

Time is not always the great healer

Guidance in crisis management for personnel
stationed abroad



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Foreword

Whether you live and work in Sweden or are stationed abroad, crises and disasters are not at all part of daily life. Nonetheless, we are sometimes deeply shaken by events that leave a lasting impression on us.

Sida originally produced this booklet on crisis management and how we can look upon and act in different, difficult situations in order to make daily life easier for all those members of staff who work in close proximity to crises and disasters.

Three editions of the Swedish version have been printed and we are very pleased that there has been such a great demand for the booklet and that it has been spread so widely. When work on the booklet started, it was planned that it would be primarily directed towards Sida staff stationed abroad, but this perspective has gradually been toned down and the text has been made more universal. Now the booklet is used by many NGOs with staff abroad and it can also be found in Swedish embassies all over the world. Its focus is still on personnel stationed abroad but it may also be read to advantage by others who can come into contact with crisis management. Both human and financial resources can be saved in an emergency if correct measures are set in at an early stage.

The booklet can be used for self-study purposes. It can also be as training material, for example for persons attending preparatory courses prior to taking up appointments abroad.

Margareta Holmberg, social welfare officer at Sida, and Monica Ahlin, registered psychologist, have been responsible for the production of the booklet, together with Suzanne Rosendahl, Skribenten AB.

Thanks are also due to all those inside and outside Sida who have contributed expert advice, points of view and ideas for this publication.

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Chapter 1 – Living Abroad

Living abroad need not be more demanding than living at home, but it does involve a new way of life. All development cooperation work is based on solidarity with other people and the firm belief that living conditions can be improved if everybody contributes. People who choose to work with development issues feel a sense of satisfaction since they are able to contribute to changes for the better.

Development cooperation work often means a greater degree of risk-taking, both physical and mental. One prerequisite for preventing crises, and for dealing with the crises that nevertheless arise, is that people feel secure in their professional roles, in the working group, and in the country. This chapter takes up those things that facilitate, and make difficult, adaptation to a new country and culture.

A period of expectation

Your life in the new country depends to a great extent on how well you have succeeded in preparing yourself and your family. It is necessary that the family has a thorough discussion on the move to the new country and on its implications for each member of the family. Let the small children also participate in the discussion and try to describe everything that is likely to be new and strange as realistically as possible. You should be aware the fact that, for parents, it is a question of moving to something new, exciting and better, while, for children, it is often a case of moving away from things that they know and feel secure with in their daily life.

The idea of leaving friends, school and pets starts a process of thought. Children can react with sorrow and anger; they can suddenly reject their friends and so on. Therefore you should inform the school and their friends' parents about their planned move so that the children's reactions can be met with understanding.

For teenagers who are in the middle of a process of liberation from their parents, a move of this type can be particularly sensitive. The move can result in a new state of dependence on parents and the adult world, which interferes with the natural liberation process. Cutting ties with friends, school and recreational activities is a big step.

Even if you should always try to keep the family together, it is not advisable – or even possible – to force a reluctant teenager to move. If you choose to allow the children to remain in Sweden, you must naturally keep in close contact with

them. Give the children many opportunities to visit you. Teenagers can need a long period of time to grow accustomed to a new situation and it is possible that, after a while, a teenager may choose to rejoin the rest of the family.

Regardless of whether the entire family moves or one or more members of the family stay at home, the point of departure of the preparations for the stay abroad should be that the time spent abroad will be a positive experience from everyone in the family.

Experience shows that the more the separation process is successfully tackled before moving, the easier it is to adjust in the new country.

The first period

The first period in the new country is important and what is most important during this period is to give the family time! Time to absorb all the new impressions and time for meetings with new people. Our well-known Swedish efficiency – to be seen through doing things – far too rarely allows us this sort of time.

In particular, the need felt by children of a calm and undemanding period of transition is often overlooked. The expression that children adapt easily is true in one way. They have fewer prejudices and it is easier for them to accept new people and environments. But, on account of due to their limited experience and their dependence on adults, children also feel very much at the mercy of their environment. Therefore, children should not be left alone at home during the first period in the country. Small children can experience a temporary separation from their parents as a definite divorce, particularly if it takes place in unknown surroundings.

It is possible to increase the feeling of security by creating a framework of regular habits and continuity in everyday rituals, for example rituals at meal times or bedtime. Do not, therefore, make excessive changes to the habits the children are accustomed to in Sweden.

In general, family members usually experience greater nearness to each other during the stay abroad. On the other hand, a family that already has problems can find that they become even worse abroad, and the problems will also become more apparent when the family members are made more dependent on each other than before.

Adjustment takes time

Living abroad means meeting a new culture – with all that this implies in respect of difficulties and opportunities. You leave your friends, your local community

and important social support at home. It can take several months before you manage to build up a new network and, despite your expectations, the first period can be experienced as onerous.

A new language often leads to difficulties in expression. You may be unable to express yourself as well as you wish and it can also be difficult to find the appropriate level in your communication with others. Language is, of course, much more than merely understanding words. Greetings, politeness phrases, ways of addressing people, terms and procedures of meetings as well as conversational habits are unique to each place and must be learnt there.

Schools, Swedish or international, clubs and sport clubs are often important meeting places. It is here that people meet, make new acquaintances and plan activities. The school is much more important abroad than at home. The parents' interest in their children's welfare involves them more in schoolwork than was the case in Sweden. Sometimes it can be difficult for the teachers to balance the interest of the parents. The interest is often regarded as a form of support but, if the parents' views on schoolwork are entirely contradictory to those of the schools, difficult situations can arise.

The climate can be trying. Humid and oppressive heat and continuous rainy periods affect tempers. Insects and mosquito bites can cause irritation and all foreign sounds and strange smells can seem threatening.

Only a few Swedes are accustomed to having servants, and it can take time before relations with servants feel natural.

It is seldom that it is one individual thing that is difficult in the new country. It is the combination of all the new routines that makes daily life difficult. All the frustration about things that do not function properly – telephones, water pipes, administration and so on – needs to be processed. The new things must be given time to sink in slowly. It is usually possible to grow accustomed to the new routines in time. It is often more difficult to put up with the poverty and inequalities. However, it is up to each and everyone to find their own line where the injustices are concerned to avoid being overwhelmed by feelings of guilt at having a much better life than many others.

Do as the Romans do

What can you do to feel at home in a new country and how long does acclimatisation take? There are naturally no general answers to these questions. It depends on you yourself, the country in which you will live, your preparedness to accept new customs and traditions, and the generosity of the new culture towards newcomers.

It is usually possible to learn all the practical routines and new traditions quickly, but the culture – everything that is not possible to touch – is more difficult to understand. It is only when you have made personal friends in the country and feel secure with the people, the customs and the language that a deeper feeling for the country usually emerges. A feeling of being at home and secure usually coincides with the point in time when you understand the cultural code, i.e. all the unwritten rules that govern behaviour, conduct and social relations.

Doing in Rome as the Romans do means being sensitive to what is expected of a temporary visitor to the country. Women dressed in mini-shorts on a street in an African town give signals that are completely different to those given when the same clothes are worn in a small Swedish town. Ignorance of cultural implications in ways of relating to other people creates problems in social relations and can also constitute a risk to personal safety.

Culture is a border which can be felt.

The importance of the group

When you live abroad, you live, for better or worse, very closely with other people. On the one hand, people need each other. On the other hand, it is difficult to be anonymous and group pressure can be burdensome.

A person who deviates from the group's norms is quickly cast out and isolated. And the more a person deviates from the group's standards, the greater the risk of expulsion from the group. It is important to take care of newcomers in the group and to support them tactfully to make them feel welcome. Accompany them to different activities, introduce them to others and show them that they are needed in the group.

The group abroad can be small or large, Nordic or international. In cases of political unrest, it can be restricted to a small geographical area, which intensifies contacts between members of the group.

Does the group consist of newly arrived members that have never worked abroad before or of experienced people who have spent long time abroad? Does it mostly consist of families or single people? The composition of the group is of decisive importance for security in the group.

Despite the fact that, when people are recruited, special emphasis is placed on qualities such as the ability to cooperate with other and to play an active part in a group, it is impossible to predict how a group will function. In addition a group of this type is in a perpetual state of change: old members leave and new members arrive.

Relations between different categories of employees vary from introversion to extroversion. People's actions and reactions in emergencies are partly dependent on the degree of trust that exists in everyday relations between groups. If there is no trust, the directives that are given in an emergency can be received with scepticism and doubt.

Take advantage of the knowledge possessed by local employees of the culture and of practical courses of action. Often the local employees are well suited to introduce new persons to both working life and the new culture.

Different class and tribe affiliations have the effect that local employees treat each other in different ways. They have their own hierarchy, which can be difficult to see and understand, and it can take time to learn where and how it is possible to meet local employees naturally. It may seem obvious, but it is important to treat everybody fairly and always to set a good example.

The personnel officer is given a unique insight into the private life of the local employees and this situation can sometimes be difficult to handle. The personnel officer can, for example, receive requests for pay advances or for personal loans. It is a good policy to try and avoid "unsound" situations of dependence of this type. Consider what might happen if the promises are not kept. It is then that they will cause disruptions in relationships – disruptions that can effect an entire working group.

Chapter 2 – Crises and catastrophes

During our lifetimes we all normally experience a number of traumatic events, such as illness, divorce, unemployment, the death of a relative. These events give rise to what we normally call crises.

A traumatic event can constitute a threat to yourself, to those close to you, to your aims and ambitions in life, to your social identity or your security. The event can be a physical threat, but it can also be a threat to your personal integrity. Traumatic events are most often unexpected and outside your previous range of experience.

A traumatic event can mean that you are subjected to a criminal act, such as robbery, burglary, unlawful threats, rape or some other form of encroachment upon your person or your integrity. A state of war, a coup d'état and natural disasters are also examples of traumatic events that people serving abroad are more likely to be subjected to than those at home. Even events of a less dramatic type such as failure at work, a poor service record or lack of promotion can also trigger off a personal crisis.



*A traumatic event is an apparently insoluble
problem that you cannot avoid.*

The crisis resulting from a traumatic event arises when there is imbalance between, on the one hand, the intensity of the event itself and, on the other hand, our immediate internal resources for solving the problem within a certain period of time. The imbalance causes a growing feeling of anxiety and alarm. The functions we possess that are intended to restore balance and to solve problems are put directly out of action. If the problem remains, with the same intensity and without our being able to solve it, it can lead to a mental breakdown.

People end up in a crisis when they are subjected to events that cause a greater strain than is normal and that they are unable to solve with normal methods for problem-solving and adjustment. The event that causes the crisis is called a traumatic event or a trauma.

Who is most vulnerable?

In a crisis, our mental strength may not always correspond to our physical strength. Depending on what a person has experienced previously, an apparently insignificant event may trigger off violent reactions in one individual while another individual will not react at all to any appreciable extent.

It is not possible to predict how a certain individual will react in a traumatic situation and nor it is possible to predict how you will react yourself. In an emergency big, strong men can suddenly turn pale, while tiny, fragile women can mobilise unforeseen strength.

However, some factors that are of significance to the way we react in crises can be described. A person who has processed earlier crises in his life is made stronger. It has also proved to be the case that people who have succeeded in overcoming difficulties find it easier to handle a new crisis.

On the other hand, a serious event that has not been properly processed makes a person more sensitive. Earlier crises that have not been processed are easily aroused once again with the effect that some people react strongly and inexplicably to a new traumatic event.

Earlier mental problems can also make a person more susceptible to the effects of a crisis and lead to stronger reactions.

People who live in isolation, alone, without a family or otherwise without support are also more vulnerable. It can be thought that these people are mentally strong – their solitude can be self-chosen and it is therefore possible to believe that they will also cope with difficult situations without help. But, in a crisis, and when a crisis is being processed, communication with other people is of the utmost importance and talking to other people is often the best psychological medicine.

A person's physical condition can be of great significance for the type and strength of his reactions to crises. Fatigue, exhaustion and sickness have the effect that natural defence mechanisms no longer function as intended, and reactions to crises are intensified.

To sum up, it is not one circumstance alone which determines how a person will react in a crisis, but most often a combination of factors in which personality, experience of earlier crises, and proximity to the crisis are the most important.

What happens?

Some people can remain remarkably calm and collected, even under the most trying circumstances. All reactions to crises can be regarded as natural and are usually transitory.

Mental reactions to crises do not mean that an individual is mentally weak, unstable, or frail in some other way. Nor is it unprofessional to undergo a mental crisis. Behaviour in a crisis has nothing to do with intelligence, professional experience or skills. It is a natural state that everyone must overcome after a traumatic event.

Reactions to shock

A victim of a traumatic event ends up directly in a state of shock. The state of shock can last for a few minutes up to a few days after the event, depending upon how strongly the trauma was experienced.

Reaction to shock is characterised by a change in a person's state of awareness – the victim protects himself by not accepting what has happened. The event is perceived as something unreal, a nightmare, something that never happens. The change in the state of awareness can be expressed, for example, in the form of a total lack of feelings, a distorted perception of time and memory, which has the effect that the event is “branded” into the victim's consciousness.



*The victim seldom sees his reactions to the crisis and
rarely feels that he is reacting in a strange way or is in need of help.
It is the persons close to him who must see.*

Another reaction to shock is apathy – when the victim is unable to take the experience seriously. He seems conspicuously calm, almost paralysed, a form of mental paralysis. It is easy for the people around him to get the wrong idea and believe that this calmness is a sign of control and strength, when it is really a reaction to a crisis.

The opposite reaction is hysteria, when the victim behaves in a panic-stricken manner and busies himself with apparently irrational and meaningless activities.

Physical reactions such as nervous tremors, perspiration, nausea, fainting and severe headaches are very common and easy to link to the event.

The human psyche is a complicated but fantastic creation in which even reactions to shock have a purpose. They are quite simply a form of protection against the reality that the victim is temporarily unable to deal with sensibly.

Secondary reactions

When the reactions to shock have settled, secondary reactions usually occur. However, in rare cases the secondary reactions can occur much later, up to several years after the event.

The victim has now absorbed and accepted the traumatic event, and through acceptance of the fact that the event has actually occurred, pain and anxiety increase.

The pattern of problems or symptoms that can occur after a traumatic event has been given the diagnostic designation: Post Traumatic Stress Disorder (PTSD).

PTSD is a relatively new psychiatric diagnosis, which was made for the first time when the mental problems of the soldiers who had returned from Vietnam to the USA were to be treated. Today the term is also used for a state of anxiety that arises after trauma of other types than war experiences, for example after violence, torture, natural disasters, rape etc. PTSD is what we refer to here as a secondary reaction.

Examples of secondary reactions are:

- constantly reliving the event through insistent recollections, nightmares, hallucinations or flashback episodes.
- avoidance of thoughts and feelings which recall the trauma. This can be expressed in a lack of feelings, difficulties in feeling closeness to others, alienation, a limited capacity to show feelings, or the incapacity to recall an important aspect of the event.
- intensive mental pain when confronted with similar events or symbols of the event, for example the anniversary of the event.
- a lack of belief in the future or a lack of expectations.
- the state of being highly strung, which appears for example in the form of difficulties to concentrate, sleeping problems, hypervigilance or irritation.

Many of these secondary reactions can be seen as normal reactions to a traumatic event – reactions that subside after some weeks. If the reactions remain for a long period time it is possible to speak about post traumatic stress disorder. The symptoms can be seen directly after the event and they can also appear long after the trauma, up to several years later. In such cases there is a great risk that

the wrong diagnosis may be made since the symptoms are not linked directly to the traumatic event. The most important reason for following up victims of traumas long after the traumatic event is for this very fact, i.e. that the time between the traumatic event and the secondary reactions is long in some cases.

Our conception of the world is shaken

Mental crises do not merely affect our emotional life, they also have an extensive effect on our way of perceiving, interpreting and understanding ourselves and the world around us.

People who have been victims of accidents or disasters often acquire a new view of themselves and a new conception of the world. In connection with disasters, it has been found that two fundamental assumptions about life are particularly affected, namely the conceptions that one is invulnerable and that life is comprehensible.

Despite the fact that we know that we can be subjected to crimes, that many people contract cancer and so on, it appears that we have the notion that this does not happen to us. This illusion of invulnerability serves to protect us against stress and anxiety in our daily lives. But when a crisis occurs, these fundamental notions are shaken.

We also have the conception that the events in our world are understandable and take place in an orderly way. We also imagine that a certain justice exists. But, in crises, the world is no longer regarded as meaningful and just. We feel that, despite our faults and shortcomings, we have lived in a fairly decent way. It is not possible to understand the traumatic event. It does not fit in with the social laws we have incorporated into our world. This applies in particular to crises caused by people. Despite the external damage they cause, which can be just as extensive, natural disasters seem to be easier to understand and accept.

Victims of disasters often experience a feeling of helplessness towards external circumstances and an expectation that, from now on, any disaster can befall them. They feel vulnerable and unsafe, and the fear that of new disaster remains with them for a long time. They can develop a generally negative opinion of themselves, often with elements of unwarranted helplessness.

Defence mechanisms

Defence mechanisms is the name given to the unconscious mental reactions that all people use to diminish feelings of threats and danger.

Defence mechanisms exist and are developed in all individuals as part of the mental maturity process. The defence mechanisms are always functioning in all people, but the type and degree of defence varies.

The most common defence mechanisms, which sometimes appear together and sometimes in isolation, are:

Regression, when a person returns to an earlier stage of behaviour in his development. Examples of this are childish dependence and a desire that others should assume responsibility and make decisions. A regression can be shown in the form of uncontrolled outbreaks of emotion without any visible cause, changes in patterns of thinking with elements of magical thinking, simplified language and difficulties in remembering things. Regression can be temporary, as when a child starts to wet his bed in protest against having a brother or sister, but it can also be more extensive. A permanent severe regression in an adult should be seen as a sign of serious mental disturbance.

Denial means that a person notices things that should constitute a threat, but denies the existence of uncomfortable facts, rather like a child who closes his eyes and can thereby establish that the world no longer exists.

Projection means that a person ascribes impulses that arouse anxiety in him to another person or object. These are often characteristics or actions that the person is not able to accept in himself, but which he ascribes to another person in order to avoid feelings that make him uncomfortable.

Reactivity means that a person turns an action or a characteristic into its opposite. This enables a person, for example, to conceal aggression with exaggerated friendliness or to conceal a desire to be dependent with an exaggerated attitude of independence etc.

Isolation of feelings is one of the most common defences against painful experiences. A person can talk calmly about a traumatic event without the account being accompanied by the feelings that were originally aroused by the event. On the other hand, the feelings can be shown in another context or in another situation.

Isolation of feelings takes place completely unconsciously, while the *suppression of feelings* is a conscious action. The person experiences the feeling and then pushes it away.

Repression is the most effective defence mechanism. This means that disturbing or forbidden thoughts or thoughts and memories that arouse anxiety are excluded from one's consciousness. The event is erased from the memory.

Rationalisation is not really a defence mechanism of the same type as the others. Rationalisation has the aim of providing acceptable explanations of behaviour resulting from real defence mechanisms. One example is when something repressed is explained as forgetfulness.

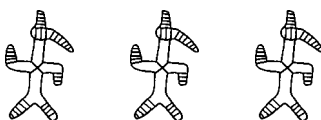
When a sudden traumatic event occurs, the defence mechanisms function as a form of protection against a reality that is far too persistent and painful. When

the victim eventually has the strength to accept what has happened, the reactions generally decrease in strength. If the defence reactions remain in place for a long period of time, or increase in strength and thereby become an obstacle to processing the event, professional psychological help or psychiatric help should be considered.

What happens to children?

Children are involved in different ways in many traumatic situations. They can have been amongst the victims or they can have been witnesses of a traumatic event.

Pre-school children in particular are more at the mercy of the effects of crises or disasters than adults, due to their limited capacity to understand and predict events. But, at the same time, small children are also protected on account of their inability to understand the ramifications of a traumatic event.



There is a tendency to underestimate children's reactions to complex events and the consequences, both short and long term, that a traumatic event can have. The attitude of adults to children is often characterised by the notion that children forget quickly or that they do not understand anything.

Children affected by crises are normally surrounded by adult people who are also affected. To be able to understand and help children, we must take their entire situation into consideration and it is therefore important to know about adult reactions.

The family can be seen as a system in which each part is connected to another part. If one or more members of the family are affected, the whole system is affected, even persons who have not been directly involved in the traumatic event. The family develops different roles in order to maintain balance. In an acute crisis that affects one or more members of the family, the balance can be upset and new demands can arise.

One of the children can, for example, have been regarded as a capable and stable child who can cope with most things. It can be difficult for the “strong” child to suddenly become small and be taken care of.

Support from the family is of decisive importance for the way in which children process traumatic events. It is not the amount of the support, but the emotional climate in the family that determines how the child will deal with the crisis. It is known from experience that if the child's surroundings suppress emotional outbreaks or do not accept a temporary regression, the entire healing process will be prolonged.

Children's reactions

The reactions of children in a crisis are naturally dependent on their age and stage of development, how strongly they have experienced the event and, not least, whether their parents or someone else they know well was present when the event occurred. It is also known that children who have been involved in traumatic situations become "fragile", and run the risk of being permanently marked by the event.

Children's reactions are almost always characterised by confusion and fear. They can be afraid of being killed, injured or left by their parents and brothers and sisters. In times of great danger, they can become paralysed or seized by panic. When several children are together, they can easily influence each other: if one child starts to cry they all start to cry, and so on.

Children who have been involved in sudden traumatic events can show different symptoms after the first period of fear and confusion. Some symptoms can be directly linked to the event while other symptoms can be more difficult to understand.

Conditioned fear is shown when children react strongly to the things that recall the trauma, directly or indirectly. Children can react to sensations such as the smell of smoke, the sound of sirens, different tastes, emotional impressions etc. Fear can be triggered off by a sensory impression, even if, in all other respects, the child is not in a similar situation to that when the traumatic event took place.

Separation anxiety is common in small children. It can be shown in the form of fear of sleeping alone or fear of the dark. They can express their increasing dependence by clinging to their parents or in a reluctance to leave the home.

Acute attacks of anxiety or more general fears, for example of going out in open places, can also occur.

Hypersensitivity in the form of constant preparedness for disasters, for example the child is on guard all the time, is easily frightened, reacts nervously to sudden sounds etc, can occur after the crisis.

Children also experience *insistent memories*, which can be particularly intensive when it is time to go to bed and are expressed in a strong fear of going to bed.

Feelings of guilt can be particularly painful for children. They can be a result of a lively imagination, magical thinking or a lack of information.

Sleep problems are a common secondary reaction. Children often dream nightmares where they experience the event once again, directly or in symbolic form.

Many children have *difficulties in going to sleep*; they do not dare to relax and fall asleep since they are afraid of dreaming. Children often want to have the light on, the door open, or to sleep with their parents.

Bodily symptoms such as stomach pains, headaches and muscular pains are common. Small children can also react by refusing to eat and thereby lose weight.

After traumatic event children can *regress* and become babies again. They can, for example, start to wet themselves again, speak badly or with baby language, stop walking and start crawling, or want to be carried.

Older children have a greater capacity to handle serious events intellectually. They can also more consciously suppress the memories or avoid places which remind them of the event in order to avoid arousing fear in this way.

The older the children become, the more their reactions and defence mechanisms tend to resemble those of adults.



Chapter 3 – Providing help

Interventions can be in the form of preparations for crises, help in the traumatic situation, and aftercare, which facilitates recovery and return to daily life.

Help is also provided at several levels. The organisation should be prepared by forming a crisis organisation that is adapted to the crises that the organisation and its employees may be subjected to. If the organisation has employees in different places, a crisis organisation should be established at each local duty station. Managers and personnel officers have a special responsibility for members of staff. In addition, external expertise is usually attached to the crisis organisation: doctors, psychologists, personnel advisors etc who can be consulted in connection with traumatic events. But no matter how well we prepare ourselves and how many experts we have at our disposal, crises come suddenly and most interventions take place at the individual level – a person nearby steps in when fellow-beings need help.

Most people who undergo a mental crisis do not receive any form of professional assistance. Most of these people emerge from the crisis after a time through their own efforts and with the support of those closest to them. Most psychological care of people can be seen natural – creating human contact and nearness.

The most important form of help is to show human feelings. This can appear obvious but it has sometimes proven to be the case that, since we are unused to speak about emotionally difficult things, we avoid speaking about things that have happened or which have become problems. We are quite simply afraid to make mistakes or to make the situation worse.

Everyone can provide the type of help listed below when someone close to you ends up in a crisis.

- Be available, listen, give time and show interest.
- Accept. We are all entitled to our feelings. Respect that it is this way the victim of the crisis feels at this particular moment. Do not make light of it.
- Help to understand! Let the victim go through what has happened in thoughts and in words.
- Do not take over the problems of the victim, but let him retain responsibility for his situation.
- Mobilise resources! Make the victim aware of his own capacity to go on, for example by helping him to go back and look at events that he has coped with successfully earlier.



Ask someone how he is once too often than once too seldom.

Crisis organisation

In a serious crisis in which several people are involved, a temporary organisation can be required with new areas of responsibility and roles at the workplace – a crisis organisation. This crisis organisation is based on the normal organisation, in which everyone fully understands their duties and areas of responsibility. In an emergency, the requirements made of the organisation will change and everyday, regular work will have to take second place, in some respects, to more urgent tasks. It can be difficult to reach a decision on the persons who should be included in the plan.

Considerable demands will be made on the manager in respect of the preparation of a psycho-social action plan, leading the interventions in the emergency phase, and in the follow-up work.

Requirements for inputs by the organisation and the workplace's employees will naturally vary in relation to the type and scope of the crisis. An evacuation of a Swedish colony in a civil war requires an almost military organisation, with clear and specifically defined leadership at all levels in the organisation, routines for reporting, an efficient contact network with other supportive institutions etc. Other events of a less serious character will perhaps only involve some of the staff and normal work can proceed more or less without interruption.

Unexpected emergencies most often cause confusion amongst those involved at a workplace. The working duties of different post-holders can be questioned and the borderlines between different areas of responsibility can be diffuse. However, uncertainty and confusion can be avoided with the aid of a crisis organisation that has been planned in advance, and which shall be introduced in emergencies.

Leaders in a crisis

In an emergency, special demands are made in respect of cooperation, harmony and loyalty. Expectations on the manager, as the person who shall lead and direct the work, are very great. The strong feelings of fear, anger, impatience etc that will emerge will mostly be directed towards the manager. The manager can be the target of feelings and emotions, which should really be directed towards another person or group. A manager has to try and distinguish between justified criticism and the projection of feelings that should really be directed towards another person.

One way to make it easier for the manager is to ensure that he/she has a little management group or staff group. Difficult decisions can be discussed in this group and the manager can have the opportunity to share his feelings and relieve himself of the reactions he meets in his position of being the leader in a crisis.

It is important for a leader to be able to distinguish between his role as a colleague and as a professional. When everything is calm, relations are normal and his role as a colleague is more prominent. On the other hand, in an emergency the manager must shoulder his professional role in order to be able to decide what inputs are necessary for the provision of both practical and emotional support.

The suitability of a person as a manager, as a personnel officer or as an administrator is examined at the recruitment stage. A mature person with previous experience of difficult situations has more to fall back on. In addition to actual expertise in his professional area, a manager should know his mandate to make sudden and decisive decisions. This means that the manager should feel support from his own management and his home organisation.

If a “crisis leader” is appointed in advance, emphasis should be placed on the person’s organisational capacity rather than his formal position. Necessary qualities in leaders of this type are organisational ability, knowledge in the subject of crisis and disaster intervention, experience of crises, a high anxiety threshold, the ability to look after the staff, capacity to delegate, capacity to handle conflicts and capacity to handle the mass media. It is not likely that one and the same person possesses all these qualities, but they should nevertheless be emphasised in the selection of a leader for crises.

Support

Interventions are very much a case of providing support. Support lies close to accepting, and is associated with concepts such as understanding and warmth. But support is also encouragement, praise and agreement. Support can also be shown with a caress, a hug or a smile.

For many persons support is the only practical and obvious means of help. In such cases, support can initially have the form of practical support and of building up a relationship in which the practical support is slowly transformed into emotional support. Another form of support is to inspire the victim of the crisis with optimism, without lulling him into false expectations. Optimism is particularly important in crises and deep depressions, and in cases of substance abuse. The counteracting forces are so strong in cases of substance abuse that the person concerned needs all the support he can possibly be given from those around him to enable him to struggle on.

Support can also be provided in extremely emotional situations by taking over responsibility and control. In a difficult discussion, it is possible to reduce anxiety, for example, by leaving the subject that is the cause of the anxiety and ensuring that the discussion does not go any deeper on that particular occasion.

Support is also needed to relieve feelings of guilt. Even if feelings of guilt are a normal, and sometimes even desirable, reaction, the person in question can need support to prevent being overcome by an excessively heavy burden of guilt.

Like most other interventions, support is easier to handle when working with an individual, when it is only necessary to take one person at a time into consideration. In family and group discussions it is more complicated. For example, giving support to one member of the family can easily be interpreted as taking that person's side – and indirectly rejecting the others. At a workplace abroad, people often know, and are friends of, all family members in the colony. This can be sensitive. Therefore it is important to speak out about feelings of this type so that they do not lead to gossip and disturbing fantasies.

Support and treatment in a group is often positive if several people have been involved in the same traumatic event. Often the victims have a lot to gain from discussing their problems, obtaining advice and feeling solidarity with others in the same situation. Experience of group discussions has shown that information that is given to patients in a group is better processed and utilised. From the personnel and finance perspective, group treatment is also often more advantageous than individual treatment.

In a group people in need of help are placed in a role of mutual giving and taking. It boosts one's self-esteem to be the person who receives others' problems, who gives advice, support and comfort, and who is given recognition in return. The support usually continues outside the group discussions.

People in emergencies need the security that is provided through frameworks and structures. The importance of this cannot be overestimated. The time, the place, the frequency of talks, professional secrecy etc are the things agreed upon

in an oral contract. Structuring also means that the aim of the support is defined and that one or several areas are concentrated on.



Time alone is not always the great healer

Empathy

Empathy means feeling sympathy for and having insight into another person's situation. Showing empathy means partly that you, as a person, constitute a form of support for other people, and partly that you help other people from feeling alone where their thoughts and feelings are concerned. Through empathy we are accepted, confirmed and understood. Empathy is a way to the inner mental life of other people. Through empathy we can gain experience of life that is not directly our own, but not far from it.

*Empathy is trying to understand another person as much as possible
and giving him what he needs, which is not always what he wants to get.*

Active listening

Acceptance and support merely show the helper's readiness and intention to listen. Active listening shows that the listener has really understood. It is a case of understanding the real message – to listen behind the words, to understand body language, signals, etc. Listening actively means taking in the traumatic event, and understanding its importance to the person affected. This requires empathy, knowledge of oneself, and knowledge of one's fellow human beings.

Sometimes discussions are made unnecessarily serious. It can provide a sense of liberation and healing to laugh together at tragicomic events. Laughter releases tensions and is one of the most positive and mature defence mechanisms.

It is an advantage to be able to channel anxiety with the aid of jokes, but progress is prevented if all threats are dispersed with the aid of jokes. It is also easier for people to listen to a person with problems if he regards the problems with a dash of humour or self-irony. In a crisis people need to go over their difficulties again and again but, if this is done without creating any distance to

the problems, it is difficult for friends, relatives and colleagues to listen and provide support.

Difficult discussions

The more dependent one is on somebody else – a friend, a colleague or a family member – the harder it is to confront this person with a difficult question. A difficult question can, for example, refer to unsuitable behaviour, sad news, poor performance at work or an organisational change that possibly includes changes in working duties and contracts.

A difficult conversation is quite simply that feeling in the stomach that, for reasons that are sometimes difficult to explain, you continuously postpone.

It is natural to be reluctant to take up a sensitive matter which can cause indignation, arouse discomfort, anger, disappointment or other strong feelings.

Living in a small, tightly knit group, in which private life and working life are intermingled, makes it more difficult to deal with a difficult discussion. But it is sometimes your duty, and problems do not normally solve themselves. Difficult discussions are uncomfortable, but they must be held. Ask yourself why you really feel the discussion is difficult and what you are afraid of. The more acute the problem is, the greater is the risk that we try to escape from the problem and hand it over to another person or our immediate superior. In this way problems and conflicts are preserved in an organisation.

Problems must be solved for our own sake, unfinished business uses up energy that we can use for other purposes. They must also be solved for the sake of the person with the problem. This person should be given the opportunity to change his situation. In addition, problems must be solved for the sake of the work. Unsolved conflicts or problems prevent the work from functioning smoothly and progress being made.

Most people have the strength to accept difficult news, provided that you are honest towards them and stand for what you say. This assurance produces healthy reactions such as anger and sorrow.

Prior to the discussion, it is a good idea to think about your intentions, what you want to achieve etc. Think also about the reactions you can expect, what line you will take to each reaction, and what your limits are for what you can personally handle.

When it is time for the discussion, ensure that you will be undisturbed and that you have plenty of time. Start by pointing out that what is said will not go any

further, unless otherwise agreed. Then take up the aim of the discussion. Avoid making a diagnosis and do not moralise, but do not hesitate to demonstrate connections, for example: if you continue doing this, the following will happen. What is important is that the person himself is given the opportunity to assume responsibility for his actions. Try to be objective and only take up events that you yourself have seen. Be specific so you do not need to listen to a lot of excuses. Try to keep your distance, so that you do not mix your own problems with those of the other person.

Dare to be silent and receptive, refrain from rapidly proposing corrective action, do not force the other person.

At the end of the discussion it is a good idea to discuss alternative solutions for the future. Also, ask the person in question to make a summary of the discussion. In this way you will avoid any misunderstandings on what has been said and agreed.

End the conversation by asking him how he felt during the discussion and how he feels now that the discussion is over. Try to capture and put any misunderstandings into words, and have a hopeful, action-oriented end to the discussion.

In a crisis

In a crisis, the helper shall primarily ensure that the atmosphere is warm and calm. Speak slowly and avoid panic! Try to obtain an overview of the situation and send for more help if it is really needed. It is organising help that is difficult – it requires a great effort to keep your head when people are suffering.

It is also the helper's task to make the victims capable of undertaking activities themselves and helping them to gain control over the situation. All activities that the victims can handle, for example rescue work and practical assistance, contribute to reducing the risk of severe mental after-effects. Naturally the mental and physical condition of the victims must also be taken into consideration but, if possible, the victim should be encouraged to do something meaningful. The victim's capacity to do something about the situation himself is often underestimated.

Also protect the victims from unnecessary sensory expressions and additional strains. This means that they shall be protected against, for example, journalists, curious spectators and possibly over-active helpers.

Try to give exact information about what is going to happen in the future. Information relieves anxiety, even if it is a question of "bad" news. Even information that there is no information relieves anxiety. Also provide informa-

tion at an early stage on any members of the family involved and give the victims the possibility to get in touch with their relatives as quickly as possible.

It is particularly important to listen to the victims and to give them the opportunity to describe the event in words. What they need is a fellow-being who gives his entire attention to the victims. Careful physical contact can be experienced as calming and strengthen the experience of presence.

Try to give some brief information about normal shock reactions (feelings of unreality, distrust, denial etc.), particularly where emotional reactions do not arise as a result of the shock. "Perhaps you feel that it is strange that you are not reacting more strongly, but this is due to the fact that you have had a shock. The feelings will come eventually. What you are experiencing now is a normal reaction that has the effect that you will gradually be able to absorb what has happened." The information can be given individually or in a large group.



Mental first aid

One prerequisite for mental first aid is naturally that requisite physical first aid has already been given. In a crisis the following points can be of benefit.

1. Say who you are and offer the victim help.
2. Help the victim to accept and receive help.
3. Listen to the victim and take his symptoms and problems seriously. Be economical with words.
4. Let the victim describe what has happened and correct misconceptions and distorted pictures so that the victim is given a realistic picture of the event.
5. Be honest and do not conceal the seriousness of the victim's situation.
6. Accept all expressions of feelings. Sorrow, pain, anger, guilt are natural feelings after severe events.
7. Be positive and give the victim hope.
8. Be aware of your own limitations as a helper.

Psychological debriefing

The saying that time is a great healer is not true where traumatic events are concerned. Experience of crisis and disasters has shown that treatment exists that is superior to that provided by nature. Treatment of this type accelerates and facilitates the healing process after a traumatic crisis, both for those directly affected and for those close to the persons affected.

The treatment, which is called debriefing, is a form of psychological aftercare which can be done individually or in a group.

The core of the treatment is that the victims are given the opportunity to relive the traumatic event. They describe the event, second by second, and all their reactions, impressions and strong feelings are released. Living through the traumatic event again is both painful and agonising but, in the long run, healthy. After a debriefing, the victims have a more realistic picture of the course of events. Misunderstandings, reliving the event over and over again, and unjustified feelings of guilt are avoided. If a person only thinks about a traumatic event quietly by himself, there is a great risk for distortion.

A psychological debriefing session is a form of crisis aftercare that provides perspectives, proportion and a common conception of what really happened.

A debriefing session should be led by a person who is well acquainted with psychology and who is accustomed to crisis therapy. It is important that the person who leads the debriefing session has not been directly involved in the traumatic event. It is not appropriate that the ordinary leader, who can be a victim himself and has ties with the members of the group, should assume responsibility for aftercare. It is also necessary that the person leading the debriefing can see things with “new” eyes in order to be able to handle reactions of shock and sorrow. Try, therefore, to engage an additional, external resource for the aftercare.

The most important task of the leader of the aftercare process, apart from leading the debriefing session, is to examine what has happened and to decide what form of help the victims need. Certain persons, often those most severely affected, may need individual debriefing, while the large majority can need a group debriefing session. A debriefing session shall not take place while people are in a state of shock, but should take place after a few days.

At a debriefing session, it is good to have two leaders. This allows one leader to step in and handle individual reactions, while the other takes care of the group.

Below a brief description is given of how a psychological debriefing session can take place. The description is of debriefing in a group, but the same steps should be included in an individual debriefing.

1. Introduction

The leaders start by presenting how the debriefing session shall proceed and how much time has been allocated. A group debriefing session takes between two and four hours depending on the size of the group and the type of traumatic event. The leader describes what will happen and emphasises the aim of the meeting – to prevent unnecessary suffering and absence due to illness. In this connection, it is important to explain that the meeting has not been arranged because the participants have mental problems, or are weak, but that the reactions to the crisis are natural reactions after a traumatic experience.

Some may protest and say that there is no point in holding the meeting, that they feel well etc. Point out then that it is the wellbeing of the entire group that is important and that the person in question can help the others simply by participating. Everyone is affected.



*When you offer help and the person turns his back,
this does not necessarily mean that he does not want
help, but only that he is not yet ready for it.*

2. Review of rules

To facilitate a debriefing session, it has proved to be suitable to use certain rules. The rules are adjusted to the group in question and the type of the traumatic event. Below examples are given of rules for debriefing.

- The meeting has been arranged to process feelings, impressions and reactions.
- The meeting is confidential.
- The participants do not need to say anything apart from their names and a description of their role in the event.
- There is no ranking order in the meeting. Everyone's opinions are equally valuable and no one should use a disproportionate amount of time.

3. The facts phase

In the facts phase, the leader asks all those present to give a brief summary of who they are, how they were informed about and affected by the event, and what role they have in the context. If it is a case of a death, the participants' relations to the dead person are particularly emphasised, their last meeting with the dead person and how they were informed of his death. If somebody breaks down and is unable to speak, this should be respected and the person should be returned to later.

4. The thinking phase

In this phase, thoughts about the event are put in focus. Questions of the type "what was your first thought when you heard about what had happened?" and "what was your first thought when you came to the place?" provide explanations of decisions, actions and reactions. Also discuss the participants' perceptions of time at the event, any warnings, false alarms etc. Try to get all participants to formulate some thoughts.

Also capture any sensory impressions of the event that have remained. This is a very central part of the debriefing session in which it is important to obtain impressions from all senses (sight, hearing, smell, touch and possibly taste).

5. The reaction phase

Here the participants put their reactions into words (fear, panic, helplessness, anxiety, guilt, feeling overwhelmed, feeling reproached, frustration and anger etc.).

Go through the reactions chronologically: first the reactions at the event, then the reactions after a period of time: the first evening, the next day, the week after, and finally the reactions at the present time.

6. Normalisation phase

The aim of this is to obtain a common and realistic picture of what happened. The leader describes the event and links to it his earlier experience of similar crises in order to play down and normalise what has happened.

In this phase the leader shall also prepare those affected for any reactions they may have to the crisis during the following days and weeks. This information can also be given in written form. Recognising reactions and knowing that they are natural is a form of support.

7. Concluding phase

Finally, the meeting is summarised and possibly a time is arranged for a follow-up meeting. If it this is not considered necessary, the leaders shall ask the victims

to get into contact with the leaders or doctors if their return to health does not proceed according to plan, for example if reactions to the crisis increase in strength.

Life goes on

Many victims of crises have experienced that people around them return to everyday life relatively quickly, and this makes them feel lonely and abandoned. The people close to them seem tired of hearing about what has happened. The fact that a victim of a crisis refuses to speak about it is most often an indication that the event has not been adequately processed. When those close to the victim do not want to hear about the event, this is often an indication that it arouses anxiety in them.

It has proved to be the case that proper aftercare facilitates return to daily life. The great advantage of, for example, a group debriefing session is that the participants acquire a common picture of the event. Tensions are released and they start to speak about the terrible thing that has happened. In this way the event is accepted and processed.

Active cooperation between colleagues, families, other supportive persons and possibly doctors makes it easier for those who have been seriously affected to return to daily life. It is easier to receive the victim in the right way if it is possible to speak openly about what has happened. Things are also made easier if the people close to the victim are informed about how he wants to be treated. It often feels good for colleagues for example to contribute some form of practical assistance.

People react in different ways after a traumatic crisis. Some need to speak about their sorrow and their many “strange” thoughts and fantasies. Going over things again and again is one way of processing the crisis.

Often the victims need help in establishing control over their memories and thoughts when they become too intensive and insistent. The most important part of the treatment after the crisis is to help the victims to balance or portion their exposure to pain and control of pain respectively so that sorrow is neither stopped nor becomes too overwhelming.

If it is possible to create a common picture of the event during the aftercare, so that no one accepts unnecessary guilt or represses what has happened, it is easier to accept both one’s own reactions and those of others.

No one can have a monopoly of sorrow, it affects everyone.



Contact with relatives

It is important that relatives of the victims are informed as much as possible about what is happening during a crisis. The relatives can then in turn form networks to inform each other. In general, it is better to have too much contact than too little, and the personnel officer has an important task in this respect.



Give relatives as objective and specific information as possible.

Support relatives to help them keep up their everyday activities.

*Give relatives the possibility to have contact with others
who have been affected by similar events.*

Children need more

In crises, it is easily the case that children and their special needs of care are neglected.

Rapid and correct care of children who have been involved in or witnesses of traumatic events, relieves the psychological after-effects and speeds up their return to a normal life.

Acute interventions

As quickly as possible after the event, try to get hold of the child, comfort it and give it bodily contact. Some children can be so panic-stricken that they instinctively avoid bodily contact. Nevertheless try to hold the child. Closeness gives security.

When the child talks about the event, listen actively, take in everything that the child says. In the beginning the words may be incoherent and incomprehensible, but it is good for the child to talk.

Create space for all the child's feelings, anger, sorrow, abandonment. Many of the reactions will be directed towards you, even if you were not the cause of the event.

Give children open and honest information, do not hide facts. Reunite children as soon as possible with their brothers and sisters and their parents.

The time immediately after the crises

Try to re-create, as soon as possible, normal routines where school, friends and leisure activities are concerned. Inform the parents about common reactions to crises shown by children. Warn them that the children can behave in ways that they have never done previously, but that the reactions are transitory. It is a normal way to react after a traumatic event.

Allow children to show their feelings and relive the traumatic event, for example in games and drawings.

Encourage the parents to express their thoughts and feelings about the event. Children can accept very strong expressions of feelings by their parents if they are given the possibility to understand them.

Some children who have experienced a traumatic event need professional help to overcome the experience. Children who have previously been exposed to traumatic events or have shown symptoms of mental disturbances are more vulnerable if a new traumatic experience occurs. If, on account of their own difficulties, the parents are not capable of giving the child sufficient support and care, the child runs a great risk of suffering permanent damage from the event.

If, after one or two months, a child still shows strong reactions to the crisis, the parents should be advised to contact a child psychologist.

Debriefing of children

It has also proved to be valuable to collect children in a group in order to go through difficult experiences together with them. In particular school children, who have learnt to function in a group, feel better if they can talk about their traumatic experiences with other children.

The goal of the work in these groups is to help the children to put their experiences into words, or to express what they have experienced in some other way. For example, the children can be encouraged to recall and describe the event with the aid of conversations, drawings and games.

Chapter 4 – Difficult situations

As a fellow-worker, manager or friend, you will meet people in difficult situations in their lives. These can include everything from relationship problems, adjustment problems, unhappiness at the workplace and at school, to depressions, heart attacks, and other acute diseases. It is difficult to know how to behave in situations of this type, how to approach the person concerned and show that you care without seeming to interfere and encroach upon the person's personal integrity.

Something has happened – but what?

Your intuition tells you that something is not right. For example, a colleague may have changed. He is quieter, “greyer”, avoids company, is often absent for several days due to headaches or “tiredness”. Progress at work slows down and you notice that reaching decisions takes an ever-increasing amount of time. The air is thick with rumours and guesses: “Have you heard?”, “Do you think?”.

As a manager, fellow-worker or friend, you understand that something is wrong and that somebody has to find out what has happened.

Never pass on rumours – find out the facts.

When shall I get involved?

In critical situations in our lives, we do not always function rationally and wisely. Instead of asking for help, we withdraw; instead of crying, we become angry and scold the people around us.

Perhaps a person who withdraws is really saying that he wants help. He is simply incapable of taking the first step – like the child who leaves through the front door in order to run away from home but wishing all the time that his mother will see him and call him back.

Most of us have a strong fear of intruding, of treading on somebody's private space. We shall respect another person's integrity but this respect should not provide a form of shelter that we hide behind in order to avoid the person. Sometimes we have to take the difficult step of approaching a person who has difficulties. It is a question of daring to show that you care. Approach the person in question by saying that you have noticed that he has changed and have wondered what it is due to. Finding the “right words” is not so important. There are no right words in situations like this. Try to find a good opportunity to meet

the person. Invite him home one evening and give him the opportunity to get things off his chest. Be prepared that your invitation to help can be welcomed but it can just as easily be rejected. What is important is that you have done what you could and the person in question knows that you will be there when he is prepared to accept your support.



Depressions

A depression is a symptom that a person is not well mentally. Depression is difficult to define. Some people regard normal low-spirits as a form of depression, others are of the opinion that it is only when the low-spirits are so serious that they require hospital treatment and medication that a person is suffering from depression.

A light form of “low-spirits” is the most common type of depression. It affects all of us at some time in our lives and is generally a natural reaction to a situation where we are under far too much pressure. We need to rest for a while from all the demands made on us, to withdraw in order to recharge our batteries and make a new effort. Low-spirits normally pass without problems. But one needs time. Cheerful encouragement from friends and colleagues to cheer up usually does not have any effect. On the other hand a tender and friendly approach, or a conversation that shows concern, eases the feeling of hopelessness and sorrow.

Sometimes a depression is a reaction to a concrete event. Somebody has lost a close relative; somebody has had a setback in working life or is in the middle of a difficult divorce. In these cases it is easy for the people close to the person concerned to understand and accept the depression. But sometimes it is not possible to see any external obvious causes of a depression. It can seem to be totally inexplicable, both to the person concerned and the people around him. “There is no reason at all to be unhappy when I’m doing so well.”

A light depression can worsen and become a deep depression. A deep depression can have its origins in experiences that are a long way back in time and which the people close to the person have no knowledge of. Certain mental diseases such as manic-depression, alcoholism or drug addiction can also lead to deep depressions.

Whatever the reason, a deep depression is an extremely painful condition which always requires treatment of one type or another.

What are the symptoms of a depression?

A depressed person has very low self-esteem. He feels that he is not worth anything and the feeling of inferiority can be so strong that he does not feel like living on. Self-accusations and feelings of guilt colour his entire existence and all his experiences.

He feels no joy, the world has become grey, and none of the things that could evoke feelings of happiness in the past are capable of affecting him any more.

Our body also functions differently when we are deeply depressed. We become tired and lack the energy to carry out our duties. Above all, we have difficulties in getting started on things. Our appetites are bad and often we lose a considerable amount of weight. Many people suffer from physical symptoms such as chest pains, pains in the stomach and muscular pains. Our sleeping rhythm is changed. Many people have difficulties in falling asleep in the evenings and wake up before dawn, early in the morning, full of anxiety and dejected. The need of sleep can also increase, some people want to sleep 24 hours a day.

At the workplace you can see that your colleague has difficulties in concentrating, even on minor duties. A creative and exuberant person suddenly lacks imagination and appears inhibited. Small things can suddenly turn into considerable sources of irritation, your colleague loses his temper easily in a way that nobody has ever seen before.

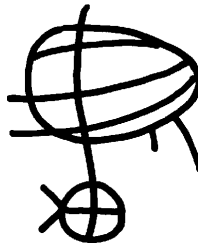
The lack of ability to make decisions about even the simplest things is one of the most common symptoms.

A deeply depressed person often changes so much that the people around him cannot avoid noting the change. A deeply depressed person does not have the strength to be with other people, avoids closeness to others and the demands of social contacts. On the other hand, it can be more difficult to understand that a person is depressed if the symptoms are merely moderate and if he is capable of appearing normal. The “laughing depression” is a well-known phenomenon. This sounds like a contradiction in terms but it means that certain people have the ability to present an external facade that does not correspond with the chaos of feelings they carry within themselves. For people around them, it can be

completely incomprehensible that a person of this type suddenly attempts to commit suicide.

Thoughts of suicide

If all the ways out of a painful situation seem to be closed, suicide can be experienced as the only solution. For a deeply depressed person, thoughts of taking his own life are part of the depressive thoughts that recur continuously, almost obsessively. But it is important to understand that most people that go around with the thought of taking their own life are ambivalent. At the same time as strong forces within them drive them towards attempting to commit suicide, they have hopes that something may possibly may happen that will change the situation so that they can continue to live.



*A person who tries to take his own life seldom wants to die
— he is merely not managing to live just now.*

Considering suicide is always a call for help. The signals of helplessness and hopelessness a person considering suicide gives to the people around him can sometimes be very clear, for example a person who is desperate and in tears who says that life is no longer worth living. The message can also be disguised somewhat and therefore more difficult to understand. Of course, a depressed person can withdraw and retire into his own shell without any communication at all with the world around him. A depressed but, at the same time, aggressive and hostile person is often experienced by the people around him as “strong”. It is difficult to understand that a destructive way of meeting one’s environment is an effective way of isolating oneself and keeping other people at a distance.

Often an attempted suicide can appear inexplicable to those close to the person, and the event that triggered off the attempt can seem trivial, but the act

itself is just the top of the iceberg and often a consequence of a long course of events which nobody close to the person had any knowledge of.

What should you do?

1. Try to distinguish between everyday, short periods of dejection and conditions of the type where the dejection/depression is so serious that treatment must be used.
A deeply depressed person who is full of worry and anxiety and who has expressed thoughts of committing suicide always needs medical and psychological help. Contact therefore a doctor who can assess needs of medication or other forms of treatment. Always consult medical and psychological expertise if you have the slightest doubt about the seriousness of the symptoms you have observed.
2. Contact and closeness are always important for a depressed person. Depressed people do not have the strength to take care of themselves. Ensure therefore that somebody is available who can help with practical things such as cooking, looking after personal hygiene etc.
3. The social situation must also be followed up. It can be the case that depressed people do not report sick, pay bills and fulfil other social commitments.
4. Relatives need guidance so that they have the strength to support depressed members of their families. Being close to a very dejected person can be experienced as difficult since one's own similar feelings can be brought to life and one can react with irritation, impatience and disassociation.

Relationship problems

A long relationship that is broken or a marriage that leads to a divorce always brings forth a crisis reaction of one type or another. Strong feelings are brought to the surface: feelings of helplessness and failure, of being deserted and rejected, fear of being left completely alone. Even if the divorce is a consequence of a joint, well-considered decision in which both parties agree to break off living together, feelings of relief, freedom and optimism will be mixed with feelings of sorrow, loss and possibly feelings of failure.

The separation is particularly complicated if both people involved work at the same workplace and have the same colleagues and friends.

If the separation is also a consequence of unfaithfulness, reactions will be even stronger and close colleagues or friends cannot avoid being drawn into the

tensions that arise. Unfaithfulness creates very strong feelings, both among those involved and among colleagues and friends. There is an unexpressed demand to “choose sides”, to show solidarity with one of the parties, and this can put friends and colleagues in a difficult situation.

Friends have the difficult task of providing emotional support in a crisis and, at the same time, staying outside the crisis as much as possible in order to avoid being drawn into the actions that are often the consequence. To avoid taking sides, to be the person who, whatever happens, represents reality and clear-sightedness, is an important responsibility.

As we know, marriage problems and relationship problems are a common subject of discussion and gossip. Remember that words spoken in a situation of irritation often contain strong feelings and expressions that the desperate person often regrets later on, when in a calmer mood. Therefore, do not always take what is said literally, and do not pass anything on without the person’s consent.

Children in a family in which the parents are undergoing a crisis are easily forgotten in the emotional chaos that can prevail. The parents become so involved with their own difficulties that the children’s needs can easily be neglected.

As adults we have the responsibility for not exacerbating the situation through unnecessary chatter. Try instead to pay a little more attention to the children. Say that you know what has happened in the family, that you understand that it is difficult but that in no way affects what you feel for the parents or for the children. It is so easy for children to feel guilt, even about things that they are not involved in, and their solidarity with their parents has the effect that they do not like to talk about what they feel to anybody. Children also need to feel that someone is paying attention to them, that they have an adult who can receive confidences without passing them on.



Problems with alcohol

Working abroad is often demanding and the work is often done under stressful and difficult conditions. Service abroad means greater exposure to alcohol, not least since attitudes towards alcohol and other drugs are less restrictive in many countries than in Sweden. In addition, alcohol is often cheaper and more easily available in all ways abroad.

Alcoholism is a disease and persons who suffer from it shall receive suitable treatment in order to recover as quickly as possible. All matters relating to alcohol shall be dealt with in such a way that the personal integrity of members of staff shall be respected.

Staff with alcohol problems should not be stationed abroad. Staff who acquire minor alcohol problems during their service abroad should receive support and treatment locally. One example of treatment of this type is that, in parallel with his work, the member of staff regularly visits a local clinic and has a doctor as a form of support. The personnel officer should keep in regular contact with the doctor. Minor abuse means that the person concerned can still do his work and is always sober in the working context.

Members of staff with serious alcohol problems shall be transferred home. Often the problems lead to sick leave, treatment at a nursing home, and aftercare. The person can only return to work when he is free from his dependence on alcohol and it has been shown that this recovery is stable over a reasonable period of time.

It is normal practice that the person in need of care pays for part of the treatment himself.

Signs of alcohol problems.

There are a number of different signals that, either individually or in combination, can indicate problems with alcohol. Naturally, each person reacts individually and the signals can have their origins in other problems than alcohol. But if a person shows several of the following symptoms, he may have problems with alcohol and you should do something.

- Deterioration in performance at work, for example irregular performance, high frequency of errors, complaints, lack of perseverance and difficulties in keeping appointments.

- Deterioration in working morale and sense of duty, for example temporary absences, minor ailments, late arrival at work, long breaks, going home early, vacation applications made in arrears, sick leave in connection with weekends and pay days.
- Personal changes, for example a lack of interest in his appearance and hygiene, constant strange and unusual excuses, uneconomical – often borrows money from colleagues.
- Changes in drinking habits, for example the person drinks more rapidly than everybody else, often drinks until there is no more to drink, gaps in memory in connection with drinking alcohol, finds every occasion excellent to combine with alcohol, encourages others to drink, needs a “pick-me-up” to relieve abstinence symptoms.

Trust your intuition. If you believe that someone has problems with alcohol or other drugs, you are unfortunately certain to be right in your fears.

Abuse of alcohol

There are many theories on the types of persons who become alcoholics, and why. One theory is that certain persons have a congenital disposition that makes it easier for them to become dependent on alcohol. Another theory is that alcoholism is a pure chemical dependence that not even the strongest will can do anything about. Some people are convinced that alcoholism is merely a psychological problem. Others believe that there is reason behind abuse of alcohol, for example emotional disturbances, childhood traumas etc. However, here we leave the explanations and concentrate instead on what is so special about alcohol and what makes the abuse of alcohol so difficult to handle.

As opposed to drugs for example, drinking alcohol is a fairly well accepted everyday occurrence in our society. It is therefore easy for an alcoholic to have the opportunity to continue his abuse.

On the other hand there are many taboos associated with alcohol that create feeling of guilt and shame among addicts and the people around them.

Addiction to alcohol is a process that intrudes gradually, almost insidiously. The transition from normal alcohol consumption to abuse is difficult to discern, both for the person concerned and the people around him.

Denial, manipulation and lack of an insight into the disease are characteristic features of an alcoholic. It is in the nature of the disease to deny it.

All in all this makes it difficult to approach an alcoholic and contribute to recovery.

Working abroad, where the personnel form a closely-knit unit, individuals are dependent on each other and their habits with alcohol are freer, make it additionally difficult to deal with problems relating to alcohol.

Who is responsible?

If it is suspected that somebody at the workplace has problems with alcohol, the people working there have a moral responsibility, and the manager also has a formal responsibility. The manager and staff provide important support for a person with alcohol problems since work usually is the last thing a person with these problems wants to relinquish.

Pressure from colleagues is therefore often more successful than, for example, the “nagging” of a family member. A reaction at the workplace is more serious and, at best, the person concerned can “wake up” to the situation.

Since addicts deny their problems, the people around them should not strengthen this behaviour by merely “protecting and understanding”.

For managers, it is important to ensure that members of staff have realistic demands and expectations. A large step towards recovery is taken when the alcoholic applies for treatment. But there is still a long way to go, and relapses can be numerous.

Even managers can be affected by problems with alcohol. All the measures described above are, of course, just as valid for managers.



First aid

The manager is responsible for ensuring that an initiative is taken to hold a discussion with the person with alcohol problems. One good method is that the manager includes in the discussion a third person whom the alcoholic is assumed to have full confidence in. In the discussion the manager can be the person who takes up the problem and makes demands, while the other person can be more supportive, showing consideration and alternative courses of action.

The key words when dealing with alcohol problems are consistency, confrontation and consideration.

The aim of the first discussion shall be to clarify that further abuse will not be accepted and to provide information about possible assistance. Concrete alternatives for treatment and other measures shall be offered. Examples of treatment and measures that can be taken in the field are supportive discussions, a doctor's certificate from the first sick day, a plan of treatment that is arranged and followed up by the doctor, and antabuse treatment.

Prepare the discussion carefully!

Bear in mind the following:

- Be frank and say openly why you are taking up the problem.
- Do not make a diagnosis/do not get bogged down in the issue of what is abuse and what is not.
- Point out instead the concrete errors made by the person and be as concrete as possible when you describe what you have seen. By all means take documentation and "proof" to the meeting.
- Avoid apologies and excuses, stick to the facts.
- Make demands in respect of work performance and sober behaviour.
- Describe different types of treatment/actions that can be taken.
- Describe the consequences will be if the limits are exceeded.
- Keep your own consumption of alcohol outside the discussion – "It is about you, not me".
- Show interest and encouragement.

If, during the discussion, the person admits his abuse, you should summarise what you have arrived at in respect of treatment, time frames, new meetings etc., before you end the meeting.

However, it is usually the case that many discussions are required before this type of progress is made. The first discussion can be experienced as a failure. For example, you can be met by aggression, total incomprehension or a number of excuses. The decisive step is to get the person to admit his abuse and to seek treatment. In cases of denial, a new meeting has to be arranged within a month and the person concerned shall be informed that he will be observed during the period up to this meeting. Ensure that this takes place, so that the addict notices the follow up.

Try to discuss the problem continuously with those closest involved to ensure that everyone has the same approach and no one allows any further abuse. It is of decisive importance that communication and cooperation functions perfectly between the manager, staff, doctor and relatives in order to help the person with the problem.

If he nonetheless cannot see his problem?

If, despite several attempts, the manager and/or fellow-workers are not successful in changing the situation, the person concerned should be transferred home in order to get help.

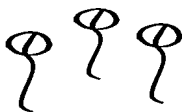
It is important that matters relating to alcohol are handled with discretion. The person concerned must know what contacts are being taken. However, during the first consultations at a health centre, with a doctor or with a personnel administrator, it is not necessary to reveal the identity of the person.

HIV and AIDS

HIV – Human Immunodeficiency Virus – is a virus infection that, some 10 to 12 years after the time of infection, develops to the incurable disease AIDS – Acquired Immuno Deficiency Syndrome. The virus is in the blood and other bodily fluids, for example in sperm. HIV is transmitted mainly via sexual contacts, but the infection can also be transmitted in connection with hospital care, primarily via blood transfusions.

Prior to being stationed abroad, every employee should be offered an extensive medical examination which includes an HIV test. Most people use these occasions to ensure that they do not have the HIV infection but they have the right to decline the offer of a HIV test.

It is not suitable to station persons with AIDS or other serious diseases abroad. On the other hand, persons who are HIV positive can, after special preparation, continue to work as usual, even if they are stationed abroad. Persons who are HIV positive shall be treated correctly by their employer or colleagues. It is therefore important to spread knowledge and information about HIV and AIDS in order to prevent the dissemination of prejudices and myths.



How great is the risk?

Since the discovery of the HIV virus in 1983, channels of infection and risk behaviour have been determined. In developing countries, particularly in Sub-Saharan Africa, an unusually large proportion of the population is HIV positive and, at the same time, the medical care services there are of a poor standard.

For various reasons, the risk of being infected by HIV is considered to be higher in a developing country. One reason is that people working in developing

countries meet and live with HIV positive people to greater extent than at home – the risk of infection via sexual contact is thus greater. It cannot be pointed out sufficiently that it is mainly through sexual contacts that the HIV infection is transmitted. Socialising and living with HIV positive people does not increase the risk of infection.

Another reason why people stationed abroad are more exposed to the virus is that, if they are injured and need blood, the blood transfusion can carry the HIV virus. Access to secure HIV-tested blood is seldom guaranteed in a developing country. Therefore, as a rule, there is a store of blood substitute at the hospitals. If a blood transfusion is necessary, the injured person shall be transported to his home country or to another suitable country. Births and major operations should always be carried out in the home country.

Caution with sexual contacts

The best protection against HIV is discerning sexual behaviour. This applies both in Sweden and in developing countries.

- Avoid temporary sexual contacts.
- Use a condom
- If, after all, you expose yourself to the risk, have a discussion with medical personnel – air your uneasiness and fears.
- If the fear is justified or if it does not go away – have an HIV test!
- Remember that your judgement deteriorates with alcohol.

*One must make up one's mind before temptation
appears, afterwards it can be too late.*

Living with HIV

It is much more common to have HIV positive people around you in developing countries than in Sweden. It can come to light, for example, that a fellow-worker, a local employee or one of your servants is HIV positive and then one must be able to handle the situation.

*It is easy to be wise when the HIV infection is at a distance but, when
it comes closer, myths begin to flourish. Only knowledge dispenses prejudices.*

HIV and AIDS are widely diverse problems that concern everyone in a personal way and stimulate thought on the subjects of sexuality, life and death.

It is an important duty for the personnel officer to spread knowledge about HIV, channels of infection and AIDS. You can do a great deal to protect people who are HIV positive against prejudices and against being rejected. But you should not eliminate or reduce the gravity of the situation for the HIV positive person or for the others. Discussions and knowledge are the best weapons.

Take care of the HIV positive person

Speak first with the person who is HIV positive and discuss with him how the two of you should act towards the others in the group. Discuss the advantages and the disadvantages of informing the others. Also inform the HIV positive person that the people around him can react strongly and hastily. If you agree to tell people about the HIV infection, give the information in small groups where each and everyone has the possibility to express their anxieties and worries. Let the HIV positive person decide whether he wants to take part or not.

Taking care of those most closely involved

It has been found that attitudes towards HIV positive people normally undergo a process of change in which some clearly defined stages can be discerned. Firstly the problem is ignored. Thereafter it is recognised that HIV/AIDS exists and a risk-free environment is demanded in which the HIV positive person should be dismissed or isolated. The next stage is that people start to understand the problem both rationally and emotionally. Then they become motivated to seek knowledge about the disease. The final and most mature stage is being able to show solicitude for the sick person.

A discussion obviously takes place in the working group when somebody at the workplace proves to be HIV positive. In this situation it is easier if the HIV issue has already been discussed in the working group – then everyone is mentally prepared in one way or another.

Try to discuss what it is that causes fear, what one's own fears are and what the fears about the HIV positive person are. Try to establish open forms of communication on the HIV issue, in which the HIV positive person also participates. Permit silly questions, ask questions yourself, ensure that all worries and fears are expressed. Spread knowledge and discuss how it is possible to protect oneself.

Follow up the discussion and be vigilant to see what happens in the group. Be particularly observant of different rejection mechanisms.

When HIV becomes AIDS

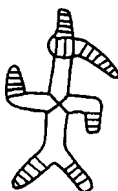
As has been mentioned above, a person with AIDS should not work abroad, due to the serious nature of the disease. But HIV positive local employees can develop the disease and this must be handled both emotionally and practically. The disease also develops more rapidly in developing countries than in Sweden.

Strong reactions can arise in the people close to the person affected, even if they knew about the infection. It is first when the symptoms are visible and can be noticed that the seriousness of the disease is understood. People can then maintain a distance to the sick person from fear of infection. It is therefore useful to discuss the question openly in a group to avoid fears and prejudices.

Living and working close to a dying person has a very deep effect. If communication at the workplace is open, worries and anxiety can be channelled. Discussions on AIDS are discussions that concern us all since they take up our own mortality, but putting difficult things into words helps. Discussions liberate worries and, after a good discussion, it is possible to proceed with the work that we are there to do.

AIDS is a serious, fatal disease with complicated symptoms that come and go. Most often the disease can be seen in the sense that the person affected has increasingly greater difficulties in doing his duties, his absence due to sickness increases, his working capacity diminishes, he becomes much thinner etc.

It is known that a seriously ill person tries to fulfil his duties to the very end. It is work that holds the spark of life alive. But the disease makes its presence known and the personnel officer must make practical preparations, possibly by using a substitute who relieves the sick person and takes over the duties in the future. Feelings of guilt easily arise since the sick person has to be informed that he is not up to his tasks. Try to prepare a transition of this type. Discuss it in the working group in good time so that everyone is mentally prepared, including the sick person. The measures must be seen as concern for the sick person while ensuring that the work continues.



Threats and violence

Living abroad can involve a greater risk of threats and violence than at home. First and foremost, the general level of threats and violence is higher. This is shown by the fact that one must prepare and protect oneself in another way than at home. For some, this can be very demanding, while others adapt quickly to security requirements in another culture.

The threats vary over time, from country to country and from area to area. Therefore the employee must keep himself updated and actively obtain information on the risks that exist in the country and area concerned. In general, it can be said that the pattern of violence has changed in the direction of increasingly serious violence. Armed robberies are increasingly common, for example in connection with the theft of cars. The perpetrator often waits for the victim, and takes the vehicle at gunpoint.

The head of the organisation shall make a continuous assessment of the threats and is responsible for ensuring that necessary protective measures are taken. Protective measures can be in the form of restrictions, advice, or security routines of different types.

Security routines must be kept up to date and telephone numbers to those on duty should be updated regularly. Training, information and instructions are obvious ways to improve general security. Do not allow security routines and protective measures to be a desk product. Discuss them regularly and ensure that newcomers to the duty station quickly absorb the information.

As people get to know a culture, they are also able to see differences between real threats and cultural differences that may appear threatening to expatriates. Security awareness behaviour is also of greatest importance. For example, this can mean not behaving provocatively and thereby attracting disapproval.

The unexpected in human meetings

Violence is a situation in which the victim is injured physically or mentally. The situation can involve murder, assault, robbery, rape etc. A threat is a form of violence that has not been executed, when someone harasses another person in writing or with threatening actions. Threats can cause considerable mental problems or injuries that, to a great extent, are similar to the injuries after violence has taken place. Situations where threats and violence can arise are, for example, when somebody has something attractive, such as money or something with a value in money. A power situation, with conflicts between individuals or groups, is also a breeding ground for violence. Violence and threats can be planned by the perpetrator and have a special purpose, for example a planned robbery. Violence can also occur on impulse – a desperate action.

One does not know how common violence and threats are. There are a large number of unrecorded cases since not all acts of violence are reported. If the physical injury is slight and the act of violence is of a humiliating type, it is common that the victim does not report what has happened. Try always to ensure that acts of violence and threats are reported, primarily in order to have the opportunity to follow up the victim, but also to create clarity where risks and threatening situations are concerned.

When you are subjected to threats and violence

The more you know about human behaviour and human reactions, the more you will be capable of successfully meeting aggressive behaviour. There are no definite tricks or methods to cope with these types of situations, but there are some simple rules of thumb that have proved to be useful.

- Try to keep calm. The attack is often not directed towards you personally but you happen to be in the aggressive person's way or represent something that arouses his anger.
- Listen actively. The aggressor is often confused and will have a friendlier attitude towards you if you show interest in his problems.
- Take the aggressor seriously. Show respect for his expressions of emotion.
- Respect his preserve. The aggressor is desperate and needs a larger preserve. Do not go too close and avoid all bodily contact until you are completely sure that you are accepted.
- Create a breathing space. You can do this, for example, by moving to a suitable place where you can speak to each other.
- Refrain from making threats yourself. Then you will avoid escalating the conflict. Keep to the subject. Refrain from making personal comments, particularly comments of the type that can insult or humiliate your counterpart.
- Avoid a "win/lose" situation. Try to have a discussion in which no one needs to feel the winner or loser but where both of you participate in finding a solution to the problem.
- If you are the victim of an armed robbery, do not offer any resistance and keep your hands visible. Give the perpetrator what he wants immediately.



Reactions to threats and violence

Threats and violence are traumatic events and people's reactions to them vary. A permanently threatening situation can cause long-term stress for many people.

Reactions to direct violent actions vary. The victim can end up in a state of shock. Some people react actively, perhaps with unreasonable anger, others become paralysed, "frozen", and some busy themselves with apparently meaningless activities. Physical symptoms are also common after a violent act, for example feelings of sickness or tremors.

Some people react several hours or days after an event of this type. Many people experience fear, discomfort or horror at what has happened or could have happened. Others remain relatively unconcerned. The reactions depends on how you perceive what has happened, whether you have been prepared or not, whether you were the sole victim, or whether you have been involved in similar events earlier.

Taking care of victims

Taking good care of a person who has been the victim of violence or threats can prevent much suffering. A person who is given the opportunity to process traumatic events is also better prepared for similar events in the future.

1. Do not leave the victim alone. A person in a state of shock is often shut off from the world, confused and undecided and should therefore not be left alone to make important decisions. Reactions often come first when one relaxes and is in safety.
2. Call a doctor, even if the victim does not appear to be physically injured. It is important for the victim to have a doctor's opinion and, if the event has legal consequences, a doctor's opinion is essential.
3. Give the victim psychological support. His family can be one form of support but the members of the family can also be in need of support. Call in professional help.

4. In order to prevent worries and rumours, tell the others in the working group about the event. Gather them as quickly as possible after the event and provide them all with information.
5. If legal action takes place as a consequence of the event, the victim should be given support during the trial since trials often rake up emotions.

Both the person who was personally affected by violence or threats and others who have been involved in the event can need emotional first aid and aftercare such as debriefing. Do not refrain from calling in professional assistance; this can save human suffering and financial resources.

In certain situations, an act of violence attracts the attention of the mass media. It is not suitable that the victim is questioned since he can be seriously affected or in a state of shock. Instead, offer the journalists contact with a person appointed in advance.

Medical evacuation

The standard of medical services in other countries is often lower than in Sweden. Also the risk of accidents and diseases is often greater. Traffic causes many accidents. There are often no driving schools, vehicles are in poor condition, roads are of poor standard and many people drive under the influence of alcohol.

If an accident occurs, the person involved should always be evacuated to an nearby country or to Sweden, if this means that the person will receive more adequate care, it will speed the recovery process or will reduce the suffering of the victim.

It is important to eliminate all unnecessary causes of anxiety for the personnel. Therefore information shall be provided that evacuation will take place when an accident happens. There should be a plan for evacuation on account of sickness at the workplace. It is not possible to prepare everything, but guidelines should be available.

The plan should contain:

- Telephone and telefax numbers to the doctor's surgery, air companies, local doctors, emergency services, evacuation hospitals, the neighbouring countries where evacuees shall be taken to in the first place, the Swedish embassy in the neighbouring country.

- A standard form for personal information about the patient: name, sex, date of birth, insurance information, citizenship, employer, passport number, date and place for the issue of the passport, and its last day of expiry.
- A standard form for patients' medical history (for example earlier diseases), the doctor's diagnoses, measures taken locally, medication, present condition etc.
- Plan for how evacuations shall be organised outside office hours (doctors on call, nurses, embassy officials etc.)
- Information on who is responsible for payment, and modes of payment.

This plan must be updated continually. A good way of testing the plan is to dial the telephone numbers and check that each number and function is up to date.

When an accident happens, it is the psychological care of the patient that is important. Follow the mental first aid programme in chapter three.

Bear in mind particularly:

- Always be calm.
- Let life and health take precedence over administrative routines.
- Do not leave the injured person alone even if he has fainted and is unconscious. He can wake up.
- Who should accompany the patient? Are medically personnel needed or a relative sufficient?
- Ensure that the patient has his passport with him and any necessary insurance documents.
- Ask the relatives to pack personal possessions.
- Give information about all the measures that have been taken so the patient feels that he has the best possible control over the situation.
- Do not forget the relatives of the patient. Inform them as soon as possible.



Evacuation

Evacuation can take place, for example, as a consequence of political unrest, the threat of war, natural disasters, lack of food or medical care etc. Personnel are evacuated when the situation in the country is so serious that their lives are in

danger. It is extremely difficult to assess when evacuation shall take place, and to plan and implement it effectively.

Prior to evacuation, constant activity takes place that has the aim of trying to obtain an overview of the situation and to predict what will happen. There is a discussion on whether people should be evacuated, when they should be evacuated and, in if so, who should be evacuated. The realism of alternative evacuation routes is discussed and evaluated.

Many questions arise in respect of payment and insurance protection. Everyone is forced to review their own plan and their family's plan. Experience shows that those who are under threat often get bogged down in discussions on payments. Possibly these questions really represent other worries in the prevailing situation.

Let everybody participate in the preparations for the evacuation. Give information regularly about the situation and what the next step can be. Activity, and the possibility to exert an influence, functions as a stress buffer and helps to reduce anxiety and worry.

The decision

This process, in which a decision is reached in respect of the people who shall leave the country before the airport and other exit routes are closed, can be perceived as very slow and time-consuming. Who should be evacuated and why they should be evacuated is a sensitive issue. Staying on can then be placed on an equal footing with courage while leaving can be regarded as a form of betrayal.

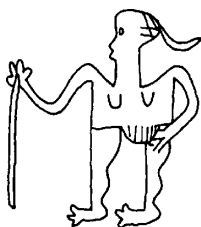
One should not forget that employees stationed abroad usually have a strong commitment to their work and this often makes a decision to evacuate difficult. Considerable feelings of guilt can arise on account of the fact that one has the privilege to be able to leave the difficult situation while the people of the country, often close friends, do not have the same possibility. Often accompanying families are evacuated as a first step and this puts families in difficult situations where choices are concerned. Feelings of duty and family considerations are in the balance. It is difficult to decide for whom or where one is most important. It would appear to be relatively clear that children should leave the country with an adult they feel safe and secure with, but it is difficult to assess what consideration should be given to the needs of couples of being together.

The decision to evacuate is often questioned. A discussion arises on whether it is necessary to evacuate or not. Persons who have become well established in a country have proved to be more doubtful about evacuation.

The evacuation

A specific evacuation plan, which is available and known by all, is essential for effective evacuation. Sometimes evacuation takes place to the home country, but the evacuation can also be made to a safer place, possibly to a third country. In such cases it is important that the recipient country has the preparedness to receive the evacuees. To feel welcome and looked after is important in a situation in which people have possibly been obliged to break up and leave in a rush.

Try to prepare the group that shall be evacuated. Clarify, for example, everyone's duties prior to evacuation and everyone's role in the organisation of the evacuation.



Evacuation is not the end

There is a tendency to breathe a sigh of relief when an evacuation has been implemented. The threat has been averted and the evacuation is the culmination of a tense situation that has gradually intensified. Often a decision to evacuate is preceded by one or more frightening events that signal the start of the evacuation.

It is important that a psychological debriefing is held with the group immediately after evacuation. Those involved in the evacuation must be given the opportunity to process the event and obtain understanding for their reactions.

The group that has been evacuated will have many questions: Can I continue my work? Will my contract be broken? What will happen to the family and children's schooling for example? What will happen to those who stayed on? Is my home still there?

Personnel who have been evacuated have given the following advice for the time directly after evacuation:

- Keep the group together. Live at the same place and maintain normal daily routines.
- Have information meetings with the latest news from the country where the evacuation took place. This offers the possibility for people to ventilate their opinions and to ask questions.
- Have a strong leader for the group (should be appointed in advance). He/she shall maintain all contacts within the group and be responsible for external contacts with the TV/press etc.
- Keep the group together for weeks (if the waiting time is long), but give the families the opportunity to arrange their own activities at weekends.
- Develop routines with the temporary hosts in respect of allocation of rooms, time and equipment – working material, telephones etc.

For personnel officers, evacuation involves a dual strain. They have to take care of others and take care of themselves and their own family at the same time.



Deaths

In all probability, one day you will be faced with the task of dealing with and giving news of a death. Meeting people in mourning and with all the strong feelings that death arouses is one of the most difficult tasks one can be faced with. As a bearer of this news, you are the person towards whom all feelings are directed, feelings that perhaps you have not counted on meeting, for example anger, denial of what has happened, or an apparent total lack of concern.

Your task is then to be the person who receives reactions, without criticising, moralising or providing practical advice or tactful remarks. For a while you must be able to absorb all the despair and anxiety felt by those affected and to be a “receptacle” for the tumult of feelings that your news brings about.

Reactions to news of death

The reactions of the survivors depend naturally on how close they were to the dead person, whether the death was unexpected or the end of a long sickness, and whether the dead person was a spouse, a child or an elderly parent.

A sudden or unexpected death, or a case in which death is not certain – the body has not been found, as in the case of disappearances – means a difficult situation for the members of the family. It is then very important to inform them in a considerate way so that their mental defences are given time to start functioning.

Most often people who have been given the news of a death try to avoid reality with all their strength. They cannot accept what has happened. Some people can appear completely calm, collected and normal on the surface, while deep down inside they are paralysed by the news. What is said to them does not penetrate, information given to them is misunderstood or not understood.

Experience of intense sorrow does not just give mental symptoms but also purely bodily symptoms. People can feel pain in different parts of the body, feel ill, become dry in the mouth, become so weak in their muscles that they do not have the strength to move. Sometimes a person's whole body starts to shake, another person can quite simply faint or shut out the world so that he no longer hears or sees what is happening around them. People do not feel hungry and a mourner may have difficulty in consuming food at all, his throat feels as if it has been tied in a knot.

Many feel the need to sigh deeply and heavily or their breathing can be puffy and short. Cries of despair, or sounds or words that do not mean anything, can come in fits and starts.

For the outsider, all these reactions can appear frightening and unnatural but they are natural reactions to a traumatic experience.

Certain people can react with strong anger, which they direct at the person who comes with the news of the death. They can, for example, scold the person, accuse him of lying or ask him to go away immediately.

It is not always possible to predict how a person will react in a situation when he is informed of a death. It is most important to bear in mind that the reactions offer a form of assistance for the person affected, which can help make the incomprehensible comprehensible and slowly make it possible to absorb the difficult truth.

Reactions of children

Small children can react at the sudden news of death in many ways but the most common direct reaction is shock and despair: “it cannot be true”. Showing anger, kicking and hitting are also common signs of showing grief. Some react with apathy or emotional paralysis, or appear totally unaffected externally and continue to play as if nothing has happened.

Children cannot maintain strong and intensive feelings as long as adults. Often therefore an expression of sorrow can be suddenly changed to forced cheerfulness. The behaviour of the child can easily be misinterpreted as a violation of the memory of the dead person.

There are different opinions about the age at which a child can mourn the loss of a person. What is important is to give the child assistance to understand and absorb what has happened. Otherwise a trauma, such as a death, can have severe effects on the further development of the child.

If you bring news of a death

Before you accept the task, consider if you have the strength to do it. If you yourself have recently lost a close relative, giving news of this type can involve far too great a strain. In such situations give the task, if possible, to somebody else or ask somebody to go with you.

Ensure that somebody is available whom you can talk to afterwards. Be prepared that you will have strong feelings about the situation long after the event. You will be affected more than you believe and it will consume a great deal of your energy. Do not expect that you will function at full working capacity directly afterwards.

Always check the information you have received about the death before you come with the news. Ensure that you have as much information about the death as possible. You will be met by many questions from those mourning the dead person.

Try to find out as much as possible about the persons you shall give the news to. If there are small children, the family may need extra assistance to take care of them.

It is important that you behave with dignity, for example that you go suitably dressed even if it is after the office has closed. Always give news of the death as quickly as possible and give it personally if possible. If you have been informed about the death by fax or telex from the home office, take the message with you so the person receiving the news can see it with his own eyes.

Do not leave the person alone after giving him the news, arrange for somebody to be there. Try to find out about the social network of the family concerned. Arrange to meet them again the next day; much of the information they received first has probably not been understood.

If there are children in the family, the message should preferably be given to them by their parents.

Practical advice in cases of death in the duty country:

- Write down all the details about the death.
- Contact your home office for administrative assistance; contact a funeral director, receive people at the airport etc.
- Contact the local funeral director.
- Follow local instructions in cases of death.
- Use contacts, for example local employees.
- Somebody should accompany the coffin home.

Practical advice in cases of death in Sweden (with the relative in a duty country)

- Double check the telex or fax.
- Find out the telephone numbers of those concerned.
- Check that those concerned have an exit visa. Book flights, buy tickets.
- Give news of the death with possible with a Swedish nurse and in the home environment/in a secluded environment.
- If the employee does not have a telephone, see that he is given the opportunity to make a telephone call.



Accidents and disasters

Fortunately it is seldom the case that personnel are victims of accidents and disasters, but when it does happen it causes an upheaval that strongly affects the entire workplace. If the accident takes place at the duty station abroad, the local people, relatives and friends will also be affected. By accidents in this context we mean, for example, car accidents, boat accidents or air accidents, murder with robbery, murder, or natural disasters that cause extensive damage.

At many places abroad the working groups are small and social life in the international colony is intensive. Many people will have close relations with the victims and, even the group is large, the event can affect people deeply. The accident can give rise to reflection on the part of each and everyone about the risks you are exposing yourself and your family to, when you choose to work abroad. Loyalty to the country and to the job can be questioned.

When an accident or disaster occurs, there is often no warning or time to make preparations. The event comes as a bomb and interrupts all other plans. Normal daily life is pushed to one side, which can mean that earlier quarrels and conflicts end up in the background.

When an accident has happened, resources are mobilised in the working group and everybody naturally wants to help. Both possible and impossible suggestions can be made. Bear in mind that not being able to help, or having offers of help turned down, can be extremely frustrating.

Provide information

Before what has happened is definitely known, rumours will always circulate. Be prepared that the rumours will not always be true. Try to have information meetings regularly. Even if there does not seem to be much news to report, it is important to correct erroneous rumours and to answer questions.

After the event it is a good idea to have a psychological debriefing, i.e. review all the important things that happened in connection with the event. A picture that is accepted by everybody can be of great help in relieving feelings of guilt and enabling the group to function normally once again.

Inform relatives and friends what has happened before they are reached by the news via mass media.

Despite the tragic sides of disasters, it has been shown that feelings of solidarity and kinship increase. People can say afterwards that they came closer to each other as a result of the event. They have shared an experience that they will never forget, an event whose effects will reverberate for a long time in the organisation.

Appendix: Local psychosocial action plan

This is an appendix that will make it easier for an organisation stationed abroad to draw up its own psychosocial action plan.

Drawing up action plans

Every organisation stationed abroad should have an emergency group that, among other things, has the responsibility for looking after psychosocial issues. Below this group is referred to as the psychosocial group.

In general, when emergency plans are being drawn up, inadequate consideration is given to the widely differing reactions that people exhibit in crises. Therefore, the plan must always be sufficiently flexible so that, within its framework, there is space for guidelines for the different situations that can arise. However, it must also be so clear, practical and concrete that it really functions in a chaotic crisis.

An action plan can be drawn up for both the organisation and for individuals that can be used both the event of a disaster and in other minor, less serious crises.

An action plan should include:

- a plan for emergency interventions in a crisis or disaster
- a plan for the follow-up of the interventions
- an evaluation of the interventions
- possibly a revision of the original plan.

Participation in psychosocial groups

A local psychosocial action plan should be the result of the joint efforts of an entire working group. Even if the person responsible for assuming command in an emergency is the person that has the ultimate responsibility, several persons will be involved in a crisis. Persons who, from the very outset, have participated in the discussions and in drawing up the plan have a greater feeling of participation. This also leads to a stronger commitment if and when the plan is put into practice.

A plan drawn up by a group also permits everybody's special knowledge to be used, not least the specific knowledge possessed by the local employees of the country and its culture.

The preparations should also include instructions on the way in which the plan should be disseminated outside the organisation.

The person responsible for assuming command in an emergency should call a meeting of the group at least twice a year in order to go through the plan, discuss it and update it. This will also provide an opportunity for newcomers to be informed about the plan.

Questions requiring decisions when drawing up a local psychosocial action plan:

1. Who should be covered by the plan?
 - personnel and their families
 - local employees and their families
 - field employees and their families
 - direct employed staff at ministries and their families
 - consultants and their families
 - others

Inventory of resources

2. Local resources
 - Organisation*
 - other sister organisations
 - local aid organisations, for example Red Cross, Save the Children
 - church organisations, including missions
 - trade unions
 - police, army, navy, air force
 - fire brigade, rescue service, breakdown service
 - ambulance service
3. Treatment resources
 - Medical: hospitals, clinics, private doctors
 - psychiatric/psychological resources
4. Persons with special skills
 - persons with previous experience of disaster work
 - local leaders
 - priests
 - doctors
 - persons who have informal knowledge and qualities that can be useful in a crisis

5. Mass media, communications and transport

- radio, television, newspapers
- airlines, trains, cars, boats

6. Accommodation, assembly points

- Hotel, private accommodation

The psychosocial group's responsibility is to make regular reviews of the emergency plan locally. The person responsible for the execution of plan should be prepared as far as possible before any event occurs. Discuss the leadership issue in depth.

The group's task is, together with recruited resources, to lead and implement medical, psychological and social interventions for the injured, relatives and groups of people concerned in situations where interventions are deemed necessary.

The group decides who should be made compulsory members of the group and who shall be called in when necessary.

The group is responsible for informing and training the persons concerned.

On the basis of assessed needs during and after a serious event, the group shall be responsible for the following:

- Drawing up groups for emergency assistance. Coordinating medical and psychological first aid.
- Assisting members of families, both local and visiting.
- Ensuring that telephone services are available.
- Providing information to the home office, the public and mass media.
- Ensuring that children's needs are met during and after the event.
- Making individual or group debriefings possible for persons who participated in the relief work.
- In cooperation with a priest or a mission, prepare and hold a memorial service or the equivalent.
- In the implementation of the plan, check regularly with the emergency group to see whether the measures taken have been sufficient. Follow up the measures taken.
- Evaluate and examine experience gained after the event.

Be prepared that fears of a new disaster will easily arise in the group. Make a careful follow-up of individual reactions over a long period of time after the event.



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