Teaching Trauma: Critically Engaging a Troublesome Term

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How the social work profession supports people to live through experiences of trauma and helps to facilitate recovery represents an important base of our practice. Whilst the impacts of trauma in people's lives cannot be discounted, there remains significant scope to further inquire into how people respond to traumatic situations and locate their own sources of healing, hope and survival. Drawing on two different case studies—one with resettled Sudanese refugees in Australia and another involving critical incident debriefing—this paper looks to address the complex intersections between trauma, well-being and the roles of social work pedagogy and practice.

Keywords: Trauma; Social Work; Social work education; Refugee; Critical Incident; Stress; Well-being

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Introduction: Engaging with Trauma

'Trauma' is a term situated in both medical and psychiatric domains but which has also, often uncontested, spread from professional fields into popular currency (Young, 1995; Furedi, 2004). A knowledge base of trauma within social work education is important because of the nature of our clients' experiences and its impact on social workers and yet its meaning is often utilised uncritically. Whilst the etymology of the term goes back to the Greek word for 'wound', it has accrued powerful discursive understandings in numerous professional fields. Within the academic focus on trauma, a clear definition often eludes the reader. It is almost as if this term is taken as an a priori understood concept that escapes the need for definition, and that the locus of inquiry begins only after trauma—whether the focus is upon therapeutic approaches, associated sequelae or documenting people's testimony.

Within social work education, trauma is often defined and subsumed within its impact in fields of practice such as child protection and family violence. We contend that its capture within twentieth century scientific classification systems (for instance, the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA, 1994) presents social work education with conceptual and philosophical challenges to align concepts of trauma with notions of strengths, recovery and resilience.

This paper discusses the complexities inherent in the conceptualisation of trauma by means of a brief review of trauma and context, illustrated by two social work research studies from different fields. Key issues for the teaching of trauma in social work education are raised. The paper highlights the need to honour and acknowledge the effects and impacts of

trauma in people's lives whilst at the same remaining mindful of their capacities to respond to difficult situations which highlight pathways to well-being and agency.

Trauma in Context and Curricula

Within social work education and curricula, the concept of trauma is one that pervades a number of core teaching foci: human social development; child protection; loss and grief; community work; mental health; and reflective practices. Such a broad application highlights the need to critically engage this term rather than taking it as an a priori understood concept. This conceptualisation requires that social workers both acknowledge and validate experiences of trauma whilst at the same time recognising and working with people's resiliencies, pathways to healing and ability to create meaning in its wake. Social work's focus on systems and broader structural social forces, constructivist orientations and strengths-based tenets provides a helpful orientation to critically engage with bio-medical traditions that often privilege symptomatology over context.

Much of our current understanding and teaching of trauma is predicated upon its description and classification captured within the nosological systems of the DSM and the International Classification of Diseases (ICD) (World Health Organisation, 1992). First mention of trauma in the DSM came with the third edition in 1980: post-traumatic stress disorder (PTSD) was the first classification in this diagnostic manual to explicitly acknowledge external causation (a stressor) of the symptoms of distress. Putting the context into trauma has, as van der Kolk and McFarlane (1996, p. 4) suggest, enabled the study of trauma to become the 'soul of psychiatry'. They observe that the conceptual development of PTSD has provided the framework for looking at the interconnections between biology, personality and construction of meaning that is dependent upon time and place.

Notwithstanding the admission of the importance of context within the classification of

trauma, there remains a tension between the bio-medical and the more ecologically and constructivist-informed constructions of human experience. Acute stress disorder (ASD) was introduced in DSM-IV (APA, 1994) in recognition of a variance in pathways of traumatic response over time. Much of the current debate over the formulation of post-traumatic syndromes in DSM-V (to be published in 2012) has occurred around issues of quantifying and defining the nature of stressors, their pathways into traumatic symptomatology and the philosophical shift associated with the acceptance that traumatisation is as much reliant on context as it is on the original event(s). It is likely that DSM-V will introduce categories of traumatic experience that are more closely positioned in recognition of complex pathways (for instance, in situations of early childhood abuse or multiple exposures of domestic violence or civil war). The exploration of such multiple pathways into and out of traumatic experience opens further opportunity for dialogue with the knowledge bases of social work, whether in child protection, refugee resettlement, mental health, natural disasters and numerous other fields.

Trauma and social work education

The increasing recognition of context in the conceptualisation of trauma provides social work education with the opportunity to introduce scientifically and ecologically informed understandings into the curriculum. It is also our contention that a social work articulation of trauma, informed by environmental and cultural dimensions, can be at the cutting edge of current constructions of trauma: the following case studies serve as an illustration of this.

Considering how the experiences of trauma pervade social work practice, there is relatively scant literature that focuses upon delivering the complexities of a trauma-informed curriculum. There is, however, a growing literature that examines working with post-traumatic stress (Fournier, 2002; Robert, 2002), moving beyond dominant discourses on

trauma (McKenzie Mohr, 2004; Bussey, 2008; Breckenridge and James, 2010) and how to work through vicarious traumatisation (Cunningham, 2004; Miller, 2001; Nuttman-Schwartz and Dekel, 2008). Breckenridge and James (2010) provide an example of how a social work curriculum with a focus on trauma can be conceptualised from individual to community-based interventions. Within their course, the term 'therapeutic' moves beyond a simple engagement with therapy to incorporate the concepts of helpfulness, well-being and social justice. This focus moves beyond, but is not discrediting of, biomedical perspectives. A central tenet of this broader engagement is that the initial impact of trauma (perhaps individual with physical and/or psychological consequences) plays out through transmutation into social and community-level effects over time and space.

The two following case studies, from different fields, serve to illustrate the argument of this paper that a social work construction of a trauma knowledge base can inform a contextually vibrant and critical curriculum. Underpinning both pieces of research was the fundamental issue of needing to recognise how trauma is conceptualised to inform best practices. Blumer (1969) introduces the idea of *sensitising concepts,* which gives the inquirer the initial ideas to pursue a particular topic or research question. The sensitising concepts for both of these projects came from social work practice experience with those living through experiences of loss, extreme stress and trauma. These experiences provided sensitisation to ask particular questions such as how do people respond to, and define, trauma? The research sought to explore what were the pathways to recovery and how people held on to their hopes and dreams despite what they had been through. By recording the narrative accounts of people's experiences, we could seek to understand more fully what informed a person's response(s) to trauma and how they challenged, incorporated and responded to its effects. The two case studies challenged us as social workers to think about best practice with regard to trauma and to critically examine the assumptions about trauma that we brought to the first

interpersonal encounter and to understanding the journey of recovery.

The case studies are chosen to illustrate the interaction of trauma and resilience not only in a 'client' group but also within employment environments as both provide helpful perspectives for the development of a trauma curriculum in social work education. The first case study discusses a research project with resettled Sudanese refugees and their perspectives on trauma from forced migration and resettlement contexts; the second examines the issues involved in critical incident debriefing within organisational settings.

Case Study One: Sudanese Refugees Resettling in Australia

The first case study incorporates a three-year research project documenting the in-depth narratives of 24 Sudanese men who had resettled in Adelaide, Australia as former refugees (see Marlowe, 2009; 2010a). The study's focus was to establish how these men, who were fluent in English and often leaders in their community, conceptualise and respond to situations involving trauma. Analysis was carried out through a process of initial and focused coding, writing memos, theoretical sampling and using the constant comparative method as per constructivist grounded theory (Charmaz, 2006). In total, 70 interviews with the 24 participants were conducted.

It was initially thought that participants would need a concise definition of trauma for their reference but it was found to be a term highly familiar to them. It is a word they learned that would help them gain entry into refugee camps, establish claims for refugee status, and qualify for services in Australia. In this respect, trauma represented a form of currency that laid their claims for recognition and access to vital resources (Marlowe, 2010b). It was thus decided to allow participants to express trauma on their own terms and this provided opportunities to better understand how they respond to difficult experiences and what they view as their most salient concerns. Regardless of one's definition of trauma, it would be

contentious to claim that the participants' narratives did not embody elements of trauma. However, the *experiences of trauma* and being *a traumatised person* can be very different things.

> *We need to get rid of that thinking that our people are traumatised. We were traumatised, yes this is true and that is fine. But that does not mean what we are. We are something different and we can provide. We can offer. We can contribute. (Participant 18)*

Whilst there is no question that forced migration can be traumatising, it does not necessarily follow that a refugee is a traumatised person. This perspective is highly important if resettled refugees are to be able to participate as equals in civic society. Echoing Silove and Ekbald's (2002) warning, if refugees are presented to host countries as psychologically traumatised, the debate over asylum can easily move from humanitarian responsibilities and protection to inevitable economic implications and associated public fears of accepting refugees.

In terms of reporting what the men identified as being traumatic, it needs to be emphasised that this research does not challenge the fact that a number of refugees have experienced psychological distress and traumatisation. A number of participants describe the negative experiences associated with forced migration as '*war trauma'* and having a *'hangover from the war'*. A Sudanese participant elaborates on such hangovers with respect to how the community is coping with such difficult experiences and their perspectives on recovery:

> *We are not there yet* [recovery] *but growing towards that because we still have a* ***hangover*** *from the war yet in this area. There is peace but there are remnants of the hangover that caused all that to happen, which are still, you know, creeping up. They are still surfacing. (Participant 8)*

It is critical that social workers acknowledge these 'hangovers' as such experiences can have very real negative impacts on people's physical and mental well-being. Most participants,

however, were quick to emphasise that political violence and war-related trauma do not necessarily embody an indelibly deleterious impact. In fact, there were numerous ways that participants were able to respond to these difficulties; responses that situate the participants as active agents who have skills and knowledge to use towards healing, coping and recovery.

Though all participants spoke of the trauma associated with forced migration, many noted that adapting to the new social realities in a new host country was as difficult (if not more so) than the adversities associated with forced migration. Such comments reinforce the importance of understanding their challenges holistically and how people create meaning within new social, political and cultural landscapes. As Westoby (2006, p. 157) writes about Sudanese people's lives within the contested landscapes of trauma and recovery, 'There is little space for refugee voices to interrupt these colonizing processes and articulate their own aspirations for reconstructing a social world that would facilitate well-being on their terms.' Part of promoting well-being on participants' terms is allowing them to express their conceptualisations of, and responses to, trauma rather than making a priori assumptions about it.

Overall, participants were critical of what they called 'Western' counselling approaches that focussed on talking about trauma in an unfamiliar agency setting. Rather, they spoke about the importance of establishing a relationship with the community (often within the community as opposed to within an agency) and how professionals could play an integral role in working alongside them to greater realise practical outcomes related to employment, education and suitable housing. These findings are not suggesting that negative mental health outcomes are not possibly present or that Western-based psychosocial interventions are not needed. Rather, it is after issues such as affordable housing, access to employment, English language acquisition and educational training are addressed (often situated in structural

considerations) that the interpersonal work of resolving psychopathological sequelae can be better addressed, if resonant and needed.

This study highlighted that the Sudanese community has numerous pathways for responding to trauma, which reinforce diverse individual and community knowledges about healing and recovery. It follows that participants responded to trauma through the important social and cultural functions located within the community milieu. Others identified the role of spirituality and agential realisations of employment and education as pathways that embodied hope and offered resonant responses to trauma. Importantly, participants also identified that social work professionals can also play integral roles in working towards resettling community's hopes and aspirations. Participants repeatedly noted how, in resettlement contexts, the hope for a better future has helped them to work through and move beyond traumatic experiences. The array of psychosocial interventions, engaging with structural forces and the practical outcomes of finding employment, pursuing an education and assisting people to navigate the different social realities between home and host countries highlights the multiple social work roles in fostering such hopes.

Case Study Two: Critical Incident Debriefing

In the second case study, the focus of traumatic experience moves from the refugee and resettlement arena to the organisational focus of critical incidents and traumatic events within the New Zealand workplace (Adamson, 2006). The narratives of 20 mental health workers, ranging in professional orientation from psychiatrists, social workers and other professionals through to untrained support workers and those selected on the basis of cultural expertise, were considered in the light of what factors enabled individuals affected by severely stressful experiences to cope with and process the events.

Theoretical analysis of the literature and the narratives was structured by the use of two systemic and holistically informed frameworks: an ecological perspective (Bronfenbrenner, 1979; Harvey, 1996; Harney, 2007) and a uniquely New Zealand model, Te Whare Tapa Wha (Durie, 1994; Rochford, 2004). Both of these models underpin much social work education in New Zealand. The ecological perspective is envisaged as a series of inter-related systems that locate the unique individual within bi-directional influences of the immediate environment alongside societal, cultural and structural factors. Te Whare Tapa Wha has its identity within a Maori world view. Symbolising the necessary four walls of a house, the elements of health in this representation are portrayed as *te taha hinengaro* (mental processes), *te taha tinana* (physical processes), *te taha whanau* (family and social processes) and *te taha wairua* (spiritual processes). Health and well-being are achieved by maintaining a balance in each of these areas. Both frameworks recognise the interconnected, reciprocal and mutually inter-dependent levels of human experience and served within the research as a conceptual platform to critically deconstruct the knowledge bases and impact of traumas. From a social work perspective, these models enable links to be made between individual traumatic experience on physiological, cognitive and behavioural levels and the impact on organisations, communities, societies and human rights.

Research participants were asked to nominate and describe incidents that they deemed to be critical incidents or traumatic events. No attempt was made by the researcher to categorise or diagnose the experiences as either traumatic, a crisis or as highly stressful: participants attested to their own perception of criticality in incidents as diverse as being called ‘unprofessional’ as a new graduate, to multiple exposures to sudden death, suicide attempts and assaults. Rather, the narratives were considered in the light of trauma concepts from both scientific and holistic perspectives, offering the possibilities of a multi-focused interpretation of experience inclusive of individual understanding and need as well as a contextualised

focus on environmental factors in resilience and recovery.

For the majority of participants, the initial events (a suicide, assault or indecent exposure, for instance) were located in the nature of, and roles within, the professional environment. As in the first case study, any narratives were suggestive of the emergence of both the impacts of trauma and people's responses to them. The stressful and potentially damaging physical and emotional reactions experienced by participants were nonetheless balanced in their narratives by accounts of appropriate personal and professional responses such as stemming blood flow from a severed artery or calling for police back-up in a riot. The different levels of experience and interpretation thus offer potentially divergent pathways for recovery.

What proved most affirmative or deleterious to health and well-being, however, was the nature of the subsequent organisational response. In some cases, successful coping with shock and crisis was sabotaged over time by organisational and environmental amnesia or minimisation, or by poorly supported processes related to the worker's involvement in the client's ongoing situation. In others, supportive management and affirmation of professional actions actively engaged with recovery and re-establishment of personal resilience. In some of the situations that may have resonated with a scientific diagnosis of post-traumatic syndromes, the deep impact (flashbacks, emotional arousal and cognitive–behavioural avoidance) occurred during meaning-making processes in subsequent months after the initial precipitating event, suggesting that the *shape* of the traumatic experience was determined considerably by post-experience response from others in the environment rather than solely by the individual.

Literature concerning social worker responses to highly stressful work environments confirms that the workplace conditions contain both the potential for damage and for growth and healing (for instance, Huxley *et al*., 2005; Collins, 2008). Support processes (such as

structural management responses), systemic factors (such as vertical as well as lateral communication channels and collaborative teamwork), professional practices (such as supervision and individual opportunities for meaning-making) can all encourage resiliency and strengthen what Lindy (1985) termed the 'trauma membrane'.

The debates over critical incident stress debriefing (CISD) and its location within organisational stress-management programmes proved to be a focal point for the discussion of the research findings. Not only did the debate over debriefing have all the hallmarks of ideological tensions between the knowledge bases of bio-medical psychiatry and psychology (Bisson *et al*., 2000; Deahl, 2000; Kenardy, 2000; Gold and Faust, 2002) and the emergency services personnel from whom critical incident stress debriefing emerged (Everly *et al*., 2000), but it highlighted the crucial importance of environmental conditions in the experience, impact and interpretation of, and recovery from, critical incidents and traumatic events in the workplace. Emerging out of the debate were key differences in the interpretation of the trauma definition, reliant in some perspectives on the neurological identifiers of brain and behaviour, and promoted in some contexts as synonymous with crisis, emergency and high stress levels.

In addition, participants' narratives from the critical incidents' and traumatic events' research provided a critique of the debriefing debate itself. Whilst the outcome of the debate has strongly recommended the cessation of compulsory debriefing processes and a reduction of emotional content in order to reduce the potential for secondary or re-traumatisation (British Psychological Society, 2002), the focus on trauma and stress symptoms and individual impact overlooks the key operational elements of critical incidents within the workplace. Key to the CISD orthodoxy is the insistence that debriefing is not an operational review (Mitchell, 1995), a statement aimed at avoiding blame-throwing and the power

dynamics of responsibility and accountability. However, the mental health workers in this research were committed to professional development and learning from the incidents: questions such as *what can I/we do better?* ranked alongside *how can we improve things for the client/organisation?* Professional practice issues thus emerged as part of the meaning-making process for the participants. Such contextual attention suggests that, in an analysis of the response to traumas, we ignore the environment at our peril.

Discussion: Engaging Trauma in the Curriculum

What can these case studies suggest for social work education? They represent social work research in diverse fields, yet both signal a critical engagement with dominant discourses regarding the discursive understandings of trauma and perspectives on healing and recovery. These studies also illustrate the importance of social work research in the development of a trauma-informed curriculum. We use the term 'curriculum' here to highlight the value of embedding a trauma-informed approach across the many substantive areas of social work education. The experience of living through loss and trauma are one of the few strands that retain salience across the entire social work curriculum; whether it is about mental health, reflective practices, the transgenerational impacts of colonisation, child protection or working with addictions. It is from this perspective that several core principles for social work education emerge from the consideration of these two studies.

First, the case studies illustrate the importance of research-informed teaching that can challenge the anecdotal and popular perception of 'trauma-as-disaster' often taken as fact. Incorporating rigour into our research and teaching can help traverse the discursive territories of trauma to think not only about its impacts but also about people's capacities to recover. Whilst the case studies illustrate the human capacity for resilience and growth, this focus can often be overshadowed by our strong reactions to horrendous experience(s). Both studies

suggest that work with any groups or individuals affected by what is broadly termed trauma or crisis is required to be conducted in a considered manner that goes beyond the common monikers of the 'refugee experience' and 'getting over it' and attempts to comprehend the discursive constructions of the experience for those involved. It means turning the mirror on ourselves and our practice so that it is possible to critically examine our own assumptions, training and ways of working with people living through loss, extreme stress and trauma. These comments reinforce Freire's (1990) assertion that social workers need to embrace a 'critical curiosity' whereby we are curious, not only about the lives and actions of those that we work alongside, but also about our own. Incorporating sensitising concepts into our teaching and facilitating students to think critically about their assumptions and how these may influence social work encounters is, we argue, an imperative for social work education.

Secondly, the social work curriculum must critically engage with concepts of trauma to recognise the tensions between (and values of) bio-medical and alternative perspectives. This focus requires incorporating the associated cultural, biological and historical dimensions of trauma. As Kirmayer (2007 p. 4) states:

> Like any generative trope, the metaphor of trauma shapes our thinking in ways that are both explicit and hidden. The history of trauma, then, is not simply a story of the march of scientific, medical, and psychiatric progress toward greater clarity about a concept with fixed meaning, but a matter of changing social constructions of experience, in the context of particular clinical, cultural and political ideologies.

It is necessary to acknowledge that bio-medical perspectives provide important insights into increased risk factors for both physical and mental health well-being. Alternative perspectives that incorporate a broader or more holistic purview to people's lives are also needed. The recognition that people are capable of making meaningful and lasting responses to trauma which situate them beyond a simple victimised or damaged perspective is essential if promoting health and well-being—with clients or with colleagues—is to be a foundation of

our work. This multi-focused approach to trauma helps practitioners, researchers, educators and students to recognise the potentially deleterious impacts of trauma while also acknowledging that there is not a causal pathway to such outcomes. This shifted focus from traumatised individuals to asking why particularly difficult experiences have occurred can also help to render other important considerations visible that include: structural inequalities; unjust social policies; and the domains of power. These broader levels can directly impact upon local forms of healing, resistance and recovery from traumatic experiences.

Third, whilst acknowledging that some people experience ongoing adverse mental health outcomes from traumatic events, the resilience literature also provides important reminders that many do not suffer from long-term psychological problems or are indelibly damaged people (Calhoun and Tedeschi, 2000; Updegraff and Taylor, 2000) This suggests an incorporation of theories of resilience and a strengths approach to working with trauma within the social work curriculum. The participant comments also demonstrate that the experience of potentially traumatising events is best understood from within the narratives of those thus exposed. It further reinforces that the comprehension of the experience and the associated social work interventions must acknowledge and dignify the trauma story whilst at the same time look for stories of agency, hope and survival.

Finally, the participants in these two pieces of research have an important message for the manner in which social work education can reinforce effectiveness in our work. Both the dislocations of the refugee experience and those of the organisationally-based critical incidents were only the beginnings of the experiences that can be uncritically labelled as ‘traumatic’. Both groups witnessed that, in many cases, the most challenging experiences were not the initial events, but the playing out of the experience over time. The interplay of context and response (rather than events themselves) proved the most testing to resilience and

hope. The social work role, in all its manifestations of structural assistance, community building, systems negotiation as well as in validation of narratives, is a crucial but under-recognised trauma activity. It means recognising that the present influences the past and that the level of our analysis must go beyond traumas predicated in the past. The experience of trauma is embedded in process which necessitates an examination of the present. We are suggesting that the holistic incorporation of a person's embedded experience across multiple levels (which include time and place) offers a solid framework for addressing the conceptual challenges of engaging with trauma in our profession's numerous substantive fields.

These two case studies provide some helpful direction in the consideration of trauma within the social work curriculum. They suggest that whilst there is merit in addressing 'trauma' as a specific topic, there is much to be gained from unpacking its meaning and highlighting the many and various interconnections with established social work processes and interventions. The voices of the participants teach us that sensitisation to the relationship of the ordinary (the necessities of daily life, environmental supports, a sense of identity and belonging) to the extreme (the catastrophe, the dislocations, the initial experiences of 'traumas') is crucial in honouring their stories of recovery and hope.

Conclusion

Maintaining a critical and evidence-based approach to trauma represents an important cornerstone of the social work profession and education. It means locating the discursive perspectives and power domains of related practice in which social workers find themselves inextricably entwined. There is a powerful need to honour, validate and dignify the impacts and experiences of trauma. There is also an imperative for remembering that such experiences are not identity statements or automatic pathways to deleterious outcomes and that, for social work and social work education, responses and interventions may be trauma-

informed but not necessarily trauma-focused. If trauma, as Furedi (2004) maintains, has colonised both the professional and the every day, social work has an important role to engage this term critically and holistically within the many substantive fields of our practice.

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