Afterword

Researching Traumatic Memory: Reflections on Practice

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This Afterword reflects on the theme of this Special Issue of *Health and History* in the light of what we see as a current rupture inside histories of mental health and psychiatry, one that is shared with the challenge of social work in practice.[1] This rupture is caused by the 'still-present' memories of institutional trauma, and the effect that has on the writing of histories of psychiatry.[2] Such trauma also shapes the everyday practice of social work. Institutional trauma in the case of social work might refer to forms of interaction with the institutions of welfare, law, medicine, education, and religion, that can render clients powerless. Dynamics of privacy, power, and control that characterise these institutional settings can create climates conducive to manipulation and maltreatment that is more severe, more frequent and more likely to occur over longer periods of time, all factors known to be associated with pervasive adverse impacts and outcomes for survivors.[3] The lived realities of institutional abuse means that impacts can extend to families, loved ones, and the wider community—constituting intergenerational and shared or collective trauma.[4] The focus of our reflection is on how we might build a methodology around researching traumatic memory in practice, and in the present. This work would start to work towards what editor of this Special Issue Elizabeth Roberts-Pedersen argues is a key element of contemporary trauma studies: theorising the relationship between theory and practice, both within and across disciplines.

The articles and interviews in this Special Issue all open up the possibility of thinking about such a methodology. Articles speak to the figurative and literal rehabilitation of veteran experience, as well as the reconsideration of practices, events, and outcomes for the objects of medical experimentation, and the ingenuity of medically and scientifically-trained prisoners of war (POWs) traumatised by illness and disease in Burma and Thailand. We now know, for instance, that war and conflict at the start of the twentieth century became a new site of thinking about the impact of military experience on men and

their psychological health. By revisiting these questions, we are able to rethink the use of medical interventions in historically specific contexts, which challenges preconceptions of the way masculinity and war have been understood.

We also need to confront our own past: this is an ongoing practice of revealing dark aspects of Australian history, such as the unconscionable use of medical experiments on Indigenous Australians. That these would result in traumatic memory across generations and communities is no surprise to John Boulton, as he explains in his 'Notes from the Clinic' interview. Child sexual abuse—now understood to be widespread and institutional in many areas of Australian society—adds to our collective shame. Indeed, the recent Royal Commission into Institutional Child Sexual Abuse has brought into sharp focus for Australians the realities of institutional complicity in the betrayal of trust, ethics of care, protection, and basic human rights for many children. That these children were tied to these institutions by dynamics of dependence, disadvantage, distance, and disconnection from culture and community emphasises the importance of structural, social, and historical contexts in understanding and responding to their experience.[5] The legacies of these and other painful histories can remain as a gaping wound for many. When we fail to acknowledge these experiences, and struggle to make sense of them and their impacts, we risk replicating cycles of damage and disadvantage. There is an obvious and imperative need, then, to find ways to incorporate understandings of trauma in academic, political, and therapeutic contexts and to grapple with 'the collective, the historical and the global impacts of local events', as discussed in the second 'Notes from the Clinic' interview with psychiatrist Bipin Ravindran.

Trauma emerged as 'a highly visible and widely invoked concept' in the twentieth century.[6] Historians suggest that the label of trauma arguably transcended its use in medical and psychological clinical parlance and entered popular culture and everyday life and became a metaphor for forms of suffering in general. Across disciplines trauma has been constructed and understood as both an event and a process, the experience of both held simultaneously in focus. An important milestone in our recognition of the impact of trauma on the lives of survivors came in 1980 with the diagnosis of post-traumatic stress disorder (PTSD) being included in the American Psychological Association's Diagnostic and Statistical Manual (DSM III). This diagnosis—informed by experiences of the Vietnam War—gave the

experience of trauma greater visibility (and arguably legitimacy) in response. At that time, lobbying from the mental health community following the Vietnam War helped a wider audience to embrace the idea that trauma was defined as having been 'precipitated by an event that would bring great stress to almost anyone'. Yet the term was also exposed to 'vigorous criticism'; legal battles; and debates over its meaning, its inherent limitations, and contradictory use in an increasingly chaotic late-twentieth-century world rendering the term almost meaningless in some settings.[7] There is a sense of frustration across disciplines that our conversations about trauma can falter because we lack a consensus about what we are talking about.

One example of contention over a general, public use of the term 'trauma' emerges from the postcolonial context of New Zealand at the turn of the century, in the year 2000. Then Labour Party associate minister for Maori Affairs, and serving under Prime Minister Helen Clark, Tariana Turia claimed in a speech to the New Zealand Psychological Society at the University of Waikato that all Maori were suffering from post-traumatic stress disorder.[8] It was widely reported that she had compared their treatment under the British colonisers to the fate suffered by Jews in the Holocaust. This received a huge amount of coverage, including internationally. While in some quarters the speech by Turia was condemned, this marked a turning point for Maori Affairs under Labour, and in New Zealand, in many respects. The Maori people had always articulated their own political stance, with appointed positions in the parliament based on historical attempts to ensure political representation, and they had traditionally aligned with the left and Labour. Having already been rebuked by Prime Minister Clark for an incident where Turia had tried to censor child abuse figures among Maori, blaming the abuse on PTSD, Turia and other Maori began to articulate a larger platform for Maori identity and enfranchisement over the next decade, with a new Maori party established by 2004.

This was an important moment for thinking about both history and the use of ideas of traumatic pasts in public life. It played out in classrooms and lecture theatres across the country. Some commentators called Turia 'wild' and 'crazy'. Yet arguably, what she was articulating was a popular understanding of the notion and meaning of trauma made possible by the conditions of the late twentieth century. She was bringing together the observations and experience of trauma as both big and small experiences, exceedingly common and pervasive that in accumulation overwhelm the capacity

to cope, and elicit intense feelings of helplessness, hopelessness, and despair.

Relevant to the theme of this Special Issue, the very conditions making it possible to claim trauma for a collective identity had also fueled and shaped the movement around the psychiatric survivor groups operating globally. The nuances and conflicts between separate groups in this global landscape include psychiatric survivors, who purposefully deploy the term 'trauma'. Mental health service users tend to advocate for better mental health services, while consumers also operate as their identification suggests, treating mental health services through the lens of the consumer movement.

The role of advocacy, and the place of new agents in redefining the experiences of people traumatised by institutional power, is the link between mental health histories and the practice of social work. Understanding trauma in its real and lived forms is a powerful act of renegotiation of care and treatment for those who have experienced institutions and services through a paternalistic lens or the medical model of the past. As the work of Kathleen McPhillips demonstrates, for victims of institutional child sexual abuse, understanding and institutional responses have to start with and be grounded in an appreciation of the social and historic contexts of abuse. Evidence of the role and contribution of institutional settings and the structural and social forces surrounding them to facilitate and conceal abuse has for many victims resulted in a deep sense of betrayal; distrust; and—for victims of abuse in religious settings— spiritual trauma and a shattered sense of belief, belonging, and religious identity. An obvious paradox here for effective redress and response is that distrust of organisations, authorities, and institutional settings, particularly those tied to the church, may pose a significant barrier to accessing and receiving ongoing support—particularly in relation to impacts centred around spirituality and belief.

The stories and experiences from those with lived experience of trauma, along with those of their children and families and their wider community, are vital to contemporary histories of psychiatric treatment and social work encounters. We suggest that a new research methodology should include trauma as an active methodology to ensure that the accounts of practice in our fields do not lose power or intelligibility. There is something more at stake here than inclusion; enabling the process of a trauma-informed research practice in our fields means creating a new awareness of the location of trauma as memory or lived experience in the different modalities of our research

practice. In history, that means that the interpretation of written institutional records and oral history sources needs to be both attentive to the traumatic experiences of subjects, and to their expression. In social work practice it means engaging with and being an active agent in naming; narrating; and navigating the systems, structures, and forces which shape experience and outcome, particularly for our most vulnerable communities.

One challenge for historians lies in the use of oral history and memory, in large part because of inherent suspicion around oral history narrative and content, theory, and method. The use of psychiatric case records is also problematic when viewed by the community of mental health service users and those with lived experiences of mental illness. For social work practitioners, the theorised meanings of 'trauma' inflect and produce outcomes for clients. There is potential peril if models of trauma are applied uncritically and we grow constrained in our view of what is possible and probable for our clients.

For both history and social work there is primacy in the story of trauma—its lived experience, its affective telling and its roots and ties to structural and social forces. A cogent example of the possibility for historians to renegotiate their sources by thinking about trauma as a methodology lies in the use of patient cases and narratives. Histories of mental health tend to be characterised by their use of institutional case record data.[9] Although rich in information about the patient journey, patients' clinical cases tell only one side of the story. Cases are short summaries of much larger personal life stories and offer examples of the ways in which a collective portrait of mental illness and institutionalisation can be painted.

There are other types of narratives available to historians, such as mental health memoir.[10] Patients' accounts of their institutionalisation can also tell us about aspects of the institutional 'reality' from their perspective that official policies and documents cannot. This is true for the accounts of practitioners, staff, and the community associated with institutional sites of care. Historically, we see shifts in the rhetoric of care, and changes in the 'official' rendering of institutional forms of treatment viewed as better tailored to the needs of patients. Yet at times, even within these periods of history, patients experienced forms of group containment and herding which was, in many instances, problematic for their individual wellbeing.

The stories of patients—of those in care and those for whom institutions dominated their experience and defined their outcomes—

can provide powerful, insider perspectives of personal histories often told from the outside, most often from the point of view of the most powerful in the organisation (such as psychiatrists, politicians, and priests). Thinking about 'trauma as method' in this way, by giving primacy to the voice of the survivor, is consistent with a trauma-informed approach to practice. For both history and social work there is a powerful imperative to embrace opportunities to both hear the voices of survivors and honour them through embedded, collaborative, and co-authored practice. Critical to this is how we prioritise the voice, choice, power, and control of survivors in real, authentic, and safe ways. Finally, although we celebrate the greater impact and immediacy of oral accounts and the role of trauma in historical writing and contemporary social work practice, in telling the story of the still-present past, we must always be mindful of the impact such powerful testimony can have on listeners, readers, workers, and storytellers.

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1 We acknowledge the opportunity to speak at three trauma-themed events held by staff at the University of Newcastle: The School of Humanities and Social Science Re-Think series, "Trauma in Practice", 6 October 2016; the "Psychiatry, Trauma and History in a Global Age: The View from Australasia" Symposium, convened by the Centre for the History of Violence at the University of Newcastle, Friday 19 May 2017; and the Trauma Research Network Symposium, organised by Kath McPhillips, University of Newcastle, Monday 11 June 2018.

2 Catharine Coleborne, "Researching Traumatic Memory: Writing about Mental Health in the (Still) Present Past", unpublished paper, UON Symposium. Psychiatry, Trauma and History in a Global Age, Newcastle, NSW, Australia: University of Newcastle, 2017.

3 Tamara Blakemore, James L. Herbert, Fiona Arney, and Samantha Parkinson, "The Impacts of Institutional Child Sexual Abuse: A Rapid Review of the Evidence", *Child Abuse & Neglect* 74 (2017): 35–48.

4 See for example Grete Dyb, Are Holen, Alan M. Steinberg, Ned Rodriguez, and Robert S. Pynoos, "Alleged Sexual Abuse at Day Care Center: Impact on Parents", *Child Abuse & Neglect* 27, no. 8 (2003): 939–50; Roberta Stout and Sheryl Peters, *Kiskinohamâtôtâpânâsk: Inter-generational Effects on Professional First Nations Women Whose Mothers are Residential School Survivors* (Winnipeg: Prairie Women's Centre for Research, 2011), http://www.pwhce.ca/pdf/kiskino.pdf (accessed 12 November 2018); Paul M. Kline, Robert McMackin, and Edna Lezotte, "The Impact of the Clergy Abuse Scandal on Parish Communities", *Journal of Child Sexual Abuse* 17, no. 3–4 (2008): 290–300.

5 For an overview of these impacts and potential responses, see Tamara Blakemore, James L. Herbert, Fiona Arney, and Samantha Parkinson, "Impacts of Institutional Child Sexual Abuse on Victims/Survivors: A Rapid Review of Research Findings", Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/research_report_-_impacts_of_institutional_child_sexual_abuse_on_victims_survivors_-_treatment_and_support_need.pdf (accessed 12 November 2018).

6 Paul Lerner and Mark S. Micale, "Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction", in *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, edited by Mark S. Micale and Paul Lerner (Cambridge, UK: Cambridge University Press, 2001), 1. This groundbreaking volume argued that there is an important

nexus between trauma, psychiatry, and modernity and that trauma might be best understood through three strands of scholarship: trauma and medical history—the development of ideas and theories; trauma and diagnostic or therapeutic practices inside institutions; and trauma as represented in literature and the arts.

7 Lerner and Micale, 1–2.

8 See http://www.psychology.org.nz/wp-content/uploads/2014/04/Bulletin-Sept01-Turia.pdf (accessed 7 November 2018). See also https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=149560 (accessed 7 November 2018).

9 See Catharine Coleborne, "Patient Journeys: Stories of Mental Health Care from Tokanui to Mental Health Services, 1930s to the 1980s", in *Changing Times, Changing Places: From Tokanui to Mental Health Services in the Waikato, 1910–2012* (Hamilton: HalfCourt Press, 2012), 97–103. See also Catharine Coleborne, "Institutional Case Files", in *Sources and Methods in Histories of Colonialism: Approaching the Imperial Archive*, edited by Kirsty Reid and Fiona Paisley (London and New York: Routledge, 2017), 113–28.

10 See Michelle Campion, "Narratives from the Mind's Eye: The Significant of Mental Health Pathography in New Zealand, 1980–2008" (Masters Thesis, History, University of Waikato, 2009), 22, 68–9, https://researchcommons.waikato.ac.nz/handle/10289/3585 (accessed 9 November 2018). See also Kerry Davies, "'Silent and Censured Travellers'? Patients' Narratives and Patients' Voices: Perspectives on the History of Mental Illness since 1948", *Social History of Medicine* 14, no. 2 (2001): 267-92. Doris Kordes was able to speak to users of mental health services at Kenmore Hospital in Goulburn, New South Wales in Australia for her doctoral research: see Doris Kordes, "The arts of Care in an Asylum and a Community 1925–2004: Kenmore Hospital, New South Wales and Canberra, Australian Capital Territory" (PhD Thesis, History, Australian National University, 2009). For a relevant edited collection, see *A Gift of Stories: Discovering how to Deal with Mental Illness*, gathered by Julie Leibrich (Dunedin, NZ: University of Otago Press, in association with the Mental Health Commission, 1999).