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The relevance of mindfulness practice for trauma-exposed disaster researchers

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ABSTRACT

This paper aims to raise awareness of vicarious trauma amongst disaster researchers, and suggests ways to prevent vicarious traumatisation from happening and/or reaching incapacitating levels. The paper examines the potential of mindfulness practice, grounded in Buddhist meditation, as a set of contemplation tools through which optimal level of functionality can be maintained or restored. The relevance of the emphasis in mindfulness on understanding suffering, non-attachment, non-judgement, and full participation in the present moment are related to the context of disaster research. The paper demonstrates the potential for increased researcher resilience through acknowledgement and understanding of impermanence, as well as skilful observation of external and internal phenomena in trauma without forming attachment to the pain and suffering.

1. Introduction

> 'Disaster shocks us out of slumber, but only skilful effort keeps us awake. (Solnit, 2009: 119)

Natural disasters, such as wildfires, are an endemic force in Australia and North America – a constant and ongoing part of their history, ecology and culture. As a growing number of people since the 1960s have chosen to live and work in fire-prone landscapes, an increasing number of scholars have focused on how people (re)act towards, cope with, and recover from direct personal experiences of such disasters (see, for example, Pyne, 2006; Jensen and McPherson, 2008; Enarson, 2012; Eriksen, 2014). The stories narrated by disaster survivors are often elaborate, filled with suspense and emotionally charged. It should therefore come as no surprise that researchers with whom these stories are shared could be vicariously traumatised. Yet, while there are extensive accounts and analysis of vicarious trauma amongst, for example, mental health professionals (Hafkenscheid, 2005; Berceli and Napoli, 2006; Caruana, 2010) and emergency service personnel (McFarlane and Raphael, 1984; Weiss et al. 1995; Beatson et al., 1998, 1999; Chopko and Schwartz, 2009), there are no studies to date, to our knowledge, that explicitly deal with vicarious trauma amongst academic researchers who specifically work with individuals and communities directly impacted by natural disasters. This problem was also identified for research psychologists in the aftermath of the 9/11 terrorist attacks (Greenall and Marselle, 2007).

This paper does not aim to clinically define symptoms, causes or degrees of vicarious trauma. Rather it aims to: a) raise awareness of a problem rarely acknowledged amongst disaster researchers, and b) suggest ways to prevent vicarious traumatisation from happening and/or reaching incapacitating levels by restoring and maintaining optimal levels of functionality through mindfulness practice, grounded in Buddhist meditation. This skill can be viewed as preventative or as a coping tool, and is not a replacement for therapy or clinical intervention in cases where vicarious traumatisation has already developed into more serious clinical conditions. Rather, this paper emphasises preventative means for such serious conditions to develop in the first place through the focus in mindfulness on understanding, non-attachment, non-judgement,

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and full participation in the present moment. This can facilitate cultivation of "wise attention" within the research encounter through a deeper awareness, reflection, understanding and acceptance of ever-changing, interdependent processes of life. As such, it responds to struggles like those experienced by Ehrlich (2013) in the wake of the 2011 triple-earthquake-tsunami-nuclear-disaster in Japan, when the heartbreak of what she was witnessing made her wonder:

> 'In a dream I scratch dirt like a dog, panting and frantically working my paws, but the ground is hard-packed and refuses to open. As I travel around Tohoku, I try not to armour myself, but tell me, is there a way to catch grief and tear it open, examine the contents of its stomach? Death stalks us with its internal rain, shed from the same confining canopy that shelters sorrow. (Ehrlich, 2013: 45)

This paper develops a set of contemplation tools, which can assist researchers to observe the feelings of external and internal trauma without forming attachment to the pain and suffering. It also provides grounds for development of deeper insight into the essence of human existence and nature.

2. Vicarious trauma amongst trauma-exposed disaster researchers

Lerias and Byrne (2003: 130) define vicarious traumatisation (also known as secondary traumatic stress) as 'the response of those persons who have witnessed, been subject to explicit knowledge of or, had the responsibility to intervene in a seriously distressing or tragic event'. It is an individual's psycho–emotional reactions caused by exposure to the traumatic experiences of others (Berceli and Napoli, 2006). Symptoms include: re-experiencing the event, persistent avoidance (emotionally and behaviourally), increased anxiety and anger arousal, and impairment of optimal levels of functioning. Factors identified as predictors of the occurrence of trauma symptoms are: previous trauma history, prolonged exposure, psychological well-being, social support networks, age (resilience increases with time/life experience), gender (women more susceptible), education and socio-economic status (increases access and understanding of support networks), and coping styles (negative coping response increases anxiety symptoms) (Lerias and Byrne, 2003). The lower intensity at which vicarious traumatisation can occur (compared with direct trauma) means many do not realise they are being affected:

> 'Victims may still be able to function relatively well in their life while still suffering its symptoms, … [they] are often overlooked because their level of distress may not be significant enough to come to the attention of clinicians, … [they often] suffer in silence until their distress escalates to visible levels. (Lerias and Byrne, 2003: 136–137)

Our journey towards recognising vicarious trauma amongst disaster researchers happened when the lead author after six years of ethnographic-style research with wildfire survivors, firefighters, and residents fearful of the potential threat of wildfire, observed a growing inability to manage seemingly inconsequential tasks both physically and mentally. The pain was simultaneously intangible and debilitating (ranging from nightmares, headaches, muscle/joint tension to internalised anxiety). The causes were subliminal – undercurrents in what was otherwise a busy everyday life. The thought of vicarious traumatisation seemed alien, as the pervading feeling during interviews with wildfire survivors had always been a profound sense of calm rooted in gratitude towards the participants for sharing their intensely personal experiences and emotions. Analysing and writing about these experiences seemed a suitable way to simultaneously process any internal reaction to these (often horror-filled) stories. This, it appears, was a vast underestimation of the potential accumulative effect of many years of indirect exposure to high-impact events.

It took direct exposure to a wildfire, however, for the lead author to reach a turning point in her journey towards managing stress and self-care. In October 2013 a ferocious, fast-moving wildfire swept through the Blue Mountains of New South Wales leaving a trail of devastation in its wake. With hindsight, this became a turning point, as it dawned on Christine while walking amongst the smouldering rubble, as part of the post-fire impact assessment team, that nothing about the devastation was a surprise. The ashen dust clouds, the blackened trunks and leaves frozen in the direction the fire storm travelled, survivors siftings through the rubble to find precious belonging, and the unspoken acknowledgement by all in the team of the horrors we might encounter – Christine felt like she had seen it all before, felt like she had been in that very scenario a hundred times before. In reality, however, Christine had not been exposed directly to the rawness immediately following a fire front before. The only reason this seemed familiar is because she had relieved this scenario hundreds of times during interviews and again and again and again during data analysis. This led to a hard but rewarding journey of exploring and witnessing grief, and getting to grips with how to better promote and facilitate self-care for disaster researchers. The second author, a Buddhist scholar who for four decades has been teaching the theory and practice of mindfulness to professionals working within various types of trauma, assisted this process.

This paper is an outcome of the discussions and collaboration between the two authors. It builds on the recognition that early detection through awareness of vicarious trauma is the key to combating the ripple effect of exposure to traumatic events, such as post-traumatic stress disorder (PTSD), depression and anxiety disorder (Lerias and Byrne, 2003; Caruana, 2010). Berceli and Napoli (2006) emphasise that this is particularly the case amongst professionals who persistently work with traumatised populations, as the prolonged exposure can potentially compromise their own health and well-being. Their advice to health care professionals of learning and practicing some form of mindfulness stress-reduction program is equally apt for academic researchers who work with disaster survivors, and the inherent vicarious trauma this exposes them to. This advice aligns with Garland et al.'s (2009, 37–38) proposal that:

> 'The mechanism allowing one to shift from stress appraisals to positive reappraisals involves the metacognitive mode of mindfulness, a mode in which thoughts are experienced as transient, psychological events rather than reflections of absolute reality. The *practice* of mindfulness may facilitate and strengthen this capacity for positive reappraisal.

This capacity for positive reappraisal aligns with the notion of 'emotional illiteracy', which Greenspan (2003, xii) argues 'has less to do with our inability to subdue negative emotions than it does with our inability to authentically and mindfully *feel* them' (see also Williams et al. 2007). Before the potentials of mindfulness practice in the context of vicarious trauma are explored further, it is important to introduce the concept of mindfulness itself — from its origins in ancient Buddhist traditions to newer interpretations, developed in the last few decades.