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Contagious trauma: Reframing the spatial mobility of trauma within advocacy work

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ABSTRACT

Scholars have theorized that advocates who *listen* to the experiences of traumatized individuals suffer from 'vicarious trauma,' where they become affected by the process of working with trauma sufferers. Yet I argue that trauma is contagious, rather than vicarious: contagious trauma *spreads*, compounding and binding together sometimes unrelated life traumas. This paper focuses on the spread of contagious trauma within advocates who work together with people affected by two sets of policies that compound trauma in Australia's Northern Territory, Aboriginal Australians affected by the 2007 Northern Territory Emergency Response Legislation and asylum seekers affected by Australia's policies of mandatory detention. Using ethnographic data from participant observation and interviews with advocates as well as autoethnographic excerpts from field notes, I argue that advocates experience contagious trauma as the effects of witnessing trauma combine toxically with their own life traumas. Contagious trauma *expands* the destructive effects of traumatic public policy, and simultaneously *shrinks* the capacity of advocacy that contests these policies. Capacity shrinks as advocates construct barriers to keep trauma at bay.

1. Introduction

> "Certainly one challenge of this listening is… the danger—the danger… of the trauma's contagion…" (Caruth, 1995: 10)

The concept of trauma occupies liminal space between the body and mind, individual and collective, event and perception. A trauma represents a physical or psychological wound, but one that is only understood as 'trauma' because of how one experiences it *after the fact*. Trauma is characterized by repeated flashing back to a traumatic episode at unexpected times and places. Through flashbacks, "the experience of the trauma, fixed or frozen in time, refuses to be represented *as* past, but is perpetually reexperienced in a painful, disassociated, traumatic present" (Leys, 2000: 2). Continual flashbacks "destablis[e] any production of linearity," constructing new temporalities that are, as Caruth writes, "always connected with another place, another time" (Edkins, 2003: 16; Caruth, 1995: 8–9).

While trauma's disruptive influence on narrative time has focused much attention on trauma's temporalities, its spatiality, the space of 'listening,' as Caruth (1995:10) writes above, the space of 'contagion,' also proves challenging. Scholars have theorized that advocates who listen to the experiences of traumatized individuals suffer from 'vicarious trauma,' where they become traumatized by the process of working with traumatized others. Yet I argue that trauma is contagious, rather than vicarious: contagious trauma *spreads*, compounding and binding together sometimes unrelated life traumas. This paper focuses on the spread of contagious trauma within advocates who work together with people affected by two sets of policies in Australia's Northern Territory, Aboriginal Australians affected by the 2007 Northern Territory Emergency Response Legislation and asylum seekers affected by Australia's policies of mandatory detention. Advocates experience contagious trauma as the effects of witnessing trauma combine toxically with their own life traumas, *expanding* the destructive effects of policies, and simultaneously *shrinking* the capacity of advocacy that contests these policies.

The paper proceeds by introducing the multiple methods involved in constructing this argument, then details the case for trauma as contagion. Next, I contextualize advocacy projects in Australia, and then explore the expansion of trauma and barriers to advocacy it creates. Finally, I consider the effects of contagious trauma for advocacy projects.

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2. Methods

Ethnographic encounters underpin this project. Between 2010 and 2012, I spent nine months in Australia having conversations about Aboriginal communities facing the consequences of the federal Northern Territory Emergency Response legislation (2007) and asylum seekers grappling with Australia's policies of mandatory detention. I conducted participant observation, 25 semi-structured interviews, and archival research in Darwin, Australia focused on the network of Aboriginal and asylum seeker advocacy organizations.

Interviews with advocates form about half of the evidence for contagion that I incorporate into this paper. The second half of my data is formed by autoethnographic episodes drawn from notes during the course of field research. Tensions over representation underpin these stories of trauma. Trauma studies as a discipline is thick with survivor testimony, to the point where survivors feel pressured to give voice to unspeakable events again and again (Tamas, 2012). Critics have argued that a focus on subjects as victims offers a simplified reading of their subjectivity that voyeuristically elevates the traumatic story above the complexity and mutability of the subject themselves (Radstone, 2007: 23). Such concerns about portraying traumatized individuals as subjects, combined with the ethical questions of who can claim the 'right' to speak about trauma without appropriation, led me to autoethnography (Luckhurst, 2008). There are risks to telling traumatic stories, there are stories which are not mine to write, and there are stories for which research is not an appropriate method of response. If I wanted to risk telling intimate and traumatic stories of trauma, I determined that I needed to tell my own.

Writing my own stories poses its own problems, from the ethical issues in representing the traumatized self (Tamas, 2009: 17), to the oversimplification of painful stories for consumption (Bondi, 2014). Implicit in the decision to focus on the contagious *spread* of trauma is a politics of equivalency: Does a focus on advocates obscure the marginalized people whose pain is at the heart of advocates' stories? Yet the decision to focus on trauma as contagion explicitly pushes back against such lines of questioning, drawing both on critiques of scholars' voyeuristic focus on finding the most painful stories (see e.g. Radstone, 2007) *and also* a demand for the acknowledgment of trauma's expansive capacity. That policies that compound trauma cause *more* pain is not an admission that they cause equivalent pain, or that they cause comparable pain, but demands the understanding that *more* pain is in itself a call to action. The choice to tell advocates' stories and my own stories also draws on other geographers' work using one's own experience in order to reflect on geopolitical processes and embrace a sense of shared humanity by recognizing a bit of others in one's self (Bondi, 2014; Robinson, 2011; Valentine, 1998).

Throughout this piece, the autoethnographic flashbacks disrupt the narrative, allowing multiple traumas to compound, intensify. Writing trauma in this way is itself a method of analysis. I weave together stories unexpectedly, exploring trauma's mobility, interconnectedness, and how it binds unrelated aspects of pain, suffering, and memory together. As Luckhurst (2008: 3) writes, trauma is "worryingly transmissible," and the disruptive intimacy of the autoethnographic moments helps to refocus the reader on the fundamental temporal destabilization at the heart of what trauma means, and moves a step towards representing that instability within a written narrative.

3. Trauma as contagion

I have 20minutes before the next bus arrives. We are outside the busiest shopping mall in the Northern Territory and I sit on a bench outside, breathing in the air, humid and stale with the smells of body odor and cigarette smoke. I read, trying my best to shut out the chaos around me. Bus riders here are like bus riders where I grew up, the mentally ill, the poor, but also because we are in Darwin, they are the tourists, the drunk, the homeless, all of us smelling like mildew and sweat, with tinges of the sweet smells of cheap alcohol and vomit. I am mentally preparing for another trip to the detention center, trying to center my mind and body to absorb the rage and despair I feel once inside. Shouting begins, from a group of Aboriginal men and one woman. They are drunk, sloppy, waving hands. I peer above the line of my book, watching. The men evidently think the woman has taken their money, but don't seem to know what to do. One shouts, "I'm no woman-basher!" Mall security comes over, a white man in a cheap uniform, and asks the woman to empty her pockets. She does. There is nothing. The men are not satisfied, gesture at the woman's chest and erupt into angry discussion, none of it in English. Their gestures finally become legible to the security man: they believe she has put the money under her shirt. She stands back, rips up her shirt and bra. An explosion: her lighter falls to the ground, sparks, burns. Bits of paper and trash rain out over the sidewalk. Her breasts hang down, exposed, narrow, mimicking the folds of her stomach as they buckle over a mid-stomach scar: two bags of flesh on each side, naked. There is no money anywhere. I dream that night of scarred flesh, the raised scars on the Sri Lankan refugee's arm in the Melbourne detention center, the folds of the Aboriginal woman's skin hanging down over her waistband, scars, scars, everywhere.

Whereas some theorists believe that trauma memories are firmly embedded and immobile (van der Kolk and van der Hart, 1995:163), others have begun exploring the spread of trauma through space. Trauma acts as a social glue, connecting victims of different events through similar stories (Degloma, 2009: 114), and alternately as a social disruption, fraying whole communities through damage to social fibers (Erikson, 1995: 190). For me, dreams of scars brought together the brief glimpse into the alcohol abuse and 'woman-bashing,' the everyday manifestations of the ongoing trauma of colonial dispossession for Aboriginal residents of the Northern Territory, with the intensely traumatic experience of witnessing self-harm in Australian detention centers. The separate stories of trauma compounded, intensified, and, as later excerpts from fieldnotes will demonstrate, expanded to incorporate past incidents of personal trauma as well.

Trauma's movement through space works in a variety of ways. Witnesses become traumatized by hearing or seeing the traumatic event, whereas those who work or live with traumatized people may experience "secondary traumatization" through their proximity (Degloma, 2009: 109). Advocacy is one key route of transmission: Degloma (2009: 110), for example, explores how "trauma carrier groups" such as advocacy organizations or mental health associations lead trauma to "be transmitted like a social pathogen." Clinicians have used several terms to identify the spread of trauma through space, including vicarious trauma. 'Vicarious trauma' is defined as the "painful and disruptive psychological effects of trauma-based work" (Barrington and Shakespeare-Finch, 2013: 90). Craig and Sprang (2010: 320–321) note that vicarious trauma is extremely common in clinical settings and cite studies where between 27 and 100 percent of those caregivers surveyed suffered mental health consequences from working with traumatized people.

Asymmetrical relations of power characterize vicarious trauma: the trauma of the detained asylum seeker entangles unevenly with the night terrors of the white Australian advocate, reflecting their different access to mobility, legal representation, citizenship rights, and belonging within Australia. Calgaro (2015) argues that vicarious trauma represents an emotionally entangled set of processes deeply connected to the power asymmetries of qualitative research

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