Organisational and Cultural Factors that Promote Coping: With Reference to Haiti and Christchurch

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Protection against psychological damage for emergency responders is dependent on the combination of critical organisational factors and a deep understanding of indigenous cultural definitions of health. Disaster responders know the support received from their organisation is significantly more protective than post-disaster counselling. International research supports a focus on enhanced protective factors to mitigate Acute Stress Reactions and Psychological Trauma in disaster response. Results of one wide-ranging study completed in Eastern Europe and the Middle East support the hypothesis that internal social support provided significant protection against clinical psychological conditions. Over 50% of Stress Factors are organisational. The effectiveness of Western psychosocial practices to meet the needs of the majority of disaster responders is problematic as 90% of such staff are non-European. Processes that link ethnology, anthropological psychology and Western Psychology offer promise. We will examine psychosocial responses to the Christchurch earthquake and how such processes mirror or align with experiences in emergency response environments such as Haiti and Aceh.

Background

My professional focus for the past 20 years has been the health, safety and competence of international humanitarian emergency and development workers. I have worked in a wide variety of locations, countries, wars and natural disasters since starting this work in Cambodia in 1993. I have also co-authored a number of studies on health and coping over the years. The population I have been most interested in is all those involved, either directly or indirectly, in responding to disasters or working in aid and development contexts. This obviously, or not so obviously, includes the wider networks of family, friends, colleagues and community members.

My focus has been increasingly on resilience: how can resilience and coping ability be enhanced in organisational contexts? Throughout my involvement in this field I have not primarily been a service provider, although I have had a private clinical practice on the side for much of that time. In many ways the delivery of primary health care services to those impacted by disasters is the easiest part of my life. Much more challenging is to persuade, convince and even blackmail the employing organisations to develop and implement permanent, sustainable and effective processes that enhance resilience and coping while also ensuring the availability of specific health services when needed.

There are three main points that form the foundation for the present discussion. The first is that the people who are employed in disaster response form a specific population with specific characteristics. This population obviously faces specific risks. Secondly the research confirms that organisational processes are the cause of the greatest amount of psychological distress in disaster work. Conversely, organisational processes offer considerable protection if designed and implemented appropriately. Thirdly, a focus on cultural values, practices and structures offers a high degree of return on investment when designing protective organisational processes. Let me add one more subsidiary point. In all my years of experience I have never seen external consultant processes implement long term, effective and sustainable improvements to organisational protective processes. Someone needs to be inside the organisation to make changes 'stick'.

Demographics

It is important that we understand the demographics of modern international humanitarian work. Globally the majority of Disaster Response personnel are not European in either culture or education. Ninety percent of emergency aid and development workers are hired locally. Only about 10% come from the West or the North. The white expatriate aid worker is a significant minority.

Research indicates that most of this population does pretty well in coping with the conditions of the work (Fawcett, 2003). Further, the most stressful locations are generally those in headquarters or regional offices, not the front line. While the measures of risk of developing significant psychologically disabling conditions are relatively high, the actual

incidence of severe trauma related conditions is relatively low given the circumstances. We have to be quite cautious about these data, as most of the existing research has used Western European constructs of mental health as the basis of assessment. And we all know that mental health is a particularly culture specific beast—which is where Haiti and Christchurch come in.

Key Principles

There are key research finding that have influenced the approach I have used over the years. An increasing body of research shows that that social support in its various forms provides significant protection against severe psychological disability (Eriksson, Larsen, Fawcett, & Foy, 2006). We know which components of social support provide solid protection in Western organisational contexts. A consultative leadership style plus a cohesive team will work bestt in keeping team members relatively strong. Leadership styles and team dynamics are found to all cultures, so the framework offers much that is positive in organisational design.

The foundation for designs that enhance resilience, coping and hardiness is built on two principles.

First, the majority of personnel do not experience severely disabling stress reactions. Certainly there are high degrees of distress and it is to be expected that clinical anxiety and depression, but I suggest that this is both normal and to be expected when people are exposed to complex and dangerous contexts.

Second, we need to take to heart the truth that every single culture has very well developed mechanisms that both identify threats to life and health and create processes and resources to mitigate and protect members from these threats. Further, every culture has sophisticated methods of adapting to new threats and previously unknown stress factors. Even cultures that have experienced apparently overwhelming damage will retain strong elements of both historical protective processes and the ability to adapt and meet new threats.

For example, Cambodia sustained a thoroughly intentional and sustained attack deliberately focussed on the destruction of virtually all cultural knowledge, expertise, values, leadership, and history. But despite that attack, sufficient remnants of the cultural underpinnings of social and individual protection remain today and the building of new and adapted resilience processes continues today.

Practical implications

So what do we do in practice? This presentation is too short to detail the full psychological ethnographic process we used. However the basics are fairly straightforward. The local community, agency, employees, or staff leads the assessment and design process. We facilitate a process that identifies distress, the causes of distress, and the processes that mitigate distress. The plans that come out of these discussions are designed by the local community with assistance from external facilitators.

It is certainly appropriate to provide access for the local community to new resources, new knowledge, and new expertise. Some of this may be in the form of specialist psychological knowledge or resources or expertise. It is essential to reiterate that our process does not preclude the deployment of Western trained mental health experts. In fact in all the environments I have worked the outcomes have involved a combination of traditional health processes and new understandings and expertise.

And Now to Haiti

It's hard to imagine a country that has been as poorly treated as Haiti. There isn't one indicator of poverty, disease, oppression, violence, ecology, health, or corruption that is not overwhelmingly present. The earthquake in early 2010 was, in common with all the other indicators, extreme.

Haiti is the source of a central theme for the movie *Avatar*. One of the core motifs in that film is The Tree of Life. In Creole, this tree is Mapou. The Mapou tree is sacred. In almost every way you can think of the word. The key factor about the Mapou tree that our Haitian team focussed on is that when individuals and groups face challenges or need advice they go to Mapou tree and sit. They may talk with each other, or the elders, or the spirits.

The task my colleague Amber Gray[1] and I were assigned was to design and implement a staff support program for locally employed Haitian staff for a major international NGO. In common with all international NGO's this one had an extensive health services plan for all staff. However, these services are generally reactive and based on identified individual need. The focus is on diagnosis and treatment, not prevention or the building of coping abilities.

One of the major challenges in any kind of disaster response is finding enough time to do all that needs doing. And the leaders of disaster response programmes are not generally quiet, reflective personalities. They tend to be the kind of people for whom the idea of slowing down is viewed as a major sin. Inactivity is a sign of either incompetence or a major organisational problem. External disaster experts are hired because they are movers and shakers. And one thing they rebel against is the notion that spending time on stress-mitigation has any value on a day-to-day basis. There is simply too much to be done.

Yet disaster response is one of the greatest cultural clashes you will experience. So, while the cultural practice of seeking guidance under the Mapou tree is culturally appropriate to Haitians, it is a totally non-productive activity for Disaster Response Managers. The first objective for our Haitian team was to find out from the various operational divisions in the

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agency just how much time managers might feel comfortable with in terms of permitting their staff to do some care activities. The agreement was 90 minutes. For one time only and preferably during lunch time. So the team sat down and developed "*ti koze bynet*", a "little chat about wellness". Modelled on the conversation styles of the Mapou tree and utilising a number of Haitian and Western psychological components *ti koze* provided an opportunity for staff to explore coping resilience and self-care.

The *ti koze bynet* covered the usual stress reactions (described in Haitian Creole terms), in addition to descriptions from Western psychology. It covered mitigation processes, both Haitian and Western, and detailed ways and means to access and create resources to enhance coping abilities.

Christchurch, in comparison

Christchurch is, of course, quite different to Haiti. But the principles remain the same. In this context we were working with an organisation committed from the most senior leadership to providing sound services to employees and family members. So, unlike Haiti, there was more room to move. Also, unlike Haiti, the employer created an extremely wide brief for the work. In fact there were virtually no boundaries or restrictions. The major organisational requirement was twofold: support staff and keep the work going productively.

The result is something that is all very familiar to those of us trained in Western European mainstream psychology, with its sound track record of empirical research. My focus was divided about 70/30: 70% on providing support to the managers, team leaders and team functioning, and 30% on individual consulting. As to be expected, it is the managers who bear most of the internal organisational stress from both directions—upwards from staff who need advice, support, or counsel, and downwards from head office needing information, decisions, plans, and reports. Managers got crunched in the middle.

While this overall process was ostensibly supportive, we can question the cultural monopoly of Western Pākehā processes that directed the way the organisation behaved for staff. Without doubt the organisational culture is supportive, but in a crisis the default was to provide streamlined services and activities echoing the dominant Pākehā culture. The plus side, however, was the extremely wide brief to provide support. This support was, of course, in addition to the usual referral services available to staff requiring primary mental and physical health care.

I have found over the years that internal organisational cultures, wherever organisations operate, significantly influence staff support processes. No real surprise there, I guess. But I suspect that we often skate pretty quickly across that understanding before returning to the comfort and understanding of our culture. It is often extremely difficult for organisations to recognise their own culture. Or even, sometimes, to acknowledge that they have one. More often the view is that 'culture' is something others have. And the Western corporate model is built on the somewhat risky premise that there is a clear delineation between the culture at work and the culture outside work. When a major disaster strikes, the fallacy of this distinction is exposed for what it is and the only way to comprehensively cope with the stresses and strain of a disaster environment is to include all the dynamics at play.

I have found that organisations which are unable to articulate and practice values of compassion towards their employees, are least effective in protecting staff from psychological distress. And in this category I include organisations that have written statements about the value of people. Some of the worst offenders are even organisations that are primarily focussed on meeting the needs of people in distress.

If organisational culture is a primary modifying variable, it takes a lot of very hard work to change. This is about values. And changing values is hard work and is most effectively done by those inside the organisation. To be effective we are going to need to get down and dirty inside organisations. As I said at the outset, I've never seen a case where an external consultant or professional has managed to bring about long term and sustainable cultural change in organisations.

Implications

One final question is interesting to pose: Who is more resilient? Haitians or Cantabrians? I ask this because I heard an interview with a visiting expert on National Radio some months back. He is someone I have a lot of respect for, but when talking about the resilience of Cantabrians I think he was subtly but importantly wrong. I think that individual Haitians are much more resilient than individual Cantabrians. I don't think the average Cantabrian could survive in Haiti. I know I couldn't. On the other hand, I strongly believe that the social context of Canterbury and Christchurch is much, much more resilient than that found in Haiti. Residents of New Zealand live in a social context that is basically supporting and generally compassionate. The social environment is largely free of corruption and violence. The dynamic social culture of Christchurch is therefore much more intrinsically resilient than that of Haiti.

Individual Haitians survive and thrive in spite of their context. Those that survive are fiercely resilient. Individual Cantabrians are resilient, but they thrive and survive also because resilient, flexible, competent social structures surround them.

In conclusion, my opinion is that focussing solely on individual psychological trauma provides only part of the information we need to assess the impact of events on individuals. Such a focus may lead to narrow and possibly unnecessary interventions in disaster contexts. Further, in assessing the resilience of individuals to cope with severe psychological pressure we need to be able to assess the wider social and community resilience. Individual coping ability may form only part of

resilience against severe psychological damage.

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