

**Humanitarian action
& armed conflict**
Coping with stress



ICRC



Humanitarian activities attract more and more people to work in zones of armed conflict, without any psychological preparation or protection.

This brochure, intended for staff working in the field, describes the various emotional reactions that may arise and suggests means of dealing with them.

It emphasizes, above all, that these reactions are not signs of any psychiatric disorder and that the best way of coping with stress is to be well-informed about it and to share one's feelings with others.

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Foreword

In attempting to save lives when armed conflicts or natural disasters occur, humanitarian staff experience strong emotions, owing to the context of emergency, rapid intervention, and fatigue, but also of fear, and violence in all its forms. The conditions are often hard, as a result of the suffering of victims, and dangerous (owing to unleashed forces of nature, armed conflicts, undisciplined combatants who have no respect for anything, proliferation of arms and their use in criminal acts, attacks, abductions, and various threats).

Like aid workers, civilian populations living in zones of armed conflict are subjected to constant stress. The present publication will not concern itself with their sufferings, however, but only with those endured by humanitarian staff in direct relation to their work for the ICRC. Emotional reactions to such experiences may be more or less severe and may occur later rather than sooner. They affect those who survive serious incidents and sometimes also their families and friends, as well as those in charge of the operation and medical professionals.

In the following pages, you will find a description of stress in its various forms and information on how to prevent it, how to react to it and what sort of help to seek from friends and close relatives, from colleagues, and from the ICRC itself.

Aid workers should explain the main points of this publication to their families so that, if necessary, they too would be able to provide the support needed for recovery.

N.B. “In the field” refers here to work carried out in direct contact with conflict or disaster victims, as opposed to activities at ICRC headquarters in Geneva. Similarly, “staff”, “employee”, or “colleague” refer to all employees indifferently, whether they be expatriate or national employees, men or women.





Introduction

Two main types of stress reaction have been identified. The first is useful and protective, but leads imperceptibly to the second, which is unproductive and harmful to the sufferer.

They are:

- **protective stress**, which enables a person to cope with the trying conditions of a difficult job, while remaining effective;
- **severe stress**, which soon leads to exhaustion and impairs performance.

ICRC staff are not immune to these reactions. Their families, too, are “contaminated” by their distress and become traumatized along with them.

The following is of direct concern to both your family and yourself.



The delegate in the field is vulnerable to three types of **severe stress**:

- basic stress;
- cumulative stress (which includes stress related to disasters);
- traumatic stress.

Basic stress

In emergency situations related to a conflict, cumulative and traumatic stress are often added to the underlying tension and emotional overload shared by all staff.

This basic stress is the result of a quick transition to an unfamiliar climate, work situation and social environment, and is also connected to the difficulties of living together as a team. It has to do with the situation within the delegation itself and is not directly related to doing humanitarian work in a conflict zone.

Staff members experience basic stress during the first weeks of an assignment and sometimes at the end. As time passes and as they adapt to their environment, stress generally subsides. If not diagnosed, it can last several months, disrupt the work of the whole team or lead to termination of employment.

Cumulative stress

Cumulative stress, which may be felt gradually or rapidly (when disasters occur), is often predictable when related to humanitarian work.

In a disaster situation, a special type of cumulative stress can be triggered which is characterized by its rapid onset.

In a war situation, a whole series of daily aggressions against the individual have a cumulative effect.

The causes of cumulative stress may be related to living conditions (lack of privacy, confinement, lack of hygiene and comfort, extreme heat or cold, or a monotonous diet), the political environment (instability, threat of a coup d'état, alarmist rumours, or the proximity of fighting), repetitive and trying tasks yet to be accomplished, or being attentive to and feeling for the sufferings of conflict or disaster victims.

The inability to rest or relax during the person's rare moments of leisure is another factor to be taken into consideration.

If cumulative stress is not recognized it leads to professional exhaustion, or **burnout**.

Traumatic stress

In conflict zones, there is a high risk of being subjected to psychological trauma.

Traumatic stress is caused by an **unexpected** and **violent** event, which harms or **suddenly** threatens an individual or someone close to him or her either physically or psychologically, calls up images of death, and provokes fear and a feeling of helplessness.

Examples of trauma which may be experienced in the field:

- bombing of buildings, mining of roads;
- attacks on vehicles or convoys;
- armed thievery and looting, delinquency committed for gain, sexual violence;
- expulsion from workplace and residence;
- direct or indirect intimidation and threats;
- being a powerless spectator of violence and murder, large-scale massacres, epidemics, or famines;
- collecting first-hand accounts of ill-treatment and torture;
- bearing bad news to families of missing persons.

These events may occur singly or in combination.

N.B. In conflict zones, road accidents, whether accompanied by physical injuries or otherwise, are an important but little-recognized cause of trauma.

The three **severe stress reactions** described above constitute the three stages in the build-up of stress.

- The first level, or basic stress, is related to your choice of profession. It depends on the work setting and its internal environment.
- The other two levels, related to the external environment, concern the work of the ICRC.

If these three types of stress are not recognized, they may affect your health and your operational performance.

Coping with them requires combined action by all parties concerned. Each has his/her role to play.

Before the assignment:

- **you** will learn to recognize the various types of stress that you may experience, and will be told what “first aid” measures to apply in particular circumstances.

At work:

- **you** will take steps to deal with your own stress or that of a colleague, just as, in principle, you are able to stop a haemorrhage or immobilize a fracture;
- as a good manager, **the person responsible for the operation or the head of delegation** will be able to recognize your stress reactions and offer support and, if necessary, will suggest medical treatment or any other appropriate measure.

After an incident:

- **a specialist** at headquarters (a doctor or nurse) will offer you a sympathetic ear, advice, and support, sometimes with the help of a psychotherapist;
- **your family** will understand the violent emotions you have experienced and will know how to provide moral support;
- **the personnel department** may offer you an additional rest period, followed by a new activity or another posting;
- **you** may prefer to leave the ICRC for another kind of work.

Although the ICRC cannot prevent trauma occurring in the field, it does everything possible to reduce its incidence and minimize its harmful effects.





Protective stress

In order to understand the effects of both useful and harmful stress, it is necessary to comprehend the mechanisms of a basic, life-protecting reaction.

In 1936, Hans Selye made an important discovery: when threatened, the body always reacts with the same general adaptive mechanism, which triggers a complex biological response.

He described this reaction by means of a term used in mechanics to designate the pressure or tension that develops inside a material when it is subjected to an external force: **STRESS**.

Just as metal which has varying degrees of strength, when subjected to external forces, may remain supple, bend, or break, so your personality, when attacked or threatened psychologically, may remain unchanged, adapt, or be pushed to breaking point.

You express your resistance through your emotional reactions to stress, which reflect your physiological and psychological reactions to aggression.

In the first place, stress is useful for the following reasons.

- It **focuses your attention** on the threatening situation, by immediately blocking all other thoughts and considerations.
- It **mobilizes the energy** you need for evaluating the situation and taking a decision.
- It **prepares you for action** (the “defend yourself or flee” reaction) appropriate to deal with the threat.

The emotions that accompany stress are inevitable, and, as painful as they may be, it is useless or even dangerous to hide them. Bottled-up emotions are harmful, like a poison which remains within the body (*“When a cat is ignored it becomes a tiger.” – C.-G. Jung*).

Protective stress takes up an enormous amount of energy; after living through an air-raid attack or another life-threatening situation one emerges physically weakened. A person’s reserves of energy get used up, which can lead to severe stress.

What should be done?

In the first place, you should try to prevent this overload, by:

- knowing your limitations;
- resting;
- getting enough sleep;
- eating regularly;
- controlling your intake of alcohol, tobacco, or medicines;
- ensuring relaxation and physical exercise.

In short, in the same way as an athlete in training, you must be **self-disciplined** every day.

Above all, you must know yourself, know your limits, listen to what your body is telling you.

Analyse your stress rather than yield to it; control it rather than be overcome by its effects.

Knowing how to rest, to save your strength, and even to give up certain activities is to show an enlightened attitude as well as consideration for others, for a state of severe stress will make you a burden on the other members of the team.





Basic stress

Working for a humanitarian cause implies a change in habits and lifestyle for everyone. Sometimes it involves leaving the support of family and friends and enduring a lack of comfort.

You must also:

- adapt to a new working environment;
- work within a team;
- accept a leader and his/her management style;
- accept working procedures and methods;
- respect rules of community life.

Language problems, too, can make communication difficult.

Finally, members of the family may not share the same concern for humanitarian work, and they may have difficult problems of their own to solve.

Although **basic stress** varies in intensity depending on the sensitivity and history of each individual, **it is experienced by everyone**. It is felt especially **during the first weeks** of the assignment, when newly arrived colleagues will need support.

Internal problems within the team can be the hardest thing to deal with.

If it is not recognized, difficulty in adapting to the new environment can lead to a profound malaise and severe stress with symptoms such as sleeping and/or eating disorders, personality change and apathy. Professional performance drops, and even day-to-day problems may no longer be overcome. Painful questioning about the commitment made to the humanitarian cause may be added to these emotional reactions.

What should be done?

- **Recognize the problem and identify its source:**
 - fitting into the team?
 - accepting the leader and his/her management style?
 - adapting to new professional demands?
 - family-related matters?
 - accommodation?
- **Share your problems and emotional reactions with your colleagues.**
- **Try to identify the things you can change to improve the situation:**
 - change your team;
 - maintain regular family contacts;
 - change your accommodation.

Bottling up your adaptation problems will only aggravate the basic stress you are feeling. Let them out.





Prolonged exposure to numerous daily aggressions, even minor and predictable ones, may lead to **cumulative stress**. This is different from traumatic stress, which is due to a single, sudden, violent, and unpredictable aggression (type I psychological trauma).

Cumulative stress is no less insidious and must be recognized before it leads to **burnout** and professional exhaustion.

It affects health personnel and humanitarian workers in particular, who always have to perform in overwhelming situations, where the demands are such that they cannot be met and **the sufferings of the victims may be “contagious”**.

Many small, daily frustrations, related to work in a conflict zone, occur during a humanitarian assignment:

- **housing** (uncertainty, lack of privacy, lack of comfort, shortage of water, cold, heat, noise);
- **travel** (risks, threats, tedious controls at checkpoints);
- **food** (shortages, monotonous diet);
- **immobility and inactivity** (often for prolonged periods, as in a standby situation);
- **non-recognition** of work done (lack of appreciation by the victims, hostility on the part of the authorities, or, sometimes, indifference on the part of colleagues);
- **colleagues** (they too may suffer from cumulative stress or personality problems).

In a war situation, these aggressions soon lead to frustration, a decline in professional efficiency, and ultimately to exhaustion. A monotonous routine, the bad habit of “taking small risks”, and difficulty in communicating may also cause you to lose your objectivity concerning your own safety and that of your colleagues. **This is dangerous for everyone.**

On a personal level, cumulative stress first leads to unproductive hyperactivity, then to physical and emotional exhaustion, and finally to burnout.

This is a very particular condition which can cause a person to reason: “I am no longer effective in my work, but I don’t care!”

Cumulative stress changes your attitude, imperceptibly, toward the victims, your colleagues, and your daily tasks.

Cynicism or bitterness may lead you to make sick jokes about tragic situations. Overworked or disillusioned, you have no energy to accomplish the tasks of which you are capable, and you no longer find pleasure in what you normally enjoy doing.

If ignored, this type of stress, like all other types, may lead to **psychosomatic disorders** (headaches, backache, gastrointestinal symptoms) and a **state of depression** (disturbed sleep, difficulties in concentration).

We are sometimes responsible for our own burnout, but we can always avoid this “overheating”.

What should be done?

What can you do when you feel you are suffering from cumulative stress?

Accept the fact that it is impossible to take care of others without also taking care of yourself, and be aware that everyone is primarily responsible for his/her own stress.

Understand that stress is inherent in humanitarian work, since the very high objectives of such work are not always attainable.

Avoid overwork, long hours in the office, doing without personal relationships and sport, taking harmful stimulants or medicines, and any excessive excitement which may lead you to burn the candle at both ends.

Such things are not an inevitable part of working with the ICRC.

By saving your strength and taking sufficient time for **rest**, **relief** and **relationships** (*the three Rs*) and for physical exercise you can still do sound humanitarian work without becoming exhausted.

Maintain and protect team spirit. Help to create an atmosphere where each person’s vulnerability can be perceived and their feelings expressed.

Learning to share one’s emotions with the group is the best form of prevention.



A disaster may be natural, technological, due to war, or it may result from serious social unrest.

Whatever its cause, a disaster involves:

- rapid occurrence of a dire event;
- many victims;
- large-scale material destruction;
- social disorder.

It is experienced in different ways, depending on whether one is a survivor or a witness.

- Besides physical injuries, **the survivor** of a disaster suffers from major psychological trauma and will experience an immediate or delayed stress reaction.
- **The helpless witness** of a disaster is completely stunned by an overwhelming situation, and suffers from a rapid exhaustion syndrome, similar to early and severe burnout (this phenomenon is also known as flameout, or rapid onset burnout).

Its symptoms are:

- intense fatigue, often associated with exhausting hyperactivity;
- sadness, discouragement, and depressive ideas;
- feelings of guilt and remorse;
- failure to admit to a state of psychological exhaustion, and denial of any loss of efficiency.

In a state of burnout:

- you will have lost all objectivity in analysing your professional performance;
- you will no longer be capable of deciding whether to abandon or continue your work;
- the decision to be put on temporary leave must be taken for you.

Accept this decision with good grace. It is for your own good, so that you can recover quickly without feeling guilty.

Once your leave has begun, you will experience a sudden release of accumulated emotional tension, in addition to frustration about your performance. If necessary, cry: it will do you good.

What should be done?

The type of stress associated with disasters is known as accelerated cumulative stress.

It requires essentially:

- **rest;**
- **time for recovery;**
- **a protective environment**, supplied, for example, by your family and friends.

This tranquil period will enable you fully to regain your capacity to go back to work.





Traumatic stress is the result of a psychological trauma or critical incident (for this reason, it is also known as critical incident stress).

You have just been the victim of such an incident or trauma. You have survived, and yet you are no longer quite as you were before.

For some time, you will feel like a survivor. Even if the incident is behind you, the life-threatening event was so close to you, and to your physical and psychological integrity, that it leaves you weakened, and you suddenly become aware of your vulnerability.

This is perfectly **NORMAL**.

In former times, such reactions were known as “**shell shock**”: even though they had not been hit, soldiers were incapable of continuing to fight, as if they had been buffeted by an emotional storm.

Although the range of emotional reactions to trauma is limited, such reactions vary from one individual to another.

The time it takes for these reactions to appear, and their severity, depend on the person’s character and vulnerability at the moment.

The reaction may appear:

- immediately, or after a few hours or days:
this is **acute stress disorder**;
- after a few months or, in rare cases, a few years:
this is **post traumatic stress disorder**.



Acute stress disorder

Immediate traumatic stress can take the form of a physical, emotional, thought, or behaviour disorder, or of several such disorders simultaneously.

Physical disorders are mainly:

- fatigue;
- cold sweats;
- nausea, with or without vomiting and diarrhoea;
- increased heart rate and blood pressure, with pains resembling angina pectoris;
- systematic tremors.

Emotional disorders often include:

- strong feelings of anguish and guilt;
- feeling sad, defeated, and apathetic;
- feeling angry and irritable, and looking for someone to blame;
- feeling all-powerful, excited, and invulnerable.

Thought disorders may include:

- temporary bewilderment and confusion;
- slowing of thought processes, with difficulty in concentrating, understanding situations, and making decisions;
- accelerated thought processes, rapid speech, and racing ideas.

Behaviour disorders may include:

- dangerous driving;
- hyperactivity;
- staying too long in the office, including evenings and weekends;
- angry outbursts, endless discussions, and senseless arguments.

All these stress symptoms, however worrying they may be, are a perfectly NORMAL consequence of trauma. They may last up to three months after the event, and usually subside during this period.



If the above symptoms last for more than a month, they may lead to a condition known as **post traumatic stress disorder (PTSD)**. This is a more serious condition, a **complication** of acute stress disorder or immediate traumatic stress, which could be compared to a **wound that will not heal naturally**.

Its diagnosis depends on the presence of the following factors:

- a **trauma**;
- a persistent tendency to **relive the trauma** in the form of memories, nightmares, flashbacks, or intense emotional reactions to any event reminiscent of the trauma;
- a tendency to **avoid any thought**, emotion, or activity which reminds one of the traumatic event;
- marked **autonomic hyperactivity**, accompanied by an exaggerated startle reaction, a quick temper, and sleep disorders, particularly on falling asleep;
- **persistence** of these symptoms **for at least one month**.

If a staff member is believed to be suffering from PTSD, treatment must be carried out by a specialist.

A short course of psychotherapy, with in some cases sleeping pills and sedatives, is an effective form of treatment.



What should be done?

If you think that you, or one of your colleagues, may be suffering from PTSD, **ask for help** by approaching someone you trust — a nurse, a medical coordinator, or the head of your delegation.

The head of delegation may take various measures, such as:

- assessing the gravity of the situation;
- contacting a specialist at headquarters;
- proposing medical treatment.

After a trauma, the best way of preventing PTSD is **verbalization**, enabling emotions to be expressed during a well-managed debriefing.

“Debriefing” is a military term denoting the report submitted by a subordinate, and the conclusions drawn by a superior, on a particular mission. By extension, it is used in psychology to describe the detailed account of a trauma – in this case, the account given on return from an assignment – and of the facts and emotions experienced in the field, together with the thoughts to which they give rise.

This debriefing, held individually or in a group, should take place:

- at once;
- on the spot;
- informally;
- with positive expectancy.

Request a debriefing. If you are not offered one spontaneously after suffering a trauma, ask for someone to LISTEN to you.

Asking for this can protect your future. Offering it can protect the future of others.

As in the case of burnout, months of suffering and medical treatment can be avoided by debriefing someone who has suffered a psychological trauma.



What should be done in cases of severe stress disorder? Simple and effective attitudes can be adopted in different cases.

If you yourself are suffering from a severe stress reaction...

Don't be afraid to talk. Don't suffer in silence.

Don't imagine that others will think badly of you, or that a pitiless boss will discredit or punish you.

Don't make light of what has happened to you. It is a normal but serious occurrence.

You are "injured", but you will recover.

Take **time** (*remember the three Ts: **talk, tears and time***) and be **PATIENT**. Look after yourself and don't be critical of your reactions.

Try to understand what has caused your "injury", look for the trauma, and decide what you need.

No alcohol or drugs, but someone to **LISTEN**. No medicines, but the opportunity to express your feelings.

Accept the lack of sleep, the persistent thoughts and nightmares, the obsessive memories. All these will pass with time.

If your colleague is suffering from a severe stress reaction...

It is not easy to recognize when a colleague is undergoing severe stress. Look out for:

- a security incident, an accident or an unusual event, or anything that could be a cause of traumatic stress in your immediate environment;
- a subsequent change in behaviour in your colleague.

If in doubt, it is better to offer assistance, which may be refused, than to show indifference or lack of understanding.

Encourage your colleague to express his/her emotions, but do not press too hard. Allow the feelings to flow. Don't pass judgement. Express your own reactions, without interpreting those of your colleague.

LISTEN – LISTEN – LISTEN with undivided attention.

Spend time with your colleague.

Remind your colleague that suffering is normal, that he/she is not sick but “injured”, and has survived a serious incident.

Above all, do not question your capacity to give support.

By listening and paying attention you cannot cause harm; on the contrary, you can bring relief.

Finally, if the situation does not improve despite your efforts, speak to someone you trust (*see: “What should be done [if you think you may be suffering from PTSD]?”*).



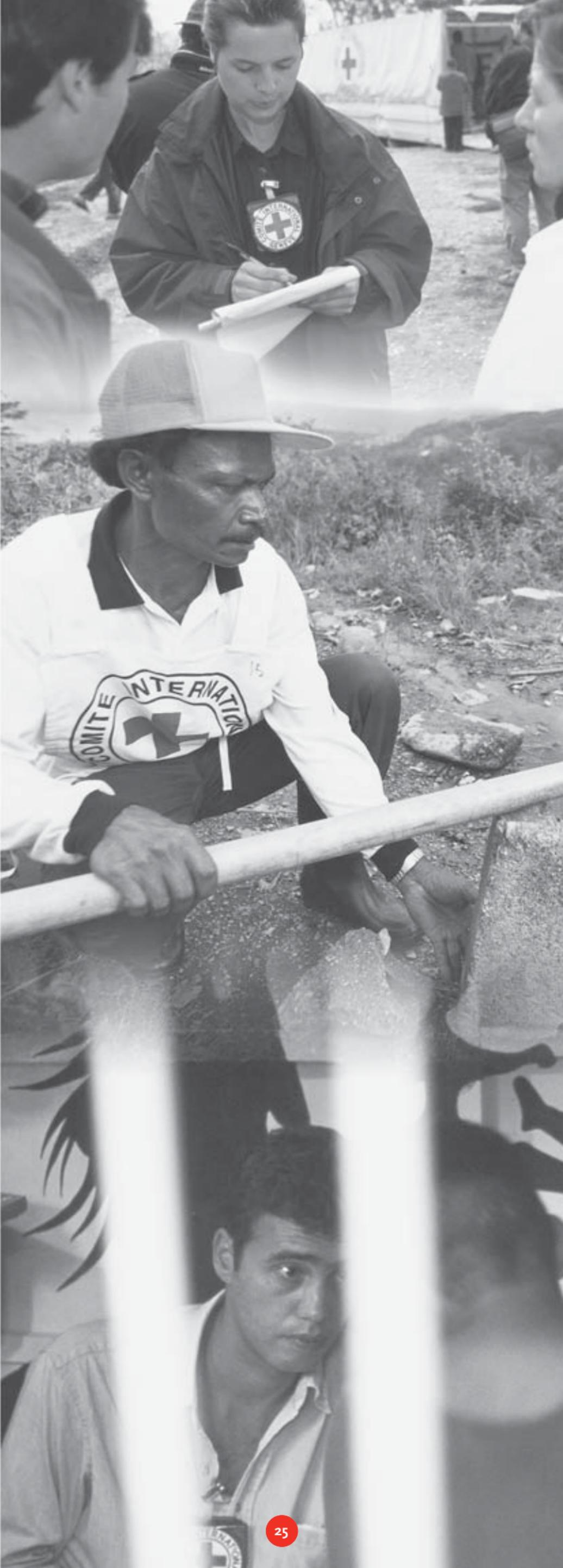


- **Being aware of the emotional reactions** (the various types of stress) **that may occur in a conflict zone is the best form of preparation for the difficulties of humanitarian work.**
- **Anyone** who suffers from traumatic stress or is present at the scene of a disaster undergoes change. In the best of circumstances your personality will be strengthened and enhanced.
- The various emotions you feel, such as cumulative stress, traumatic stress or a depressive reaction to a disaster, are **perfectly normal.**

It is the events you have experienced that are abnormal.

- Patient, attentive, and sympathetic LISTENING is the most important type of assistance for **psychological wounds**. This is worthwhile even if it takes TIME. **Two hours of listening may prevent months of problems for the victim.**
- For the survivor who has overcome a traumatic psychological experience, it is important to be able to talk about the event in all its intensity and put it behind by **sharing with those who are closest all the emotions felt at the time.**

Sharing, assistance, empathy, and listening, which together constitute caring, are an integral part of humanitarian work on behalf of victims. They are also needed in coping with the stress of colleagues.





Evaluate your state of stress by answering the following 10 questions

To evaluate your **present state of stress**, answer the following 10 questions by placing a tick in the appropriate box and adding up the results.

	never 1	sometimes 2	often 3
1 I have difficulty in sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I feel tense, irritable, and nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 The smallest noise makes me jump.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I am on the alert for dangers that threaten me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 I feel distant from my colleagues and avoid them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 My work no longer interests me, and I feel have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 I am very tired, physically and intellectually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 I have attacks of giddiness and sweating, a tight throat, and palpitations, particularly when something reminds me of a traumatic event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 I feel overexcited, I act impulsively, and I take uncalculated risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 I relive a traumatic event in my thoughts, in my dreams, or in nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add up your total score:

- **under 15:** your state of stress is **normal**, if one takes your working conditions into consideration;
- **from 16 to 25:** you are suffering from **stress**, and should take it easy;
- **from 26 to 30:** you are under **severe stress** (have you undergone a traumatic experience?) and should **ask for help from someone close to you.**





Conclusion

The ICRC recognizes that humanitarian work in a country at war may be a testing ordeal for its staff and for their families, and can give rise to severe emotional reactions.

This brochure is concerned in particular with stress in conflict zones, and the strategy for dealing with it.

This strategy is based on three principles:

- information and training;
- support in the field and at headquarters;
- administrative measures.

The aim of this document is to **inform** and **reassure** you, by emphasizing principles 1 and 2 above, so that you can prepare yourself under the best possible conditions.

Administrative measures (principle 3) are not dealt with here, but are kept under constant review at headquarters and in our delegations. They depend on the situation in the field, and include:

- a rest period after being overworked or suffering a serious trauma;
- compensatory rest periods (a long weekend each month outside the conflict zone, or a week's rest every three months).

For expatriates:

- shorter appointments for particularly difficult assignments;
- longer rest periods between assignments;
- alternation of risky and less risky assignments.

The ICRC regards stress management as a challenge for the organization as a whole, a challenge each one of you must face.

We therefore count on your active participation in helping to meet this challenge.

Mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.

We remain at your disposal should you require support or more detailed information.

If so, please contact:

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