Four Years Post-Tsunami: Children's Well-Being*

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The Southern state Tamil Nadu was the worst hit part of the Tsunami disaster of December 26, 2004 in India. Mostly, fishing families were affected. Few studies exist, which investigate the long-term effects of trauma on children's well-being in a developing country. The general aim of the project "post-tsunami", which is funded by the seventh Framework Programme of the European Commission, Marie Curie Actions—International Outgoing Fellowship, is to assess the five years post-event mental health status of children from this region. This paper presents the first major phase of the project aiming at the development of a list of indicators of children's well-being in order to develop a culture-sensitive measurement for a given sub-culture. One hundred and twelve children have been asked to speak for themselves in focus group discussions about what makes them feel happy and sad and what helps them to feel better when they feel unpleasant. In addition, 56 adults' key informants answered similar questions regarding their children's well-being. The children are single and double orphans, either living with their biological parent or in an out-of-home care organisation providing family-based care. The transcribed focus group discussions were analysed on the basis of the qualitative research methodology "Grounded Theory". The following main topics emerged: social life, coping strategies, health, Tsunami related topics and future perspectives. The complete list of indicators of children's well-being and their measures are presented.

Keywords: children after disasters, subjective well-being, tsunami, India

Introduction

On December 26, 2004, a massive undersea earthquake off the west coast of Northern Sumatra in Indonesia with a Richter-scale magnitude of 9.0 caused a giant tsunami that devastated the shorelines of Indonesia, Sri Lanka, India, Thailand and several other countries. In India, estimates show that 1,744 children under the age of 18 were orphaned and 1,450 lost one parent (ICMH (International Centre for Migration and Health), 2005). In the Southern state Tamil Nadu, the worst hit part of India, 289 children were left as double orphans (Government of India & UNICEF, 2005).

Most studies in childhood trauma research focus on specific psychological problems, such as PTSD (posttraumatic stress disorder) as shown in the range of outcomes of Norris, Friedman, Watson, Byrne, Diaz, and Kaniasty (2002) who reviewed the empirical research that has been published over the past two decades based on 160 and 225 samples respectively (Norris, 2005). The latter is good practice as Yule, Bolton, Udwin, Boyle, O'Rya, and Nurrish (2000) concluded that PTSD symptoms triggered by a single traumatic event in

* The research leading to these results has received funding from the European Community's Seventh Framework Programme FP7-PEOPLE-2007-4-1-IOF, Marie Curie Actions—International Outgoing Fellowships (IOF) under grant agreement No. 220535. The authors are grateful to the team who contributed in very significant ways to the project described here: R. Kumuthavalli and G. Vijai Amirtharaj.

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adolescence can persist into adult life. Even 33 years after the Aberfan disaster, where a coal slag heap collapsed on to a primary school, the intensity of experience was still much present in many of the survivor's lives (Morgan, Scourfield, Williams, Jasper, & Lewis, 2003). Yet, different researchers found that the impact of disasters on children may have a deeper and broader impact on their long-term well-being than just PTSD and other trauma-based psychiatric diagnoses (La Greca & Prinstein, 2002; Lubit, Rovine, Defrancisi, & Eth, 2003). Intensified startle reactions, hypervigilance, numbing and withdrawal (that often arise after disasters) interfere with attempts to reflect, express and manage affect and make it difficult to successfully engage in social and work activities (Pynoos, Steinberg, & Wraith, 1995). The findings of Bolton, Hill, O'Ryan, Udwin, Boyle, and Yule's (2004) study revealed that psychopathology following trauma is associated with poorer psychosocial functioning while comparing survivors of a shipping disaster (the sinking of the *Jupiter* in 1988), five and eight years post-event with a control group. Moreover, it was clearly shown that traumatic stress and depression have different associations with impairments of psycho-social functioning. PTSD was more associated with impaired functioning in the domains of "friendships" and "non-specific social contacts" and depression was the sole independent predictor of impaired "love relationships" and impaired "education/work" performance as shown on the ADAPFA (Adolescent to Adult Personality Functioning Assessment) (Hill, Harrington, Fudge, Rutter, & Pickles, 1989). However, chronic problems in living after facing a traumatic event have been assessed rarely (Vostanis, 2003) in general and particularly, in areas where people have to recover in bad circumstances, such as developing countries (Neuner, Schauer, Catani, Ruf, & Elbert, 2006). In child survivors of the Armenian earthquake in 1988, it was shown that symptoms got hardened one and a half year post-event and did not decrease after one year (Yule et al., 2000), as the ongoing adversity interferes with recovery. For example, the slow rebuilding process has left children exposed to traumatic reminders on a daily basis (Pynoos et al., 1993).

Summerfield (1999) criticised the instruments that are used with non-Western survivors as the application of Western constructs to non-Western populations appears to be inappropriate. People of various cultural backgrounds have different ways of expressing affective states and harbour different beliefs about how to handle emotional disturbances. Hence, culture-sensitive measurements are highly requested (Carballo, Heal, & Horbaty, 2006; Williams, 2006).

Against this premise, the first major work-package of the project "post-tsunami", which is funded by the seventh Framework Programme of the European Commission, aimed to develop a list of indicators of children's subjective well-being after tsunami in Tamil Nadu, India. The culture-sensitivity requested by different authors as mentioned above is guaranteed with the present list, as it is developed out of the survivor's own statements. The developed list has been developed into one measurement of the questionnaire set of the study's quantitative part which aims to get information about children's resources, problems and symptoms post-tsunami and mother's symptoms and resources respectively.

Subjective Well-Being

Well-being is a term that is commonly used but inconsistently defined. The lack of a unified definition of well-being is clearly reflected in Pollard and Lee's (2003) systematic review of the child well-being literature in English. They found that well-being is defined: (1) by individual characteristics of an inherently positive state like happiness; (2) by a continuum from positive to negative; (3) in terms of one's context; (4) as absence of well-being; or (5) in a collective manner. In the present project, children speak about themselves how they view their lives. There is an understanding of what well-being for children might look in a given sub-culture after

they have faced a traumatic event. An assessment of well-being performed by an individual himself/herself refers to subjective well-being. Diener defined subjective well-being as judging life positively and feeling good:

Thus a person is said to have high subjective well-being if she or he experiences life satisfaction and frequent joy, and only infrequently experiences unpleasant emotions, such as sadness and anger. Contrariwise, a person is said to have low subjective well-being if he/she is dissatisfied with life, experiences little joy and affection and frequently feels negative emotions, such as anger and anxiety. (Diener, Suh, & Oishi, 1997, p. 25)

In the development of a set of well-being indicators in order to monitor children's well-being over time, Fattore, Mason, and Watson (2007) explored children's own understandings of what contributes to their well-being. The findings from their research showed that children focus on what contributes to positive experiences of well-being. They associate well-being with what is typically regarded as positive feeling states, such as happiness, excitement and peacefulness, and some children include being able to integrate anger and sadness into their lives as a part of well-being. Similar results were found in a study on children's understanding of well-being conducted by Nic Gabhainn and Sixsmith (2005). "Well" was described as "feeling good, being happy and able to live your life to the full".

Method

Participants

Participants were 112 tsunami-affected children aged 8-17 either living with their parent(s) or in family-based out-of-home care. SOS-CV (SOS Children's Village), which represents the family-based out-of-home care in this study, is an independent non-governmental and social development organisation that focuses on neglected and abandoned children and orphans in 132 countries and territories worldwide (SOS-CV, 2010). In India, there are 31 Children's Villages across the country. SOS-CV children participating in the research are from SOS Nagapattinam and SOS Puducherry, which came to existence after tsunami. The children, who still live with one of their surviving parent or both of them, come from two severely affected villages of Nagapattinam district (Akkaraipettai and Keechankuppam) and from two indirectly affected villages (Silladi of Nagapattinam district and Narambai in UT Pondicherry). In addition to the child informants, 56 adults either the biological mothers of the children or the caregivers, SOS mothers, gave information about what they view as indicators of their children's well-being.

Procedure

An applied qualitative methodology (focus group discussion as described by Lamnek in 1995) was employed to gain understanding of the well-being of directly and indirectly tsunami-affected children. The focus groups with tsunami-affected children and adults were conducted from February until April, 2009. For the participation of their children in the study and for themselves, all adults provided oral informed consent. A child friendly version of the informed consent was presented to all children. At any stage of the focus group, discussion of each child as well as each caregiver was allowed to leave the group without giving any reason. Refusal of participation was rare. One male and one female student of Pondicherry University, Department of Social Work, who are bilingual (English and Tamil), underwent a two-day training by the first author on the topics: (1) family-based out-of-home care (SOS-CV); (2) different types of disasters and their impact; (3) trauma in children; (4) focus groups; and (5) transcription of audio material. They acted as translators during

the focus group implementation.

In ten same-sex, same-age and same-context groups, about ten children discussed the questions: (1) What gives you happiness?/What makes you happy?; (2) What makes you sad?; and (3) If you feel sad, what helps you to feel good?. For the last question, mediums, such as modelling clay, felt pens, crayons, pencils and paper were distributed to prompt the children to create a symbol of their own coping strategy. This symbol was taken home by the children. Two groups with SOS mothers and four groups with biological mothers were implemented in order to shed light on possible indicators of children's well-being, meaning of the disaster, their own post-traumatic growth and coping strategies. All focus groups were recorded.

Data Preparation and Analysis

The Tamil answers of the recorded focus group discussions were translated into English. The transcribed interviews were analysed on the basis of the qualitative research methodology "Grounded Theory" (Glaser & Strauss, 1967) which investigates the actualities in the real world and analyses data with no preconceived hypothesis. In a first step, words and phrases of the interviewees that highlight an issue of importance or interest to the research are noted. Notes are generated and organised manually, for each descriptor phrase codes are assigned, and similarly, codes are grouped into so-called concepts (Corbin & Strauss, 2008). In the present research, concepts are re-named into sub-categories. These sub-categories are then grouped and re-grouped to find yet higher order commonalities called categories. This is done by the constant comparative method (Glaser & Strauss, 1967) that means each sub-category is compared to all other sub-categories to form even broader categories. At a very high and abstract level of analysis, categories are bundled into core-categories which are called "domains" in this study. From a most abstract level of the analysis—the core-category, it is possible to go back (within the data pool) to the most basic group of data—the codes, which reflect the original phrases of the interviewees.

Results

Domains, Categories and Sub-categories

The qualitative data were quantified on a group level and not on the statements of an individual child as most of the time the children worked in groups. All statements referring to well-being are reflected in the list of indicators (see Table 1). The complete list of indicators consists of 72 statements referring to children's well-being in Tamil Nadu five years post-tsunami. The list of indicators has then been transferred into a questionnaire form. The statements have then rated by the children's caregivers for each child separately.

Table 1

Complete List of Indicators of Children's Well-being

(Now, the author would like to ask you about your child's well-being. Please indicate for each of the statements below the degree to which this statement of well-being is true for your child. The last xxx questions concern you as a parent.)

Statements	Not true	Little true	Somewhat true	True
1. having concrete plans for her/his future (e.g., wanting to become a doctor; wanting to be an army officer)	3	2	1	0
2. knowing about the importance of study in order to get a good job	3	2	1	0
3. having no faith in studies	0	1	2	3
4. being scoring good marks in examinations	3	2	1	0
5. having a good relationship with the teacher	3	2	1	0

(Table 1 continued)

6. liking to go to school	3	2	1	0
7. doing not go to school regularly	0	1	2	3
8. being easily distracted (cannot concentrate on studies)	0	1	2	3
9. often getting praised by others (e.g., teacher)	3	2	1	0
10. child likes to show his/her talents (e.g., taking part in singing competition and sportive competitions)	3	2	1	0
11. being been laughed at	0	1	2	3
12. getting ignored by other children by playing	0	1	2	3
13. being taking no advice (e.g., from parents)	0	1	2	3
14. enjoying to take part in public or religious festivals like pongal, deepawali, Christmas, magma, etc.	3	2	1	0
15. avoiding programmes organised in street by panchayat (e.g., singing competition)	0	1	2	3
16. liking to live in the village where she/he lives	3	2	1	0
17. showing interest in world affairs (e.g., Civil War in Sri Lanka)	3	2	1	0
18. doing not show interest in national affairs (e.g., Gujarat earthquake and Kumbakonam fire accident)	0	1	2	3
19. my child does not go to the temple, church and mosque	0	1	2	3
20. being praying to god	3	2	1	0
21. being beating others	0	1	2	3
22. being still haunted by thoughts about tsunami, but she/he tries to forget his/her sorrows	0	1	2	3
23. praying to god to come out of her/his sorrows	3	2	1	0
24. being distracting herself/himself to overcome sad moments (e.g., drawing, playing, chatting with friends, engagement in studies, going to beach, etc.)	3	2	1	0
25. overcoming her/his sadness with the help of nature (taking a bath in rain, looking at flowers, moon, trees, etc.)	3	2	1	0
26. remaining sad when something sad has happened to her/him	0	1	2	3
27. learning out of her/his own mistakes to make it next time better	3	2	1	0
28. discussing her/his fight with friend afterwards	3	2	1	0
29. doing not share her/his sorrows with family members (e.g., mother and father)	0	1	2	3
30. seeking for a person with similar troubles/sorrows to unite with this person for solving the problem	3	2	1	0
31. speaking with elder people to overcome sadness	3	2	1	0
32. ventilating her/his sorrows in a natural environment (speaking with trees and flowers)	3	2	1	0
33. doing not want to visit his/her relatives	0	1	2	3
34. child avoids to be at home	0	1	2	3
35. being not conversing with family members	0	1	2	3
36. doing not like to have meals together	0	1	2	3
37. being beaten due to disciplinary reasons (e.g., did not listen to words of parent)	0	1	2	3
38. being scolded due to disciplinary reasons (e.g., making a mistake)	0	1	2	3
39. being continuously quarrelling with his/her brothers and sisters	0	1	2	3
40. enjoying a harmonic family life (e.g., no domestic violence)	3	2	1	0
41. following advices (e.g., given by mother, teacher)	3	2	1	0
42. being not supportive towards mother (e.g., is not conducting tasks)	0	1	2	3
43. having no family members (that lives with child) in bad health condition	3	2	1	0
44. having no injuries due to tsunami that impairs his/her life	3	2	1	0
45. doing not like sportive activities (volleyball, cricket and swimming)	0	1	2	3

(Table 1 continued)

46. loving to be in nature (gardening and planting trees, playing in rain and studying in nature)	3	2	1	0
47. loving nature itself (flowers, sky and clouds)	3	2	1	0
48. caring about her/his environment (e.g., disposes waste properly)	3	2	1	0
49. having two or three close friends	3	2	1	0
50. doing not enjoy activities with friends (e.g., cycling, going to movie and playing)	0	1	2	3
51. having often fights with her/his friends	0	1	2	3
52. being getting teased a lot	0	1	2	3
53. liking to take part in courageous games (during temple festivals) (boys)... likes to take part in singing competitions (girls)	3	2	1	0
54. liking to play different games with friends (e.g., sillu and gundu)	3	2	1	0
55. being getting upset when her/his friend is crying	3	2	1	0
56. showing interest in meeting new people	3	2	1	0
57. doing not like to go on tour to see new sites	0	1	2	3
58. doing not get afraid by some rumours about tsunami (e.g., media news and somebody saying seawater is coming)	3	2	1	0
59. being afraid of natural changes like full moon, high waves, rainy season etc., as she/he thinks tsunami is coming	0	1	2	3
60. being afraid of peculiar sounds or sounds that remind of tsunami (e.g., crow sound)	0	1	2	3
61. being not afraid of the term "tsunami"	3	2	1	0
62. doing not show fear of unexpected behaviour (e.g., some people suddenly ran together)	3	2	1	0
63. being in a good health condition	3	2	1	0
64. doing not show clinging behaviour (e.g., mother cannot move without child)	3	2	1	0
65. having no sleeping disturbances (e.g., waking up during night and shouting)	3	2	1	0
66. often getting silent and withdraws to think about tsunami	0	1	2	3
67. having to work after school to help parents in a financial way (e.g., to pay back loan)	0	1	2	3
68. doing not play at beach	0	1	2	3
69. fearing going to sea	0	1	2	3
70. being taking bath in sea	3	2	1	0
71. enjoying small pleasures (eating mango/coconut and ice-cream with friends)	3	2	1	0
72. often having sorrows because of the sadness of his/her mother's, father's, etc. sadness	0	1	2	3

Out of the complete data pool, five domains, 12 categories and 50 sub-categories were abstracted (see Table 2) and a list of indicators of children's well-being developed. The identified five domains of the present research are in full accordance with the five domains found by Pollard and Lee (2003) in their literature review on child well-being. All five domains consist of positive and negative indicators. Negative indicators are typically one-dimensional in nature and positive indicators are often presented in a continuum from negative to positive (Lippman, 2007).

In the following, each domain with its corresponding categories and sub-categories is described. Sub-categories are only mentioned when all groups of children view them as important indicators of their subjective well-being.

The cognitive domain consists of only one category "academic life" which is mainly considered intellectual or school-related in nature. How the children view their future and the possibility to express them artistically in form of dance, drawing, etc. are a part of the cognitive category as well. Hence, the category

“academic life” is described by the sub-categories “arts”, “future perspectives” and “school” with a specific focus on the last sub-category, as it is mentioned by all groups of children and comprises statements, such as “scoring good marks”, “passing exams”, “getting praised by the teacher”, etc..

Table 2

Domains, Categories and Sub-categories Abstracted out of the Complete Data Pool

Domain	Category	Sub-category
Cognitive	Academic	Arts, future perspectives and school
Social	Appreciation	Appreciation of myself, of others, justice, punishment and reputation
	Civic life	Celebrating festivals, community life, cultural norms, political interest/interest in world affairs and religious life
	Family	Joint family, nuclear family, obedience and parenting
	Family-based out-of-home care	Attachment, parenting, biological family and family
	Peers	Friends, competition and play
	Social skills	Empathy, openness and pro-social behaviour
Psychological	Coping	Avoidance, belief, distraction, imagination, nature, positive reinterpretation and growth, self-blame, ventilation, seeking support for emotional/instrumental reasons, strategies of mothers to help children to cope with trauma and support by others
	Nature	Appreciation of nature and environment
	Tsunami	Triggers of feelings, impact of tsunami, behaviour of children/parents related to tsunami, children's and adults' processing of tsunami experience and memories
Physical	Health	Health/accident/disaster and physical activities
Economic	Materialism	Fulfilment of wishes

Within the social domain, six categories were identified. These categories reflect family and peer relationships, life in the community, appreciation of the own person and social skills. An additional category specifically describes the quality of life within the context of family-based out-of-home care: (1) getting attached to the SOS mother; (2) having contact with the biological family; and (3) parenting and life in the SOS family which are the corresponding sub-categories. The category “appreciation” consists of two very prominent sub-categories—“appreciation of me” and “punishment” (scolding and beating) as an indicator for their ill-being. The “celebration of festivals” as part of the category “civic life” contributes to the children's happiness as well as the sub-category “nuclear family” of the category “family” which comprises conversations with family members, being at home, having meals together, going on tour together, etc.. Besides the importance of family members, children highlight the value of friends (category “peers”). Within the category “social skills”, two sub-categories are considered by all groups of children as important indicators for their subjective well-being. These are “empathy” which means to sense another person's happiness or unhappiness and the sub-category “openness” which is described as the curiosity for other people, places and situations.

The categories “coping”, “nature” and “tsunami” are summarised in the psychological domain. Four coping strategies are of significance for all groups of children: “distraction”, “support by others”, “nature” and “support for emotional reasons”. While the sub-categories “distraction” and “support by others” are self-explanatory, the two latter ones need some explanation. All attempts of the children to share their feelings and thoughts with others are summed up in the sub-category “support for emotional reasons”. “Nature” as a coping-strategy is described as taking much pleasure in being in nature, bathing in rain, looking at flowers, enjoying the beauty of nature, etc.. In general, the importance of nature for children emerged out of the data so

that a separate category was formed. Children highly appreciate the beauty of nature and view the preservation of nature, taking care of the environment in particular as source of their well-being.

Whereas tsunami-related issues like media rumours about another tsunami, changes in nature (high water level, etc.) and memories of tsunami are the cause for children's ill-being, especially the sub-category "memories" is viewed negatively by all groups of children, memories of tsunami are accompanied by feelings of loss and worries.

The physical domain comprises two categories. On the one hand "physical health" which focuses on physical activities and on the other hand "health/accident/disaster". The second category refers mainly to a threat to the healthy body without escape and all groups of children view this threat as a source of their ill-being.

The fifth and last domain is the economic one which is categorised through the presence or absence of materialistic resources ("materialism").

In Table 2, all domains, categories and sub-categories are listed. Sub-categories mentioned by all groups of children are in bold letters. Table 1 shows the complete list of children's well-being. This list is one measurement of the questionnaire set of the quantitative part of the study in order to gain information on children's resources, problems and symptoms. Caregivers rate the statements of the list with regard to their children. The list was handed-out to 167 caregivers who gave answer about two of their children. Out of the collected data, the psychometric properties of the list are examined. These results are not a part of the present paper but will be a part of a future publication.

Discussion

In this study, it was attempted to uncover children's understanding of well-being in their given sub-culture five years post-tsunami. The following indicators contribute most to children's well-being as they are mentioned by all groups of children, in brackets, the corresponding domain and category are mentioned: (1) school (cognitive/academic); (2) appreciation of myself (social/appreciation); (3) celebration of festivals (social/civic live); (4) nuclear family (social/family); (5) friends (social/family); (6) empathy (social/social skills); (7) openness (social/social skills); (8) distraction (psychological/coping); (9) support by others (psychological/coping); (10) nature (psychological/coping); and (11) support for emotional reasons (psychological/coping). With regard to their ill-being the children mention unanimously: (1) punishment (social/appreciation); (2) memories (psychological/tsunami); and (3) health/accident/disaster (physical/health).

All groups of children, disregarding sex, age and context, want to succeed when they are grown-up. They know that they need good education for career advancement which in turn they need to look after their own (future) family in a proper way as well as to support their family of origin. These high ambitions are clear indicators for child well-being as a "foreshortened future" is quite common among traumatised children (Fletcher, 2007). Other indicators of children's well-being are positive relationships with close family members and friends. Some studies show that social support from a variety of sources (e.g., parents, friends, teachers, etc.) help children to minimise their post-disaster distress. Different people offer different types of social support, which may fulfil specific needs (Prinstein, La Greca, Vernberg, & Silverman, 1996). For example, parents support children in the form of reinstituting familiar roles and routines (Prinstein et al., 1996) and non-kin support such as friends have mediated the impact of disaster stress on depressive symptomatology in post-flood victims (Kaniasty & Norris, 1993). In the long-term study of Bolton et al. (2004), the importance of friendship was highlighted even five and eight years post-event. Recovered survivors had higher functioning in the domain of friendship when compared with a control group. This result was consistent with the authors'

hypothesis that social support and help-seeking behaviour are associated with recovery from traumatic experience and from mental health problems. Also, the children of the present study emphasise more or less the same coping strategies as contributors to their own well-being—"support by others" and "support for emotional reasons" as mentioned in Bolton et al.'s (2004) study. Precisely, the child's active approach to others (support for emotional reasons) and the acceptance of somebody else's support (support by others) mitigate the children's sorrows. "Empathy", as a social skill, contributes to a child's well-being, as deficits in empathy are related with higher verbal aggression (Teten, Miller, Bailey, Dunn, & Kent, 2008) taking into account that increased aggressiveness is viewed as a symptom of trauma (Lubit et al., 2003). In addition, Teten et al. (2008) found that an emotional awareness deficit with emotional and language processing characteristics was uniquely associated with impulsive aggression. Children of the present study describe the social skill "openness" as being happy to be confronted with new people, places and situations. In other words, children like to explore, which is a sign that they feel safe and they have overcome trauma, as clinging behaviour often is a result of trauma (Math, Chandra Girimaji, Benegal, Uday Kumar, Hamza, & Nagaraja, 2006). Another result of the present study indicates how important children view "nature" as enhancement of their subjective well-being. Nature seems to be a high value for children on the one hand as a source for relaxation, on the other hand, as coping strategy for clearing the mind. This finding is actually not a surprising one taking under consideration that meditation, yoga and tantric healing practices are indigenous traditional psychological therapies in India (Bhatia, 2006). The appreciation of one's own person as an indicator of well-being and punishment as an indicator of ill-being are closely related to each other. As described above, children have high ambitions and are eager to learn and they "ask" to say it in a provocative way for new strategies of teaching and parenting. Positive reinforcement—a pleasurable stimulus increases the likelihood of desirable behaviour (March & Mulle, 1998). Even though in the Tamil culture, physical affection for children is expressed more often than not by slaps, pinches and tweaks (Trawick, 1990), children unmistakably state that punishment, specifically beating or/and scolding, is a source of their ill-being. Tsunami-related memories and the endangering of physical health and security are two other sources of children's ill-being.

To sum up, the present list of indicators of children's well-being clearly reflects indicators of subjective well-being in a given sub-culture. Moreover, the data reveal some interesting findings regarding resources which should be taken into account by further work with children from this given culture. The children's love for nature and beauty can be used as an important basis for cultural well-known healing practices. The high interest of children to build up a safe future and the recognition of the importance of education, can be taken as an opportunity for new teaching and parenting methods.

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