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Health

Humanitarian Relief

The Contemplative-Based Resilience Project is using meditation to help aid workers stave off burnout.

By [Emily Troutman](#) | Summer 2017

Emmett Fitzgerald can pinpoint the moment he knew he had to leave Haiti. The 38-year-old aid worker spent two years in Port-au-Prince following the catastrophic earthquake in 2010, which damaged more than 300,000 buildings and left 1.1 million people living in the streets. During his first six months in Haiti, he ran a camp for 25,000 displaced people. Later, he worked on policy for the International Organization for Migration and directed a \$50 million budget out of the United Nations base in Port-au-Prince.



Aid workers discuss coping strategies for stress management at a Garrison Institute training program in Amman, Jordan. (Photo by Rebekkah Schear)

He felt at his core that he was doing crucial, lifesaving work. Each time Fitzgerald's contract came up, he chose to renew and soldier on, despite the stresses of the job. "I knew what I was doing to myself," he concedes. "I knew that it wasn't sustainable."

One morning, Fitzgerald was racing through traffic lights for a meeting he did not want to attend. He was late, and his boss ridiculed tardiness. When Fitzgerald stopped at an intersection, a child came up to his window to beg for food. Fitzgerald yelled at him to go away. As the child stormed off, Fitzgerald sat at the stoplight and realized that he did not recognize himself. "I'm just creating more anger in this child, in this world," he thought.

Aid workers face chronic stress and trauma while working in the field. [Research](#)

(<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0044948#s4>) shows that the more time a person is deployed, the greater her risk for burnout and depression. For some people, the recognition of professional

burnout comes in a catastrophic, glaring incident. They may suffer a psychotic break or even attempt suicide. For others, burnout is like an ember slowly consuming one's compassion from within.

After feeling emotionally crippled for months, Fitzgerald sought help from the [Garrison Institute](https://www.garrisoninstitute.org/) (<https://www.garrisoninstitute.org/>), a meditation training center based in Garrison, N.Y. Founded in 2003 as a sort of interfaith monastery, the institute aims to educate people in the helping professions about “the practical application of contemplative methods.” He attended a pilot workshop for humanitarians based on the institute's popular curriculum for people working with survivors of domestic abuse.

Sharon Salzberg, an author and teacher of Buddhist meditation, helped develop the program. When she saw aid workers from Haiti trickling into her New York classes, she began to identify the health of aid workers as a public health issue. “We saw people doing such hard work on behalf of all of us,” she says. “And they needed more emotional support.”

The Garrison Institute decided to expand the program for aid workers into the [Contemplative-Based Resilience Project](https://www.garrisoninstitute.org/signature-programs/contemplative-based-resilience/) (<https://www.garrisoninstitute.org/signature-programs/contemplative-based-resilience/>) (CBR), and Fitzgerald was brought on as its director in 2015. He now travels around the world, trying to persuade aid organizations to invest in employee wellness—before it is too late.

The Risks of Aid Work

Responding to an international disaster or humanitarian crisis puts aid workers at risk for mental health problems. The [Antares Foundation](https://www.antaesfoundation.org/) (<https://www.antaesfoundation.org/>), which trains and supports humanitarian organizations in stress management, [began an ongoing relationship](https://www.antaesfoundation.org/) (<https://www.antaesfoundation.org/>) with the US Centers for Disease Control and Prevention in 2012. Together, they have launched several research studies looking into traumatic stress and other mental ills among relief workers. The results are alarming.

A series of such studies found that more than half of workers in Iraq, Jordan, Uganda, and Sri Lanka were depressed, about half were suffering from anxiety, and 20 to 25 percent showed symptoms of posttraumatic stress disorder. [Another study](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0044948) (<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0044948>), published in 2012, assessed the mental health of more than 200 expatriate aid workers before and after deployment. The prevalence of symptoms of depression in them doubled after they returned, and signs of anxiety increased at a similar rate.

Aid workers are also at risk of violence. The [Aid Worker Security Database](https://aidworkersecurity.org/incidents/report/summary/) reported (<https://aidworkersecurity.org/incidents/report/summary/>) that more than 287 aid workers were victims of attack in 2015. Most of the victims were national or local staff, who make up more than 90 percent of humanitarian aid workers. National staff are usually paid a fraction of what international aid workers earn, which not only adds to their stress but also makes it difficult for them to access mental health care.

Despite such risks, studies indicate that few international aid organizations have policies addressing the mental health of their workers. The [United Nations High Commissioner for Refugees](http://www.unhcr.org/en-us) (<http://www.unhcr.org/en-us>) acknowledged in a [2013 report](http://www.unhcr.org/51f67bdc9.pdf) (<http://www.unhcr.org/51f67bdc9.pdf>) that lack of such support was a critical problem among relief organizations.

Beyond aid work, mental health is generally a challenge for the caring professions. The condition of “burnout” was first identified in the 1970s by the US psychologist Herbert Freudenberger, when he suffered a bout of work-related depression. For many years, the concept was applied by psychologists primarily to patients who worked in high-demand social welfare professions. Since then, it has come to [apply across industries](https://www.documentcloud.org/documents/3468432-Burnout-35-Years-of-Research-and-Practice.html) (<https://www.documentcloud.org/documents/3468432-Burnout-35-Years-of-Research-and-Practice.html>) as an inherent problem of the industrialized economy. But the original problem for those in helping professions remains, since their job presents a constant gap between the good work demanded of them and the limits of their capacity, which often results in anxiety, exhaustion, and depression.

The financial and social costs of burnout are not easy to quantify. One useful indicator is employee turnover, a problem known to plague the humanitarian field. Aid workers are often deployed over many years to numerous crises. As individuals continue to deploy, they gain expertise. Over time, expertise improves organizational capacity and makes the delivery of humanitarian aid more successful. Unfortunately, few aid workers stay in the business for the long haul. A 2012 study of 1,995 employees of [Médecins Sans Frontières](http://www.doctorswithoutborders.org/) (<http://www.doctorswithoutborders.org/>) (Doctors Without Borders) found that only 40 percent of aid workers agreed to deploy on a second mission.

If prevalence of burnout in modern society needs solutions, the inordinate stress of humanitarian aid work absolutely demands them. This is why alternative approaches to mental health are gaining ground. Meditation is one of the most popular nontraditional health interventions, especially because it is free to practice and accessible anywhere. Though meditative rituals vary, people usually try to quiet the mind, breathe with calm, and practice awareness of the body.

Scientific research on meditation is still in its early stages, and many previous studies **have been plagued** (<https://puredhamma.net/wp-content/uploads/Psychological-effects-of-meditation-Sedlmeir-2012.pdf>) by poor methodology. But available evidence shows promise. In one **meta-analysis** (http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1809754?wptouch_preview_theme=enabled) that homed in on 47 studies with robust scientific approaches, mindfulnessbased meditation, a technique taught by CBR, was shown to help reduce psychological stressors such as anxiety, depression, and pain.

Resilience Training

The Garrison Institute works at the intersection of mental health care and spirituality. Their philosophy combines the traditions of spiritual practice and charity with more modern aspirations for “resilience” and “engaged action.” CBR became an independent program when Fitzgerald was signed on to lead it.

The four-day course consists of mental health education, yoga training, and a component on mindfulness-based stress reduction (MBSR). The cost for each attendee ranges between \$1,500 and \$2,000, depending on the location and housing. CBR wants to bring the course to people working on the front lines of humanitarian issues but must also be careful about safety. They have held workshops not only in New York but also in Jordan and Rwanda.

“Matt,” who asked not to use his real name for confidentiality reasons, took the course in Jordan. Matt works in Iraq, where the war against the Islamic State of Iraq and the Levant (ISIL) and the Syrian civil war have created new humanitarian problems. One of the biggest stressors he faces is uncertainty. “We are never really sure what to expect,” he says. This is particularly true when it comes to safety from bombs or attacks.

Hugh Byrne, an instructor in the course, encourages aid workers to speak honestly about their challenges and to get more in touch with negative emotions. Most attendees are open to the approach, but for some, it feels too risky. “Our armor comes from a very deeply rooted self-protection instinct,” he explains. For humanitarians on the front lines of the refugee crisis, for example, “they wonder if they’re still going to be able to do their jobs.”

In fact, Byrne contends, it is the donning of armor that magnifies burnout. “It can close us down,” he says. “It will tend to cut off our connection with ourselves, our deepest aspirations and our values.”

Lyusya Nalchajyan, a human-resources professional with a major international aid organization, took a course with CBR teamtaught by Byrne. In Nalchajyan’s decade of experience, she says, she has seen only a few cases

where the organization she worked for intervened on behalf of an employee's mental health. The concepts introduced in CBR's workshop were not new to her, but the techniques are making a difference. "It has had a major impact on my mood," she says. "I accept now that whatever is happening is happening and tomorrow will be a better day, maybe."

In the face of tight budgets and competing needs, CBR is trying to decide what success looks like. Right now, their annual budget is \$250,000. Fitzgerald is the only full-time employee, and teachers are paid per workshop. Figuring out how to scale their approach has been difficult. They are considering a train-the-trainer model, which would allow human-resources professionals to offer CBR's techniques to their staff. They are also developing customized programs with individual agencies. He is certain that the humanitarian aid industry needs to address the problem.

"There are isolated places where goodfaith efforts are beginning," Fitzgerald says. But so far, he has not encountered any organizations with an integrated, well-funded or structural approach to burnout. "I just don't think there's any agency that could put their hand on their heart and say, that's where we're at."

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