

RESILIENCY OF WOMEN SURVIVORS OF THE TSUNAMI 2004 IN SOUTH INDIA

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Abstract

This is a research study on wives of the fishermen who lost their lives in the Tsunami of 2004. It utilizes the qualitative and some Quantitative data. It focuses on the strengths based approach. The study presents an understanding of the survivors' thoughts on their resiliency and provides suggestions for improving social work practice and education. Resiliency is not a new concept. Researchers have tried to understand this human tendency to strive for a healthier and more positive development for approximately the last 50 years. The strengths perspective in the practice of social work has been a long-standing form of approach of social workers towards helping clients. By examining the subjects' thoughts on their resiliency, it is possible to develop theory and prove the existing theories in terms of this strength based approach in social work. This study in a way is a follow up of the disaster close to eight years after the event. Researchers often place emphasis, and focus their research and discussions on the disaster itself and its immediate impact on the community (Kalayjian, 1999) rather than what happens after that. This study bridges the gap in knowledge by identifying how women survivors of the Tsunami have exhibited resilience in south Indian villages.

Keywords: Tsunami, resiliency, trauma, strengths based approach

Introduction

Disasters have been in existence and have been witnessed by mankind ever since life on this earth began. Disasters have been produced by the weather and geological causes such as earthquakes, volcanic eruptions, havoc of industrial and transportation accidents, terrorism, chronic political violence, war, and many others. In short they are caused either by man or

nature. Over the last quarter of a century more than 150 million people a year have been seriously affected by disasters.

The physical effects of a disaster are usually obvious. Tens or hundreds or thousands of people lose their lives. The survivors suffer pain and disability. Homes, work places, livestock, and equipment are damaged or destroyed. The short-term emotional effects of disaster such as fear, acute anxiety, feelings of emotional numbness, and grief may be obvious. For many victims, these effects fade with time while for others; there are longer-term emotional effects, both obvious and subtle.

Some of the emotional effects are direct responses to the trauma of disaster. Other effects are longer-term responses to the interpersonal, societal, and economic effects of the disaster. In any case, in the absence of well-designed interventions, up to fifty per cent or more of the victims of a disaster may develop lasting depression, pervasive anxiety, post-traumatic stress disorder, and other emotional disturbances. Even more than the physical effects of disasters, the emotional effects cause long-lasting suffering, disability, and loss of income.

Though disastrous events may last from seconds to a few days, effects on communities and individuals can continue for months to years during the extended process of recovery, reconstruction and restoration. Research has also established that long-term recovery varies significantly due to the complex interaction of psychological, social, cultural, political and economic forces.

Many people react to such circumstances with a flood of strong emotions and a sense of uncertainty. Yet people generally adapt well over time to life-changing situations and stressful conditions. What enables them to do so? It involves resilience, an ongoing process that requires time and effort and engages people in taking a number of steps.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress such as family and relationship problems, serious health problems, or workplace and financial stressors. It means “bouncing back” from difficult experiences. Research has shown that resilience is ordinary, not extraordinary. People commonly demonstrate resilience. Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone. This research paper examines the challenges created by the Tsunami 2004 and how they overcame these challenges.

Definitions of the concept of Resilience

Resilience is the act of rebounding or springing back after being stretched or pressed or recovering strength, spirit, and good humor. According to Walsh (2003) resilience is “the ability to withstand and rebound disruptive life challenges. Resilience involves key processes overtime that foster the ability to ‘struggle well’, surmount obstacles, and go on to live and love fully” (p.1). While Walsh focuses on the key processes over time another scholar Gordon (1996) defines resilience as “the ability to thrive, mature, and increase competence in the face of adverse circumstances” (p.1). Both Walsh and Gordon present that there is always a challenge in the face of the survivor or victim who exhibits resilience by overcoming the challenge. However, Henry (1996) defines resilience as “the capacity for successful adaptation, positive functioning, or competence despite high risk, chronic stress, or prolonged or severe trauma” (p521). According to Henry the key factor is adapting and developing a positive attitude to function well even though they experience a lot of discomfort like chronic stress and prolonged trauma during the period of coping. From the definitions of the three authors it could be concluded that ‘Resilience is essentially developing, showing and moving forward with a positive attitude’.

Resilience research has focused on the traits and coping skills and supports that have helped individuals survive, or even thrive in a challenging environment. This study focuses on the essential support systems that the women received through the family, community, Village leaders, self-help groups and local organizations in order to deal with these challenges. In other words the concept of resilience in this study refers to the inner strength and the social support system that helped the women to cope with the trauma, disaster and build resilience.

Overall Goal

To contribute to the already existing knowledge by identifying how women survivors have exhibited resilience in south Indi an villages after the Tsunami of 2004.

Specific Objectives of the study:

1. To gather success stories on the resiliency of women survivors of Tsunami 2004.
2. To study the traditional, religious and cultural practices that contributed to the resilient nature of women survivors.
3. To document individual, family and community initiatives to help the women survivors.
4. To enhance professional learning, preparedness to natural calamities and the use of strength based approach.

Method/ Approach of the Study

This study uses the qualitative as well as quantitative approach. The qualitative approach seeks to understand resilience and coping patterns by the women in context-specific settings. In other words this study aims at producing findings that are not arrived at by means of statistical procedures or other means of qualification. Such analysis in this study leads to a different type of knowledge than does a quantitative inquiry. However for the purposes of understanding the characteristics of respondents that contribute to the overall knowledge of resiliency in terms of age and maturation, the study has adopted a quantitative method as well.

Field of the Study

The study has been conducted in Nagapattinam District, located in the state of Tamil Nadu, India. This district is known to be in a cyclone prone area, its first terrain, the unusually long 187 kilometers coastline, roughly about 120 miles) and direct projection of its landmass into the Bay of Bengal made it an easy target for the mighty Tsunami on 26th of December 2004. The death toll in this area was 6065 of which 1800 were children according to the Tamil Nadu Government report. There were about 4500 women who survived the Tsunami.

Sampling

The study was conducted among in the district of Nagapattinam and the women who attend the self- help groups that were created after the Tsunami were included in the study. The sample size was ninety. The ninety women who were enrolled in the self- help groups for support were included in the study. The resiliency scale was administered upon these ninety women to see the level of resiliency. The level of resiliency is important as it will help us to associate the level with the success. In the case of the After the administration of the resiliency scale and analysis had been performed the ninety participants were broken into focus groups. All the village leaders and health care professional were included in the focus groups along with the women who attended the self-help groups.

Data Collection Method

This study employed a range of methods of data collection with the primary key tool being focus group discussions. Focus group discussions were conducted with the women survivors, village leaders, health care professionals, and self-help groups. In addition the resiliency scale was adopted to seek some quantitative data.

Results

Before elaborating on the success stories it is essential to take a look at the results of the employment of the resiliency scale findings. This is a scale developed by Gail M. Wagnild and Heather M. Young in 1987 to measure the level of resiliency in a person and is used with their permission.

The purpose of utilizing this scale was to get a sense of the respondents' resiliency.

a. Resiliency Scale findings:

The assessment of resiliency was based on the calculation done by dividing the 26 items in the Likert scale into two levels, namely low resilience and high resilience. They were divided into equal class interval, 59-117 as low resilience and 118-176 as high resilience.

Table: Resilience level of the population of the study

S. No	Level of Resilience	No. of respondents	Percentage
1	Low level	5	6
2	High level	85	94
3		90	100

Table shows the resilience level, ninety four percent of the respondents had high resilience and only six percent of the respondents had low resilience. The resilient natures of the respondents were increased through the supporting factors they received through the four years. The supporting factors were the family, the traditional local governance (Panchayathars) and the various programs implemented by NGOs and Governments. Most of the respondents had expressed that they were able to withstand all their problems associated with the aftermath of the Tsunami, only through the support they had from the local community and the family. Women in the fishing community have always been treated below men but this trend has changed in the aftermath of Tsunami. Today, there is a great recognition for women in the community because of the essential resilient nature of the women after the Tsunami in managing their stress and difficulties.

b. Success Stories:

Case Study 1:

Ms. Valhi hails from Akkarapettai Village, in Nagapattinam Block, Tamil Nadu. She is 29 years of age and has three children all of whom are studying in the Government School. She and her husband had managed their family with the little income they got from the traditional occupation of fishing. Valhi lost her husband to the killer waves that struck the shores of south India in 2004.

She was in the village when the tsunami struck. She lost everything and developed a severe form of fear and anxiety to the sea waves and decided not to go into the fishing occupation anymore. She availed of a training sponsored by the Tata group of companies in her village for the survivors of the tsunami. Through this training she developed the skill of making tiles at home as a cottage industry. This training instilled in her confidence to face life anew and a hope that she can run her own tiles business as a small entrepreneur.

She started her own tiles shop with a capital of 250,000 Rupees (5000 US Dollars). Everyday 500 tiles were produced and sold for government constructions. She has been able earn around 3000 Rupees (90 Dollars) per month as net profit after setting aside her loan payment. She has paid back 75% of the loan and is able to support her family. She has moved away from her traditional occupation of fishing. She is financially independent and is happy to be independent. She is one of the most successful women in Akkarpettai, who have survived the Tsunami.

According to Valhi “Life is a struggle but with time and the support from my village people I was able to over come the odds of being left alone; after the Tsunami. My main strength came from the women’s self help group that I joined and the village leaders”

Case Study 2:

Ms. Manimegalai is 40 years old and hails from Thirumullaivasal. She has a son who is now in high school. She was married sixteen years ago, however deserted by her husband three years after marriage. After being deserted by her husband she returned to Thirumullaivasal with her son when he was two years of age. She opened a shop on the shores of Nagapattinam as a form her livelihood. In 2004, the Tsunami washed away her shop and she lost everything. Manimegalai is an example of a resilient women survivor. She never gave up hope. She had dreamed to educate her only son well and help him get into a government job.

She has now started her own small business/shop in Thirumullaivasal with a loan from the self-help group and a Bank. She worked hard and repaid her debts. She was able to rebuild her damaged house. Today she earns close to 300 Rupees (8 US Dollars) a day. She is proud of her achievement as a successful woman. She believes that everything is possible with God and hard work. She states her strength is derived from her continued faith in God.

Case Study 3:

Ms. Elatchi is a young widow hailing from the Thirumullaivasal village, in Sirkali Block of Nagapattinam District. She lost her husband and father to the Tsunami in the early hours of the ill-fated day of December 2004. Since the death of her husband and father she has worked on developing her strength to deal with reality. She has taken the responsibility of raising her two younger brothers. She has presently leased the seashore of her village and is making a livelihood by collecting some charges from the fishermen using the shore. She collects Rupees five for every boat and Rupees two for every net that the fishermen use. She pays the local government a huge amount of 150,000 Rupees (3000 Dollars) a year for the lease. She has been able to save nearly Rupees twenty thousand each year. She is highly religious and prays everyday by going to the local temple. She is highly confident of her ability to overcome the odds in life. She works

long hours sometimes 10 hours a day. She also buys fish from the fishermen and sells them to companies to be exported. She is one of the successful women survivors of the Tsunami in Thirumullaivasal village today.

Case Study 4:

Mrs. Lakshmi is 38 years old and hails from Chinnagudi. She has been married to Mr. Selvamani a fisher man. They have five children, four of which are in school still. During the tsunami they lost goods worth 100,000 Rupees (2000 US dollars). They received from the government 75,000 Rupees as part of the relief package. Her husband was able to buy a boat with the relief amount and start fishing on their own boat. She on the other hand started a Prawn/shrimp business. She buys huge quantities of shrimp and sells them to the big companies for export. According to her, immediately after the tsunami she had lost hope but now she has gained strength, and sees life in a very positive manner. She is a member of the self-help group in her village. Through this group, she is able to get loans to invest into her business. She has been a strong pillar of strength and support to her family. She is educating her oldest son to be an engineer. She wishes to see her children being educated and in good jobs. She is financially sound, and has become strong as a person.

Case Study 5:

Ms. Paarazhagi is 37 years old and hails from Chandirbadi village. She had four children one of whom she lost along with her husband during the Tsunami. She has also lost fishing goods worth 200,000 rupees (4000 US Dollars). After the death of her husband and daughter, she started to buy and sell fish in the village market. She has been able to earn Rupees 500 for a day. She recalls not having anyone to help her at the time of distress, however was able to cope with her situation and continue to educate her daughter in college. Her only goal in life is that to educate her son to become an engineer. She is a member of a self-help group organized by the local non-government office. She saves money through the self-help group. In Ms. Paarazhagi, we see a strong heart, and the hope to become successful in her community and to be viewed as an example to the rest.

c. Role of the Community in enhancing the women's resilience:

This study has found that the Communities have played a number of roles in enhancing the resilience of the women.

They have provided constant support to women during difficult times and have recognized widows, as the head of the family. Among the Fisher community, the man is considered the head of the family however after the Tsunami the community realized the suffering that women have undergone and have extended their arms to help women achieve a social status in the family and community.

The tsunami has proved to be a painful experience for the communities as a whole and particularly for the women. Women have been emotionally affected and these communities have taken efforts to help reduce the psychological impact on women. The community members have exerted a sense of belongingness towards each other irrespective of their own personal ability to cope with the loss of a loved one or the disaster itself as an event experienced by them.

The communities identified the health needs of the women. They organized Medical camps to screen and identify early signs and symptoms of trauma and psychological stress. The women of the community divided themselves into groups and identified other women who had lost loved ones. They persuaded them to attend the self-help groups. They frequently visited their homes, and provided psychological support and helped rebuild the lives of these women.

Communities provided an avenue for group legal action to take place. They helped the government and non-governmental agencies meet the relief needs of women. They organized themselves to approach different non-governmental agencies to reach specialized service to women. From the focus group discussions it was found that in some communities, men were obstinate in helping the women which is the effect of the Patriarchal practices in India.

Communities have developed leadership skills in women, taught them to live independently, and resolve their problems through the “Gram Sabha” (Local governance). According to the women leaders, one of the greatest achievements of the communities after the tsunami is the role changes that have taken place. Women now experience a higher, equal status in families, and the community than prior to the tsunami.

Communities have taken the initiative in developing a network with different NGOs and I-NGOs in bringing various resources to these women. This has enhanced their ability to cope with the disaster. In many villages the community was able to lobby with the government in expediting the process of relief, and addressing the issues of these women. Timely relief was another reason that the women sited as a reason for the strength in them to overcome the odds.

The “Panchayathars” (Traditional local governance in Fishermen community) took an authoritative role in the relief management. They collected all the relief from the Government and Non-government offices. They made it common to everyone, facilitated equal distribution in the community, and women were given relief first.

The communities also have taken the initiative in promoting governmental programs for the livelihood of women. They approached the Government to provide opportunities for the women survivors. Several

occupational training programs as well as subsidized loans for promoting self-employment were an outcome of the community participation in decision making. This was another contributory factor to the resilience of the women.

The study reveals that rehabilitation is being worked out in collaboration between the NGOs, Governmental agency and the local communities. It is note-worthy to report that none of the above mentioned parties can implement a rehabilitation program by itself. Any rehabilitation program requires the cooperation of the community and only through that can it be achieved. Many of the welfare programs in the Nagapattinum village are successful because of the collaborative work of these three agencies.

The communities provided constant support and encouragement for the women to participate in social events. Generally women, especially widows are not permitted to come out of their home, and contribute socially. Women, traditionally are not supposed to ask questions or speak in front of men. But since the Tsunami and the rehabilitation process taking place this has been changing. The social status of women has been enhanced more through the self-help groups. The self-help groups have helped these women to realize their capacity, develop their talents and improve their skills. These groups also improved the coping skills of the women survivors through group living, and psychological support enhanced through group bond.

d. Traditional, religious and cultural practices and the resilient nature of the women survivors:

Most of the women survivors were from the fishing community. They had their own way of living and distinctive traditional practices from other communities. Many of their traditional and cultural practices have contributed to a great extent to the resilient nature of the women survivors. These fishermen communities have their own traditional panchayats (local government) besides the Government panchayat system. These traditional Panchayats played a very vital role in providing services for the women who had lost their husband and children in the Tsunami. The people of the fisher community strictly adore the rules and regulations of their traditional panchayat rather than Government panchayat. The traditional panchayats identified and realized the sufferings of these women. They made these women as the head of the family upon the death of the husband.

The cultural practices of the fisher community are unique in nature. They create a sense of belongingness, and they are very much bonded as a community. The level of intimacy among the members of this community is very much higher than other communities, and is a reason for the community feeling among them.

One of their practices is to bring the whole community together at the time of celebration, which may be a small or big festival. This practice has contributed to alleviating the status of women.

In most communities in India women are not allowed to remarry upon the death of their husband and as a widow, they are treated badly. These practices have had a negative impact on the ability of women to overcome their grief and beat the odds. However, with the involvement of women in self-help groups, they have been able to challenge this, and some young women have remarried after the death of their husband in the tsunami.

The Fisher communities in India are religiously bound. They worship the sea as one of their Goddesses. The women have a higher level of belief and faith in their religious activities. They believe that only through the will of God, they are able to withstand hardships and deal with problems in life. They worship the sea as “Kadalamma”(sea mother) and that it is because the Sea Goddess (kadalamma) was angry with their community that she destroyed everything. The women survivors continue to worship the sea Goddess, and believe that the same sea will provide them with a better life.

e. The women survivors own initiative to help themselves:

Women were physically, emotionally, and socially affected by the Tsunami. The participation of these women in the self-help groups has created an ability in the women to take the initiative to help them. They participated in the Self-help groups activities actively, and started to learn new skills through vocational trainings given by the Governmental agencies as well as Non-governmental organizations. These women started to work together and build courage in them. They started their own micro enterprises with the help of the Self-help groups. The women realized the importance of saving for their family that they have started to save through Self-help groups. The women have built self-confidence to recover from such situations. They meet regularly as a group and build their strengths around financial independence.

The women survivors participated in all the social events in their community. They also lobby with the government in getting loans for their micro enterprise activities. They have become very expressive in the process of recovery and have learnt to be independent rather than being dependent on others. They established new Self-help groups and the number of women participating in group meetings have increased after the Tsunami experience. One of the greatest changes is that the women who refused to go to the seashore after the tsunami for fear of another tidal wave now have the strength and courage to do so without any fears.

The spending practice of men in the fisher community is to live by the day whereas after the tsunami the women survivors have been able to change this practice and develop the habit of saving. The women spend more

stringently and are saving part of their income for the future. They have begun to see that economic problems are inevitable in human lives and so they have to save in order to provide for a rainy day. The women have realized the importance of education and are working hard to educate their children. The constant development of these women has made the community to recognize them as an important source of development for the community. Today, the women opinion is looked upon as important during the community meetings.

f. The family's initiative to help the women survivors:

Another contributory factor to the resilience of women has been the support they got from the family. The women were able to withstand problems because of the constant support of their families. During the aftermath of Tsunami, women were thought to be psychologically weak, and that they will not be able to come out of their grief and distress. In the focus group discussions it was found that the family extended psychological support, and provided confidence to come out of her grief. Husbands were supportive in helping their wives return to normalcy.

The family members encourage the women to participate in social events. They constantly urge them to attend "Gram Sabha meetings" (local governance meetings) in which the women share their issues in the community. Some of the women expressed that their husbands were even sharing their household responsibilities such as cooking, cleaning, and caring for the children which, prior to the tsunami was always thought of as a women's job.

Women, who had lost their husbands in the tsunami and felt that there was no life beyond that point, were comforted and supported by their family members,. Family members acted as change agents providing some environmental changes. The parents of the widows extended financial support to their daughters and in some cases they provided help in starting their own micro enterprise.

In many cases family members engaged the women in some family activities to cope with their grief. Some women who had lost their children were encouraged by family members to seek adoption as an alternative. Adoption is not rampant in India; however in many cases among these women adoption seemed to be an alternative course of action to cope with grief over loss of child.

The Joint family system is prevalent in the fisher community. This has been a great supporting factor for the women to recover faster. The women felt secure when they had more family members as a support. Widowed women felt comfortable to live with their children than to have a bank balance contributed by the tsunami relief fund. This explains the ties

the women had with their families and the level of comfort extended by families at a time of distress.

Some Interesting reflections of the women survivors of the Tsunami in South India that account for their resiliency:

“I work at the local day care center..... I earn around 20 Rupees a day that is about 600 Rupees a month. I do not have to work on Sundays and hence I feel I am able to take care of my children. I do have good support from the village people. Here, it is the village that stands by me. I received an initial relief amount from the government of 10,000 rupees but that has not really helped me a lot, as I had to pay off some of the loans my husband owed and restore my hut. Presently my earnings are spent on food and household items.”

(Kamakeshi,... 33 years old from Cuddalore)

“I should say honestly, it is my family that has helped recoup with my life. They have been a blessing; my in-laws have been very helpful. They take care of my children. I believe my husband’s spirit is around us and it is that which is helping me live.”

(Janaki,... 45years old from Nagapattinum.)

“My life has been a tough one, I got married at 16, I have three sons, ages 21, 20 and 18. I lost my husband and two of my older sons in the tsunami of 2004. they went fishing that morning and never returned. We were not able to recover their bodies; however I was able to get compensation since the village leader was very helpful. Now, I started a business for my only surviving son and he is the one who takes care of me.”

(Krishnaveni.... 40 years old from Nagapattinum.)

Conclusion

Resiliency is a protective factor that should be identified as early as possible in a disaster management effort. Resiliency among women survivors has been very much an Individual’s characteristics as well as supported by various other sources. Gender, age, marital status, the loss and the recovery environment have all contributed to the resiliency of the women survivors. From this study it is very evident that family, community, religion, and cultural practices played an important role in enhancing the resiliency of the women survivors. More research is needed to pinpoint the mechanisms through which these various characteristics exert their effect. The ultimate task of a disaster survivor is to integrate the experience into a changed but intact identity. This was very much present in more than 98 percent of the population under study. They viewed the change in social status of women in their community as a positive outcome of the tsunami.

References:

- Arata, C., Picou, J., Johnson, G., & McNally, T.(2000). Coping with technological disaster: An application of the conservation of resources model to Exxon Valdez oil spill. *Journal of Traumatic Stress*.
- Bland, S., O’Leary , E., Farinaro, E., & Trevisan, M., (1990). Long-term psychological effects of natural disasters. *Psychosomatic Medicine*.
- Canino. G., Bravo, M., Rubio-Stipec, M., & Woodbury, M., (1990) The impact of disaster on mental health: prospective and retrospective analyses. *International Journal of Mental Health*
- Carr, V., Lewin, T., Webster, R., Hazell, P., Kenardy, J& Carter, G (1995). Psychological sequelae of the 1989 Newcastle Earthquake:1.Community disaster experience and psychological morbidity6 months post-disaster. *Psychological Medicine*.
- Danieli, Y., Rodley, N.S., & Weisaeth, L. (editors). (1996). *International responses to traumatic stress*. Amityville, NY: Baywood.
- Davidson, L., & Baum, A. (1986). Chronic stress and posttraumatic stress disorders. *Journal of Consulting and Clinical Psychology*, 54, 303-308.
- Ehrenreich, John H.(Ed).(October2001) *Coping with Disasters : A Guide to Psychosocial Intervention*.
- Fraser, M.W., Richman, J.M., & Galinsky, M.J. (1999). Risk, protection, and resilience: Toward a conceptual framework for social work practice. *Social Work Research*, 23 (3), pp. 131-143.
- Greene, R.R. (Ed.). (2002). *Resilience: An Integrated Approach to Practice, Policy, and Research*. Washington, DC : NASW Press.
- Gordon, K.A. (1996). Resilient Hispanic youths, self-concept and motivational patterns. *Hispanic Journal of Behavioral Sciences*, 18, 63-73.
- Kalayjian, A. S. (1995). *Disaster and Mass Trauma*. Long Branch, NJ: Vista Publishing
- Ladrado-Ignacio, L., & Perias, A.P. (1995) From victims to survivors: Psychosocial Intervention in Disaster Management in the Philippines. *International Journal of Mental Health*, 24, 3-51.
- Lima, B.R., & Gittelman, M. (Eds.). (1990). *Coping with Disasters: The Mental Health Component*. *International Journal of Mental Health*, 19, No. 1 and 2 (whole issue)
- Miller, K. Manual for “Planning to Grow” Program, Program for prevention Research, Arizona State University, Tempe, Arizona, USA. (on program carried out with children in Guatemala)
- Morley D. Glickens.,(2006) *Learning from Resilient People: Lessons we can apply to counseling and psychotherapy*, Sage Publications: London.
- Norman, E.(Ed.). (2000). *Resiliency Enhancement: Putting the Strengths Perspective into Social Work Practice*. New York: Columbia University Press.

- Raphael, B. (1986). *When disaster strikes: How individuals and communities cope with Catastrophe*. New York: Basic books
- Walsh, F. (2003 spring). Family resilience: A framework for clinical practice. *Family Process*, 42 (1), 1-19.
- Webster, R., McDonald, R., Lewin, T., & Carr, V. (1995). Effects of a natural disaster on immigrants and host population. *Journal of Nervous and Mental Disease*, 183, 390-397.
- Weiss, Marmar, C. Meltzer. & Ronfeldt, H. (1995). Predicting symptomatic distress in emergency services personnel, *Journal of Consulting and Clinical Psychology*, 63, 361-368.
- Weinstein, N, Lyon, J., Rothman, A., & Cutie, C. (2000). Changes in perceived vulnerability following natural disaster. *Journal of Social and Clinical Psychology*, 19, 372-395.
- Wolin, S.J, & Wolin, S. (1993). *The Resilient Self*. New York: Villard Books .
- Webster's New Twentieth Century Dictionary of the English Language Brochures
- American Psychological Association and Discovery Health Channel. " The Road to Resilience"