
Trauma and Psychosocial Support

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Abstract

This paper, the final of six preliminary working papers of Volunteering in Conflict and Emergencies (ViCE) initiative, explores the emotional impact of volunteering in conflicts and emergencies. The paper argues that:

- Volunteers exposed to stress and trauma when working in complex environments are often affected in different ways than their paid staff counterparts.
 - Volunteers often confront situations that are extremely distressing, made worse when their family and own communities are affected.
 - The emotional impacts of volunteering can live on, but volunteers rarely have access to the psychosocial support and counselling that paid and particularly international aid workers can access.
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About the ViCE Initiative

The ViCE Initiative (Volunteering in Conflicts and Emergencies) is a research, development and innovation initiative led by the Swedish Red Cross in partnership with Red Cross and Red Crescent National Societies in Afghanistan, Honduras, Myanmar, South Sudan, Sudan and Ukraine, and Northumbria University.

The data, collected through a listening study methodology¹, sheds new light on the experiences and challenges faced by local volunteers, and the strategies and mechanisms they adopt to cope with increased risks and vulnerabilities, amid weakened institutional support systems.

The findings offer a greater understanding of local volunteering in conflicts and emergencies, the changing nature of humanitarianism in contemporary conflicts and emergency settings, and the multiple and overlapping roles of local volunteers as humanitarian and development actors in their own fragile communities. The research provides a body of knowledge to support and facilitate a volunteer-led approach towards protecting, promoting and recognising local volunteers working in conflicts and emergencies.

¹ Anderson et al., 2012

Introduction

"It affects you many times; many times you break down and cry, I've broken down and cried."
(Male Staff)

This paper discusses the role of the body and emotions in volunteers' experience of work in conflicts and emergencies. Academic work in the field of volunteering has long recognised the importance of the body and its emotions in the practices and experiences of volunteers². In fact, aside and above the usual definitions around remuneration and contribution to wider society, an important way of understanding the practice of volunteering in itself is by focusing on the 'wider emotional repertoires' of volunteer labour³. This emotional dimension to volunteering is undeniably rich, as notions of solidarity, empathy and care are each highly prevalent for volunteers.

Academics have variously framed decisions to volunteer in terms of altruism⁴, empathy⁵, faith⁶ or care⁷, focusing on their relationships to a cause or project and on the kinds of sacrifice they make. As we show in Theme Paper 3, local volunteering work during emergencies takes place in complex scenarios where the notions of 'giver' and 'receiver' may be sometimes blurred. However, in the specific context of conflict and emergency, we can consider the emotional dimensions to decisions to volunteer as more intense – or broader – owing to the often traumatic and stressful settings in which volunteers work. In this sense, volunteering is an intensely embodied and therefore emotional practice and experience - and volunteering in conflict and emergency settings, consequently, can take the body to its limits: stress and trauma.

Emotion and Feeling

Academic understandings of the body can be highly abstract and of limited use to empirical and practitioner accounts of volunteering. This said, it is important to recognise the body's

capacities and the ways that they can inform our understandings of volunteering. We can think broadly across two levels: emotion and affect. Emotions are that which can be named and discussed. One can articulate "I am sad", or "I am excited" and this evidences the brain and speech having knowledge of the body. We recognise an emotion and we are able to name it, whether it is a positive (e.g. happiness, anticipation) or negative (e.g. depression, fear) experience or reaction to external stimuli. Emotion, therefore, signals a knowledge of the body and if we think of a mind-body divide, is a thoughtful, self-aware interpretation of the body's feelings.

Affect can be a little more difficult to conceptualise. Affects are what the body senses before it can be articulated in thought or speech, they are the body's reaction to experience or reaction to external stimuli that, in many ways, we do not realise. Goosebumps are a good example, they appear as evidence that the body perceives a threat, or is fearful without any mental processing. Once feelings emerge into conscious thought, we can then begin to label them linguistically: 'fear', 'hope', 'dread', 'joy', 'anxiety'. Emotions, therefore, exist in language and interpretation and can be highly culturally specific – think of the way that sorrow might be expressed differently across age, gender⁸, race and nationality, for example. Affects, on the other hand, in many ways precede culture, and are shared between bodies – think of the way that excitement passes through a crowd of bodies at a sporting event that is markedly different from watching the same event alone on a television.

Focusing on the body and its emotional and feeling capacities can enrich understandings of motivations and connections across and within cultures; it can intensify our conceptualisations of empathy and care; and it can, crucially, bring to light local volunteers' experience of trauma and stress in the field. Accordingly, in the discussion that follows we analyse the presence of volunteers as emotional and

² Griffiths 2015; 2016

³ Smith et al., 2010

⁴ Wearing and McGehee, 2013

⁵ Sin, 2010

⁶ Baillie Smith, 2013

⁷ Griffiths and Brown, 2017

⁸ Theme Paper 5 discusses Gendered Experiences of Local Volunteering in Conflicts and Emergencies.

feeling people in their accounts of work in the context of conflicts and emergencies. We identify the evolving state of the body and its emotional and feeling capacities at different stages of the volunteering process towards three lessons around the body and trauma that will be explored by this Theme Paper: volunteers expect and are, in certain ways, motivated by the emotional aspects of the field; the actual experience of the field as excessively emotional, where volunteering brings traumatic emotional and feeling stimuli that exceed all possible expectations; and many volunteers feel a need for post-placement counselling.

Emotion and feeling as motivating factors

A clear point of departure lies in the role of emotions as a motivating factor in deciding to work as a volunteer. Hope and fear are two connected and powerful emotions that make people act in ways that envision the future, for better or worse; we all act in ways that are pushed by prospective futures that are loaded with hope/fear⁹. For the volunteers this came through quite clearly when they talked about how they thought about their volunteering roles placement:

"I would see some of my volunteers breaking down and crying, completely, for three or four days not coming from their houses, we come and talk to them, like that. But after that- after some two, three months or so there's another operation, the same volunteers are saying, we must be on that operation; we have to be on that operation and it's not because of money. We start telling them that the situation is not very good, you will not be happy there, you may not have the guts to do this and they say: 'no, we have to be there'". (Male Staff)

Experience of trauma here seems to instil a sense of duty and the prospect of further emotionally trying labour brings the response – in a metaphor rooted in the body – that it takes “guts” to work in this field. Similarly, a volunteer talked about the decision to volunteer in the following terms:

"... the emotional load one takes home is not easy. But, we have to deal with it. We live in a country where violence is latent. And so, we have dedicated ourselves to volunteer work and here we are with all our hearts, trying to be of service in some way." (Female Volunteer)

Volunteering here is perceived as emotional labour that must be approached with “guts” or “dealt with” through a process of – in another body-centred metaphor – “whole-hearted” dedication. What is crucial to note at this stage is that volunteers have an idea of the emotions and feelings that their work will present, and they see that as a part of the decision to volunteer. Throughout this data, this “emotional expectation”, as we might frame it, rests on a notion of duty to others and an embeddedness in the site of work, as a staff remarked:

"When you're part of it, when it's actually part of your community [these] volunteers [are] embedded into communities. Part of those communities, understanding those communities ... the emotional impact of that is massive." (Male Staff)

Volunteers clearly expect an emotionally testing experience, at least in part due to their knowledge of the settings in which they will work. They imagine (quite realistically) that their time as volunteers will bring with it, to use a phrase from the quote above, a quite heavy “emotional load”. The first, and perhaps least complex, lesson from this is that volunteers expect and are, in certain ways, motivated by the emotional repertoire of work in the field.

Emotion and feeling exceeds expectations

Once in the field, however, the emotional aspect of volunteering work exceeds expectations. This was a key theme in the data. This quote from a volunteer captures the first impressions of the site of work:

"... when I saw that place, it was flabbergasting and unforgettable for me. It was beyond my imagination because it was the first time I had seen such a scene because there were people in such horrible state that we could not tell whether a completely burnt

⁹ Anderson, 2006; p.744

person was a man or a woman. They could not be recognised. But still we, those people brought them out. Half of them were burnt and the other half looked different, so we made a mass grave.” (Male Volunteer)

This testimony is undoubtedly disturbing, and it is telling that the volunteer frames it as “beyond imagination”. If we go back to the distinction between emotion and feeling, we could extend “beyond imagination” to “beyond words”, or “beyond description”, precisely because the disturbing experience of this volunteer rests on it being experienced through presence. That is, through the presence of the body and the intensity that brings in the (understandably traumatic) proximity to other dying, burnt and dead bodies. Description in words, therefore, cannot fully grasp the feeling experienced in this case, the sights, sounds and smells that the volunteer feels. This first-time experience is apparent too in the following response from a volunteer:

“So we went out there to collect the wounded people and also the dead bodies. So we went up to the scene. From there it was very hard for us, so me-being the first time in the field- I was really weak while carrying out the activities because I could see dead bodies here and another person crying there, and – okay, to give service, now, I was feeling like I wanted to cry, so it was a challenge for me.” (Male Volunteer)

Here, it is clear that there is a bodily reaction to the presence of other bodies in distress: the volunteer feels “weak” at the sight of dead bodies and the sound of others crying. The emotions and feelings of others, in this case, moved the volunteer to “want to cry”, again evidencing an experience that is heavily loaded with emotion and feeling. This is the case, too, in one further example:

“When I got home I was emotionally charged thinking about all the things that happen many times and as society we see them but we don’t get involved in them. And it’s not the same watching things as a picture, than living them, being there. It’s not the same. So, it affects you in the end, that is, it’s an extra load on top of the everyday problems...” (Female Volunteer)

In this case the volunteer emphasises the difference between knowing in a disembodied

way – that is, in absence – and knowing through first-hand presence: “it’s not the same watching things as a picture”. We would argue that this is central to the experience of volunteering in these contexts, that the volunteers enter spaces that are defined by intense emotions and feelings.

For these volunteers, and many more, there is a disjoint here between abstract knowledge of an event and the ‘living’ and ‘being there’ that moves an event from the abstract to feeling, as this volunteer describes poignantly:

“I saw many body deads, and even they are bleeding, wounded. Everything is destroyed, burning. It was a horrible sight. It felt like it... If it was the first time for you, you would be crazy, mad. I feel grieved for that sight.” (Male Volunteer)

Across these accounts – and many others within the ViCE research dataset – volunteers, despite having quite realistic expectations of an “emotional load”, come to experience their work in ways that exceed all prior knowledge. We might then look to the body as key to understanding something of how this “excess” is produced: the mix of powerful sensory stimuli in their work makes deep impressions that cannot be understood without reference to the emotional body and its proximity to the bodies of others. In a very real sense, ‘seeing is believing’, and also much more when the complementary senses of sound and touch accumulate to leave “deep impact” on volunteers, as this example illustrates quite candidly:

“That certainly is a very bad memory. And the psychological problems that most of us developed after that because after that life for us, truly, became dull. I remember that we were wondering how to bury the people so we dug a very big grave and we simply put shrouds around them. This memory is one with deep impact, to the point that, those people, those screams, of women, of children, I mean, my mind was deeply affected.” (Male Volunteer)

At this point it becomes clear that trauma is intimately tied with the emotional experience of volunteering in this context. Of a great many other examples we could cite, this is particularly illustrative:

"I went home and I was tired, and at night when I tried to get some sleep, what I had seen during the day came to me, and I used to wake up – I had nightmares. Those who were sleeping near me would tell me in the morning that I had been shouting in my sleep. So I had been carrying the message that I had seen during the day and when I slept it was like I was in the field." (Male Volunteer).

The impressions in this case are evidently deep and disturbing, as is the case in this account from another volunteer:

"What can I say to this person to make her feel better? Right? Because many of the volunteers we have here have those scars Right? Besides the other scars, consequence of what they live every day, of the things they see in emergency cases, too Right? That sometimes they get stressed and feel overwhelmed. And they also do not get that help, and in the end we wind up treating people ourselves. Yet, more than once one feels the impact, and you can't sleep, or you feel bad because you saw so many wounded or you saw so much pain you don't know how to deal with it." (Female Volunteer).

Once again, the volunteer articulates the experience of volunteering using metaphors rooted in the body: the "wounds" of others leave "scars" and feelings of stress and being overwhelmed. Additionally, and of concern, this impacts also the well-being of the volunteer who loses sleep in this and other examples discussed above.

We would argue that what marks each of the examples from the ViCE data cited above is that there is disconnect between prior (abstract) and experiential (emotional) knowledge. There are therefore two ways of "knowing" about the emotions and feelings involved in volunteering. First, prior knowledge is based on an impression of the space of volunteering without having yet engaged in that space as a volunteer. While this might seem an obvious point, it is important to make a distinction; this preconception of the field evokes empathy or, especially in the cases above, a sense of care or will to act (and volunteer). In this way, emotions and feelings work as motivational factor for working as a volunteer. Second, knowledge gained in the field – after engaging in that space as a volunteer - is centred firmly on the body and its proximity to other, often

suffering, bodies. The feeling experience of being in the proximity of other bodies that are – to use some of the examples here – crying, screaming, bleeding, dead and decaying, impacts the body in profound ways that result in the volunteer experiencing something of that suffering.

The subsequent states of stress, nervousness, anxiety and sleep deprivation are signs that volunteers' bodies become – in important ways – aligned with those of others: they cry, lose sleep, and so forth. The 'emotional load', to once again revisit that term, becomes excessive precisely because of embodied proximity to suffering. We can therefore surmise that the proximity of the body in the field to the suffering of others produces an 'excess' where traumatic emotions and affects exceed all possible expectations.

A need for on- and post-placement counselling

We finally turn to a troubling aspect of the data to do with on- and post- placement effects of volunteering. Something of an acknowledgement of this came in an interview with a staff where "the emotional impact" is perceived as "massive" and, through concern with volunteers' well-being, it was suggested that "if we don't address we will get into some pretty severe problems" (Male Staff). Severe problems, unfortunately, are hinted at by many of the volunteers in the research. This volunteer considers how the excess of the field is internalised and how that gives rise to the need for psychosocial support:

"When volunteers work on this and they hear these people's life stories, broken dreams, people who don't want to go back, be it because of fear or because their are deeply in debt, they have social problems, or migrants who arrive from the migration route as amputees, or tetraplegic, that also upsets them, and we need to worry about the volunteers in that sense and give them support, psychosocial support in this case, so that they can also digest this problem and try not to take it home with them. And that is a very important thing that needs to be taken into account always, and I have seen that it's one of the things that is not taken into account as much within the movement." (Male Volunteer).

This need is echoed by another volunteer:

"We took a nine-year-old girl, who, the girl, the whole part of her head in this area, up to her ear, the flesh had detached. You could see her whole skull. I cleaned her as well as I could, I talked to her on the way. Thank God, we got all the patients to the hospital alive. I remember somebody put the girl in my arms so I could take her to the paediatrics section. I mean, when they put her in my arms and I saw that wound again, it kind of traumatised me to see her that way. I took her to the paediatrics section, I was with the doctor, I was with the girl because I got attached to her, and at the same time I felt so sorry for her, because seeing such a young girl suffering an accident that would leave a mark on her life forever, well... So, as my colleague said, we need to get some psychology or psychological treatments for volunteers." (Male Volunteer)

The emotions and feelings of volunteer work in this context have brought about quite obvious trauma, and there is a clear request for "psychological treatments". Many volunteers articulated a similar request, with this volunteer making it explicit that counselling is perceived as a "lacking":

"And I do feel that we're lacking a bit in that aspect, because we give a lot to others but we don't worry so much about the volunteers, not in that aspect. Because we are human too, and for us, seeing someone suffering, and especially in my case, with what happened to my dad, it's something that keeps you awake at night, as a Red Cross member. We provide our services in ambulances and help ease people's suffering, but... We do it, but we don't get psychological support, or we rarely do. And these feelings get bottled up, and after so many years I do think they end up keeping people awake at night." (Male Volunteer)

It is clear that the emotional and felt experience of volunteering "lives on" in local volunteers during and post- placement. The risk that they are "bottled up" is great, and the consequence

that they "keep people awake at night" is grave; as one male staff commented "[these are] the very, very painful histories of my life". And a final and important lesson from analysis of the data in this theme is, then, that many volunteers feel a need for post-placement counselling.

Conclusion

In this short discussion we have taken themes from the data that relate to emotions and trauma. We have sought to account for the evolving presence of emotions and feelings at different stages of the volunteering process. In deliberation over the opportunity to volunteer, it appears clear that volunteers expect and are – in important ways – motivated by the emotional experience of work in the field. There are few illusions about the prospect of this work: it will take "guts" and "heart". Once in the field, as we have discussed, the body is central to understanding the "excess" to embodied experience in the context of conflict and emergency. Cries, screams, blood, death are integral to this experience whose implications on the level of the body are – in every way – felt as traumatic.

As we have discussed, finally, when volunteers come to see with retrospect, either on- or post-placement, the profound effect of these experiences remain, as is evidenced in traumatic memories and sleep deprivation. Counselling and therapeutic support at this stage are cited as a much-needed provision by volunteers suffering from the emotional load they carry from their work. We must, therefore, take emotions seriously throughout the local volunteering process, from pre-placement briefing and training and on-placement mentoring, to post-placement counselling and support.

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