

A Guide for Humanitarian, Health Care, and Human Rights Workers

Caring for Others, Caring for Yourself

**John H. Ehrenreich, Ph.D.
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**Center for Psychology and Society
State University of New York
College at Old Westbury**

A Note on Use of this Manual

? John H. Ehrenreich, 2002. This manual is intended to help humanitarian aid workers, rescue and relief workers, health workers, journalists, human rights workers, and others who have frequent contact with traumatized people act in ways that both help the traumatized cope with their own traumatization and meet their own emotional needs. Permission is granted to review, abstract, translate and/or reproduce any portion of this manual for use consistent with this purpose, but not for sale or for use in conjunction with commercial purposes. Please acknowledge this manual as source if any use is made of it. Please send copies of any translations to us so that we may make them available to others. Reports on use of this manual and suggestions for improving it would be very much appreciated. Send comments and copies of translations to: John H. Ehrenreich, Center for Psychology and Society, State University of New York, Box 210, Old Westbury, NY 11568 (e-mail: jehrenreich@hotmail.com)

This manual is also available on the Internet at: <http://www.mhwwb.org/disasters.htm>.

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Caring for Others, Caring for Yourself

A Guide for Humanitarian Aid Workers, Health Care Workers, Human Rights Workers, and Journalists Working with Traumatized Populations

Every year millions of people experience disasters and other catastrophic events. Some of these disasters are due to natural causes – earthquakes, volcanic explosions, droughts, windstorms. Others are due to accidents – airplane crashes, boat sinkings, train wrecks, mining disasters, industrial accidents. Perhaps the most tragic of all are the disasters that are the result of conscious human intentions – acts of war, “ethnic cleansing,” terrorism, political repression.

When a disaster occurs, the physical consequences are obvious. Buildings are destroyed; workplaces, livestock, and other means of making a living are wrecked; schools and hospitals and power stations are destroyed. The direct effect on the bodies of the victims is equally evident. People are killed or severely injured. The immediate emotional effects – shock, numbness, anger – are also evident.

As the days and weeks go by, the physical effects of the disaster may fade. Houses are rebuilt, roads repaired, communications systems restored. For most survivors, the bodily wounds, too, heal. But the emotional wounds – the wounds to the heart, the wounds to the soul -- may last.

Humanitarian aid workers and others working with distressed populations need to understand the emotional responses of survivors of disasters:

- *The emotional state of the survivors of a disaster has an enormous effect on their ability to cooperate with relief and recovery efforts.*
- *The ways in which humanitarian aid workers carry out their tasks can contribute to emotional recovery on the part of those directly affected by the disaster or, conversely, can re-traumatize them and impede their recovery.*
- *Humanitarian aid workers themselves often suffer from some of the same emotional effects as those directly impacted by the disaster, both as a result of the stresses of work in the field and as a result of constant exposure to traumatized people.*

Part I of this manual focuses on the emotional effects of disasters on those directly affected by the disaster. For many individuals, these emotional effects cause enormous individual distress. They also may interfere with survivors’ ability to contribute to the general community recovery from the disaster or may impede the recovery of the community as a whole. For other survivors the emotional effects of the disaster may be more positive, creating new energies and new ways of viewing the world. Despite these variations, understanding these emotional effects can contribute to the aid worker’s

ability to assist the survivors, both directly and by removing impediments to the aid workers' own work.

Part II focuses on the emotional impact of the work done by humanitarian workers of all kinds (e.g., rescue workers, relief workers, staff and administrators at refugee camps and shelters) and by those seeking to understand the causes and effects of the disaster (e.g., journalists, human rights workers, researchers) on the survivors of a disaster. These workers are constantly exposed to people suffering from these emotional effects of disaster. The ways in which they behave and the policies they carry out may dramatically help the survivors heal or, despite the best intentions of the humanitarian aid workers, they may worsen the situation, may interfere with the ability to heal.

Part III focuses on the fact that humanitarian aid workers themselves may suffer a variety of emotional consequences from their work. They may themselves have been directly affected by the disaster. They deal with the day-in-day-out stresses of their work, which is often carried out under unpleasant or difficult or dangerous circumstances. And they are constantly exposed to the stories of those who survived the disaster. Like the people they serve, the caretakers themselves may need care.

Before beginning, a few words about terminology: I have found it hard to come up with a completely adequate term to describe the people directly affected by a disaster or other catastrophic event. The word "victim" implies passivity and helplessness and dependency. "Victims" feel themselves subject to a situation in which they have no control. Yet many who have experienced a catastrophic event are, in fact, able to take an active role in helping themselves and their community. The word "survivor" avoids the worst of the negative connotations of "victim" and implies the possibility of a greater sense of control over the environment and a greater ability to meet the demands of the situation. However, it fails to capture the fact that some of those who have experienced disasters demonstrate higher levels of competency and of successful coping, that many people have an ability to actively create their future even in the face of catastrophe, that there may be a "heroic" aspect to the reactions of many who have experienced disaster. At the same time, "survivor" fails to acknowledge that at least some people who have experienced a disaster are in fact passive and unable to cope successfully. The more neutral phrase "those directly affected by disaster" is awkward and, by virtue of its very neutrality, fails to capture the experience of those it describes. Lacking a perfect solution to this terminological dilemma, I will generally use the word "survivor," saving the word "victim" for contexts in which the lack of control over events is unambiguous.

I have also found it hard to come up with a single word to describe the vast variety of catastrophic events that lead to the need for humanitarian aid, such as natural disasters, industrial and transportation accidents, wars, political unrest, epidemics and famines. Save in contexts in which I want to refer to a very specific kind of event, I will use the words "disaster," "catastrophe," and "traumatic event" interchangeably to describe all of these situations.

I. Understanding the Emotional Effects of Disaster

People experience stressful events on an almost daily basis. Most people, most of the time can cope with these events well enough. But some events overwhelm almost everyone's ability to cope. These extraordinary "traumatic" events – natural disasters, terrible accidents, acts of war and terrorism – share several characteristics:

- ? The characteristics or the sheer magnitude of the events make them impossible for any one individual to control.
- ? The events threaten individuals or their loved ones with death or severe injury.
- ? The events create feelings of intense fear, helplessness, terror or horror.

In many cases (e.g., an industrial accident, the traumatic event is relatively brief. In other cases (e.g., an earthquake), the event may be brief but the physical consequences may be long lasting and may be a source of as much stress as the initial event. In still other cases (e.g., war, ethnic cleansing) the event may go on and on, a chronic nightmare with no end and no escape.

IMMEDIATE EMOTIONAL RESPONSES TO TRAUMATIC EVENTS

In the first hours or first few days that follow the traumatic events, a variety of emotional reactions may appear. Some survivors may shift from one kind of response to another or may not show a "typical" response or may not seem to show any evident response at all.

- ? **Psychic "numbing"**: Survivors may seem stunned, dazed, confused, apathetic. Superficial calmness is followed by denial or attempts to isolate themselves. Survivors may report feelings of unreality: "This is not happening." They may respond to helpers in a passive, docile way, or may be rebellious and antagonistic as they try to regain a sense of personal control.
- ? **Heightened arousal**: Survivors may experience intense feelings of fear, accompanied by physiological arousal: heart pounding, muscle tension, muscular pains, gastrointestinal disturbances. They may engage in excessive activity and may express a variety of rational or irrational fears.
- ? **Diffuse anxiety**: Survivors may show an exaggerated startle response, inability to relax, inability to make decisions. They may express feelings of abandonment, anxiety about separation from loved ones, a loss of a sense of safety, and yearning for relief.
- ? **"Survivor guilt"**: Survivors may blame themselves or feel shame at having survived, when others didn't. There may be a pre-occupation with thoughts about the disaster and rumination over their own activities: Could they have acted differently? They may feel responsible for the unfortunate fate of others.

- ? Conflicts over nurturance: Survivors may be dependent on others, yet suspicious, and may feel no one can understand what they have been through. Some Survivors may feel a need to distance themselves emotionally from others and to keep a “stiff upper lip;” they may be irritable in the face of sympathy. Others may feel a strong desire to be with others at all times.
- ? Ambivalence: Some survivors may show ambivalence about learning what happened to their families or possessions.
- ? Emotional and cognitive instability: Some survivors may show sudden anger and aggressiveness, or, conversely, apathy and lack of energy and ability to mobilize themselves. They may be forgetful or cry easily. Feelings of vulnerability and illusions about what happened are common.
- ? Occasionally, survivors appear acutely confused. Hysterical reactions and psychotic symptoms such as delusions, hallucinations, disorganized speech, and grossly disorganized behavior may also appear.

Many of the immediate post-disaster behaviors of survivors have an adaptive quality. The behaviors of the majority of those affected by disaster, even when they seem abnormally intense or entirely unfamiliar, should be understood as normal reactions to abnormal or devastating conditions or events. They ensure short term survival and permit the survivor to take in information at a controllable rate. But the symptoms themselves may be perceived by the survivors as socially inappropriate, as a source of shame, guilt, and failure, as an evidence of inadequacy. Caregivers and rescue workers, in turn, may respond with irritation or withdrawal from the survivors, despite the fact that the survivors are not to blame for their distress.

The reactions described above are painful to experience and painful to observe in others. But there is another side to the responses of survivors. Most survivors act appropriately, to protect themselves and their loved ones. In most disasters, despite mythology to the contrary, survivors show little panic. Many engage in heroic or altruistic acts. Many are able to help others, even at considerable risk or cost to themselves. The same person may appear simultaneously as a victim in need of help and as a problem solver, trying to cope with their own problems and those of their family and neighbors.

ONGOING EMOTIONAL RESPONSES TO TRAUMATIC EVENTS

Lasting emotional effects of traumatic experiences are extremely common. For many people, the initial symptoms gradually subside over the weeks following. Several months later, however, twenty to fifty per cent or even more may still show significant signs of distress. The number showing symptoms generally continues to drop. *While most survivors of most disasters are usually relatively free of distress by a year or two after the*

event, a quarter or more of the survivors may still show significant symptoms. Others, who had previously been free of symptoms, may *first* show distress a year or two after the disaster. Anniversaries of the disaster may be especially difficult times for many survivors, with temporary but unexpected reappearance of symptoms which they had thought were safely in the past. Reports of widespread emotional distress *ten years and more* after disasters such as the 1972 flood at Buffalo Creek (USA) and internment in Nazi concentration camps have been well substantiated.

There may be cultural variations in the precise patterns in which disaster-related symptoms appear, but reports from countries as diverse as China, Japan, Sri Lanka, Mexico, Colombia, Armenia, Rwanda, South Africa, the Philippines, Fiji, Bosnia, England, Australia, and the United States, among others, show that the emotional responses to disaster are broadly similar everywhere in the world.

The extraordinary frequency of such strong emotional responses to disasters shows that these are normal responses to an extreme situation, not a sign of “mental illness” or of “moral weakness.” There are also more positive responses to disasters, which we will discuss in more detail below. Nevertheless, the symptoms experienced by many survivors in the days and weeks following a disaster are a source of significant distress and may interfere with their ability to reconstruct their lives. If not addressed and resolved relatively quickly, such reactions can become ongoing sources of distress and dysfunction, with devastating effects for the individual, their family, and their society.

- **In the days and weeks following the disaster, those directly affected by it experience a wide variety of *emotional disturbances* (see Table 1).** For some, chronic grief, depression, anxiety, or guilt dominates. For others, difficulties controlling anger, suspiciousness, irritability and hostility prevail. Yet others mistrust or avoid or withdraw from other people. For many, sleep is disturbed by nightmares, the waking hours by flashbacks in which they feel as if the disaster is happening all over again. Not a few begin to abuse drugs or alcohol. Any of these symptoms may appear in isolation, but frequently survivors show a number of these symptoms.

- **Survivors of prolonged or repeated and severe traumas may show very complex and especially persistent mixes of symptoms.** These may include:
 - ? difficulties in regulating emotions (e.g., persistent depression, suicidal preoccupation, self-injury, explosive anger)
 - ? alterations in self- perception (e.g., shame, guilt, a sense of defilement, a sense of being different from others or being helpless)
 - ? alterations in consciousness (e.g., amnesia, trance states and other dissociative states, intrusive thoughts, ruminative preoccupations)
 - ? difficulties in relations with others (e.g., isolation, disruption in intimate relationships, persistent distrust)
 - ? disruptions in systems of meaning (e.g., loss of faith in God, a sense of hopelessness and despair). More positively, this can lead to a search for new systems of meaning, new ideas or ideals to believe in.

Table 1

Post-traumatic Symptoms

Depression and Grief

Sadness, hopelessness, crying, despair,
apathy, inability to stop grieving
Difficulty sleeping, moving slowly, chronic
fatigue, loss of appetite
Guilt; seeing self as no good; shame
Feelings of helplessness, ineffectiveness
Social withdrawal
Suicidal thoughts or attempts
Irritability, hostility, sudden anger
Moodiness, sudden shifts in emotional state
High risk behaviors – sexual promiscuity,
reckless driving, use of drugs and alcohol

Dissociative Experiences

Emotional “numbness,” lack of feelings,
callousness, emotional flatness
Thinking about terrible events without any
feelings; awful feelings without knowing
why
Feelings as if in a dream; feeling unreal;
feeling world is unreal

Somatic Disorders

Poorly defined aches and pains in head, back,
limbs, neck; urinary frequency; palpitations;
gastrointestinal trouble; hair loss, change in
menstrual cycle; changes in hearing or vision
Loss of sexual desire or difficulties in sexual
Performance
Sleep difficulties
Sinking feelings, feelings of cold or heat in
body; heaviness of heart; heat in the chest
Muscular tension; twitches, tics, tremors
Dry mouth, clammy hands

Spiritual Discontents

Loss of faith in God
Belief one has been cursed by God
Cynicism
Lack of sense of meaning

Anxiety

Worry, excessive fears, panicky feelings
Hypervigilance, suspiciousness, always on guard
Irritable, restless
“Hyperarousal”: Muscular tremors, tics, tensions, dry
mouth, clammy hands, exaggerated startle reflex
Avoidance of places, sounds, sights, smells
associated with traumatic events

Re-experiencing

Flashbacks, intrusive memories and thoughts
Nightmares
(may be spontaneous or may be triggered by
environmental sounds, sights, smells, etc.)

Cognitive Symptoms

Difficulty concentrating, difficulty making decisions
Memory difficulties; amnesia for the traumatic
event
Confusion, disorientation
Slowed thinking
Brief psychotic experiences (hallucinations,
delusions)

Interpersonal Difficulties

Inability to trust others or feel safe with others
Suspiciousness, hypervigilance
lack of empathy; loss of respect for others
Increased marital conflict or conflict with
children or conflict with co-workers or with
others in community
Exaggerated need to control others
Exaggerated dependency, clinginess

Miscellaneous

Trance states
Sense of desperation
School or work difficulties
Lack of motivation
Seizures

? alterations in perceptions of the perpetrator of the atrocities (e.g., a preoccupation with revenge, unrealistic attributions of total power to the perpetrator, or, paradoxically, gratitude toward the perpetrator).

- **In many countries the most common complaints heard after disasters are somatic (bodily) rather than “emotional.”** People in many cultures do not readily express emotional distress verbally. Instead, they express their feelings in bodily form. Survivors of the disaster may complain of symptoms such as headaches, backaches, whole body aches, feelings of hotness or coldness in the body, faintness, heart palpitations, diarrhea, constipation, stomach pain, or sexual difficulties. They may seek help from a doctor or nurse. Conversely, they may not make complaints about their emotional state. Complaints of physical symptoms can be very difficult to interpret. Sometimes they are symptoms of an underlying disease that has nothing to do with the traumatic event. Other times, people have been injured in the disaster and their symptoms may be lasting effects of their injuries. Some clues that physical symptoms may be expressions of emotional distress are: (1) The physical symptoms have a “vague” quality (such as general pain in a large part of the body). (2) The person complains of multiple vague symptoms. (3) The symptoms first appeared or significantly worsened at the time of or shortly after the experience of a traumatic event. A thorough examination by a competent medical person should explore possible physical sources of the person’s distress, but if no physical basis for the complaints is found, they may be understood as expressions of emotional distress.
- **Another very common observation in the wake of disastrous events is marital conflict or community conflict.** For instance, a wife may report of increased conflict with her husband or of being beaten by him, or a man or woman may complain that their spouse has acted violently towards their children. In the community, schoolyard disputes or marketplace quarrels may quickly escalate into fist fights or knife fights and there may be an increase in general violence and crime in the community. Individual moodiness or irritability or mistrust of others may underlie these behaviors, but often people do not understand or express these feelings openly or directly. Instead, they appear in the form of increased levels of interpersonal conflict. Because there is no open expression of distress related to the traumatic event, it is easy to misunderstand these behaviors as purely individual or familial, rather than as a disguised emotional effect of the trauma.
- **Disasters also can bring out the best in people and elicit strengths they have not shown previously.** Many survivors feel an intense desire to help out in the recovery process. They may be willing to devote enormous energy to problem solving, on their own behalf and that of others. They search for meaningful acts and for new sources of meaning in their lives. New goals and values and priorities may appear. Many survivors learn from their experience that they can handle a crisis effectively. They discover their own strengths. Some survivors may idealize those who helped rescue them and may aspire to be like them. They may feel an increased sense of connection to others and an increased appreciation of what has survived the disaster. These new behaviors, feelings, and beliefs are especially common in the first weeks

or months after a disaster, but in some individuals they may be long lasting. In part, at least, they may represent an effort to regain a sense of control, a sense of mastery. In any case, they represent an opportunity for those aiding survivors. Identifying those individuals whose responses are positive, and eliciting the positive element in the responses of all survivors, can play an important role in supporting humanitarian relief efforts. Note that the distinction between individuals who are “traumatized” or who appear helpless and those who exhibit strength is not an absolute one. Some individuals may show both patterns, at different times or in different situations.

EMOTIONAL EFFECTS OF TRAUMATIC EVENTS ON SPECIFIC GROUPS

Traumatic events do not affect everyone in the same way. At an individual level, some may experience a disaster with few or no psychological consequences, while others will go through the same disaster and be emotionally devastated. Beyond individual variation, certain *categories* of people are especially vulnerable or vulnerable in specific ways. In general, those with the least power and resources before the disaster are most exposed to the adverse effects of the disaster and its aftermath and have a harder time recovering from it.

Women:

- ? Women are especially vulnerable to violence. In war or ethnic cleansing situations, they may be specifically targeted for mass or repeated rape. This may be a form of torture, aimed at extracting information from the woman or from her family, or it may be part of a systematic program of terrorization of a civilian population. In almost every society, *victims* of rape are stigmatized and, in some cases, they are severely punished. The consequences of revealing a rape may be as traumatic as the event itself. She may “escape” into illness or become socially isolated. Rape also has direct consequences, possibly including physical injury, acquisition of sexually transmitted disease (including HIV), pregnancy, or loss of virginity (in settings in which this may have profound cultural meaning). Women may have great difficulty talking about such assaults. Shame, fear, and anger may prevent women from revealing these events. The woman may deny the occurrence of these events (those with herself as victim and those with another family member, such as a daughter, as victim) to protect herself or others. She may fail to seek medical assistance.
- ? Women also face a heightened risk of violence in the aftermath of disasters of all kinds. As family stress mounts, women may become more exposed to physical or emotional abuse from their spouse. Women may also be exposed to rape and other forms of violence while fleeing a disaster or while in a shelter or refugee camp.
- ? At the same time, disasters can create opportunities for women to assume new roles and develop new capacities and to empower themselves. Again and again, in shelters, refugee camps, and post-disaster communities women have played a

central role in reorganizing and mobilizing the community. The very forces that disrupt families can create opportunities to rebuild families on a new basis.

Children

- ? Most children respond sensibly and appropriately to disaster, especially if they experience the protection, support, and stability of their parents and other trusted adults. However, like adults, they may respond to disaster with a wide range of symptoms. Their responses are generally similar to those of adults, although they may appear in more direct, less disguised form.

Two myths are potential barriers to recognizing children's emotional responses to disaster: (1) that children are innately resilient and will recover rapidly, even from severe trauma; and (2) that children, especially young children, are not affected by disaster unless they are disturbed by their parents' responses. Both of these beliefs are false. A wealth of evidence indicates that children experience the effects of disaster doubly. Even very young children are directly affected by experiences of death, destruction, terror, personal physical assault, and by experiencing the absence or powerlessness of their parents. They are also indirectly affected through identification with the effects of the disaster on their parents and other trusted adults (such as teachers) and by their parents' reactions to the disaster.

Another barrier to recognizing children's responses to disaster is the tendency of parents to misinterpret their children's reactions. To parents who are already under stress, a child's withdrawal, regression, or misconduct may be understood as willful. Or, parents may not wish to be reminded of their own trauma or, seeking some small evidences that their life is again back in control, may have a need to see everything as "all right." In either case, they may ignore or deny evidence of their children's distress. The child, in turn, may feel ignored, not validated, not nurtured. In the short run, feeling insecure, the child may inhibit expression of his or her own feelings, lest he or she distress and drive away the parents even more. All of these factors may interfere with recognizing the emotional distress children are experiencing.

- ? Among pre-school children (ages 1-5), anxiety symptoms may appear in generalized form as fears about separation, fears of strangers, fears of "monsters" or animals, sleep disturbances, or avoidance of specific situations or environments that may or may not have obvious links to the disaster. The child may show a limited expression of emotion or a constricted pattern of play. He or she may withdraw socially or may lose previously acquired developmental skills (e.g., toilet training). Older children (ages 6-11 or so) may engage in repetitious play in which the child reenacts parts of the disaster or in repeated retelling of the story of the disaster or may express (openly or subtly) concerns about safety and preoccupation with danger. Sleep disturbances, irritability, or aggressive behavior and angry outbursts may appear. School avoidance (possibly in the form of somatic symptoms) may appear.

- ? Separation of children from their parents is an extraordinarily potent source of distress for children. It often takes place, either as a consequence of the traumatic event itself or as a result of well-intentioned efforts by adults (including relief workers) to shelter the child from distress. It should be avoided unless it is absolutely necessary for the safety of the child or because of the inability of the parents to care for the child. Under such circumstances, efforts should be made to ensure that the child is accompanied by other familiar and important figures in their life, such as grandparents, older siblings, or teachers.

The elderly

- ? Depression and other forms of distress among the elderly are readily overlooked, in part because they may not take on exactly the same symptom pattern as among younger people, in part because the symptoms may be misunderstood as merely signs of age. For instance, disorientation, confusion, memory loss, and distractibility may be signs of depression in the elderly. The elderly are also more vulnerable to being victimized. They may live alone and lack help and other resources. One particular issue that may appear is feelings that they have lost their entire life (loss of children, homes, memorabilia) and that, due to their age, there is not enough time left in their life to rebuild and recreate.

The Physically, Mentally, or Developmentally Disabled

- ? Although people who are physically disabled, mentally ill, or mentally retarded have distinct needs from one another, all three groups are at especially high risk in disasters. For those in each group, the normal patterns of care or assistance that they receive and their own normal adaptations to produce acceptable levels of functioning are disrupted by disasters. For instance, supplies of medication, assistive devices such as wheelchairs, familiar caretakers, and previously effective programs of treatment may become unavailable. This has both direct effects and increases anxiety and stress. Stress, in turn, may exacerbate pre-existing mental illness.
- ? Those who were mentally ill or developmentally delayed may also have fewer or less adaptable coping resources available and less ability to mobilize help for themselves. The ongoing problems of the disabled may seem to the other survivors of the disaster to be of only minor importance in comparison to their own acute and unaccustomed suffering. Their disabilities may even seem like an obstacle to dealing with the disaster itself. The disabled are especially vulnerable to marginalization, isolation, and to “secondary victimization.” They are at greater risk of post-disaster malnutrition, infectious disease (e.g., in a shelter situation), and of the effects of lack of adequate health care.

Refugees from War and Other Politically Motivated Violence

- ? Refugees have, typically, experienced personal terror or witnessed the physical abuse or death of loved ones. They have suffered the destruction of their homes and communities, the loss of their traditional livelihoods and of material possessions. They may have been forcibly detained or spent periods in concentration camps and may, prior to arrival in the refugee camp, have been tortured, raped, or otherwise physically abused. Their personal status, belief in themselves, trust in others, and hopes for the future have been shattered. They feel vulnerable and mistrustful. They have become dependent on others for the physical necessities of life. In refugee camps, they may experience poor housing, disruption of personal networks, lack of medical care, interruption of their children's schooling, uncertainty regarding their rights and legal status and future. The refugee camp itself is likely to be a source of ongoing stress, with overcrowding, lack of privacy, poor sanitation, long periods of inactivity, noise, disrupted sleep, and dangers of assault or rape.
- ? Many of these experiences are especially problematic for women. Since they are often the ones responsible for preserving their home and their family, disruption of home and family may be especially distressing. As "little" a thing as not being able to cook for their family may be a source of stress. They may also suffer from changes in family relationships. If their husband is dead, missing, injured, traumatized, or separated from the family, the woman becomes the "head" of the family and must take on unfamiliar and traditionally male roles. This may confuse the children or lead to intrafamily conflict. Alternately, an immature son may be forced to take on age-inappropriate roles. There may not be any socially accepted role for a female single parent or widow. The woman may find herself victimized by relatives. Lack of education or marketable skills may make reintegration into a new social environment especially difficult.
- ? For men and for women, being a "refugee" may prolong the trauma of whatever events threw them into refugee status and may interfere with natural processes of self-healing. They remain in a highly stressful, even repeatedly traumatic situation, and may have little prospect of escaping it. Just as with other forms of trauma, responses may vary from person to person. A central theme that may emerge is *mistrust*. The experience of many refugees has been that their trust has been repeatedly and violently violated. They have been exposed to death, danger, and fear, often at the hands of neighbors or government officials. Initially, the refugee camp may seem like a haven, but after several weeks, with no permanent refuge in sight, the refugee's hopes seem once again to have been betrayed. In this context, feelings of anger, betrayal, skepticism, and hostility are both common and normal. Refugees may express or enact distrust of camp officials, aid givers, mental health workers, and relatives back home. Scapegoating, ostracizing others in the refugee camp, victimization of individuals or ethnic minorities may also occur. Apparently "irrational" fears for personal safety may dominate behavior.

For instance, a visit to a medical facility may trigger memories of torture experiences.

- ? Other common responses seen among refugees are prolonged mourning, homesickness, prominent fears, dissociative disorders, and prominent somatic reactions, even several years after initial flight. In refugee camps, suicide attempts are relatively common (especially among rape victims). Domestic violence, physical and sexual abuse of women and children, apathy, hopelessness, sleep disturbances, and learning difficulties may be endemic.
- ? Being a refugee continuously distorts people's reactions. Skills, beliefs, knowledge, or relationships that were useful or adaptive before they became refugees are no longer so. This poses many problems for assessing the emotional needs and responses of refugees. Is a child's violence, for instance, a response to traumatization? A means of assessing others in the context of the refugee camp? A pre-existing personality pattern?

COMMUNITY AND SOCIAL AND CULTURAL IMPACTS OF TRAUMA

Disasters directly affect their individual victims. But beyond that disasters create tears in the tissue of social life. Sometimes this is direct and total, as when, as a result of disaster, people are forced to leave their land and migrate elsewhere. In other cases, the rapid influx of helpers, the presence of government officials, press, and other outsiders (including mere curiosity seekers), the flood of poor people from outside the disaster area into a disaster area seeking their own share of the food and other supplies relief agencies are providing to disaster survivors, combine to further disrupt the community. Even when the formal structure of a community is maintained, the disaster can disrupt the bonds holding people together, in families, communities, work groups, and whole societies.

- **Family dynamics may be altered.** Disaster-produced deaths or disabilities, family separations, and dependency on aid givers may undercut the authority of the traditional breadwinners, supplant traditional activities in the home, and force people out of traditional roles or into new ones.
- **Disasters may physically destroy important community institutions**, such as schools and churches, or may disrupt their functioning due to the direct effects of the disaster on people responsible for these institutions, such as teachers or priests.
- **Disasters disrupt the ability of communities to carry out customary or traditional activities** central to people's individual, community, and social identity, ranging from work and recreational activities to accustomed rituals. Some of these disruptions are temporary, but others are hard to reverse.
- **Disasters place a strain on traditional community social roles**, patterns of social status, and leadership. Police, local housing agencies, local health facilities are

overwhelmed and face a new task of integrating their work with that of volunteers, often from outside the community. There may be anger at inequities in the distribution of post-disaster aid. Outside aid agencies may threaten the traditional roles of local agencies and institutions. Outside experts may pose a threat to local professionals.

- **Outside assistance may be necessary in the wake of a disaster, but it can also promote a sense of community dependency.** Insofar as the necessities of life are supplied from outside, incentives to resume traditional work activities are reduced. Apathy or excessive absences from work may interfere with recovery.
- **Disaster may lead, directly or indirectly, to permanent changes in productive patterns,** especially patterns of land ownership and use. Shifts from subsistence agriculture to wage labor, land looting, migration and uprooting and resettlement play a role.
- **Schisms may appear in a community,** as cohesion and a sense of mutual trust is lost. One danger is that of scapegoating, either of individuals or using traditional divisions in the community (e.g., along religious or ethnic lines). Certain groups of survivors (e.g., victims of rape; those who remain permanently physically disabled) may be stigmatized. In communities with a history of past disaster, whether naturally caused or man-made, the trauma produced by a new disaster may re-arouse old feelings. Memories of genocide, civil war, social oppression, or racial or ethnic division and of the feelings they produced, and feelings of marginalization and helplessness may be exacerbated. Mistrust of government or of aid agencies based on past experiences may be re-activated.
- **Increases in drug and alcohol abuse, in crime and violence, in marital breakdown and sexual promiscuity** (and with it, the threat of sexually transmitted diseases) may occur.
- **Both disaster itself and outside intervention may interfere with traditional rituals for dealing with disasters.** In many communities that have had to deal with repeated natural disasters such as flooding on a more or less regular basis, disaster and the response to it may be integrated into community rituals and belief systems as well as into community structure, and people may ascribe cultural meaning to disasters. Communities may have traditional rituals for dealing with the effects of disaster (including, importantly, burial and funeral rituals). Outside intervention, however well intentioned, may interfere with the ability of a community to carry out these traditional responses and may be experienced as an ambiguous blessing or even as a source of additional stress.
- **More positively, disasters open a window of opportunity for positive social change, as well.** A disaster may destroy many positive aspects of the pre-disaster community, but simultaneously it destroys more problematic aspects and opens up the opportunity to rebuild the community on a more just basis. New roles may appear

for women and other previously disempowered groups in the community. New leaders may emerge. New rituals and new institutions may develop. The intensity of community feelings may be increased.

II. Helping the Survivors Heal: The Role of the Humanitarian Worker

Humanitarian aid workers of all kinds (rescue workers, relief workers, staff and administrators at refugee camps and shelters, health care workers) and those seeking to understand the causes and effects of the disaster (e.g., government officials, journalists, human rights workers, researchers) interact repeatedly with those directly affected by the disaster. The ways in which you behave and the policies you carry out may make a major contribution to helping the survivors heal or, at least, help the survivors deal better with the emotional wounds they have suffered. Alternately, despite your best intentions, your actions may worsen the situation and interfere with the survivors' ability to heal. In this section we will, first, look at what happens when humanitarian workers and others interview or otherwise seek to gather information from the survivors of the disaster. Then we will examine how humanitarian workers can structure their day-in-day-out work with the survivors to enhance the latter's ability to heal.

GATHERING INFORMATION WITHOUT RETRAUMATIZING

Humanitarian aid workers and others working with the survivors of disasters (e.g., community development workers, journalists) often seek to question the survivors of the disaster in order to gather information about what happened to them or what their needs are. To the aid worker, this is an entirely legitimate enterprise, one that is essential if they are to help those directly impacted by the disaster. But the process may look very different from the perspective of the person being questioned.

- ? A barrage of questions from emergency and rescue workers, relatives and friends, humanitarian aid workers, health care workers, journalists, and/or human rights workers may be experienced by the person being questioned as intrusive, inappropriate, shaming, or blaming. The person being interviewed may feel that answering questions opens them up to possible retaliation, stigmatization, or ostracism. They may experience the questions as showing a lack of empathy, understanding, compassion, concern on the part of the interviewer, as cold, callous, and uncaring.
- ? Questions or other aspects of interview process may trigger traumatic memories in the person being interviewed. These, in turn, can trigger intense fear, anxiety, and other negative emotional reactions, which may prolong and intensify emotional traumatization.
- ? The interview may be a source of misunderstanding between the person being interviewed and the interviewer. The interviewer intends to gather information. The person being interviewed may understand the purpose of the interview very differently. He or she may think that it is directly connected with their getting some concrete material aid (e.g., help with housing or resettlement, job training, information about relatives) and may be disappointed when the goal is not met.

He or she may feel that information is being gathered that could be used against them (e.g., by the police) and may be suspicious of the interviewer's intentions.

Some general principles of interviewing

- ? Start out by being self-aware about the interview and the interview process: Why should this person be interviewed at all? What is the purpose of the interview? What does the person being interviewed have to gain from being interviewed? What can you give the person being interviewed in return? (Information? Concrete help? An opportunity to talk? A sense that someone cares? Acknowledgement of suffering?). Be aware of your own prejudices, expectations, attitudes, experiences, and of what words, behaviors, or emotional expressions "trigger" irrationally intense reactions in you. These are perfectly normal reactions, but they may color your questions, reactions, or understanding of what the interviewee means.
- ? An interview does not have to be cold, "matter of fact," "objective" in tone. Be empathic. Respond, reflect back the content and feelings expressed by the interviewee, attend, listen, observe, re-state.
- ? Listen actively: Don't just listen to the words the person being interviewed says. Observe their body language and tone of voice. Try to understand what they are trying to convey and what it means to them. Open ended questions (e.g., "How did you feel when ...?") are usually more useful than questions that can be answered "yes" or "no" (e.g., "Did you feel sad when ...?").
- ? Don't assume you understand what the person being interviewed is trying to say too quickly and don't anticipate what they will say or mean. Listen to what they actually say/mean. Reflect back (put into your own words) your understanding of what they are saying or feeling. Ask questions to clarify what the interviewee is saying. ("In what way did you ...?" "What leads you to think that ...?" "Do you mean ...?" "Are you saying that ...?" "Then what happened?").
- ? Be careful that your questions are not accusatory or suspicious or sarcastic in content or tone. Monitor your own tone of voice, body language, mannerisms, and behaviors throughout the interview. Avoid conveying boredom, irritation, impatience, anger, disgust, judgments. Avoid rudeness. Respond to the interviewee patiently, calmly, slowly, gently. Try to convey kindness and compassion, even when you are frustrated by difficulties in obtaining information or understanding the person you are interviewing.
- ? Keep the interview focused gently (in accord with its purpose – is there specific information you need to elicit?). Use questions or statements of clarification to re-focus interview. (e.g., ask the person being interviewed to elaborate on a particular point). Avoid "why?" questions. Do not ask interviewee to justify his or

her own behavior or feelings). Be non-judgmental: Your aim is to gain information and understanding, not to pass judgments.

- ? If you are interviewing a person who does not come from your own cultural group, be aware of the language and modes of expression of thoughts and feelings of the interviewee's culture. E.g., how do you ask questions? Are direct questions shaming? Is there a cultural inhibition on disagreeing? Be aware of conventional expectations regarding personal space, eye contact, touching, modes of greeting and beginning a "serious" conversation in the interviewee's culture.
- ? Be aware of issues regarding use of interpreters. Answering questions in the presence of a person from the interviewee's own community may create issues of confidentiality. Even if the interpreter is not from the interviewee's community, a sense of shame over revealing intimate history to a person of their own culture may result. Using a family member to interpret may violate the family's sense of appropriate roles or boundaries. Even if none of these factors affect the interview process, linguistic issues having to do with the precise denotations and connotations of words may intrude. The interpreter's own trauma-related experiences and other responses to questions may affect interview process. The specific relationship between interviewee and interpreter may also affect the process.

Some specific techniques for interviewing trauma survivors

- ? The gender and/or ethnicity of the interviewer may trigger or otherwise interact with the interviewee's experience. Decisions on who should interview whom should take this into account. For example, under almost all circumstance, female rape victims should be interviewed by a woman.
- ? Start out by greeting and welcoming the person you are interviewing. Introduce yourself. Explain the purpose of interview. Tell the person you are interviewing exactly what is going to happen in the interview (e.g., the kinds of questions you will be asking, the amount of time the interview will probably take) so that they know what to expect. Show respect.
- ? Give the person being interviewed control over the pace and depth of the interview: Ask for his or her permission to interview them. Explicitly reassure him or her as to their right to not answer any particular question, to take break, or to discontinue the interview at any time. Let the interviewee set the pace. Give the interviewee permission to say if your questions are off target or irrelevant. Be careful about probing – ask permission. Avoid power struggles. ("You must tell me..."). Check out the interviewee's state periodically. ("How are you doing? Do you need a break?")

- ? Ensure confidentiality for the person being interviewed. Carry out the interview in a safe, private place. Be explicit regarding who else will be able to get the information from interview. Get the interviewee's explicit consent before passing information along to others. If it is impossible to ensure confidentiality, for any reason, be sure the person being interviewed knows this and consents to the interview nevertheless. Be clear with interpreters that they, too, must respect the confidentiality of the interview.
- ? Do not rush into questions. Establish rapport before asking potentially intrusive questions. Explain fully to the person being interviewed the purpose of the interview. Do not assume they understand the purpose just because you have told them or just because they answer "Yes" when you ask; "Do you understand?" Ask specifically what they think the interview will accomplish.
- ? Provide reassurance at the outset of the interview and as needed during the interview. Warn the person being interviewed that some of your questions might trigger memories or intense feelings and that these are normal reactions to retelling terrible experiences – they are not signs of being crazy, bad, sick, dirty, bewitched, etc. Observe how the person being interviewed tells their story. Be aware of shifts in body language, tone of voice conveying upset, and slow down interview if necessary. (Note that apparently innocuous questions or apparently innocuous aspects of the environment may trigger an intense response in a person who has been emotionally traumatized. This is especially the case with people who have been tortured or subjected to other intentional violence. Cigarette smoke, a pencil, a shirt of a particular color can remind them of the traumatic events. Educate the interviewee to be aware of his or her own triggers).
- ? Note that mistrust of others is a common post-traumatic response to interpersonal violence. Suspiciousness and mistrust may affect the story told by the person you are interviewing. Notes taken by the interviewer may seem threatening or the person being interviewed may have fears of the consequences of telling story. (In some circumstances, these fears may be quite realistic). Be aware of this, reassure the interviewee, and get consent as appropriate
- ? A person being interviewed may tell "different" stories at different times. This is not necessarily a sign of "lying." Research has shown that when a person has experienced terrifying events, memories of the event are stored in disjointed, fragmentary, emotion-laden pieces. The person who experienced the events may not have a fully coherent, linear, non-contradictory set of memories. In any case, the way they experienced the events may not entirely coincide with a "rational," "objective" accounting of the "facts." Personal truth and journalistic/legalistic truth may not coincide entirely, at least initially. This creates a potential conflict between needs of the interviewer and interviewee. If it is irresolvable, the needs of the interviewee come first.

- ? At the end of interview, do not abandon the person you have been interviewing. Be sure someone is available to care for them and to take them home, if needed. Follow up on any implicit or explicit offers of returning, providing assistance, etc. Do not make promises you can't keep.

WORKING WITH SURVIVORS OF HUMANITARIAN EMERGENCIES

Disasters of all sorts cause great emotional pain to those directly affected by them. Direct work with individual survivors or small groups of survivors to help them recover from these emotional wounds is beyond the scope of this manual.¹ But many of the day-in-day-out activities of humanitarian aid workers have a major impact on the emotional state of the direct survivors of the disaster. **The day-in-day-out activities of humanitarian aid workers may contribute enormously to the ability of the survivors to heal themselves. Or, despite the best of intentions by the aid worker, their day-in-day-out activities may inadvertently interfere with survivors' ability to heal themselves.** Not only does this harm the individual survivors, but the emotional states of the survivors can interfere with the ability of the survivors to cooperate with the recovery project.

The most important factors determining whether people recover from the emotional impact of their traumatic experiences have to do with the environment they find themselves in after the disaster. Humanitarian workers can play a major role in creating an environment that is healing. The next section describes the kind of environment that can be healing and what you can do to help create it.

Some general principles for humanitarian work

- **Meet basic needs:** It is difficult for people to maintain a stable emotional state, after a disaster or in any other circumstances, unless their basic needs are met.
 - ? Survivors must be assured stable access to food, water, clothing, and shelter. Poor conditions in a shelter or refugee camp (lack of food, water, sanitation, shelter; threats to personal safety), failure to provide adequate housing, uncertainty as to food and water supplies, and separation of family members from one another are themselves potent causes of emotional problems and are major obstacles to recovery from the emotional effects of the disaster.
 - ? Needs for physical safety and security must be met. This includes protection from banditry, from the fear of looters, and from fear of rape or other assault in shelters or refugee camps.

¹ Some sources of information about interventions with individuals and groups that are aimed specifically at helping them recover from the emotional effects of trauma are listed in the Bibliography at the end of this manual.

- ? Survivors need assurance, if at all possible, that the disaster will not lead to the permanent loss of their land or their home. Unnecessary evacuations should be avoided. When absolutely necessary, they should be kept as short as possible.
- ? The safety and integrity of families must be ensured. Only in the most extreme situations should children be separated from their parents (e.g., if the child's parents are abusive or rejecting because they are unable to cope with their own trauma or that of their child). If separation of a child from its parents is necessary (or if the parents have been killed or injured or are unavailable), keeping the child with another trusted adult known to them (e.g., a relative, a teacher) is urgent. Sending children away "for their own protection" is almost never advisable.
- ? The long term need for stable jobs, adequate housing, and a functioning community must be met. Rapid physical and social reconstruction (e.g., restoring or creating housing, creating jobs, reuniting families, rebuilding communities) is essential to restoring emotional equilibrium and maintaining emotional well-being, at all stages of the response to disaster. At any stage of the response to disaster, failure to maintain the momentum towards meeting physical and material needs is a direct threat to emotional health.
- ? Specific groups may have specific concrete needs and other specific issue may arise. For instance, women need reproductive health services and may need day care facilities for their children, even within a refugee camp. Women's safety from rape and from physical abuse at the hands of family members must be assured. People with chronic medical conditions may need to have their supplies of medication assured. Issues in refugee camps or shelters such as drug and alcohol abuse need to be addressed.
- **Communicate:** Uncertainty increases survivors' level of stress. Incorrect information produces confusion, can interfere with appropriate responses, and can lead to tensions among survivors or between survivors and relief workers. Provide survivors with accurate and full information, as quickly as possible, using both individual, direct forms of communication and general public announcements (e.g., via the mass media). Combat rumor mongering. It is essential to have a single source of information which survivors can rely upon (e.g., a posted, regular, reliable schedule for information sharing by relief officials).
- **Normalize the Emotional Effects of Disasters:** While unfamiliar emotional responses are normal following a disaster, survivors may find their own reactions distressing. The best antidote is education. Reassure survivors that their responses are not a sign that they are "going crazy." Explain the typical time course (i.e., that, in most cases, symptoms can be expected to remit over a period of weeks or months). Survivors should also know that not everyone experiences the same symptoms or even any symptoms at all.

- **Ensure Social Support:** Recovery from catastrophic events is inherently social. Restoring or creating networks of social support is essential in dealing with the extreme stresses created by disaster. Avoid breaking up existing communities. Combat isolation of individual survivors. Reuniting families has the highest priority. Reuniting people from the same neighborhood, work teams, and other pre-existing groupings is helpful, and separating members of such pre-existing groups (and especially members of the same family) is harmful.
- **Empower “Victims”:** One of the most psychologically devastating aspects of a disaster is the victim’s sense of having lost control over his or her life and fate. Interventions that help those affected by the disaster change from feeling themselves as “victims” (i.e., as passive, dependent, lacking control over their own lives) to “survivors” (who have a sense of control and confidence in their ability to cope) are central to preventing or mitigating subsequent emotional difficulties. Discourage passivity and a culture of dependency. Seek to engage survivors in solving their own problems. Survivors should be encouraged to participate in making decisions that affect their lives and to take part in implementing those decisions. They should not be denied an active role in solving problems, in the interests of “efficiency.” For adults, a return to work (either their usual work or other productive or personally meaningful activity) helps increase their sense of control and of competence. For children, a return to school performs the same function. Even when people must remain in a shelter for prolonged periods, developing small scale income generating productive activities, permitting survivors to help run the shelter and the relief administration, and providing skills training are useful parts of psychosocial rehabilitation.
- **Combat Adverse Community Reactions:** Disasters, especially intentionally created ones such as wars and ethnic cleansing, may disrupt community cohesion and may destroy the normal sense of mutual trust. One danger is that of *scapegoating*, either of individuals or using traditional divisions in the community (e.g., along religious or ethnic lines). Certain groups of survivors (e.g., victims of rape; those who remain permanently physically disabled) may be *stigmatized*. The results of the stigmatization may be as devastating as the original trauma. Active efforts to combat scapegoating and stigmatization are essential.
- **Avoid inadvertent retraumatization:** What appear to be trivial refugee camp or shelter rules or procedures have the potential to be retraumatizing. For example, in cultural environments where ritual ablution before prayer is required, limited access to washrooms first thing in the morning can be a source of distress, even if, over the course of the day, there is adequate access for maintaining normal hygiene. Or, the process of distribution of food in a shelter or refugee camp may conflict with traditional notions of who serves whom. Or the role played by humanitarian aid workers may seem to threaten the authority of old leaders or seem to threaten traditional parental control over children. There is no way to list all of the possible pitfalls. Sensitivity to issues such as these requires involvement of camp or shelter residents in setting procedures.

Some Cross Cultural Issues

Although emotional responses to disaster are broadly similar all over the world, people from different cultural groups (including different sub-cultural groups within a larger society) may express distress in different ways and may make different assumptions about the sources of distress and how to respond to it. There are few aspects of people's experience about which they are more sensitive than their culture. Especially in times of crisis, clinging to familiar ways may help people stabilize themselves emotionally. Humanitarian workers coming from a different culture should be sensitive to these cultural needs.

How do you find out about the aspects of the culture you are working in that you need to know? How do you create services that are sensitive to local cultural patterns? One way is simply to ask the people you are working with (local staff and volunteers; local health workers, teachers, religious leaders, and other community leaders; and the "survivors" themselves) about their assumptions and needs. Another way is to involve local people in every phase of disaster services. Local health workers, priests, traditional healers, union leaders, teachers, and local community leaders should be educated about the psychosocial consequences of disaster and involved in organizing aid programs. Staff members who have worked in the particular location for an extended period of time may be good guides. Finally, there may be books, articles, or information you can find on the Internet which may be helpful.

Some of the cross-cultural differences which you may need to take into account in interacting with people from a culture differing from your own include the following:

- ? Some societies explain problems, sources of stress, and behavior in "rational" or "scientific terms, others in more spiritual terms. Where on this continuum is the particular culture you are working with? What are the traditional ways of understanding the sources of disasters (e.g., witchcraft, the will of God, fate, karma)? What does this imply about expectations and needs with regard to a sense of personal control?
- ? What is the extent and nature of verbal interactions expected between a person who is in distress and a person trying to help them? How are various emotions described and expressed? Under what conditions is it socially appropriate to express emotions such as shame, guilt, fear, and anger? What issues are raised by discussing feelings or practical problems in the presence of other family members?
- ? What are the social expectations with respect to the roles of the person directly impacted by a disaster and those helping them? E.g., what is the appropriate social distance between them? What deference is owed the helper? Are there expectations with regard to the sequences of interactions between a person seeking help and the helper? Is there an expectation that a helper will

provide immediate concrete or material assistance or direct advice or instructions?

- ? What is the culturally expected way of responding to terrible events? (E.g., it may be resignation, individual action, or collective action; “depression” may or may not be seen as a problematic way of understanding events). What are people’s expectations regarding the roles played by traditional authorities, traditional healers, or traditional rituals and regarding the appropriate roles of outside, “western” experts?
- ? What are people’s expectations with regard to authority figures and especially to those seen as representing the government?
- ? What rituals are important to people? Do conditions permit their observance? For instance, in some cultures, ritual ablutions (washing rituals) are engaged in every morning. Even if adequate provision is made for personal hygiene, inability to wash in the prescribed way at the prescribed time may be stressful.

Note that there is not a *single* answer to these questions. The answer may differ for different individuals or different groups (different ethnic groups, different social strata, men and women) within the community. People may also have a kind of dual identity, in which they behave in one way and make one set of assumptions when dealing with people from their own culture but understand that other patterns of behavior and other assumptions are needed when dealing with outsiders. It may be patronizing to think that only you can be “cross-culturally sensitive.”

III. Who Cares for the Caretakers

THE STRESSES OF HUMANITARIAN WORK

People who deal on a daily basis with the survivors of disasters are at very high risk of adverse emotional effects. Like the people they serve, the caretakers themselves may need care.

It is easy to ignore, neglect, or minimize the needs of humanitarian aid workers, human rights workers, and others who work with disaster survivors (e.g., journalists). For one thing, their training and willingness to work makes it appear as if they have more emotional resources than the direct survivors of the disaster. Even more important, their needs may be seen as “less important” than those of the people directly affected by the disaster. The last argument may be made not only by the organizations that employ humanitarian workers, but by humanitarian workers themselves. But caring for the needs of humanitarian workers is not an indulgence. Just as maintaining ambulances or other equipment needed for rescue and relief work is not a “luxury,” **maintaining the ability of caretakers to function efficiently and effectively is an essential part of providing humanitarian services.**

It is easier to recognize that humanitarian work creates stresses for others than it is to acknowledge the effects it has on yourself. I know from my own experience that allowing myself to be aware of my own vulnerability is very hard. Professional identity may depend on maintaining a sense of our own strength and resilience. Allowing myself to feel my deepest, hidden feelings, my fears and angers and senses of inadequacy, can seem like a sign of weakness. It challenges my sense of self respect or makes me feel like I am letting down others or letting down the people I am trying to help. It is much easier to maintain myself in the helper role than to acknowledge that I, too, could use support. My impulse is to deny my feelings, distract myself, and “get on with the job that has to be done.” Letting others know my feelings is harder, still. It is shaming and it feels as if it might expose me to the ridicule of other workers. Yet we are human beings, and having strong feelings as a result of extended periods of humanitarian work is part of being human.

What are the stresses you are likely to experience?

- ? You may be repeatedly exposed to gruesome experiences (e.g., recovering bodies, dealing with people who have been maimed).
- ? Your tasks may be physically difficult, exhausting, or dangerous.
- ? The demands of your tasks may lead to lack of sleep and chronic fatigue.
- ? You face a variety of role stresses, including a perceived inability to ever do “enough.” Even though the limits of what you can do are imposed by reality or by organizational or bureaucratic constraints beyond their control (e.g., lack of supplies, lack of manpower), it is easy for to blame yourself.

- ? You may experience moral or ethical dilemmas, such as having to negotiate with warlords or with perpetrators of human rights abuses
- ? You may feel guilt over access to food, shelter, and other resources that the primary victims do not have.
- ? You may identify with the survivors.
- ? You may feel guilt over the need to “triage” your own efforts (i.e., to decide which of several survivors is in “more need” of services) or you may blame themselves when rescue efforts have failed.
- ? You may be exposed to the anger and apparent lack of gratitude of some survivors.

As a result of these stresses, many rescue and relief workers and other humanitarian aid workers experience anger or rage or despair, feelings of powerlessness or guilt or terror, cynicism, or longings for a safe haven. These feelings may be distressing and may make you feel that there is something wrong with you. Your sense of humor may wear thin. Your ability to tolerate the failings of other workers may be reduced. When other relief workers or survivors are angry, it may feel like a personal attack on you. Your belief in God or other religious beliefs may be threatened by a feeling of “How could God let this happen?” After a prolonged period of time on the job, you may experience “**burn-out**” (see Table 2).

- ? Pay attention to your body. Is it giving you warning signs? Rapid heartbeat, stomach pains, tightness in the chest, trembling, feeling tired all the time, headaches and other aches and pains may be signs of stress.
- ? Pay attention to your mind. Is it giving you warning signs? Difficulty concentrating, difficulty remembering, finding that you are more “disorganized” than usual, feeling overwhelmed or fearful may be signs of stress.
- ? Pay attention to your personal life and your emotions. Are they giving you warning signs? Are you arguing more with friends or co-workers or family members? Constantly feeling angry or sad or fearful or hopeless may be a sign of stress.

Another major source of stress is your role as a *witness* to the sufferings of others. You may be exposed to many heart-rending scenes. You are constantly exposed to the powerful emotions and harrowing tales of those directly affected by the disaster. You may identify with them and share their emotions. “**Vicarious traumatization**” – emotional responses much like those of people directly affected by the disaster as a result of repeated exposure to the stories and reactions of the survivors -- is very common. For example, in one air crash, more than eighty per cent of the rescue workers who had to deal with the bodies of victims showed some post traumatic symptoms and more than half showed moderately severe symptoms. Almost two years after the crash, a fifth of the rescue workers still had distressing symptoms. Another study of staff of humanitarian aid agencies who had recently completed their assignments found that thirty per cent of them reported significant symptoms of post traumatic distress.

In contexts in which conflict is ongoing (e.g., civil conflict, political repression, war refugee camps), humanitarian workers may themselves be targets of violence. Contact with survivors and providing advice and support to the local population may be seen as a threat to the state, to one or the other side in the conflict, or to powerful forces in the refugee camp. You may face harassment, arrest, detention, or assault. In some

Table 2

Symptoms of “Burnout”

- ? Excessive tiredness
- ? “Loss of spirit”
- ? Inability to concentrate
- ? Somatic symptoms (e.g., headaches, gastrointestinal disturbances)
- ? Sleep difficulties
- ? Grandiose beliefs about own importance (E.g., engaging in heroic but reckless behaviors, ostensibly in the interests of helping others; neglecting own safety and physical needs (e.g., showing a “macho” style of not needing sleep, not needing breaks)
- ? Cynicism
- ? Inefficiency
- ? Mistrust of co-workers or supervisors
- ? Excessive alcohol use, caffeine consumption, and smoking

situations, it may be hard to evoke the law for your own protection, because the police or the army are “part of the problem.” The result may be a heightened sense of powerlessness, anger, fear and anxiety, and a pre-occupation with clients’ safety and your own safety. You may experience feelings of betrayal and loss, of vulnerability, of loss in a belief in an orderly or just world.

Humanitarian workers of all kinds face additional stress when they complete their tasks and return home, to their “regular” life. Your experience has diverged in a variety of ways from the experiences of your family. In the absence of preparation of both you and your family, a variety of marital and parent-child conflicts and stresses may appear.

TAKING CARE OF YOURSELF: A GUIDE FOR HUMANITARIAN AID WORKERS

● **Prepare before beginning your assignment:**

- ? The more prepared you are before taking up the ir assignment, the more likely you will be able to deal effectively with the emotional challenges of humanitarian work. You need to know to what to expect, both practically and emotionally, in yourself and in the people you will be helping.

- ? Learn about common responses to stress and about signs of stress and burnout in yourself and in co-workers. Reading this booklet is part of that preparation.
- ? Learn as much as you can about the *particular* situation in which you will be working. The closer your expectations are to the realities you will face, the greater your sense of predictability and control and the less your feelings of helplessness and uncertainty will be. It is especially helpful to talk to others who have had direct experience of the particular work you will be doing.
- ? If you come from a cultural environment different from that in which you will be working, learn as much as you can about the latter. Learning about how people in that culture express emotions is especially important.

● **Take care of yourself during your assignment :**

- ? Make sure you take adequate “break time” or “down time.” If at all possible, this should be taken away from your work site (e.g., in a separate tent on the edge of the relief operation site, or in a room in the back of a shelter).
- ? Take care of your body. Pay attention to eating properly and getting enough rest. To whatever extent is possible, maintain your normal routines of bathing, brushing your teeth, keeping your clothes clean. Taking time away from your assignment to eat, drink, do your laundry, clean up, or rest may seem like a frivolous use of your time, but it helps you work at maximum efficiency and do your job better and with fewer errors.
- ? Physical activity helps dissipate stress. Get exercise: take a walk, jog, engage in sports, dance.
- ? Other forms of recreation also help dissipate stress. Play cards, read a book, play a game, do a crossword puzzle, play music, sing, write in journal, draw a picture, engage in a craft project.
- ? Avoid the temptation to use alcohol or drugs or to engage in risky behaviors to “escape the pressures” or your work. If you find that these are the only ways you can survive the pain, anxiety, rage, fear, or other distress created by your work, **ask for help.**

● **Reduce your own stress responses**

- ? Learn some simple stress management and other coping skills that you can use to protect yourself emotionally. You might try one of the following:
 1. Visualize a pleasant image (e.g., a sunny beach or a beautiful garden) or visualize yourself doing a pleasant activity (e.g., taking a walk in the

woods) to avoid ruminating about the horrors of the disaster and the impossibility of doing all that has to be done. Try to visualize the scene in some detail. For instance, if you choose a beach, imagine the waves rolling up the sand, the gulls overhead, the clouds in the sky. Imagine the roar of the waves, the cries of the gulls. Imagine the feeling of the sand on your feet and of the breeze.

2. Take a few deep breaths. Focus your attention on the feeling of the air moving in and out of your body. Continue to breathe deeply. Now imagine that the tension in the muscles of your forehead is flowing out of your body with each exhalation. Do the same thing, breath by breath, with the muscles of your jaw, shoulders, arms, and legs.
3. Press your thumbs and forefingers together tightly. Take a slow deep breath and hold it for two or three seconds. Then slowly release your breath while you simultaneously slowly relax the pressure of your fingers and slowly say to yourself “relax.”

There are many other relaxation exercises. A reference to a book containing some of these can be found in the bibliography at the end of this manual.

2. To reduce stress on staff, organizations should:

- a) Reduce bureaucracy and paperwork
- b) Promote a sense of camaraderie and mutual support among relief workers
- c) Intervene to “defuse” conflicts among workers or between workers and their supervisors
- d) Provide adequate information about tasks and the overall disaster
- e) Provide adequate supplies for the work demanded
- f) Develop work rules and schedules that permit relief workers to follow through on task assignments
- g) Maintain communication between workers and their own families,
- h) Provide adequate facilities for rest, sleep, washing, and eating
- i) Provide adequate food, shelter, and rest time for relief workers
- j) Intervene in the environment reduce noise, improve traffic flow, and provide space to take a break
- k) Provide recognition and appreciation for the sacrifices the relief workers are making

If your organization does not provide these supports, ask it to.

● **Talk about your experiences**

- ? Talk to others (co-workers, supervisors) about your experiences and your needs. What information do you need? What support do you need?

- ? Take part in any “defusing” and “debriefing” procedures offered by the organization that employs you. “Defusing” is a group intervention carried out within a few hours of any unusual interpersonal incident (e.g., a conflict between aid workers or between workers and survivors) or any other unusual stressful incident (e.g., an accident injuring a worker). “Debriefing” is a group intervention, sometimes carried out on a regularly scheduled basis (e.g., once a week) and certainly carried out before a relief worker returns home to his or her “regular” life. If there are other ways of recognizing a return to ordinary life after being away that people in your own cultural group use, use these as well.

● **Be prepared for your return home**

- ? Expect that your return home after you complete your assignment may be more complicated than have anticipated. You have been off in a very intense, demanding situation. It is natural for you to expect that your family will be very curious about what your experiences were, that they will be very happy and excited to have you back, and that they will honor your own need for time to get reaccustomed to ordinary life. But remember that their life has been going on without you while you were on assignment. To them, their own experiences are important. Something like dealing with a broken washing machine or with a child’s minor illness may seem to you of little importance compared to what you were doing and what you have been going through, but it may loom large in your family’s recent experience. Your children may have gotten used to getting along without you and relating primarily to their other parent or may feel angry with you for being away from them. Be ready to be tolerant; don’t feel hurt that you are not getting the hero’s reception you expected, and seek outside sources of support (e.g., counseling, advice from a religious leader if you need it).

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