

GOING THE DISTANCE:

Managing the Emotional Challenges of Humanitarian Aid Work

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Introduction

Those committed to a career in aid work are most often motivated by a desire to help others and make the world a better place. This altruism is frequently life-long and rooted in core values instilled by family, community, or religious leaders at an early age. Individuals entering aid work often intend to remain their entire career. While this is an inspiring goal, many eventually leave before retirement age because of illness, fatigue or disillusionment, family crisis, growing unsuitability, or physical and/or emotional disability. Even those who remain may find it hard to thrive and maintain their wellbeing for a variety of reasons, such as changes in personal mental health.

The incidence of mental illness among humanitarian aid workers from developed countries is usually estimated to be 22-25%, although a few studies have found it to be > 40%. This is higher than the general population, and diagnoses include those struggling with substance abuse, depression, Post-Traumatic Stress Disorder (PTSD), and anxiety. Add to this group individuals recovering from a recent critical incident, local national staff living and working in the midst of a humanitarian emergency, and those chronically over-stressed but not yet experiencing pronounced symptoms, and the result is a fairly large number of aid workers facing emotional problems. This makes an already complex job more difficult, less rewarding, and hard to sustain.

Why is this and what can be done?

Factors Contributing to Emotional Distress

There are a number of factors that increase the possibility of eventual emotional distress or disability. Identifying them early helps everyone involved make informed choices and take corrective steps. Here are the factors identified repeatedly in our research and field experience:

- Aid workers bring their own emotional vulnerabilities when they enter the field. Genetic predisposition, personality styles, prior or present mental illness, history of personal traumatic events, and certain family dynamics may create blind spots or weaknesses that are exacerbated by the rigors of humanitarian aid work. Although these factors need not disqualify people from pursuing this career, it is important to identify them, evaluate their potential impact, and take proactive steps to ensure wellbeing over time.
- All agree that aid work is difficult, and increasing security risks and growing context complexity have only made it worse. Its many rewards don't negate the

- impact of traumatic events, long separations from family and friends, and doubts regarding lasting effectiveness. The work itself increases the possibility of emotional distress. In an ideal world, no human should have to endure the disasters and atrocities or hear and see the suffering that aid workers witness during their careers. A growing body of research suggests that, for many individuals, there is a cumulative impact that makes it harder for the brain to maintain optimal functioning over time. Understanding how the brain absorbs and recovers from challenges inherent in aid work, and taking appropriate steps in response, may decrease aid work's negative impact on emotional wellbeing.
- A weak social support network increases the likelihood of emotional distress, according to social science researchers. Given the psychological rigors and vagabond nature of aid work, this is of special concern. The emotional support, reality testing, and guidance provided by loved ones is invaluable, particularly at times of extreme stress or trauma. Having no one to call in the middle of the night leaves a person too alone. Recognizing the importance of close family and good friends is an important step in reducing the likelihood of emotional disability.
 - Agency dysfunction, poor policies and practices, and ineffective communication are major organizational contributors to the staff stress leading to personal burnout and emotional impairment. On a good day, typical institutional politics and red tape can be maddening. In the midst of a humanitarian emergency or challenging development project, adding low personal frustration tolerance and fatigue make interfacing effectively with a larger organization nearly impossible. The best informed organizations have moved from a reactive stance (offering support only after a critical incident) to a proactive one where the agency culture emphasizes personal resilience, pre-deployment orientation, post-deployment debriefing, and confidential access to mental health services or peer counseling support. This corporate stance promotes thriving, personal resilience, and overall wellbeing. The contrary simply adds to the problem.

Building Personal Capacity: Resilience is Key

There are many things aid workers can do to strengthen and maintain their emotional wellbeing. Proactively engaging in resilience promoting behaviors improves the ability to manage stress and recover from trauma. The effectiveness of these steps has been replicated in both our research and clinical practice. Here are the most important:

- *Know thyself:* Self-assessment is a great way to begin a personal self-care and resilience regimen. Identify any predisposition to mental illness related to personal or family history. Inventory the emotional hazards associated with a particular deployment, while appreciating the accumulated impact of past assignments. Assess the adequacy of existing social support networks. Evaluate the impact of your employer's policies and practices on your emotional wellbeing. Recruit a loved one or mental health professional to help you conduct this self-assessment so that you correctly identify your emotional

- vulnerabilities. Repeat this process periodically throughout your career, particularly at times of transition.
- *Practice resilience:* Armed with the results of a thorough self-assessment, it's possible to design and implement an effective self-care and resilience-building program. Strengthen emotional vulnerabilities where possible. Learn how to accommodate to personal limitations resistant to change – factor them into your everyday plans. Most important, rely on your emotional and spiritual strengths. Exercise them to make them stronger. They are essential to maintaining your overall wellbeing. Creating an effective self-care regimen can be done more easily in partnership with a committed friend, family member, counselor, mentor, or colleague who will provide honest feedback. It is much harder to do this alone. And, don't forget the importance of good physical health – a sound mind relies first on a sound body. So, exercise, diet, and competent medical care are prerequisites to brain health. In fact, evidence of the benefits of regular exercise, in particular, is so compelling that it deserves to be the cornerstone of every aid workers resilience program.
 - *Recovery is necessary:* Nearly half of all aid workers experience a life threatening critical incident at some point in their career. Even the strongest person can be seriously impacted by a traumatic event, requiring days, weeks, or months of recovery. It is a mistake to minimize the brain and body's need to rest and repair. Deliberately managing the recovery from an auto accident, physical assault, or other upsetting experience increases the likelihood of a quicker and more complete return to normal. Debriefing the incident and its consequences is an important step toward full recovery. Again, this is best accomplished in partnership with a committed friend, family member, counselor, mentor, or colleague. And, recovery will likely take twice as long as you think it should.
 - *Get professional help when needed:* Sometimes even the most loving partner or friend may be unable to help someone regain his or her emotional equilibrium. This is particularly true for those struggling with substance abuse, suicidal or homicidal impulses, irrational thoughts that lead to impulsive or self-destructive behavior, moderate to severe depression, or PTSD. In such cases, it is wise to consult a mental health professional who understands the interaction between psychological health and aid work. One or more conversations may be necessary to agree on an effective plan for managing emotional distress and returning to a higher level of functioning and wellbeing. A suitable referral can often be obtained from a trusted colleague, family member, friend, community leader, or physician.

Building Resilient Teams and Organizations

Given the important role played by organizations, supervisors, and colleagues in promoting resilience and maintaining emotional wellbeing, it is wise to consider thoughtfully how to provide effective, proactive staff-care programs and policies. Here are ways to do this that we've found to be effective:

- Build a caring, informed culture that understands the importance of self-awareness, emotional health, trauma recovery, and professional help when needed. By promoting the importance of personal resilience, a strong social support network, and a responsive culture, teams and organizations can greatly enhance the emotional health of staff. Training workshops, focused consultations, and online resources are readily available to help.
- Ensure that key organizational leaders are trained in basic mental health domains such as Psychological First Aid, Critical Incident Protocols, brain functioning, cross-cultural conflict resolution, gender-related policies and behavior, and supportive counseling skills. Seeding the organization with skilled, caring supervisors will have a significant impact on its culture and image.
- Have a plan for providing focused, specialized competent care for victims of a critical incident or someone disabled by emotional distress. Know when and how to make a referral to a mental health professional. A well-conceived plan increases the likelihood of a competent and timely response while avoiding regrettable and costly mistakes.

Conclusion

Organizations that understand the factors contributing to emotional distress, and proactively devote adequate resources to promoting individual, team, and organizational resilience, will have the best chance of succeeding in an increasingly complex, dangerous humanitarian aid environment. Those who fail to do so will likely be forced to spend that same time and money on staff recruitment and retention, disability claims, and formal grievances related to providing inadequate emotional support.

Perhaps most important, aid workers who take their own psychological health seriously and practice resilience promoting behaviors will have the greatest chance of thriving and remaining in their career. It's worth the effort.