Summary of discussion and research presented at the
2003 AUSTRALIAN NGO PSYCHOSOCIAL FORUM

Psychosocial support of international humanitarian aid workers

Melbourne, 12th-14th November, 2003

Edited by Amanda Allan and Colleen McFarlane
Contributions from Pim Scholte, Winnifred Simon, Mark Creamer, Harry Minas & Rob Gordon
“Exhausted, stressed, and inadequately supported staff cannot do their jobs effectively. They may want, and try, to tough it out, but in the final analysis, everybody is damaged. It is encouraging to know that much serious thought is being given to this matter…..”

by Kofi Annan in Danielli (2002, pp. iii-iv)

This working paper is a summary of a three day national NGO Psychosocial Forum hosted by the University of Melbourne from the 12th-14th November, 2003. The forum aimed to identify current beliefs and current thinking within aid organizations about the need and ways in which to support aid workers from a psycho-social perspective. It also aimed to raise awareness and to map and collate current policy and practice of humanitarian aid agencies in supporting the psychosocial welfare of both expatriate and national aid staff at all stages of deployment. The forum constituted two days of reflective discussions and one day of academic research perspectives focused around eight topics:

- pre deployment preparation and briefing
- team & personnel dynamics & management in the field
- exposure to critical incidents and management of trauma stress
- compassion fatigue
- post deployment adjustment phenomena and management support
- cross-cultural considerations and national staff support and suitability for deployment and selection criteria and processes
- organizational responsibilities for managing psychosocial care

A highlight of the forum was the guest facilitation by two very experienced international humanitarian aid mental health workers, Dr Pim Scholte and Winnifred Simon from the Antares Foundation in Amsterdam, The Netherlands.

What follows is a summary of firstly the two days of reflective discussions and the issues that emerged from consideration of the topics, then a collation of research based papers presented on the third day of the forum by a variety of academically oriented presenters.

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**Summary of Reflective Group Discussions**

**Presented on**

Wednesday 12th & Thursday, 13th of November, 2003

Compiled by Amanda Allan

The participants of the NGO Psychosocial Forum engaged in several hours of reflective dialogue during the course of the forum. Following a brief formal presentation aimed to focus thoughts, participants dispersed into six reflective groups to consider six of the eight forum topics:

1. pre deployment preparation and briefing
2. team & personnel dynamics & management in the field
3. exposure to critical incidents and management of trauma stress
4. post deployment adjustment and management support
5. cross-cultural considerations and national staff support and
6. suitability for deployment and selection criteria and processes

Following is a summary of the reflections raised in the small reflective discussion groups. It should be kept in mind that these are the views only of the forty+ people who participated in the forum and are not necessarily indicative of the views held by all non-Government organizations nor is the list of issues exhaustive.

**1. Pre-deployment preparation and briefing**

It was recommended that preparation to go into the field should include briefing on:

- Deployment context information associated with:
  - political and geographical issues
  - security and risk factors
• cultural awareness of differences and effective interactional strategies
• project parameters and terms of reference
• team profiles

Also there should be provided:
• Psycho education on concepts of stress and coping
• A knowledge of debriefing and defusing processes
• Psycho education of teams and team processes for example, how to deal with conflict

The pre-deployment phase should also facilitate
• Links to others in the field and from the field for information sharing
• Time to reflect on ‘who I am’ and ‘what I might need for me’ in the field
• Personal proactive health care issues
• An examination of the motivation to go into the field
• An exploration of connectedness and family support of a volunteer or aid worker
• A knowledge of ‘good things’ that could happen out in the field
• A systematic checking of insurance and contract documents etc
• The checking of preparation of experienced aid workers
• Ongoing monitoring and evaluation of effectiveness of pre-deployment preparation

2. Team and personnel dynamics and management in the field

The definition of ‘team’ as it applies in the field should be inclusive of all colleagues including national staff. Team members should receive training in:
• Conflict resolution skills
• Interpersonal support skill development
• Knowledge and strategies for dealing with cumulative effects of frustration within teams
• Self-care: life-work-rest balance, fitness and health and how it impacts on team
• Assertiveness
• Exploration of and the need to develop tolerance of individual differences

Teams could also benefit from the
• Training of leaders in team issues
• Team building opportunities if pre-existing teams will be deployed as a unit
• Ongoing support to teams in a planned way from HR and management
• Formal supportive organizational visits in the field
• The establishment of a buddy system for mentoring purposes

3. Exposure to critical incidents and management of trauma stress

Trauma in the field is a very real possibility to experience, if not directly, certainly vicariously. Organizations can support staff by preparing them in a number of ways ensuring that:
• There is a provision of clear organizational definitions and parameters of trauma
• Security briefings are thorough and that preparatory exercises include simulation experiences
• Any trauma anticipated in the field is conveyed transparently
• Staff are briefed on a clear plan for managing trauma
• There is a normalization of trauma reactions and post trauma experiences
• There is continuity of care across stages of deployment in managing the impact of trauma
• Organizations actively encourage managers to seek assistance and psychological support
• Organizations foster an attitude for shared learning around issues of resiliency and dealing with trauma
• Organizations maintain updated knowledge on defusing and debriefing practices
• All members of teams are prepared for critical incidents and the process of dealing with them
• Consideration is given to the trauma experienced by National staff both within and outside of the employment context
• There is an informed awareness of the cross-cultural issues of managing and interpreting trauma reactions
• Management holds an awareness of the possible de-sensitization of experienced workers to trauma and the deleterious impact this can have on other team members
• Staff members have knowledge of the organization’s plan for dealing with cumulative trauma and stress
• The organization has strategies for monitoring trauma
• Organizations adopt a responsible approach to the knowledge that reactions to trauma are often downplayed because of a perceived threat to future vocational opportunities with the organization
• There is an awareness of the impact of team composition and dynamics on a team’s response to trauma
4. Post deployment adjustment and management support

The post – deployment phase of a mission is often not given sufficient attention by organizations as in-field issues are considered a higher priority and more deserving of donor money. However, a better understanding of the profound nature of adjustment phenomenon (eg identity changes, integration challenges, fatigue, adaptation to time and place differences, social context changes, restructuring of personal identity and attachments) could certainly assist organizations in a more effective preparation and continuous support mechanism of staff through all phases of deployment.

Some consideration could be given to:

- How best to assess the residual needs of a staff members following their deployment
- Differentiating between the post deployment needs of national and expatriate staff
- The degree and nature of long term support for people offered by their organization
- The linking of pre, peri and post deployment briefings and support
- The provision of educational materials and literature upon returning home
- Mandatory debriefing as a normal reflective process following the end of deployment
- Professional back-up support and referrals – eg by psychologists with NGO contextual knowledge
- Access to peer support networks
- An organization's interest/ benefit in addressing future vocational pathways of a staff member
- Supported end and post-deployment social gatherings
- Follow up of health checks
- Support of the family and friends network to indirectly support the returning staff member
- Opportunity for decompression and retreat support for some workers

Some cautions were raised in relation to the post-deployment phase of employment

These included:

- Organizations not using peer groups as a substitute for counselling
- Organizations needing to be mindful that in a climate of litigation, liability issues associated with not providing evidence of adequate support following for example a traumatic event could become a reality. The time frame for support needs to be considered further. Three months? Six months? Twelve months? Research would be useful in identifying recommended practice.
- Capturing the worker experience in the form of an institutional memory for advocacy and transformation of Australian awareness

5: Cross-cultural considerations and national staff support

An under-addressed area in aid work is to take the systemic consideration of national staff needs seriously even though national staff comprise the bulk of staff working on teams for international NGOs.

It is recommended that there be:

- Consultation with national staff before a project is implemented and international staff arrive
- Dialogue with national staff about Western approaches and what to expect of project organization and management
- Education of expatriates about national staff cultures, conflicts, backgrounds, values and local norms
- An appreciation of disparities between expatriate and local staff
- An attitude of inclusiveness of national staff in team planning prior to project implementation
- An appreciation of cross-cultural differences in perspectives on stress and trauma
- Consideration of the systemic impact of pull-out on national staff
- Consideration of impact of pull-out on expatriate staff – this can often be stressful when there is a sense of attachment to the project, national colleagues and/or to the beneficiaries of aid
- Research into the range and depth of potential national staff stresses, pressures and responsibilities
- An awareness of project impact on national and expatriate staff identities and the implication of this for future relationships and post-deployment adjustment
- An importance placed on training national staff to work with their own people on psychosocial issues
- A greater understanding of ethnic conflicts between different national staff
- Post conflict support for national staff
- Systematically recorded learnings from mistakes or past experiences of the national –expatriate interaction for future application

6. Suitability for deployment and selection criteria and processes

A range of processes and tools can be implemented to help identify the best match between a willing employee and the project they are destined for. Selection processes should take into account a person's suitability for work in a
particular culture, organization, project, team and living and working conditions. As well, the following could be undertaken in the selection process:

- Exploration of motivations to go to the field
- Exploration of life goals, attitudes, life purpose
- Assessment of cross-cultural awareness and skills
- Screening of ability to cope / previous experience with various living conditions
- Discussion about the impact of a disconnection from usual social and local support networks
- Examination of the recruit’s previous experiences
- Consideration of impact of personal issues and the possibility of deployment to avoid being at home

It is important also for organizations to acknowledge the cumulative vulnerabilities of experienced workers and no assumptions about their suitability for deployment should be made.

Some forms of selection that could be used include:

- A form of written application
- An open interview
- Refereed checks
- Police checks
- Behavioural observations in situ and simulated role plays
- A range of checklists
- Reflection-of-self exercises
- Personality assessment
- Psychological and psychometric testing
- Input from the field

It is recommended that there be continuing research into this area to ascertain the most effective outcomes of selection procedures.

Feature Paper:

The Stress of Humanitarian Work
Rob Gordon PhD
Consultant Psychologist, Australian Red Cross, International Division

(Discussion Paper composed for the 2003 Australian NGO Psychosocial Forum)

The essence of humanitarian work involves mobilisation of energies to undertake difficult work in aid of others. It is motivated by the individual's values and from what makes their life meaningful. These people take on stressful and demanding work and usually come from other work of a similar nature. They are resilient people who manage more than average stress levels. However, this in itself has some consequences as I hope to show.

The nature of the stresses are often well within the range of what people can manage, but this does not mean that their ill effects will not accumulate. The kind of assistance called for is not to be defined in relation to psychological disorders. Although these may occur, the main thrust of our work is preventive and health enhancing. To focus the intervention on psychological disorders such as posttraumatic stress disorder or other stress response syndromes is analogous to focussing public health activities on treating cholera victims rather than providing clean water.

The internal reorganisation occurring in the lead up to the mission is revealed by delegates whose missions are aborted after a few weeks, when they expected and were prepared to undertake six months of difficult and demanding work. They manifest symptoms of distress, frustration, hypersensitivity, anger, restlessness, and unable to move on or resume their previous lives. They may also have responses of guilt or anxiety. This reveals a process in preparing and carrying out humanitarian work that is normally obscured if they carry out what they have prepared themselves for.

In preparing to undertake a mission, the person mobilises a store psychic or physical and emotional energy that will enable them to cope with the demands of the work and other discomforts for the duration of the mission without needing the normal supports that sustain them at home. They will work long hours, encounter much misery and injustice, have relatively little support or time away from the job and be separated from their normal supports. They unconsciously program themselves to undertake this and as a result, these conditions in themselves do not a constitute stress situations, provided one condition is met: they can fulfil the goals established for the work. The power and extent of this mobilisation is only evident when either the mission is aborted or the goals cannot be met.
Then the stress seems to be generated by stemming the expression of energy in the work; it seems to flow back on the person instead of being discharged in the work, leading to a profound existential satisfaction.

This preliminary mobilisation of energy is one of the most important features of this work a structure to contain and direct the energy is required for this mobilisation to be effective. Understanding this allows us to define more effectively not only the potential hazards, but also supports to help people through them.

**The structure of the mobilisation** involves:

1. The energy is generated by the *desire* to do the work; this is usually attached to humanitarian ideals based on fundamental existential features of the personality and values. However, other desires of a less exalted kind may also enter such as to get away from boredom, responsibilities and the drudgery of everyday life, the opportunity to travel, etc.

2. The energy is mobilised in response to “the job” which is a specific offer by an agency to take up a particular work. This gives the energy an attachment and hence a particular form associated with the place and task.

3. The energy is organised in relation to the *goals* of the task. The desire is attached to specific goals as the means of satisfaction; i.e. the conditions under which the discharging of the energy is experienced as creative, enhancing or satisfying. Satisfaction for the expenditure of high levels of commitment is the best antidote to stress. Failure to achieve the goals backs the flow of energy and makes it rebound as stress unless alternative goals can be defined.

4. There are *explicit and implicit goals* and it is possible when difficult tasks are taken up whose outcome is uncertain, that the goal is to “attempt to achieve the goal.” Or it may mean (as in one case) the goal is not to achieve the goal but to be present in this country so that at a later time, when the situation had improved the established presence of the agency would allow a more effective intervention.

5. Achievement of the goals is linked to the effective *structuring of the work situation* in terms of the worker’s role, accountability, support systems and resources (including information). Inadequate, dysfunctional or ineffective work situations may prevent the attainment of goals.

Chronic stress is generated by interference in achieving the goals and satisfying the desire. Acute stress is a result of the effort to respond to a specific threat. The threat needs to be defined in humanitarian work; it may be the interruption to fulfilling the goals of the work or danger to the workers themselves.

**Chronic stress** can be of two types:

1. Doing too much work all the time and not having enough time to recover. This results in the development of impaired self regulation and the development of stress promoting habits. It is typical in these situations that the workers lose their sense of proportion and continue to work until they become dysfunctional in their work, no longer manage or become ill. The problem is that the achievement of goals leads to an unsustainable output. But people only get into this situation when their output leads to some sense of fulfilment. The danger here is burnout.

2. The chronic impedance to achieving work goals through such factors as lack of resources, corrupt local counterparts, inefficiency or incompetence (as delegates see it) also constitute chronic stress. In these situations the energy is chronically blocked from expression, forced back and expressed in the arousal associated with stress. The result is anger, pessimism and cynicism.

**Acute or critical incident stress** also occurs in the form of specific events usually circumscribed in time. These may take the form of:

1. Threatening events such as assaults and conflicts.

2. Excessive exposure to disturbing events such as suffering and death of local people or colleagues.

3. Interpersonal conflicts with colleagues or other people in their support system.

The impact is high and much accumulated energy is used in response to the crisis and leads to depletion and critical incident stress. Most people can continue for the remainder of the mission, but this does not prevent the accumulation of consequences, particularly in the form of vulnerability to anxiety being reactivated in future events involving similar situations; if not resolved, it leads to cynicism and bitterness, which are indications of damage to the value systems from which the energy is produced. If this does not prevent further the person undertaking work, it is likely to be for reasons other than the original ideals.

**Characteristics of Stress**

All forms of stress involve (1) external stressors or threats, (2) subjective meanings, and (3) a social context that determines how supported the person is to deal with the threats. The central problem of stress involves heightened
those of the organization. This is a subjective process, taking place in the background as they are exposed to finally the person needs the opportunity to be abandoned or how and under what conditions failure will be acceptable. Delegates need to be able to identify the purpose of their work.

An attachment to the organization and its culture has to form so the person feels it is important and messages from it have emotional meaning. This is the precondition to carrying out instructions and directions, respecting managers and superiors, preserving a loyalty that ensures the person works with commitment, in accordance with the needs rather than simply carries out their job description. However, attachment has reciprocal conditions. The attached person needs to feel representatives of the organization are also attached (loyal, caring, considerate, interested) to them. If it is not reciprocal, the attachment will be depend on the person’s personal motivation and be vulnerable, so that if something changes their personal meaning, the attachment may disappear. People do not need a personal attachment from their managers, just professional respect and acknowledgement of their attachment to the organization of which they are the representatives.

The work goals and the purpose of the organization need to be defined before going away. These may be explicit or implicit, concrete or abstract, specific or general. They need to include the limit conditions under which they will be abandoned or how and under what conditions failure will be acceptable. Delegates need to be able to identify the purpose of their work.

Finally, the person needs the opportunity to reconcile or integrate their personal motives for taking on the work with those of the organization. This is a subjective process, taking place in the background as they are exposed to details of the work, role and goals. The task has to be linked with their desire so they may achieve personal fulfillment from the work, otherwise they will lack access to the store of emotional energy and their capacity will be significantly limited and they will be vulnerable in the face of adversity.

To achieve all this, a combination of detailed briefings, background information, personal relationships with key representatives of the organization, job descriptions, accountability lines, personal space and time to assimilate it are needed. This aligns the energy expression to the opportunity provided by this job in this organization with these people. Any discrepancy between these personal and organisational systems sets up chronic stress situations.

On the Mission

In the work itself roles, goals, relationships, accountability, limitations and formal or support systems constitute the social system within which the energy is expended to achieve satisfaction. This focuses the person on the problems to be worked on and the mobilised energy brings about a heightened focus on it. This will often not be interfered with by the demands of normal life if it is carried out far away in an exotic environment. The lack of
multiple other possible focuses together with the highly arousing circumstances of humanitarian work means a heightened consciousness of the particular situation and issues is inevitable and adaptive to the goals of the work.

But the impossible demands and needs place pressure on the containing social system and result in a tendency to erode the role, goals, or attachments to the system or respect for limits. Then the person is at risk for overworking or becoming less effective. In complex and changing situations this system may need frequent reworking to ensure that the goals and people’s focus is readjusted to the changes.

Another consideration is recognition of the often implicit nature of the emotional support system that enables the person to continue working in such a difficult situation. The problem is that if the support system is working it tends to be invisible and all that it shows is that the person is functioning well. However, sometimes a small change in the system or relationships may mean the person is no longer getting the input that enables them to continue their output – the attachment is no longer reciprocal. Crucial aspects of the support system are personal contact from managers, recreation, informal contact with congenial peers and colleagues, adequate relationships with the clients of the work, and opportunity for personal integration.

The Return
On the return, the person needs to de-role and relinquish the attachments that have been formed. These include to local people, colleagues, the work itself and the organization. As with all changes of attachments, this is gradual and assisted by rituals and rites of passage as well as personal reflective time and communication opportunities. Operational debriefings are an important part of this.

Evaluation of the work and performance is important and is where the sense of satisfaction of the desires that put the process into action is identified. The pronouncements and evaluations of senior people are crucial and have far reaching consequences. Psychological debriefing provides time for a structured re-examination of the whole experience so that the personal significance of what has happened can be reflected upon and integrated. The debriefing clarifies and corrects the content to be taken away and worked with and is an opportunity to avoid distortions.

A noticeable phenomenon on return is the enhanced consciousness developed in the mission being unable to be integrated into the previous life. This is shown by sharpened awareness of the trivia and comfort of life in Australia compared to where they have been. The so-called culture shock is in fact more like a clash of a consciousness full of new and emotive experiences trying to reintegrate with one that is normalised and routinised, lacking in contact with the fundamentals of life.

However the intensity of impressions brought back from overseas is matched by the narrowed focus on those matters and although return to normality can be felt as a betrayal of the human suffering and need they have encountered, if people are to be healthy they must regain the capacity for recreation and enjoyment and belonging in their personal life. This tension is not resolved by a rapid redeployment, only postponed and may become a serious existential identity crisis; people need a process to ensure they leave with their values enhanced and maintain attachment to their home base supports rather than as a flight from alienation.

Re-adjusting to the return is associated with integration of the experience, which means that personal values and life at home are gradually brought into relationship with the experience without jettisoning the important learning. This takes time – often about three months – to achieve an enhancement from the experience without it being associated with the loss of some other area. Delegates may well need opportunities to communicate with the organization or other experienced colleagues during this time.

The psychosocial support system

The elements of the work situation can be defined in the following terms:

1. The store of energy mobilised for the duration, associated with the values and the motivating desire.
2. Preliminary training and readiness to understand the nature of stress and its effects.
3. The social structure of the job including role, goals and resources.
4. The social relationships in the workplace including colleagues, managers and local people.
5. Access to other supports such as national office, family and friends even if intermittently.
6. Access to trained assistance to help with clarifying confusions arising from critical incidents.
7. A structured procedure for enrolment and de-rolling before and after the mission.
8. The deliberate management of these dimensions of the work experience as safeguarding and enhancing the resource of the energy (physical, emotional, professional, and moral) that is the real resource of humanitarian work.
These elements are the container of the mobilised energy and interference in their operation has to be considered as a potential stressor or hazard. Social system dysfunction (structure, accountability, communication, roles and goals etc) is analogous psychologically to system failures that endanger physical health such as contaminated water, sewerage leakage, exposure to parasites etc. In this case mobilised energy is not disposed of appropriately unless the person is appropriately integrated into the organization, prepared to understand the effect of critical incidents and why debriefing and other forms of psychological support are hygienic procedures to counteract its effects, that they are demystified and removed from considerations of “therapy” or “dysfunction,” and the particular vulnerability of young staff who are inexperienced (no matter how talented or competent) is identified.

People are best prepared when they have secure personal identities, secure professional identities and have a body of past experience in well-structured situations to turn to in emergencies. If these factors are not present, they are vulnerable to the arousal will be overwhelming and cause some sort of acute stress response. Often the fact that they have not been harmed by the experience is a matter of the luck that nothing has gone wrong for them in a highly vulnerable situation.

Psychological Support

The following elements are necessary to ensure the appropriate care for the workers.

1. Careful enrolment into the organization and task.
2. Training in psychological stress and a readiness to recognise how it distorts judgements.
3. Adequate briefing and goal setting prior to leaving.
4. Good responsive management that includes psychosocial care.
5. Monitoring of the availability of support systems for the worker by HR staff.
6. Monitoring for the need for recreation and time out of the field to regain perspective.
7. Good operational debrief on return and being able to pass on learnings and recommendations.
8. Good psychological debriefing to provide the opportunity to reflect and reintegrate the experience with the pre-mission life.

Summary of Research Based Papers

Presented on
Friday 14th November

Compiled by Colleen McFarlane

INTRODUCTION

Research studies examining the support and wellbeing of international and national relief and development staff are relatively few and far between. Balanced against other comparable professions such as expatriate business personnel, international students, peacekeepers, military personnel and emergency services staff, academic interest in the wellbeing of these humanitarian staff is quite neglected.

The 2003 Australian NGO Psychosocial Forum for the support of Humanitarian Aid Workers brought together a range of people with expertise and experience working in this and related areas. A summary of the papers they presented and their applicability to policy and practice are the subject of this compilation.

Paper 1

Research Overview: The Antares Foundation

*Paper presented by Dr. Pim Scholte and Winnifred Simon, The Netherlands*

Only a handful of academically significant studies have been conducted with international relief and development staff. These papers form the basis of the current review. In particular organisational training and support practices are highlighted, as well as current knowledge about the mental health and wellbeing of humanitarian staff.

Recruitment, Briefing and Training

Studies that have reported on organizational and human resource management of staff wellbeing have demonstrated that there is a variety of practices around selection, training, support and follow-up procedures across
organisations (McCall & Salama, 1999; Moresky, Eliades, Bhimani, Bunney, & VanRooyen, 2001; Simmonds, Gilbert-Miguel, Siem, Carballo, & Zeric, 1998). In many situations these studies found that minimal organisational attention has been given to the psychological adjustment and wellbeing of humanitarian staff.

Commonly, staff selection and training prior to departure are poorly attended to, according to these studies. Rushed departures in emergency situations accounted for some of these difficulties. But these studies also described the presence of lax and informal recruitment processes with vague job descriptions that left some staff feeling under-prepared.

Briefing and training procedures were also underrepresented in study participants accounts. Procedures regarding briefings and trainings were found to be common amongst team leaders and managers but absent for other staff members deployed overseas. A majority of staff reported that they had received briefings from the organisation prior to departure for their overseas destination. However, what kind of briefing has been unclear and open to question. Alarmingly one study (Simmonds et al, 1998) highlighted a palpable absence of standards and training in security and safety procedures. In another survey of American organisations, Moresky et al (2001) found that only half the organisations provided security training for their staff.

Lack of staff training and briefing is likely to influence the mental health and wellbeing of staff whilst overseas and upon return home.

Staff Wellbeing

Two notable studies about the mental health and wellbeing of humanitarian staff have been conducted by Holtz, Salama, Lopes Cardozo, & Gotway (2002) and Eriksson, Vande Kemp, Gorusch, Hoke, & Foy (2001). However studies by McCall & Salama (1999), Moresky et al. (2001) and Simmonds et al. (1998) have also reported on indicators of distress amongst staff in relation to occupational practices.

Holtz et al. (2002) investigated a range of mental health concerns amongst international and national staff in Kosovo. They found that staff reported substantial exposure to traumatic events (for instance, personal assault, witnessing mass death, etc). In particular:

- Depression and heavy alcohol use were commonly reported.
- Comparatively, post-traumatic stress was uncommon.
- Staff who were on their first mission and those who had completed five or more missions were most at risk.
- Organisational communication and support significantly influenced the mental health and wellbeing of these staff members.

In the study by Eriksson et al. (2001) humanitarian staff were again shown to have been exposed to substantial trauma in the course of their overseas work.

- The prevalence of symptoms of post-traumatic stress disorder (PTSD) was comparable to that of the general population (10%)
- Higher PTSD levels were associated with personal and vicarious life threatening events
- Perceptions of social support were a mitigating factor for PTSD

Research studies of humanitarian staff wellbeing are predominantly defined by their inclusion of foreign expatriate staff and the exclusion of local national staff. The exceptional study has been conducted by Holtz et al (2002). Holtz et al (2002) examined mental health outcomes amongst both national and international staff and found that national human rights workers in Kosovo experienced elevated levels of depression and anxiety associated with longer duration of employment.

More research is required with both international and national staff due to the paucity of rigorous understanding about the mental health and wellbeing of national staff. Studies with national staff have to be carefully and specifically designed to take into account local constructs of health, wellbeing and suffering in a culturally reliable and germane manner.

The remainder of this article describes research in progress being conducted by the Antares Foundation in association with Queen Margaret University College (Edinburgh, UK), University of Georgia (Georgia, USA), Tulane University (New Orleans, USA), Fuller Theological Seminary (California, USA), Pepperdine University (California, USA), the Centre for Disease Control (Atlanta, USA) and The University of Amsterdam (Holland)

Research in Progress

This large multi-site collaborative study is a longitudinal study, which aims to recruit up to 750 participants prior to, during and after their overseas mission. The aims of this study are:

- To identify the causes of stress in aid workers
- To identify the risk and resilience factors associated with mental health and organisational outcomes
- To provide recommendations for selection, training and management of aid workers
- To provide recommendations for interventions with stressed individuals and teams in distress.
At the first interview a questionnaire will be utilised to gather background information and information about motivational disposition. Such data will include demographic information, personality traits, psychiatric history, coping strategies, motivation, number and length of previous missions, trauma experiences from current and previous missions, level of preparation prior to deployment. During subsequent interviews participants will be asked about daily living conditions, on-site availability of mental health support, social support and their mental health and wellbeing. Mental health outcomes will include levels of anxiety, depression, burnout, PTSD, alcohol and drug use, occupational and social functioning.

**Recommendations for future research:**

As a result of the literature review and extensive clinical experience working with humanitarian staff the following recommendations for future research were provided:

- Further investigation of mental health outcomes in national staff
- Evaluations and effectiveness studies of psychosocial support measures, such as critical (incident) debriefing for national and expatriate staff
- Evaluations and effectiveness studies of organizational policies and services: national and expatriate staff
- Evaluation (over time) of identification and training of leaders
- Investigation of the association between number of missions, duration of field assignments and mental health outcomes and job functioning
- Investigation of the association between occupational burn-out and depression
- Further investigation of the subjective traumatic appraisal of incidents by field staff and how this affects mental health and wellbeing

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**Paper 2**

**Risk and Protective Factors for Humanitarian Staff**

*Paper presented by Colleen McFarlane,*  
*Department of Psychological Medicine, Monash University, Australia*

A unique range of risk and protective factors are likely to influence the psychological adjustment of relief and development staff. Both situational and individual features of these risk factors are identified and discussed in relation to selection and recruitment procedures of international aid organisations. It is argued that when taken in combination, these risk and protective factors are likely to identify staff at risk of psychological adjustment difficulties.
whilst overseas and upon return home. Moreover this work takes into account the experiences of both international and national staff. This research was conducted whilst overseas and incorporates preliminary findings from exploratory interviews with Cambodian national staff.

**Research presented**

The research presented in this paper has been drawn from findings from the doctoral dissertation of the author and based on McFarlane (in press).

The key research questions were:

- What are the individual and situational factors that influence psychological resilience and distress amongst relief and development workers?
- What is the relationship of traumatic stress to resilience?

No research studies have examined the nature of resilience and the positive potential of humanitarian work and understanding about this area was sought in order to inform outcomes related to mental health problems.

**Methodology**

This study was a qualitative and longitudinal investigation of the psychological adjustment of relief and development workers.

Thirty-three in-depth interviews with twenty participants were undertaken in Cambodia and Australia. The majority of participants were engaged in medium to longer-term development work at the time of interview but many had also worked in emergency settings previously. Ten participants were Australian (international staff) and ten were Cambodian nationals (local staff). Many participants were interviewed several times, and five were interviewed over an 18-month to 2-year period.

**Research Findings**

Negative health outcomes associated with humanitarian work have included loss of life, physical illness and personal suffering (mental health problems) for both local and international staff (Lange, Frankenfield, & Frame, 1994; Peytreman, Baduraux, O'Donovan, & Loutan, 2001; Sheik et al., 2000; Simmonds et al., 1998).

Positive health outcomes identified in this research included enhanced personal meaning and growth, professional credibility and experience, job rewards and satisfaction, maintenance of physical wellbeing, and for national staff socio-economic improvement and alleviation of poverty.

**Situational Risk Factors**

**Phase of Employment:**

Risk factors for psychological distress were identified that were associated with different phases of employment and included:

- Prior to departure (international staff)
- During the first assignment (international and national staff)
- At the beginning of the assignment (international and national staff)
- During critical incidents (international and national staff)
- Termination of the assignment (international staff)
- Upon return home the first time (international staff)
- Multiple successive stressful assignments (international and national staff)

**Organisational Preparation:**

Lack of organisational preparation, as described in the previous review paper (Scholte and Simon, this paper), was found to be associated with subsequent personal distress (whilst overseas and upon return home) in the current study for international staff.

**Political Insecurity, Violence and Threat to Life:**

**Political insecurity, violence and threats to life** were found to indicate risk for later adjustment difficulties, supporting the work by Eriksson (2001) and that of Ozer, Best, Lipsey, & Weiss (2003). Ozer at al (2003) found that civilian interpersonal violence, the kind that humanitarian staff commonly experience, was likely to carry greater risk for PTSD than other traumatic events.

**Social, Cultural and Geographical Factors:**

**Social, cultural and geographical factors,** particularly isolation, was noted to be associated with distress amongst both national and international staff.

**Organisational Hassles:**
Staff who experienced **organisational hassles**, in comparison to those who felt supported whilst overseas, had associated psychological distress. Examples of organisational hassles included a lack of training resources available whilst on mission, role ambiguity and lack of role clarity. National staff faced added burdens of Western organisational style, language and communication, socio-economic differences and insecurity about job loss.

**Role Conflicts:**

**Role conflicts** existed between the nature of the development work and funding arrangements with donors, the actions of the host country governments and those of the international community. Relief and development workers often worked towards ideal goals of peace, prosperity and justice, but in doing so were directly confronted with the antithesis of these goals such as war, poverty, death, and injustice. Encountering, adjusting and attempting to reconcile these differences was sometimes a difficult emotional process for participants in this study.

**Interpersonal Relations**

Some of the types of **interpersonal relations** that international staff encountered whilst on mission conferred risk for psychological adjustment problems. Difficulties associated with interpersonal relations included interpersonal conflict with other expatriate staff, concerns related to family left at home, cultural restrictions about intimate relations, intercultural differences with national staff and vicarious trauma responses. Similarly national staff experienced intercultural difficulties with expatriates and family and interpersonal problems related to recent civil violence in their home country.

**Individual Risk Factors**

In this study some individual risk factors were identified that were associated with higher levels of distress amongst staff.

**Inexperience, Youth and Marital Status:**

There was a tendency for international staff who were **inexperienced** to express higher levels of distress. Empirical studies from related areas would suggest that other individual risk factors that are worthy of further investigation include **younger age** (Andrews, Hall, Teesson, & Henderson, 1999), and **being single** (Sheik et al., 2000).

For national staff **inexperience** and **educational level** were associated with higher expressions of distress.

**Expectations** about the overseas mission, **risk-taking behaviours** and the inability/unwillingness to implement **self-care** behaviours (for both physical and mental health) were also identified as factors that may place some individuals at risk of personal adjustment difficulties.

Extrapolating from research with similar groups of people (but not humanitarian staff), other contributing individual factors were hypothesized to confer risk on humanitarian staff. These included personality, prior psychological adjustment and family history of mental illness. During traumatic events individual characteristics including the person’s subjective perception of the danger of threat to their life, their perceptions of support, the kinds of emotions they experience during the incident and whether they dissociate during the incident (Ozer, Best, Lipsey, & Weiss, 2003) have been suggested to influence psychological adjustment.

**Conclusion**

It is contended that a goodness-of-fit model should be adopted in the recruitment and selection of relief and development staff.

Particularly with international staff, individual characteristics ought to be considered in combination with the characteristics of the overseas mission and the country of proposed destination. International staff can be selected and screened for individual risk factors. These factors should be weighed up against the situational risks that may be apparent in the host country they are destined for. Placing people who carry a high load of multiple individual risk factors in countries where multiple situational risks (e.g. violence, political instability, social, cultural and geographical isolation) are apparent should be carefully considered and avoided if possible. It is likely that the provision of organizational support for all staff members overseas, and particularly for these more vulnerable staff members, will be critical. Similarly staff can be assessed on the basis of protective factors and resilient characteristics that are likely to make them more effective and able to adjust to some of the harsher overseas environments.

Similar issues arise for national staff but pose different problems. National staff are faced with problems of violence and political instability in their home country, work that is based in an organisation of different cultural origin and values and, colleagues who are often in charge yet also of different cultural background. They may have experienced a range of significant stressors due to recent civil violence and upheaval. The stressors for national staff are firmly placed in the immediate context of their home country. Solutions to these problems are limited by the lack of Western understanding about culturally valid and effective models of help-seeking and treatment for
problems of psychological wellbeing. That being said however, national staff usually have traditional support networks and health service providers that should be considered in any interventions that may assist their wellbeing.

In conclusion, it is argued that if an accumulation of situational and individual risk factors are detected prior to the overseas mission or prior to employment, preventive programs can be put in place to reduce the likelihood that this high-risk group of people suffer adjustment difficulties. Training, psychoeducation, careful preparation by the aid organisation are some examples. Such preventive programs are likely to have cost-effective benefits for international organisations, engaged in the costly business of deploying and repatriating international staff. High levels of absenteeism and premature returns are likely to be related to psychological adjustment difficulties and costly to aid organisations already operating under tight financial considerations.

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References:


Paper 3

Mechanisms of Recovery Following Psychological Trauma

Paper presented by Professor Mark Creamer,
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Little systematic research exists to inform our understanding of “normal” psychological recovery following exposure to a traumatic or highly stressful experience, nor how best to facilitate an effective recovery process. Rather, research has tended to focus on the development of, and treatment for, the more serious mental health sequelae such as posttraumatic stress disorder (PTSD) that occur in a small minority of trauma survivors. Importantly, however, a thorough knowledge of that body of research can inform our understanding of mechanisms of “normal” recovery in individuals exposed to traumatic and distressing events. This has potential implications for organizations whose employees are often exposed to psychological trauma, including humanitarian aid groups.

Three bodies of knowledge about posttraumatic stress formed the basis of this paper. This review is not based on samples of humanitarian aid workers (about whom very little systematic research exists). Rather, populations such as the military, emergency services workers, and civilian victims of crime have been studied extensively. The three areas comprised:

- Research on risk and protective factors for PTSD
- Research on primary prevention in PTSD
Primary prevention can be directed at the following areas:

- Primary prevention aims to reduce the incidence of new cases through intervention before the disorder occurs.

### Primary Prevention and Education about Risk

Primary prevention aims to reduce the incidence of new cases through intervention before the disorder occurs. Many of the recommendations relate to preparing staff prior to departure for an overseas assignment and supporting them on return. Clearly, however, effective identification of staff suffering more severe psychological reactions is crucial, along with referral to an appropriately qualified treatment provider.

#### Identification of Risk

Risk and protective factors (present before, during, or following the experience) that best predict the development of PTSD following traumatic exposure (see Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003) include:

- Social support following the traumatic event. Importantly, this relates not only to the presence of "positive" social support, but also to the absence of "negative" social support (e.g., loved ones or close associates who are critical, demanding, etc.). Indeed, the ability to form meaningful and trusting relationships may be a protective factor following trauma. This factor may be a consideration in personnel selection; at the very least, it highlights the importance of the organization encouraging the effective use of naturally occurring support networks following deployments.
- Other life stressors that occur following the traumatic event. Examples may include relationship problems, financial or work stressors, bereavement, and so on. Organisations should be aware of life stressors among employees, minimizing these where possible and offering assistance as appropriate.
- The severity of the trauma. This includes the degree to which the person felt their life was in danger and exposure to the suffering of others, as well as perceived predictability and controllability. Clearly, decisions to send personnel into high severity situations should be taken with great caution and, where staff are exposed to high-level traumatic experiences, increased attention should be paid to their well-being following the deployment.
- Acute emotional responses at the time of the trauma, particularly persistent heightened arousal (such as increased heart rate and agitation) and dissociation (being in a daze, on "automatic pilot"). Personnel identified (e.g., by their colleagues) as experiencing powerful emotional reactions at the time or shortly following the event should be targeted for appropriate follow up.

Other pre-exposure factors are associated with increased vulnerability following traumatic exposure, although they are less powerful than those above. These include a history of childhood abuse or neglect, other prior traumatic experiences (particularly those that continue to affect the person’s well-being), psychiatric history in the person or their family, and general tendencies towards anxiety and depression. Female gender is also associated with increased risk.

It is incumbent upon aid agencies to take reasonable steps to detect these risk factors as early as possible in order to facilitate prevention and early intervention.

### Selective Interventions with the Traumatised Population

- Research on effective psychological treatments for PTSD

The emphasis in this discussion was that simple preventive and early post-trauma interventions for staff could be set in place by the organization without the need to call in mental health professionals. Many of the recommendations relate to preparing staff prior to departure for an overseas assignment and supporting them on return. Clearly, however, effective identification of staff suffering more severe psychological reactions is crucial, along with referral to an appropriately qualified treatment provider.

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- Research on effective psychological treatments for PTSD
following traumatic exposure. This may include assessment of areas such as:

- Stabilisation and engagement – resolving current life crises and engaging the person in the therapeutic relationship. Comparable mechanisms in the “normal” recovery process may include ameliorating other life stressors and linking in with naturally occurring support networks.
- Education and information – normalizing the experience of strong responses and facilitating self-understanding about individual reactions and the process of recovery. As part of normal recovery, staff may be encouraged to read simple, basic material about likely reactions, and to talk to others who have been through similar experiences.
- Anxiety management – psychotherapeutic techniques that assist the person in managing their symptoms of anxiety and distress. The comparable process in the absence of therapy would be basic self care (exercise, diet, relaxation, engaging in enjoyable activities, resuming normal routines, etc.) which can be taught as part of a stress management package for employees and reinforced prior to, during, and following deployments.
- Trauma exposure - a set of psychotherapeutic techniques that facilitate confrontation and integration of traumatic memories. For most survivors of trauma, this involves thinking through the experience their personal reactions, and discussing it with trusted colleagues and friends.
- Cognitive restructuring – a set of psychotherapeutic techniques designed to help the person re-evaluate and modify negative appraisals and beliefs about themselves and the world that have developed following the trauma. Again, in the absence of therapy, this will occur naturally as people “work through” the experience with the help of family members, colleagues, and friends, re-evaluating the meaning of their experiences.
- Relapse prevention and maintenance – identification of potential high-risk times for relapse and the development of strategies to cope. Even in the absence of formal interventions, most people do learn from experience and develop new skills and strategies to deal with future stressors.

Other issues for consideration

As noted above, education for employees prior to, as well as following, deployment may be useful in promoting resilience and can be directed at the following areas:

- Information about the deployment: as far as possible, explaining what happened (or is likely to happen) and why, along with realistic expectations about what can and cannot be achieved, will help the person to incorporate the experience into a realistic model of themselves and the world
- Normalisation of strong reactions: education about common responses to trauma helps to reduce the “emotional valence” of the symptoms (i.e., helps to stop people getting anxious about being anxious)
- Simple coping strategies: these may include strategies in physical domains (e.g., regular exercise, appropriate diet, reducing stimulants such as caffeine and nicotine, and getting adequate rest and sleep); cognitive domains (e.g., how to deal with recurring thoughts and memories; sensible self talk); and behavioural domains (e.g., resuming normal routines, planning enjoyable activities, ensuring family cohesion)

As far as possible, it is important to improve procedures for identifying people at high risk prior to, during, and following traumatic exposure. This may include assessment of areas such as:

- Prior history (trauma exposure, coping difficulties)
- Experiences beyond “what was expected”
- High acute symptoms
- Other life stressors around the time of, or shortly following, the deployment
- Ability to access and make use of naturally occurring support networks

Clearly, if individuals identify themselves, or are identified by colleagues or family, as having problems adjusting following a deployment or other work-related activity, it is incumbent upon the organisation to offer a referral to a suitably qualified mental health practitioner and to encourage the person to take up this offer (if only for the purpose of confidential assessment and reassurance).
In the final analysis, successful adjustment following traumatic exposure will depend on a complex interaction of individual, organizational, and societal variables. It is the organisation’s responsibility, however, to optimize their contribution to the psychological well-being of their employees.

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References:


Paper 4
Expatriate Team Dynamics and Support in the Field: Psychosocial Implications

Paper presented by Amanda Allan,
Department of Psychology, The University of Melbourne, Australia

Background

“Relief workers today are faced with situations which generate more stress than straightforward natural disasters. This happens in a context in which the usual support mechanisms of family, partner or close friends are absent. Furthermore, the culture in the humanitarian community - which may be one of bravado and competition in emergency situations - does often not allow the space for discussing issues such as psychological stress.”

Extract from the Humanitarian Practice Network 01/99, page 1

“Despite mounting anecdotal evidence (and, recently, more substantiated findings; Markey, 1998) that stress and its consequences are key occupational health hazards, humanitarian agencies have not moved quickly enough to minimise the risks to the psychological well-being of their staff, whether they are expatriate or local.”

Extract from the Humanitarian Practice Network 01/99, page 1

“It is unfortunate that the commitment to others and high standards of conduct that impel workers to enter the humanitarian aid field can also leave them vulnerable to feelings of shame or failure in the face of disturbing but normal emotional upsets. By establishing formal (and mandatory) training, leaders can minimize the potential stigma that can often accompany the idea of mental health support.”

From pages 3-4 of ‘Mental Health and Aid Workers: The Case for Collaborative Questioning’;

Key Points:

1. Work that could be traumatic in nature is best not conducted in isolation
2. Humanitarian aid workers are at risk of experiences of shocking events, vicarious trauma, cumulative stress and compassion fatigue
3. Psycho-education of the nature and impact of stress and trauma, the syndromes and the supportive psychosocial interventions are critical psychological resources for a team of helpers to take into the field
4. Self-monitoring and the implementation of self-care strategies are important tools for regulating and coping with distress
5. Clinical intervention when clinical symptomatology is evident is important for the well being of volunteer, team and community

6. Peers being open to and compassionate of carer’s adverse reactions to abnormal, traumatic or cumulatively stressful events in the course of their work can make a difference to work efficacy and coping skills

But the field is not just a tent of trauma. Personnel need to adjust also to:

- New socio-cultural environments
- Political contexts (country of mission, organizational)
- Compound living conditions
- Changed climatic and environmental conditions
- Pace of life differences
- Resources on hand
- Security issues
- Stereotyping
- Separation from home
- Role changes
- New information about themselves

Research presented
Preliminary findings of research currently being conducted towards a PhD in the Department of Psychology, University of Melbourne focusing on issues of team dynamics and collegial support in the field were presented. This study involved an intensive analysis of 28 international and Australian medical aid volunteers of whom 48% were medical doctors, 52% nurses. Of these, 78% were women and 22% men.

In depth open-ended interviews were conducted at three time frames at the conclusion of the participant's deployment: immediately, at 3 months and at 6 months following their exit from the field. Interviews were both of a qualitative and quantitative nature. A Q-Sort technique was also used to gain an understanding of constructs of salient psychosocial adjustment factors on recall of the different phases of a deployment (pre, during, end and home) at each of the three interview periods. The elements used in the Q-Sort incorporated descriptors of emotional/affective states; interpersonal relationships, habits, self-care choices, decision making strategies and future vocational goals.

Some findings
Preliminary consideration of the during deployment Q-Sort results showed that on a relative basis, ie when factors are rated concomitantly, the element of trauma did not feature as strongly as psychosocial elements of relationships with work colleagues and consulting others in the field. This result does not indicate that trauma is not a prominent aspect of the work, but rather that relatively, the feature of supportive relationships in the field was considered to be a more salient issue. This is an interesting finding given that the resolution of a traumatic experience is often mediated by the availability of effective and meaningful social support.

It is proposed that interpersonal relationships in the field act as mediators of both stress and resilience. Although the physical demands of the cross-cultural field contexts are more obvious and immediate contexts to prepare personnel for their deployment experience, it is argued that relationships in the field are another critical context that influence short and long term outcomes of deployment efficacy, satisfaction and wellbeing.

In the field, aspects of security and safety, attachment, identity, justice and existential meaning are all challenged. Baumeister (1991) suggested that there are four basic needs for meaning: purpose, value, efficacy and self-worth. Where we perceive we can achieve meaning and where we perceive we belong or don’t belong in turn impacts on our identity and our relationship with others. So how does one construct and re-construct a sense of identity? One needs mirrors…reflections…. a place where the psyche is known in an ongoing way through the episodic memory of ourselves embodied by others in social interactions.

It is contended that the quest to pursue meaning in difficult or adverse situations enhances the potential for resiliency. Conscious reflective and respectful social interactions can provide the context for supporting goals of meaning construction which are often challenged or become gradually modified over time in the field characterized by accumulation of stress and fatigue or acute traumas.

Undoubtedly, the composition of a team can greatly influence the wellbeing of individual team members. It is integral that members of teams working under high levels of stress or in abnormal situations hold a working, curious and compassionate consciousness of the differences between their needs, interpretations and understandings of their own world and how it impacts on functioning in the field and their team member’s needs, interpretations and understandings of their world view and how it impacts on their peer’s functioning in the field.
Resiliency and Risk

An important element in promoting resilience is decreasing the risks. Risks at the organizational, team and individual levels, for example:

- Unsupportive interpersonal climates
- Negative interactions
- Lack of participation, lack of perspective
- Poor relationships
- Lack of professional development opportunities
- Burn Out
- Social isolation
- Fatigue or ill health
- Low self-esteem
- Stress and anxiety
- Boredom, lack of autonomy

Implications and Recommendations

A recommendation of this research and subsequent discussion is for NGOs to consider providing training (prior to deployment) in peer support processes in the field. Commonly, peer support programs exist for reaction to specific incidences or to support people coming home from the field. They are often designed to support people from the impact of servicing or witnessing human trauma or devastation and they are set up so as to give people access to a network of shared experience and understanding following a deployment.

Peer support in the form of intentional and empathic communication processes can ensure valuable reflection and perspective taking on personal and professional boundaries within cross-cultural, cross-gender, cross-age, cross-experience, cross-objective and cross-role team situations. Such processes encourage heightened levels of differentiation as well as responsibility for self and for others.

It is argued that there is psychological value to increasing resiliency through conscious and deliberate self-auditing in proximity to others who are genuinely in the same context rather than relying on the delaying of issues being addressed until a more formal post deployment meeting is conducted with someone removed from the field and the field of shared experience. This is not to say that post-deployment briefing by the organization and by a psychologically trained person should be replaced by peer support processes, but rather, that both forms of support ideally could be offered.

Criticisms of such a proposal may be raised on the basis that:

- There is no time in the field on top of all the other tasks to undertake these processes
- People in more senior roles may feel undermined by disclosure at a peer level
- People in less senior roles may feel they put themselves into a compromised situation if they share their personal perspectives
- Reflection requires a different psychic space to reacting to situations that require focused decision making ability
- Spending too much time in the reflective space could detract from the high adrenalin functional demands of a situation
- Teams are made up of a combination of people from different cultural backgrounds, different levels of burn out, different degrees of optimism and cynicism, different personal and social experiences, different ways of coping - in essence, different degrees of availability to this process

Despite these important factors to consider, there is merit in an organization promoting a practice which serves to enhance and strengthen the wellbeing and adjustment capacity of its workers as well as to increase the efficacy of team structures and dynamics. The benefits of training personnel deployed to the field in psychological team support processes and practice are that it is:

- Cost effective
- Capitalizes on team structure already in existence
- Non-hierarchical
- Self-disclosure is regulated by the volunteer within realms of comfort and control
- Not a substitute for counselling, formal debriefing or clinical intervention

Conclusion

Future research that undertakes comparative studies of teams that are trained in psychological peer support processes and those that are not could provide greater illumination and understanding of this often under acknowledged aspect of field work.
Culture, Complexity and Psychosocial Adjustment

Paper presented by Professor Harry Minas,
The Centre for International Mental Health, The University of Melbourne, Australia

Culture is the means whereby the infinite complexity of the world is reduced to a manageable simplicity. It provides a map that guides us in how to see, what to believe, what to value, how to behave, how to interpret the world of others and the environment, and how to think about oneself. Culture enables people to communicate, interpret thoughts, feelings and behaviour, and to respond “appropriately” in multiple contexts. Mainly submerged beneath consciousness, one’s own cultural assumptions and commitments do not usually intrude on awareness until and unless one is confronted by a different culture in which one feels oneself to be a stranger.

Humanitarian aid workers are cultural sojourners, temporary visitors to another country, often in regions of conflict. They are confronted by several types of cultural challenge.

- Workers are frequently unfamiliar with the culture into which they have moved, and have been poorly prepared for working in it.
- The culture of the place in which they are working is frequently distorted and characterized by the features of a ‘culture of conflict’. This includes a break with cultural norms, so that what might previously have been unthinkable has become common. Disorder and danger, social intolerance and discrimination, and chaotic and corrupt decision-making are common.
- The aid worker has to adjust to a working in ways that are radically different to those with which s/he is familiar. The new working environment is frequently characterized by constant, unpredictable, change; uncertainty; temporariness; and sometimes danger. Such circumstances require new levels of self-reliance, flexibility and adaptability, and a capacity for learning new skills quickly.

In such circumstances there are many sources of stress. These include isolation (away from home, limited communication, feelings of being forgotten), ambiguity (ambiguity of operations - mission purpose and outcome, length of stay, management structure), powerlessness (limited ability to ease suffering, improve situation), danger of injury and illness, difficult physical living conditions, and boredom (repetitive routines, limited opportunities to make full use of professional skills).

A useful conceptual framework for understanding and managing teams in such settings is that of complex adaptive systems. Such systems have open boundaries, contain sub-systems and are embedded in larger systems, are both changed by and change their environments, and demonstrate self-organisation and emergence. Causality is non-linear and outcomes are inherently unpredictable. The pattern or order that emerges in complex adaptive systems is the product of the relationships/interactions of the internal elements and the influence of external constraints or contexts. The fundamental role of managers of complex adaptive systems is to shape and create contexts in which appropriate or desirable forms of self-organisation are most likely to occur. This can be done through understanding as many of the critical parameters that will influence the pattern of self-organisation and ‘tuning’ these parameters. Farmers don’t grow crops. They create the conditions in which crops are likely to grow.
I would suggest the following as some of the system parameters that can be managed to prevent the occurrence of traumatic stress disorder among aid workers.

- Maintenance of Safety
- Building a work environment of trust and confidence
- Enhancement of agency
- Management of situations to limit fear and anxiety
- Recognising and responding to emerging anxiety and depression
- Recognising and dealing with emerging feelings of guilt and shame
- Maintenance of supportive social connectedness
- Ensuring that work is meaningful and constructive, and focusing on these aspects of the work
- Emphasising the explicit connections between the work and a desirable future for the population and for the aid workers

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