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**Psychological growth in humanitarian aid personnel:
Re-integrating with family and community following exposure to
war and genocide.**

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Abstract

There is a paucity of research into the subjective experiences of humanitarian aid personnel exposed to modern global conflicts and disasters in the course of their work. In particular, little is known about how they make sense of any dual threat: a) witnessing catastrophic and traumatic events perpetrated on those they seek to serve and, b) experiencing personal threat to self. This phenomenological study explores the idiographic interpretation of aid personnel working in complex humanitarian settings including exposure to genocide, and the impact of such exposure on reintegration processes post mission. Semi-structured interviews were conducted and data were analyzed using Interpretative Phenomenological Analysis (IPA). One theme: *Complex humanitarian distress and growth* overarched five subordinate themes. Four of the subordinate themes highlighted long term psychological distress including shame, moral doubt, betrayal, and narcissistic coping. The fifth theme, *Reparation with 'self'*, describes a redefining of self worth and altruistic identity over time despite earlier perceived moral failure and sense of rejection from organization and important others. Reparation with self, as a positive outcome from traumatic distress and lack of validating support from important others, is discussed in light of current posttraumatic growth literature. Implications for therapists and recruiting organizations are also discussed.

Key words: Interpretative Phenomenological Analysis (IPA); shame and moral doubt; self forgiveness; posttraumatic growth.

Introduction

Although not all humanitarian personnel work in areas of conflict, neither injuries nor environmental factors that affect those that do, are included in wartime morbidity and mortality statistics (Hynes, 2004). The workplace of humanitarian aid personnel is increasingly characterized by the complexities of global politics, military goals, terrorist threats, and overwhelming international human crises (Lischer, 2007; Vaux, 2004). Exposure to these complex environments during the course of their work can complicate relationship, societal, and career re-integration post mission in returnees (Danieli, 1996; McCormack, Joseph & Hagger, 2009). However, there is a paucity of research concerning the phenomenological experience of humanitarian work complicated by internal war and genocide, or the moral aftermath on the individual trying to make sense of such experiences.

In order to understand the experiences of both vicarious and direct exposure to war and genocide atrocities in frontline civilian humanitarian workers, this qualitative case study explored the phenomenological experiences of individuals whose humanitarian work including exposure to extreme humanitarian crises including genocide. It sought to understand how exposure to complex traumatic events is interpreted and influences psychosocial well-being post-mission.

Complex work environments impacting on Aid Personnel

Environments that inherently threaten the safety of an individual will induce both biological and cognitive responses to threat, affecting long-term psychological adjustment and well-being (Bryant, 2006). Physical threat has led to many humanitarian personnel being murdered during the course of their work (Blanchetiere, 2006; Sheik et al, 2000, Wilson & Lindy, 1994) particularly when humanitarian and military agenda overlap (Barnett, 2005). They are twice as likely to die on mission from health reasons as their non-mission work colleagues (Schouten & Borgdorff, 1995).

Psychologically, environmental challenges and extremely long working hours in humanitarian aid personnel contribute to stress with 50% believed to work ineffectively on mission due to environmental stress (Kaur, 1996). Among those wishing to redeploy to further missions, there is a reticence to seek psychological assistance post mission fearful that employing organizations will view this as personal weakness and negatively impact on future selection (Kaur, 1996; Paton 1992). Many do not return to the field contributing to low retention rates and high cost in training for organizations (Fawcett, 2004; Kaur, 1996; Loquercio, 2006; McCall & Salama, 1999).

Reintegrating with family and community post aid work

Post mission, a combination of primary and secondary exposure to complex events during mission can complicate reintegration processes with loved ones, society and careers (McCormack et al., 2009). When family and friends show little willingness to listen, or when stories are so horrific the returnee believes no one will understand, a sense of rejection, invalidation and isolation on return is likely (Danieli, 1996; Danieli, Stamatopoulou, & Dias, 1999; Eriksson et al., 2001; McCormack et al, 2009; McFarlane, 2003). This leads some to seek early redeployment, but at a time when they are at their most vulnerable and lack the psychological readiness for redeployment (McCormack et al., 2009).

For those who experience lingering feelings of invalidation and isolation, self-questioning, moral self-doubt and shame may arise as a way to make sense of events (Danieli, 1996, Danieli, Stamatopoulou & Dias 1999; Eriksson, Vande Kemp & Gorsuch et al., 2001; McFarlane, 2003a; McNair, 1995). If these doubts and feelings continue to persist, self-destructive and high risk narcissistic coping behaviours can develop to shield negative self-beliefs from others (Joireman, 2004; Leith & Baumeister, 1998; Tangney, 1991; Wilson, 2005; Wurmser, 1987). Narcissistic shame, or the move to self-destruct behaviours as a way to disguise feelings of shame (Wurmser, 1987), can be a useful decoy for those who have

experienced the extremes of war and genocide. When this is exacerbated by indifference or negative responses from support systems post mission, psychological distress and poor adjustment may continue for years after a trauma contributing to long term psychopathology (Brom & Kleber, 1989; Davis, Brickman, & Baker, 1991; Janoff-Bulman, 1989, 1992; Ullman, 2000).

Although the excessive and self-critical focus of shame tends to promote self-destructive behaviors (Joireman, 2004; Leith and Baumeister, 1998; Ranggandhan & Todorov, 2010; Tangney, 1991; Wilson, 2005), the ability to self-forgive those actions that are perceived as personal failure or harmful to others has been found to be related to good mental health and well-being (Hall & Fincham, 2005). Self-forgiveness is considered a necessary process towards self-acceptance and moral growth especially when feelings of shame are triggered by personal involvement in horrific events (Enright, 2001; Enright, Freedman, & Rique, 1998; Hall & Fincham, 2005; Ranganadhan & Todorov, 2010). Little is known of the processes by which the deliberate, effortful and altruistic nature of humanitarian work impacts on psychological well-being. Unlike other pro-social behaviour, humanitarian work in environments of high self risk is a unique form of helping behaviour which may be motivated by an intrinsic drive to honour inner values and fulfil basic psychological needs (Deci & Ryan, 2000). It may be that this same intrinsic drive helps facilitate self forgiveness in the face of moral doubt and sense of personal failure, and contributes to growthful redefining of shattered world views.

Determinants of growth and well-being

Current research recognises the potential for posttraumatic growth following a wide range of adverse events in the presence of validating support. These changes over-arch three broad life domains: positive re-evaluation of self worth, greater appreciation of interpersonal relationships, changed life values and beliefs (see Helgeson, Reynolds & Tomich, 2006; Joseph & Linley, 2008; Prati & Pietrantonio, 2009; Tedeschi and Calhoun, 1996, 2004). From this

psychosocial perspective, distress and growth can interact to determine posttraumatic adjustment (Joseph & Williams, 2005). However, more recently, an extension to the thinking of the processes of growth is the suggestion that growth may be facilitated intrinsically when validating support is absent (McCormack et al., 2011).

This study aimed to understand and describe the subjective interpretation of: 1) witnessing threat to others as well as; 2) threat to self during the course of humanitarian aid work in complex and unstable humanitarian situations. Similarly, the study aimed to highlight the participants' perception of important others and organizational support during and after field work, particularly those mechanisms for psychosocial reintegration on homecoming. Interpretative Phenomenological Analysis (IPA; Smith 1996) is a particularly relevant analytic method for this study as it is underpinned by the theoretical perspective of symbolic interactionism, i.e. it is concerned with the construction of meaning by the individual within their social and personal world. As a qualitative method it provides insight into the hermeneutic possibilities that individuals bring to traumatic, painful, and chronic life events (Osborn & Smith, 2006; Reynolds & Lim, 2007; Smith & Osborn, 2008), and this is relevant to research into complex humanitarian experiences.

Method

Participants

Participants of this study were two humanitarian aid workers, Felicity (pseudonym), aged 47 and Peter (pseudonym), aged 56 who had completed missions in Rwanda, Sudan, Sierra Leone, East Timor, Burma, Liberia, Pakistan, and the Solomon Islands. They had witnessed or were personally exposed while on missions to evisceration, publicly displayed beheadings, rape, assisted in the burial of large groups of dead women and children, machete attacks, life threat at gunpoint, looting and burning. Major personal relationships collapsed during the course of their commitment to aid work. Peter had recently remarried. His first marriage of

approximately 20 years ended after his time in Rwanda. Recently he had reconciled with his adult children though he had been estranged from them for many years following his return from Rwanda. Felicity was currently not in a relationship. She had no children and experienced early menopause following significant weight loss while in the Sudan. Both participants were professional allied medical personnel, highly skilled, and were intermittently recruited into international aid work as crises occurred. Participants were contacted through an international humanitarian organization.

Procedure

Following University of Nottingham ethics review panel approval a semi-structured interview schedule was constructed according to the “funnelling” technique of Interpretative Phenomenological Analysis (IPA; Smith, 2008). Funnelling aims to elicit general views of an experience and guide respondents to articulate more specific interpretations. These two participants were chosen as their experiences complied with the purposive sampling strategy of IPA which emphasizes the recruitment of participants for whom there is relevance and personal significance in the topic being investigated. They fitted the strict criteria of IPA for homogeneity, that is, a closely defined group for whom the research questions are significant.

Before signing the consent form, each participant was informed of the subject area under investigation and the purpose and methodology of the study. Participants were informed that they could withdraw at any time and ask for their interviews to be destroyed. Interviews were conducted at a place of their choosing. During data collection the interview focused on the phenomena of ‘lived’ experience and the attached meaning participants brought to their experiences from multiple humanitarian aid missions and psychosocial reintegration processes on homecoming. Each interview lasted approximately 3 hours allowing for subjective reflexivity and clarification. This resulted in approximately 6 hours of data. They were asked to talk as widely as possible about the experiential phenomena of being a humanitarian aid

worker over many years and the ramifications of it in their careers, family and personal lives. The first author conducted the interviews, transcribing each verbatim (see Notations) and performed an initial analysis of the data. The second author performed an independent audit of the data to establish validity of themes as required by IPA. This involved checking that interpretations were grounded in the text through critical examination of thematic representations for authenticity (Glaser & Strauss, 1967; Smith 1996). The two independent audits were then combined to develop the final set of themes.

Analytic Approach

IPA is interested in the phenomenological uniqueness of the individual within their social context and provides a set of flexible guidelines, adaptable to research aims (Smith, 1996, Smith, Flowers & Osborn, 1997; Smith & Osborn, 2003; 2008). Closely aligned theoretically with cognitive psychology (Smith, 1996), it empathically strives to understand the complex interweaving of expressed language, thinking and emotions through a double hermeneutic approach. As such, it engages the interviewee in a reflexive relationship where the interviewer is trying to make sense of the interviewee making sense of challenging experiences. It is concerned with the science of experience, that is, the relationship between what exists outside our minds (objectivity) and the thoughts and ideas individuals have about their reality (subjectivity). It is an idiographic approach where the researcher seeks to describe the individual's perception of their experiences and responses. Thus there is an interpretative framework whereby the process of IPA recognizes the relationship between the individual's perceptions of meaning, and the researcher's attempts at making sense of such perceptions.

IPA is recommended for investigating previously unexplored topics where subjective meanings, values and beliefs are important but poorly understood (Smith, 1996). Therefore, it is well suited to enlighten our understanding through two theoretical alliances: first, the cognitive processes for bringing understanding to extreme humanitarian exposure such as

genocide and war; and second, symbolic interactionism (Denzin, 1995) which is concerned with how individuals construct meaning within their social and personal world.

Each interview was transcribed and thematic analyses followed the four-stage process described by Smith and Osborn (2003): first, each script was read several times with initial note taking placed in the left-hand column; second, fresh readings immersed the researcher in development of psychological concepts and abstractions providing more specific themes/phrases in the right-hand column; third, meticulous inductive and deductive interplay began to develop themes and labels were developed; fourth, a table was developed showing higher order themes and subthemes. Throughout the analysis process, attention was paid to ensure that participant's language was not forgotten, obfuscated or diluted. Finally, a more analytical ordering occurred following analysis of both scripts as connections between themes began to emerge across the two cases and the two audits.

This iterative process requires a close interaction between researcher and script to eliminate as far as possible, biases, preconceptions and any attempt to shift interpretation out of the participant's personal/social world into the researcher's world. Thus a narrative account has developed merging the interpretative activity of the researcher and each participant's narration of their experiences. This descriptive analysis/discussion follows. Please see table 1 for the step-by-step stages of the analytic process.

Insert Table 1 here

Results

This section describes the five subordinate themes overarched by one super-ordinate theme: *Complex humanitarian distress and growth*. This overarching theme reflects independent and sometimes co-existing distress and growth over time. Quotations from the interviews are used to describe and illustrate the themes.

Five subordinate themes: *Self doubt; Shameful Betrayal; Moral Questioning and Social Isolation; Narcissistic Coping; Reparation with Self* describe first, Peter and Felicity's interpretation of the horror and many years of subsequent self-doubt, isolation, and shame; and second, a slow process of redefining their altruistic identities in their current lives (See table 2 for a list of superordinate and subordinate themes).

Self Doubt

This theme highlights the self-doubt that emerged from the duality of personal and vicarious threat during genocide. Both participants spoke of being tormented by the horror of witnessing genocide, their self doubt in prioritizing personal safety, and how they continue to be haunted by their actions and inactions.

Peter, described his exposure to the fastest genocide in recorded times in Rwanda as “... *eaten up and psychologically spat out ...*”. Struggling for both physical and mental survival, he described being overwhelmed with self doubt by what confronted him:

There was a three week period where every fibre of my being said: ‘you must get out of here; you’ve got to run. You’ve got to tell them lies to get on an aircraft and tell them that you’re not up to this and go’. And it took every ounce of my fibre to stay.

Despite nearly two decades since experiencing the Rwandan genocide he described intense sensory memories that left him doubting both his own survival and his actions:

... Ah ... (very quietly and reflectively) so much death concentrated in one place ... augmented by smell and – and grotesqueness. You know, it was – it was grotesque in every way – it assaulted your (sigh) – it assaulted every ... um form of decency you’ve ever known ... it challenged your own survival – you know, you weren’t going to survive this ... I was picking babies up that were –

um – dead or almost dead and that’s what I have the greatest trouble with ...

because some of them weren’t exactly dead ... two children by (in each) hand

and – and you threw them away ... I still see their faces ...

Felicity’s vivid sensory imagery is a constant reminder of having to prioritize her own safety as she tried to make sense of the ‘noises’ of genocide:

In your room at night – you’d hear people running and then you’d hear the dull thud of something hitting a person and you’d hear a yell and then there’d be silence ... but you weren’t able to process it.

Similarly, Felicity sense of inadequacy left her feeling consumed by her own powerless in the chaos in the Sudan:

Nothing prepared me for this ... the biggest humanitarian disaster in the world ... people are looting and burning and other things. People were killed. Aid workers were killed ... I was so powerless to do things ... I almost felt like the job was starting to eat me alive – where it started to consume me and devour me.

Shameful betrayal

This theme emerged from Felicity and Peter’s descriptions of others’ betrayal. The lack of validation and support experienced after their missions impacted on their growing self-doubt. Felicity experienced lack of organizational support in the field and felt unable to share her stories:

We didn’t get debriefed at all and when I came back ... it was like getting off a train at three thousand kilometres an hour and then you stop and – and you can’t really talk about it to anybody.... I never had had a nightmare except when I was in Rwanda - when I was in Rwanda.

Peter described how criticism and indifference from work colleagues at home after his time in Rwanda produced a profound sense of hurtful betrayal:

When I got back to work I was compassion zero – and – still reeling ... I took every opportunity I could to get away from work ... I felt like I was rudderless ... I felt anger – a lot of anger because I came home and people told me to er – get on with my life, the holiday was over ... I got off that plane and walked into indifference – at work I was er – ah – I was vilified by the boss, and that hurt a great deal.

Lack of validation and what he perceived as duplicity by his employer was incomprehensible to Peter. Emotionally numb and unresponsive, these encounters began to erode his sense of worthiness as he struggled to comprehend the psychological assault he felt from his attempts to assist in refugee camps and reconcile it with his work place reintegration post mission:

The previous week I'd been ankle deep in diarrhoea ... burying children – sixty and eighty at a time – in – roughly dug pits – I – was just overwhelmed by any stretch of the imagination – and the service gave me an extension – which turned into a month, and the service charged me with being absent without leave, and I felt betrayed by them. So when I actually got back to work I was compassion zero ... and no one back here understood!

Felicity's shame grew out of others' invalidation. As a direct consequence of her experiences in Sudan and the lack of support from her organization in the field and upon return she suffered extreme weight loss and early menopause. Further, she sustained a fracture and soft tissue damage in field that was incorrectly diagnosed and needed extensive rehabilitation on return. She felt betrayed and shamed:

“We’re finished with you ... there could be insurance claims. We’re not going to get bothered with this ... once you’re home you’re on your own” ... and that made me feel ashamed ... I’ve put my life on the line many times and this is how I get treated.

Moral doubt and social isolation

This theme captured the periods of social disconnection. Felicity and Peter retreated into as doubt over their moral integrity grew. Pre mission moral values seemed alien. The self-respect that they had once felt as humanitarians had lost all meaning. They were cautious of disclosing what they had seen and done for fear of judgment and further misunderstanding.

Felicity tentatively tried to gain understanding by offering information at a distance:

I don’t talk. No, I don’t like talking about the facts. But sometimes I’ll give somebody a book. ... I gave a book to one of the doctors at work Now I thought she would really like it but she said “Oh, this book’s so grim – it’s so grim – when does it get better?” And I thought, ‘Oh, she doesn’t get it – it’s not my story – it’s my story of **that** life.

Each participant had come to view themselves as personally flawed. Negative responses and expressions of disbelief from others encouraged isolation, encouraging feelings of shame, guilt, humiliation and sense of inadequacy:

I was persuaded by my wife to go to a psychiatrist of which he had the compassion of a – um – you know, he didn’t have much compassion at all ... he had a look of complete - disbelief ... his body language said to me – that – that couldn’t possibly have happened!

Furthermore, rejection and invalidation from others confirmed a sense of moral inadequacy and self-loathing. Peter believed no one could like him after Rwanda and projected aloofness:

At an intimate level I had a lot of disconnectedness because it was part of that thing up here (pointing to head) that no one likes me because of the things I've done ...well I didn't like myself so I didn't know how they would like me.

Similarly, family reintegration was hampered by disinterest, from some family members and his own emotional disconnectedness. Peter described himself as isolated from those he once loved:

I lost my daughters, I lost my wife um – I didn't know where to connect again ... I just didn't know where to reconnect, where to plug into emotion again ... love and things, like that was so far off the page it didn't matter.

Narcissistic Coping

This theme draws attention to negative and high risk behaviours that resulted from persistent self-doubt and feelings of shame. With all that he had held valuable no longer making sense following Rwanda, Peter developed narcissistic high risk behaviours to mask intense feelings of self doubt:

I was like a lost soul wandering around this country for two years ... I felt like I was rudderless, you know and er – and I felt anger ... I withdrew and became reclusive and on – on the drink and feeling sorry for myself.

His personal identity reframed as 'bad' over 'good' fuelled a loss of empathy resulting in intolerant anger toward others. Once back at work, narcissistic retaliation and anger towards patients occurred with little empathy shown for genuine pain and suffering:

I said, ‘Well is your leg hanging off? What are you whining (complaining) about?’ ... I was becoming less ... what’s the word – less compassionate to my patients and it was showing ... I would withhold pain relief – ‘get on with it son, because I’m not doing anything for you’ – heroin addicts got a shit of a time from me – I would shun them – I would turn away, you know, ‘get stuffed. I haven’t got time for you’. And people with minor or relatively minor injuries, I would withhold pain relief.

This indifference extended towards himself:

I really had the feeling that I did not care whether I lived or died. Life had become – life had become ... those children that I watched die over there ... they just perished en masse ... so when I came home you think ‘why do I matter? If they don’t matter, I surely don’t’. ... I became reclusive.

Adaptive responses were hampered by negative ruminations of self blame resulting in poor self-care:

I was consumed by – um – thought and memories and – and what if I’d have done this and what if I’d have done that, could I have saved this one if I’d done that ... nothing mattered except the rationalization did I do the right thing to help those children ... it overtakes you, it overtakes you ... that had a – a dramatic effect on me because I became very um – uncaring of my own um – safety.

Both Felicity and Peter’s exposure to direct and continuous empathy-stimulating distress in others, the impotence of their actions to assist, and perceived invalidation of their humanitarian role by others on return, contributed to interrelated feelings of doubt, isolation, and self-blame. Perceived betrayal on return compounded a loss of altruistic identity as

humanitarians. Finding reparation with self seemed a difficult goal while they remained unable to reconnect with empathy and compassion.

Reparation with Self

However, as the interview progressed, they began to describe emotional, cognitive and behavioural gains that came slowly. They talked of being able to compartmentalize those things they could not change:

It still comes – I've managed to compartmentalize it to some greater or lesser extent – that'll stay with me till I'm an old man. That will never leave me.

This theme highlights that without the positive and validating support of organizations and family post-mission, finding purpose and meaning was a slow and arduous lone pathway to reparation with self. Peter reflected that it took many years for his private narrative of self-blame to give way to rudimentary self-absolution through renewed compassion, empathy and internal acceptance of self:

I felt there were stepping stones ... after East Timor ... I regained my compassion. Finally I started to take an interest in life ... perhaps if you're going to stay in this world you've got to care for yourself to some extent ... finally it comes to you that you're worth something and you contribute again ... there is some purpose to my life.

Time allowed a re-evaluation of their self-worth allowing levels of reconnection to begin. Where past reflections had kept them locked in shame and self-doubt, redefining their 'altruistic identity' brought connectedness with the present. Felicity mused on personal lessons learned from her Darfur experience that were slowly taking root for self-care in her present workplace:

I started to feel undervalued and I started to realise that maybe I wasn't assertive enough in demanding more things ... I've become quite protective because you give so much of yourself ... now it's time for me to hold back a bit and not – so maybe being creative or nurturing in a different way.

Similarly as the interview progressed she began to look outwards reflected less on the negative personal experiences and more on an externally referenced and pragmatic acceptance of human nature:

I believe that the ability of people to be humane and civil is as easy to scratch off as a top layer of skin and that all of us have the potential to do awful things – all of us.

Peter articulated a reconnection with his earlier altruistic identity allowing him a renewed sense of meaning and purpose:

... to give someone back their life or what have you has been a life-long pursuit and one that I feel was my calling and if I'm remembered for that, then I will be satisfied.

Although reduced faith in human nature is sometimes considered negative change, both Peter and Felicity's lowered expectations of humanity seemed to release independent thinking and authenticity:

... I realized that we aren't here for very long – it's not about the material means, it's about a life of purpose – that's what for me is meaningful – doing that work was meaningful, purposeful and I feel good about what I did ... I've learned a lot about what I'm capable of – I've also learned in the last couple of years, my limits.

omnipotent god as they redefined their world views seeing this shift as growthful and providing meaning. Felicity was emphatic:

Well I don't believe there can be a god. I don't believe that not when you see what happens to children. How can there be a god. ... Each life is equal and each life is precious and that within each of us we have to find purpose and meaning and for me that purpose and meaning was through helping others.

Peter's post mission rejection of an omnipotent and just god also was perceived as positive allowing him to make sense of his experiences and give purpose and meaning to the rest of his life:

I had a relationship with God before Rwanda. After it I never will again. I think he's a figment of man's imagination ... I think you know, if they said at my funeral, "he tried to save some lives and he perhaps did" that would be the greatest thing that I would cherish.

Figure 1 illustrates the process of growth out of adversity in humanitarian work.

Discussion

Escalating inter-nation instability means that many humanitarian personnel are increasingly vulnerable to psychological as well as physical risk. In particular, the consequences of finding oneself caught in the swift and complex forces of genocide are phenomenologically beyond psychoanalytic conceptualization affecting bonding, attachments, and on-going self-development (Wilson & Drozdek, 2006).

Results suggest that the two participants experienced difficulty in psychological adjustment following complex humanitarian missions especially when invalidating social support occurred post mission. This included loss of family, faith, and previously held values

including self worth. Isolated in self blaming doubt, they felt rejected and prone to high risk behaviours for many years. Feelings of shame led to a confrontation with former conceptual schemas of self and moral standards. They struggled to make meaning of their role as humanitarian workers and their once valued altruistic identities and felt betrayed by those whom they regarded as occupational caretakers.

Shame following real or perceived personal failure has been linked to psychopathology (Abe, 2004). However, resolution of shame is intimately linked to self forgiveness and wellbeing and mediated by empathy and internal acceptance of selves (Hall & Fincham, 2005; Ranggandahan & Todorov, 2010; Tangney, Boone & Dearing, 2005). Both Felicity and Peter had replaced empathy and internal acceptance of self with shame and self doubt in the immediate years after experiencing genocide. Ultimately, over time, they began to recognize that empathy towards others offered a conduit to care of self. Similarly, acceptance of self was found intrinsically by redefining purpose and meaning in their humanitarian efforts and in valuing their sense of altruistic identity. This conscious shift over time towards self forgiveness, through renewed empathy and self acceptance, allowed for resolution of narcissistic shame. It also allowed them to externalize responsibility in a pragmatic new world view which led them to question the inherent goodness of humanity and an omnipotent justice.

Rebuilding a meaningful world can be protracted and even impossible for some exposed to unfathomable acts of inhumanity. Wurmser, (1987) warns therapists that identifying accurately an individual suffering the consequences of posttraumatic shame requires great sensitivity and patience as narcissistic defences are often used to protect their fragility or now negatively changed beliefs about themselves. Furthermore, transference and counter-transference is a great risk for the therapist with a strong empathic desire to alleviate suffering on the one hand yet escape the horror of hearing and witnessing on the other (Wilson & Thomas, 2004). However, as psychological growth following adversity can be facilitated and

perhaps even accelerated by positive and authenticating social support (Joseph & Linley, 2005) therapists who are able to remain non-judgmental despite their own distress in working with the clients exhibiting narcissistic shame may be able to facilitate what is ultimately a growthful process for the client and for themselves.

The delay in Felicity and Peter's renaissance was impacted on by disinterest, even antagonism of important others on return home and by poor follow up and care in field by recruiting organizations. Therefore, the risk of long term psychopathology to less resilient individuals remains a concern for organizations recruiting humanitarian personnel. Post-mission care by organizations should address the humanitarian protocols of care for vulnerable communities: sense of belonging, sense of control, social support, meaningfulness, and human dignity, which are equally valid for the carer as for the recipient of care. Without the opportunity for humanitarian narratives to be heard and validated, and families supported in listening in the re-integration period, many humanitarian aid workers may remain isolated in shameful self blame, unable to adaptively integrate new and purposeful meaning into their lives that gives hope for their future. Positive social support is regarded as an important deterrent to the development of posttraumatic responses following trauma (Borja, Callahan & Rambo, 2009; Brewin, Andrews & Valentine, 2000; Ozer, Best, Lipsey & Weiss, 2003). Similarly, reintegration protocols post mission that include families and/or intimate others may buffer against social and psychological consequences of humanitarian work contributing to better outcomes in the field and staff retention (McCormack et al., 2009).

Unfortunately, these individuals described inadequate and negative post-mission support. However, redefining their lives developed out of lone narratives devoid of validating support. They have been able to renew their altruistic identities with empathy and compassion and begin the process of self caring again.

Implications and Recommendations

In more recent times, many organizations have adopted a top-down corporate approach in defining goals and outcomes, however, this can impinge on good practices and the wellbeing of the individual in high risk field environments when donors needs are prioritized over personnel and recipients (Spearin, 2001; Vaux, 2004). When individuals risk their lives in the care of others, they should expect: first, that their employing organization will provide not only good risk assessment prior to mission but safety and evacuation procedures when environments become threatening and, second, psychosocial follow up for healthy reintegration on return through inclusive management of returnees and their families.

Although such an inclusive rehabilitation program may seem daunting to aid organizations, there are already several models of psychosocial care following disaster that could be adapted for humanitarian aid organizations. In several countries, psychosocial support is provided for defence personnel and veterans, their partners and children including a 24 hours crisis line, counselling and multiple programs specific to the challenges of war: e.g. primary and vicarious posttraumatic distress; alcohol and anger management; relationship adjustment; financial and career advice to name a few. Therapists attached to such organizations are skilled in post trauma management and rehabilitation. It is perceivable that government and non-government organizations could collaborate in the wellbeing of military and civilian personnel and their families struggling to adjust following a family members' deployment to complex environments.

In conclusion, phenomenological studies are well placed to illuminate unexplored areas of research and highlight future research questions for a variety of analytic strategies. Such investigations provide alternate ways of understanding individual subjective distress to that provided by positivist approaches. As such, neither generalizability nor cause and effect can be drawn from this study. However, this study has provided insight into the role of self forgiveness as a possible domain of growth previous unexplored, and the ability for that growth

to occur in the absence of validating support. It found that: 1) growth despite distress was possible over *time* and; 2) growth was possible through a lone struggle in the absence of validating and integrative support; 3) self forgiveness as a domain of growth. However, further research into the relationship between growth and time, and growth and support, is needed. There is as yet no one agreed definition of growth following traumatic events. Different measurement tools assess different aspects of growth. As such, growth will be more or less observed according to the choice of measure. Researchers need to be aware of this and employ multiple measures. As opposed to defining growth through psychometric instruments, an interpretative phenomenological study can provide insight into the “lived” experience of complex humanitarian experiences highlighting both positive and negative subjective interpretations to inform the extant quantitative literature.

In their attempts to bring hope and dignity to human tragedy, humanitarian aid workers may struggle to reconstruct a sense of purpose and meaning or redefine their worldview following horrific and traumatic events. The authors’ interpretation of Felicity and Peter’s perspective provides the springboard for recommending an increased role by aid organizations in their care of personnel and their families that is ultimately aimed at reducing the risk of chronic psychopathology and social dislocation. Without validating and organized support for relationship, societal and career reintegration following complex missions many humanitarian personnel may struggle to reintegrate with families, adjust to life after mission, and find the complex and necessary psychosocial, psychological and psychiatric care they deserve following service to the world’s most vulnerable people.

References

- Abe, J. A. (2004). Shame, guilt and personality judgment. *Journal of Research in Personality*, 38, 85-104.
- Arnold, D., Calhoun, L., Tedeschi, R. & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45, 2, 239-263.
- Blanchetiere, P. (2006). *Resilience of humanitarian workers*. Retrieved February 8, 2008, from: <http://www.peopleinaid.org.uk/pool/files/publications/resilience-of-aid-workers-article.pdf>
- Blumer, H. (1969). *Symbolic interactionism*. Englewood Cliffs, NJ: Prentice Hall.
- Borja, S. E., Callahan, J. L. & Rambo, P. L. (2009). Understanding negative outcomes following traumatic exposure: The roles of neuroticism and social support. *Psychological Trauma: Theory, Research Practice and Policy*, 1, 2, 118-129.
- Brady, J. L., Guy, J. D., Poelstra, P. L. & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30, 386-393.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Counseling and Clinical Psychology*, 68, 748-766.
- Brom, D. & Kleber, R. J. (1989). Prevention of post-traumatic stress disorders. *Journal of Traumatic Stress*, 2, 335-349.
- Bryant, R. (2006). Acute stress disorder. *Psychiatry*, 5, 7, 238-239.
- Chandler, D. (2009). War without end(s): Grounding the discourse of 'Global War'. *Security Dialogue*, 40, 3, 243-262.

- Danieli, Y. (1996) 'Confronting the Unimaginable: Psychotherapists' Reactions to Victims of the Nazi Holocaust'. In J. P. Wilson, Z. Harek, and B. Kahana (Eds.) *Human Adaptation to Extreme Stress: From the Holocaust to Vietnam* (pp. 219-238). Plenum Press, New York.
- Danieli, Y., Stamatopoulou, E. & Dias, D. J. (Eds.). (1999). *The universal declaration of human rights: Fifty years and beyond*. Amityville, NY: Baywood.
- Davis, R. C., Brickman, E. R. & Baker, T. (1991). Effects of supportive and unsupportive responses of others to rape victims: Effects on concurrent victim adjustment. *American Journal of Community Psychology*, 19, 443-451.
- Denzin, N. K. (1995). Symbolic interactionism. In J. A. Smith, R. Harre and L. Van Langenhove (eds). *Rethinking Psychology* (pp. 43-58). Sage: London.
- Enright, R.D. (2001). *Forgiveness is a choice: A step-by-step process for resolving anger and restoring hope*. Washington, DC: American Psychological Association.
- Enright, R.D., Freedman, S., & Rique, J. (1998). The psychology of interpersonal forgiveness. In R.D. Enright & J. North (Eds.), *Exploring forgiveness* (pp. 46-62.) Madison, WI: University of Wisconsin Press.
- Eriksson, C. B., Vande Kemp, H., Gorsuch, R., Hoke, S., & Foy, D. W. (2001). Trauma exposure and PTSD symptoms in international relief and development personnel. *Journal of Traumatic Stress*, 14, 205-212.
- Fawcett, J. (2004). Preventing broken hearts, healing broken minds. In D. Yael (Ed.), *Sharing the front line and the back hills. International protectors and providers: Peacekeepers, humanitarian aid workers and the media in the midst of crisis* (pp. 223-235).. Amityville, NY: Baywood.
- Fiala, A. (2008). *The just war myth*. New York: Rowman & Littlefield Publishers, Inc.
- Hall, J. H. & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology*, 24, 621-637.

- Helgeson, V. S., Reynolds, K. A. & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical psychology*, 74, 5, 797-816.
- Hynes, H. P. (2004). On the battlefield of women's bodies: An overview of the harm of war to women. *Women's Studies International Forum*, 27, 431-445.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, 7, 113-136.
- Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a new psychology of trauma*. New York: The Free Press.
- Janoff-Bulman, R., & Frantz, C. M. (1997). The impact of trauma on meaning: From meaningless world to meaningful live. In M. Power & C.R.Brewin (Eds.), *The transformation of meaning in psychological therapies* (pp. 91-106). Chichester, England: Wiley.
- Joireman, J. (2004). Empathy and the self-absorption paradox II: Self-rumination and self-reflection as mediators between shame, guilt and empathy. *Self and Identity*, 3, 225-238.
- Joseph, S., Beer, C., Clarke, D., Forman, A., Pickersgill, M., Swift, J. & Tischler, V. (2009) Qualitative Research into Mental Health: Reflections on Epistemology. *Mental Health Review Journal*, 14, 1, 1-23.
- Joseph, S. & Linley, P. (2005). Positive Adjustment to Threatening Events: An Organismic Valuing Theory of Growth Through Adversity. *Review of General Psychology*, 9, 262-280.
- Joseph, S. & Linley, P. (Eds.). (2008). *Trauma, recovery and growth. Positive psychological perspectives on posttraumatic stress*. New Jersey: John Wiley & Sons.
- Kaur, M. (1996). Who helps the helper: Analysis of management of stress and trauma in humanitarian aid workers in complex emergencies. Unpublished master's thesis, Queen Margaret College, Edinburgh.

- Leith, K. P. & Baumeister, R. F. (1998). Empathy, shame, guilt, and narratives of interpersonal conflicts: Guilt-prone people are better at perspective taking. *Journal of Personality*, 66, 1-37.
- Lerner, M. J. (1980) *The Belief in a Just World: A Fundamental Delusion*, New York: Plenum Press.
- Lerner, M. J. & Miller, D. T. (1978). Just world research and the attribution process: Looking back and ahead. *Psychological Bulletin*, 85, 1030-1051.
- Linley, P. Alex, Joseph, S. & Loumidis, K. (2005). Trauma work, sense of coherence, and positive and negative changes in therapists. *Psychotherapy and Psychosomatics*, 74, 185-188.
- Lischer, S. K. (2007). Military intervention and the humanitarian "Force Multiplier." *Global Governance*, 13, 99-118.
- Littleton, H. L., Axsom, D., Radecki Breitkopf, C., & Berenson, A. (2006). Rape acknowledgement and post assault experiences: How acknowledgement status relates to disclosure, coping, worldview, and reactions received from others. *Violence and Victims*, 21, 761-778.
- Littleton, H. & Radecki Breitkopf, C. (2006). Coping with the experience of rape. *Psychology of Women Quarterly*, 30, 106-116.
- Loquercio, D. (2006). *Turnover and retention*. Retrieved January 3, 2008, from <http://www.peopleinaid.org/pool/files/publications/turnover-and-retention-lit-review-jan-2006.pdf>
- McCall, M., & Salama, P. (1999). Training and support of relief workers: An occupational health issue. *British Medical Journal*, 318, 113-116.

- McCormack, L. (2010). Using the 'Most Significant Change Technique' to evaluate a post-tsunami psychosocial programme. *Qualitative Methodology in Psychology Bulletin (QMiP)*, Issue 9. May.
- McCormack, L. (2009). Civilian women at war: Psychological impact decades after the Vietnam War. *Journal of Loss and Trauma*, 14, 447-458.
- McCormack, L., Joseph, S. & Hagger, M. S. (2009). Sustaining a positive altruistic identity in humanitarian aid work: A qualitative case study. *Traumatology*, 15, 2, 109-118.
- McFarlane, C. (2003a). *The balance of trauma, stress and resilience by international aid workers: A longitudinal qualitative investigation*. Paper presented at the 10th annual conference of the Australasian Society for Traumatic Stress Studies, Hobart, Australia.
- Macnair, R. (1995). *Room for Improvement: The management and support of relief and development workers*. London: Overseas Development Institute.
- Niedenthal, P. M., Tangney, J. P. & Gavanski, I. (1994). 'If only I weren't' versus 'if only I hadn't': distinguishing shame and guilt in counterfactual thinking. *Journal of Personality and Social Psychology*, 67. 585-595.
- Ozer, E. J., Best, S. R., Lipsey, T. L. & Weiss, D. S. (2003). Predictors of posttraumatic distress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin*, 129, 52-73.
- Paton, D. (1992). International disasters: Issues in the management and preparation of relief workers. *Disaster Management*, 4, 183-190.
- Pearlman, L. A. & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.
- Prati, G. & Pietrantonio, L. (2009). Optimism, social support and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss and Trauma*, 14. 364-388.

- Rahm, G. B.; Renck, B. & Ringsberg, K. C. (2006). Disgust, disgust beyond description – shame cues to detect shame in disguise, in interviews with women who were sexually abused during childhood. *Journal of Psychiatric and Mental Health Nursing*, 13, 100-109.
- Ranganathan, A. & Todorov, N. (2010). Personality and self-forgiveness: The roles of shame, guilt, empathy and conciliatory behaviour. *Journal of Social and Clinical Psychology*, 29, 1, 1-22.
- Schauben, L. J. & Frazier, P. A. (1995). Vicarious trauma: The effects on female counsellors of working with sexual violence survivors. *Psychology of Women Quarterly*, 19, 49-64
- Schouten, E. J., & Borgdorff, M. W. (1995). Increased mortality among Dutch development workers. *British Medical Journal*, 311, 1343-1344.
- Sheik, M., Gutierrez, M., Bolton, P. I., Spiegel, P., Thieren, M., & Burnham, G. (2000). Deaths among humanitarian aid workers. *British Medical Journal*, 321, 166-168.
- Smith, J. (1996). Beyond the divide between cognitive and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261-271.
- Smith, J. A., Flowers, P., & Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. In L. Yardley (Ed.): *Material Discourses of Health and Illness* (pp. 68-91). London: Routledge Publications.
- Smith, J.A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A Smith (Ed.). *Qualitative Psychology*. London: Sage Publications.
- Smith, J. A. & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. Smith (Ed.): *Qualitative Psychology. A Practical Guide to Research Methods* (pp. 53-80). London: Sage Publications
- Spearin, C. (2001). Private security companies and humanitarians: A corporate solution to securing humanitarian spaces? *International Peacekeeping*, 8, 1, 20 -43.

- Tangney, J. P., (1991). Moral affect: The good, the bad, and the ugly. *Journal of personality and Social Psychology*, 61, 598-607.
- Tangney, J. P., Boone, A. K. & Dearing, R. (2005). Forgiving the self: Conceptual issues and empirical findings. In E. L. Worthington (Ed.), *Handbook of forgiveness* (pp.143-159). New York: Routledge.
- Tangney, J. P. & Dearing, R. L. (2002). *Shame and Guilt*. New York: Guilford.
- Ullman, S. E. (2000). Psychometric characteristics of the social reactions questionnaire. *Psychology of Women Quarterly*, 24, 257-271.
- Vaux, T. (2004). *The Selfish Altruist: Relief Work in Famine and War*. London and Sterling, VA: Earthscan Publications Ltd, 2001.
- Wilson, J. P. (2005). *The posttraumatic self: Restoring meaning and wholeness to personality*. New York: Brunner-Routledge.
- Wilson, J. P. & Drozdek, B. (2006). Posttraumatic Shame and Guilt. *Trauma, Violence & Abuse*, 7, 2, 122-141.
- Wilson, J. P. & Lindy, J. D. (1994). Empathic strain and countertransference. In J. P. Wilson & J. D. Lindy (Eds.). *Countertransference in the treatment of PTSD*. (pp. 5-30). New York: Guilford.
- Wilson, J. P. & Thomas, R. (2004). *Empathy in the treatment of trauma and PTSD*. New York: Brunner-Routledge.
- Wurmser, L. (1987). Shame: The veiled companion of narcissism. In D. L. Nathanson (Ed.). *The many faces of shame*, (pp. 64-92). New York: Guildford.

Transcript extract notation

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- [...] indicates editorial elision where non-relevant material has been omitted
- (text) indicates explanatory text added by author
- [-] pause in speech

Table 1. Stages of Interpretative Phenomenological Analytic Process

Stage	Process
1	Listening to and transcribing verbatim transcripts.
2	Thematic analysis of transcript to identify humanitarian and genocide experiences leading to superordinate and subordinate themes.
3	Interpretation of transcript by paraphrasing and summarising the participant's phenomenological and hermeneutic experiences through narrative.
4	Documentation of expected themes followed by exploration of overarching theme of 'Humanitarian growth through reparation with self'.
5	Chronological listing of emerging themes for connectedness.
6	Continuing to assessing overarching themes and subthemes relationship and links to meaning making, understanding and redefining self.
7	Clustering of themes around concepts and theories.
8	Data from transcript rechecked by the second and third authors to verify investigator's validity of interpretations from within the text.
9	Emergent higher order main theme of 'Humanitarian growth through reparation with self' reassessed.
10	Subjective analysis of interpretation of themes representing the phenomenon of the lived experience within the context of post mission isolation, alienation, and self blame through to reparation with self and renewed meaning around their altruistic identity.
11	Narrative account of theoretical links to themes generated through concise verbatim extracts from transcript.
12	Development of links from humanitarian trauma exposure through isolation, alienation, and self blame to empathy, self caring and self reparation.

Table 2. Superordinate theme '*Humanitarian growth through reparation with self*' with five subordinate themes

<ol style="list-style-type: none"> 1. Enduring horror and powerlessness 2. Shameful betrayal and disillusionment 3. Ongoing self doubt, inadequacy and social isolation 4. Negative coping and narcissistic shame 5. Purpose and meaning out of reparation with self

Figure 1. Redefined Altruistic Identity and psychological wellbeing through lone journey of self forgiveness.