in a faint. She was subsequently revived and the workshop continued, after a delay to process the amount of stress they were all experiencing in their lives.

At the last village, we arrived to find 80 villagers waiting for us. Luckily, we had seven counselors as well and each led a group. In one group, there was a young mother who had

lost both her babies, a 3-month-old and an 18-month-old, during the tsunami. She was unable to speak at all when the stone came to her. The counselor allowed her to pass the stone and asked everyone to meditate and pray that her immense pain would pass. The stone went all around without anyone speaking. My sense was they were communicating their support by not speaking, not wanting to divert attention from her grief. Then, the counselor put the stone in the middle and asked anyone who wanted to speak to pick it up. After a silent pause, the woman's mother picked up the stone to tearfully tell how she had been carrying one of the babies when she had fallen in the rushing water, and the baby was ripped out of her arms by the deluge. She also saw her daughter stumble and lose the other child in the same way. Although all the villagers were familiar with the story of this event, they all cried silently as they remembered. After the grandmother spoke and after a further pause, other group members picked up the stone and shared their own stories of loss and hardship. Toward the very end, the young 21-year-old mother who had lost both her children spoke of her own deep loss.

War Trauma

In November of 2006, our second year, Mary Cattan, MA and Supavadee Thaveesaengsiri, LCSW traveled to Sri Lanka to deliver our fifth workshop to the counselors. In the ensuing months, an upsurge in conflict between the Tamils and Sinhalese had forced thousands into refugee camps in the northeast, and new trauma was occurring in this already battered country. Sarvodaya, therefore, as part of their strategy for peace, had recruited seven Tamil counselors, who were already working in that part of the country, to join the predominantly Sinhalese (and Buddhist) group of trainees. The Tamil counselors were Hindu, Muslim and Christian. While the basic format remained the same, the challenge was to integrate the new counselors and facilitate safety among a group whose people were essentially at war with one another. Their languages and religions were also different, necessitating more inclusive rituals for the Hindus, Christians, Muslims and Buddhists now present and the use of two translators, one for the Sinhalese speakers, one for the speakers of Tamil.

For the American team, the situation seemed daunting, yet Council continued to provide an integrating process. Understandably cautious, the Tamil counselors gradually opened to the group, grasping the rock, allowing tears to flow. Teaching, sharing and supervision continued with topics of suicide, grief, and trauma and an introduction to family therapy. Just as we had hoped, yet scarcely dared to believe, the Tamils, working in concert with Sinhalese toward common goals, created an environment where both sides could begin to develop relationships based in understanding and trust. With good educational backgrounds, some of the Tamils spoke some English as well as Sinhala, while several of the Sinhalese counselors who worked in the north and east also spoke Tamil, so both sides worked hard to facilitate the flow of communication. Led by Mary and Supavadee, the group explored not only the differences of ethnicity and religion, but the even deeper commonalities of Sri Lankan culture and of human suffering that bound them together. Thus, our original goals of helping provide spiritual and psychological help for the grief and trauma of the tsunami was shifting to a broader focus: to provide spiritual and psychological support for the terrible trauma and grief of civil war.

In March of 2007, two more of the US Team, Jesse Harris Bathrick, MA and Margaret White, PhD, journeyed to Sri Lanka to present another workshop. They continued the shift toward dealing with the causes and effects of war and also responded to the increasing request for more help in working with families. They introduced the Cycle of Violence and

Trauma, Sexual Abuse and Families with Alcoholism. They continued to provide therapy to the counselors through the Council process.

Suzanne Hoffman, PhD and I returned again to Sri Lanka in June of 2007. The need for working with large groups of survivors of the tsunami had diminished. The counselors in the south were now holding regular groups for widows and pregnant mothers. In the war zones of the north and east, trauma groups in the Council format were being held in the camps for displaced persons. In a new development 10 of the 22 counselors we had trained were enrolled in a formal certificate program in counseling. It was clear that the use of counseling as an expedient means to relieve suffering had taken root in Sarvodaya. In their Strategic Plan for 2007, the counseling program was clearly defined as an essential part of their long-term plans.

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