

Response to Crisis in the Cross-Cultural Worker Community

Adapted by permission from an article by Laura Mae Gardner, D.Min., SIL

The cross-cultural worker community experiences the full range of natural disasters as well as the full range of human-induced crises. Understanding the variables and the possible reactions of all involved and responding helpfully is something we as leaders are frequently unprepared for. This paper is intended to provide insights and guidance about caring for our teams during times of crisis.

Definition of crisis

A crisis is a time-limited event that demands a response or some sort of intervention. It is usually temporary, accompanied by uncertainty, disequilibrium, perhaps disorganization, perhaps even immobilizing some of the participants, paralysis of thought or will. People will likely not plan well or think well. The situation feels like it has no exit—yet emotions are at such a high level that something has to give. There are exaggerated defense mechanisms—rationalization, blaming, compensation. Fear is usually present, and may even begin to look like phobia if the crises go on for an extended period of time.

What kinds of crises do we experience?

- Civil unrest, coup or war
- Natural disasters—typhoon, earthquake, fire, famine
- Road accidents
- Plane crashes
- Bomb threat or explosion
- Violence within the family
- Violence to the family (rape, assault, burglary)
- Kidnapping or hostage situations
- Exposed immorality within the group
- Epidemic
- Sudden death by accident or natural causes
- Severe conflict erupting among members
- Runaway or lost child or teenager
- Threatened, attempted or completed suicide
- Bizarre behavior

How will people respond?

While the crisis is unfolding and immediate coping is required, most people will respond quite well and a few will even show creative leadership and be of great help to the responders. However, don't be surprised if a small proportion will struggle quite a bit, maybe even become panicky or experience dissociative or severely disrupted states of mind.

We need to be aware of "hidden victims" of crisis situations. These are people who consider a show of distress to be evidence of weakness or they don't understand that talking about their feelings might be helpful. Usually the hidden victims are our colleagues who deny the existence of the psychological or emotional world, or who use spiritualizing as a defense mechanism.

Feelings related to crises

Crises allow no time for preparation. They usually elicit an immediate emotional response from all persons involved regardless of whether an injury is suffered; it is a time of concern for the entire community. There is little difference in emotional reactions between victims, observers and responders.

Feelings expressed at such a time tend to be strong feelings, often negative - fear, anger, frustration, grief, disillusionment, guilt, defensive reactions and panic. A major issue for victims of violence is feelings of vulnerability and helplessness which can, in turn, lead to feelings of humiliation and shame. Reactions might include feeling numb, depression, irritability, anxiety or nervousness. If someone was already struggling with depression or anxiety, those feelings may increase. It's possible to develop a post-traumatic stress disorder (PTSD).

Most people are not surprised when they feel sad or afraid after a disaster, but it is more difficult to acknowledge feelings of rage, guilt, or shame about the situation. Rage is especially difficult because it may be quite irrational, aimed at anyone and may come at any time. Such feelings can cause people to fear losing control.

Reactions of children may include aggressive behavior, anxiety, depressive symptoms, belligerence, fearful reactions, sleep disturbances, regressive behavior, and crying.

Obviously the crisis responder must be prepared for the expression of a variety of strong and largely negative feelings at a time of crisis.

What provokes crises?

Understanding what provoked the crisis can help us decide the most appropriate way to help. There are at least four kinds of situations that cause a crisis:

1. "The Straw"

The proverbial "straw that broke the camel's back" describes the situation where the reaction is out of proportion to a seemingly tiny aggravation. This may be the person who has been functioning for a long time in a state of exhaustion and the final small event was one too many and an explosion or breakdown occurs. This person could recoup with a period of rest and support and may respond well to administrative intervention after appropriate crisis help. When the response seems out of proportion to the irritant, one needs to look at more long-term sorts of things. This situation is likely to be stress-related.

Note: This person may be at risk for some sort of immorality. His/her conscience and sensibilities may be blunted and his/her perspective dulled. Spiritual resources presented in a non-condemning way may be effective with such a person as well as life-balancing techniques and appropriate assertive behaviors.

2. Structural Crises

In these situations, there is an intrinsic pattern of long-term dysfunctional behavior which may even have been dormant or hidden but now comes out. These crises may be exactly the same as those in #1—threatened suicide, runaway child, alcoholism, immobilizing depression, violence within the family—but the behavior has longer roots and will necessitate different ongoing treatment. Some forms of molestation may come under this category, and some under the stress-related crises mentioned in #1. After the immediate crisis is met, the participant likely needs serious professional, psychiatric help of a long-term nature: Family counseling is probably called for. The results of such crises are likely to be wider, and the professional treatment needed longer.

3. External Hostility

Crises from outside the family or group that spark sudden fear and tension, such as a bomb threat or explosion, kidnapping, coup or war, where the level of stress is high and the fearful situation is ongoing. Treatment of the immediate crisis is called for, but also long-term help in the form of spiritual resources, stress management techniques, dealing with strong expressions of feelings and perhaps bizarre behavior. A person who does not have clinical training may or may not be able to deal with this kind of ongoing crisis situation.

4. Accidents or Tragic Life Events

Other crises happening in the family or community might include a sudden death in the family, drowning of a child, stroke, discovery of a terminal illness, a suicide attempt following retirement and loss of position and prestige. Some people may find that in such cases they cannot cope with the ordinary demands of life along with this bad news. Such crises can be fairly temporary and reversible, and often respond well to the emotional support given by family and friends.

The immediate crisis response may be quite similar for all four of these situations. But the ongoing care needed will be different according to what provoked the crisis.

The beginning point

Where do we begin? And when do we start? Let me suggest that since denial is often our initial method of coping with a crisis, we need to know ourselves very well, especially in relation to crisis as we've personally experienced it in our own lives. Here are some questions for us to reflect on before the Lord:

What life experiences do we bring to crisis situations? What are our fears? Do we need to be liked? How do we deal with hostility and rejection and the expression of strong emotions? Are we sometimes inappropriately curious? Do we tend to panic in an emergency or to overreact? Do we have a need to solve others' problems, to be the savior or rescuer? Are we objective? Do we thrive on crises or disasters? Were we molested or raped or do we have memories of a family suicide, such that a similar event would trigger strong memories and feelings for us?

Until we can answer such questions honestly and appropriately, we would do best to identify others to be the crisis responders for our communities.

Characteristics we need to be good crisis responders

- Common sense.
- Self-control, self-assurance, unflappable, calm, not overwhelmed by the urgency of the situation, deal well with pressure, able to think well on our feet.
- Understanding, empathic. Not so objective and controlled that we belittle others' feelings or deny them. Not so "righteous" or "religious" that we stifle the expression of strong feelings that may seem unchristian.
- Naturalness. Not trying to be someone we are not, or trying to give "counselor responses" or clichés. Saul's armor doesn't fit us, but that's ok. Be ourselves. Jesus cried in times of grief, we can cry, too.
- Accuracy in assessing the situation and gathering information. Don't exaggerate and make things worse than they are, but don't underestimate either. Aim for an accurate, cognitive

appraisal of the situation. Be realistic. Give hope, if possible. Things are bad, but they are not as bad as they could be (II Cor. 4:8-9).

- Not too humble. Not apologetic for not being a clinical professional. We don't need to be a clinical professional to bring a sense of calmness, control and order to the situation.

Resources of a crisis responder

Are we in touch with the spiritual resources available to us: faith—this crisis hasn't taken God by surprise, God's wisdom and strength, prayer, the Holy Spirit, the Word? Jesus had many crises in His life, some in each of the four situations just described. He met each one differently, but appropriately—taking charge, calming fears, withdrawing for a time of solitude, giving vent to His feelings (Matthew 8:23-27; Mark 4:35; Luke 8:22; Matthew 9:18-26; Matthew 14:1-13; John 11:33-36; Matthew 26:47).

What physical resources do we have—life experiences, emotional optimism and stability, insight, wisdom, calmness?

What counseling network can we call on or refer to for longer term care of our members, or for our own personal debriefing? Do we know where to get legal advice? It is such a help to know what resources are available before we need them.

Goals of the crisis responder

A crisis can be a dangerous opportunity. Crisis is the turning point at which things will either get better or get worse. During the resolution of the crisis, the affected person is generally ready to accept help. He or she is more available because his or her defenses may be down and previous patterns of coping may be disorganized. A little effort here can produce great improvement. In some cases, the crisis may result in a level of living higher than the pre-crisis state. There are three phases to our response to a crisis: short-term, intermediate and long-term.

Our short-term goal is to lessen stress, keep panic down, get people through this immediate event and get things functioning again. If possible, we should aim to help people think straight and give extra support and reassuring presence to those who seem to be paralyzed or overcome by their emotions. Our short-term goal is to restore people to their pre-crisis level of functioning – or even more, if possible.

Our intermediate goal is to assess level of need and implement crisis counseling and therapy as needed.

Our long-term goals should include assisting those who are struggling to cope with new stressors or whose support systems are not adequate. In addition, we might need to help with any social or legal problems resulting from the crisis.

Another long-term goal should be to set processes in motion for long-term changes and healing and/or prevention of future occurrences (if these are possible). This means we will need to understand the precipitating events that led to the crisis so we can suggest the right steps. Some crises can be helped by the group support systems, and some crises call for long-term professional help.

Steps of helping

1. The first goal or step is to alleviate the immediate impact of the stressful event. We do this by being there, calmly giving comfort, and taking charge without telling participants how they should act and feel. "The information provided victims must be presented as potentially helpful but not necessarily as absolute.

It is detrimental for a traumatized person to be told how he or she should be feeling or acting at this point." Nevertheless, the person may be immobilized and may need someone to be directive, sequential, and clear. "Let's do this first; then let's do that." These need to be manageable ideas, step-size coping.

2. The second step is to help people use their own resources to meet the situation—cope or adapt. Don't do everything for them. Doing something often brings a measure or sense of control and restores some semblance of order.

3. Allow people to express their feelings—those strong feelings have to go somewhere. But don't let this develop into hysteria.

4. Gather information. You need to gain understanding of the situation—why did *this* happen *now* to *this* person? Crises don't usually happen in a vacuum. What was the precipitating event? Go through the last 24 to 72 hours to learn what happened.

The precipitating events that threw things off balance are those things which must be righted (if possible) in order for life to go on. Gain an accurate cognitive appraisal of the situation. This will keep you from acting impulsively or without adequate options. Most likely some reporting will have to be done—this step helps you be sure to get your facts straight.

5. Give hope but don't belittle. The situation is not endless; it won't go on forever. Take it in manageable doses. Crises are often hopeful times for significant change to take place, but if you, the responder, are too hopeful, you may be missing part of the situation. This may be the time to help discover new options, but this is not the time for long-term decisions to be made.

6. What about confidentiality? People may ask us to promise not to tell anyone about what has happened or about some aspect of the situation. This can be an attempt to manipulate. Be careful about making such promises. "I understand your need for confidentiality, but I cannot promise you that I will keep everything secret. It may be important that I divulge some of it in order to help you or help others who are also involved." However, we owe the merely curious nothing.

But the people involved (the agency community, the biological family in the home country, the local community in the host country, the agency leadership) may need some pieces of information. It is usually the case that if people are not given factual information, they will invent their own. Rumor control is an important part of managing a crisis. The best way to keep rumors at a minimum is to give out sufficient amounts of accurate information from a designated person.

We need to be careful about our need to reduce our internal tension. As crisis responders we are often tempted to tell some of the details as a way of relieving our own stress. We need to be careful what we say and to whom we say it.

Be careful about talking with the media—they will likely pressure whoever is in charge to give details he may later be sorry for. We should not report any information about the condition of the people involved, or speculate as to their motives, or give other circumstances. One person should be given the authority and responsibility to interact with and give information to the media.

7. Setting goals and making referrals. We need to set up a plan of action to help the person in crisis get through the next period of time. "This is what you should do; this is what I will do. I will get back in touch with you tomorrow to see how it is going." Ask ourselves if there is any risk of suicide. Maybe someone should be present with the person in crisis for the first period of time following the crisis event.

8. When to let go. Once we've done all we can or should do, we need to back out of the situation. We should have rallied the person's support system (friends, church, relatives) so we can now let others else carry this load. We don't want to let ourselves get trapped into becoming indispensable.

9. If there is any possibility that someone might need more psychological help than is available to them at this point ask a counselor what signs or "red flags" would alert you to the need to call in more resources. Be sure that those giving day-to-day support are aware of these as well and instruct them to let you know immediately if the person shows any of these red flags.

Dealing with the ripples

1. We should always ask ourselves, "Who else is at risk?" This is important in times of familial violence, or following a suicide. Who are other potential victims?
2. What about the victims? Who are the primary victims, the secondary victims, the hidden victims? What about the local community, the constituency?
3. Don't overlook the children. We have too often overlooked their unique needs. While adults can be helped and comforted by information, this does little to comfort the children. They need the assurance of knowing their "big people" are "in charge"—someone is at the helm of their boat, preferably their Mommy and Daddy, and "knows how to get us out of this." The importance of maintaining familial bonds and intact families if at all possible during times of catastrophe is obviously an important element in helping the children involved.

Being together with the family provides immediate reassurance to a child. Fears of being abandoned and unprotected are immediately alleviated. For example, immediately after a disaster parents should not leave the child in a "safe" place while they themselves go elsewhere to inspect possible damage. They should not leave the child alone in the evacuation center while they go back to the damaged area; mother should not leave her child to go shopping but should take him along. With no opportunity to experience the fear of being left alone, the child is less likely to develop clinging behavior.

Help for the care-giver

The most stressed person in time of crisis in a community may well be those of us in leadership who are called on to make decisions for which we feel completely inadequate. Often we have had no prior experience, nor have our advisors. However, our decisions may have long-term ramifications and whatever we decide to do is sure to be wrong for some involved.

With these realities in mind, how can we care for ourselves in times of crisis?

- Maintain good routines. Adequate rest, a balanced diet, enough exercise and relaxation to keep balanced and in perspective. No one can go from one crisis to another without coming back to baseline now and then, to keep things in focus.
- Believe that our God is grown-up. Many times there is a spiritual hysteria surrounding a crisis with fervent prayers that "demand that God act" and dictate just what He must do. God will not be manipulated by His people. Someone needs to lead the group in trusting God whether He delivers or whether He does not (Dan. 3:17, 18). We need to be sure our spiritual insight is clear and our focus is on Christ, so we do not become disillusioned with our colleagues...and maybe even with God.
- Have a resource person, a professional caregiver, supervisor or peer who knows us well – someone with whom we can share freely. Such a person can help us deal with the stresses that come with crises, help us develop our skills, review with us how we did

after each crisis situation, ascertain whether our emotional needs are being met apart from these crisis matters and minister to us.

Beware of the traps

Some of the traps for us as crisis responders in times of crisis include the following:

1. **Over-responsibility.** I should have anticipated this and planned better. I was not caring for my people. I am a failure.
2. **Disillusionment.** What kind of God would let this happen? What kind of people are my colleagues anyway? There's likely to be a sense of betrayal when a colleague falls into sin, followed by cynicism, distrust and suspicion. This may be true for the leader as well as for the average member.
3. **Feeling manipulated; shamed.** Those involved insist on confidentiality, and we agree, then we refuse to share information because we have been manipulated into secrecy, or we may be embarrassed to admit that God's people are capable of great sin, or embarrassed by our own naiveté.
4. **Denial.** Refusal to report the news is a form of denial—we can handle it ourselves. This keeps the matter hidden, perhaps at the lowest level, and does not allow objectivity and the perspective of a distant person into the problem. When we keep the matter hidden, it is seldom solved adequately.
5. **Over-spiritualizing.** "God will minister to us; we don't need psychological help—we are spiritual!" And help is not requested or forthcoming. We might unintentionally push hurting people into denial or encourage them to hide their pain which will cause problems for them later.
6. **Feeling threatened.** "If you do that, I'll resign." We can be vulnerable to such threats and kept from doing what must be done to deal adequately with the crisis, which (in the case of a moral lapse) may have devastating ramifications.
7. **Becoming the object of displaced anger.** "It is not infrequent that feelings resulting from unresolved conflicts are displaced, particularly pent-up anger and hostility, and directed toward the care-givers who are attempting to be of assistance." All the strong feelings experienced by the victim of crisis need a target and the leader or responder may be it. We must accept the responsibility of crisis response knowing that we cannot possibly please everyone, so we must be able to handle hostility and rejection. This is as true in the cross-cultural worker community as anywhere else.
8. **Acting impulsively, hurriedly, without thinking** through all the options, or without adequate information. We may be pressed into making a decision too soon.

Who will struggle to cope with crises?

Norm Wright suggests that it is possible to predict those who will cope well with crisis and those who will not. Characteristics of those who cope poorly in times of crisis include the following:

- Those who are already hurting emotionally, or are emotionally weak. They are nearly overwhelmed in a crisis. They are likely to respond in such a way to make matters worse.
- Those with poor physical condition. They have some type of physical ailment or an illness, which leaves them with fewer resources to draw on during a crisis.
- Those who deny reality have a hard time coping with crisis. They are already avoiding their anger and pain so simply continue to deny this new painful reality.
- Those with what Harvard psychiatrist Dr. Ralph Hirschowitz, terms "magic of the mouth." This is the tendency to eat, drink, smoke or talk excessively. This is a form of regressive or infantile behavior.
- Those who have an unrealistic approach to time. They want the problem to be "fixed" right away, or else they delay and delay, which avoids the discomfort of reality but enlarges the problem.
- People who struggle with excessive guilt. Their blaming themselves causes them to feel still more guilt and further immobilize themselves.
- Blamers have a difficult time coping with crisis. They have a cause and effect frame of mind, and look for someone to focus their anger on. Their approach is to find some enemies, either real or imagined, and project the blame onto them. The angry person will not manage either his personal crisis well or be a good resource for others in times of crisis.
- Those who have a tendency to be either very dependent or very independent. The dependent person may become a clinging vine, and the independent person may well be one of the hidden victims who will not cry out for assistance, either continuing to deny it, or spiritualizing the whole event.

A person's theology has a bearing on how well he copes in times of crisis. Those who believe in the sovereignty of a magnificent God can trust Him even when things seem inexplicable. Those who believe God is small must have a God who rescues them or else gives them a good explanation for the current disaster. When God fails to deliver, their faith is shattered.

To Wright's list of those who do not do well in a crisis, we could add the person for whom the crisis or crisis event is a trigger. These are the folk who experienced something similar in their past, and this new event brings sharply to the surface all the old feelings of pain, fear and anxiety. Obviously we as crisis responders are not always aware of who might be triggered by an event. We can only be aware that this may be the case, keep our eyes and ears open and be prepared to minister to them after the fact.

The Psychological First Aid Field Operations Guide, 2006, (p. 15) provides additional insights into which individuals may be at more risk for developing problems following a crisis. This includes:

- Children, especially those:
 - Separated from parents/caregivers
 - Whose parents, family members, or friends have died
 - Whose parents/caregivers were significantly injured or are missing
 - Those who have had multiple relocations and displacements
- Adolescents who may be risk takers
- Adolescents and adults with substance abuse problems
- Pregnant women
- Mothers with babies and small children
- Those with significant loss of possessions
- Those exposed first hand to grotesque scenes or extreme life threat

Conclusion

Crises will come. The better we understand ourselves, our people and the situations which cause crisis and know what to do and what not to do, the more able we will be to bring immediate and long-term help to those people in our care. As we do so, we will minimize the possibility of the damaging effects of badly-handled crisis and we will promote the well-being of his people, and the work of God in that location.

Questions for thought or study

How can we identify long-term vulnerability?

Since victims get better more quickly when they are helping other victims, how can we involve even those impacted by a crisis in helping their colleagues?

What referral sources do you and those you might lead have for crisis care?

Are there cross-cultural aspects of crisis management that we should consider?