

## 7/31/09 TEACHING TRAUMA TO THE TRAUMATIZED

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It is time to begin to focus on all facets of issues related to trauma education and training as Courtois and Gold (2009) suggest. What has received little, if any, attention in the literature is the issue: how do we think about teaching trauma to those who are traumatized or who become traumatized by course material? It is my experience that many people who choose to study trauma have been or are presently victims of major traumas in their lives. They elect to take trauma courses with the hope of understanding, healing, and helping themselves as well as others. In addition, the course may stimulate reactions to old traumas or the course may be traumatizing itself. It is this issue (how do we think about teaching trauma to those who are traumatized) which is the focus of this paper.

I teach two graduate level courses on trauma. In addition, I have taught courses on trauma to postdoctoral students as well as to professional psychologists. In this presentation, I will provide some illustrations as a springboard for pedagogical questions which arose from teaching courses on trauma. One more orienting point: In order to provide a context for what follows, I briefly begin by describing the two graduate courses that I teach regularly as well as the program in which they are embedded.

### THE CONTEXT

Trauma and Violence Transdisciplinary Studies is devoted to creating a space for scholarly inquiry and creative, interschool cooperation. Our program includes Holocaust studies, catastrophe and genocide studies, and other traumas, including domestic violence and sexual abuse. Our view of the field is expansive and we welcome all theoretical and practical viewpoints. Our unique transdisciplinary approach aims at developing innovative angles of insight and analysis into the urgent problems of trauma and violence and their impact on every facet of lived experience. With the support and active

contribution of a distinguished and diverse Advisory Committee, we have developed a program for a Master of Arts Degree (32 credits) which offers students a four course core program that provides a strong foundation in both the theoretical and the clinical components of doing work concerning trauma and violence. In addition to these core courses, students take four elective courses in order to deepen their studies in preparation for writing the Master's thesis. The core curriculum exposes students to the entire spectrum of clinical and theoretical work, with an eye toward integrating these different fields through collaborative seminars and colloquia.

I teach two of the four core course. In brief, my first course is an introductory course which focuses on theoretical and clinical issues. It was designed to help graduate students to develop skills and knowledge in conceptualizing various aspects of all types of trauma. Further, the course was designed to help students to develop increased competence in their ability to deal with trauma within their professional capacity. The course centers on numerous broad topics such as history of trauma, epidemiology, dissociation, neurobiology of trauma, physical and psychological post-traumatic sequelae, range of post-traumatic spectrum disorders including complex PTSD or developmental trauma disorder, other disorders associated with a history of trauma, and transmission of trauma.

Trauma work is leaving the offices, entering the streets, and is being transformed by both other disciplines as well as by those to whom it is offered. It is this work which is the focus of the second trauma course that I teach. It is primarily designed to provide a comprehensive survey of knowledge about the clinical work of mental health clinicians in trauma practice. Interventions at different levels (individual, group, and community) and the nature of transdisciplinary studies in clinical trauma work is considered. In addition to a concentration on different level of intervention, there is consideration of interventions within different types of trauma. For example, of focus are interventions for both human-made trauma (child abuse, sexual abuse, rape, human trafficking, battering, racism, war, terrorism and political action) as well as natural disasters. As we

examine clinical trauma work, we also consider development, race, class, as well as some related scientific, clinical, and epistemological tensions. Finally, we conclude the course by deliberating on commonalities in clinical trauma work across different levels of intervention and different types of traumas. I should note that the structure of this course is atypical. There are seven guest speakers who discuss their clinical trauma work. In general, each speaker presents in one session. During that session, there is a focused effort to determine how the interventions were received by those for which they were designed, both in the immediate aftermath and in the longer term. In addition, there is discussion of the readings and the presentation in the session (or two) following the presentation. That describes the course, in a very condensed version.

Now for the illustrations.

### ILLUSTRATIONS

#### (1) Illustrations Related to 9-11

The NYU community lived through the attack of the World Trade Center in a manner that no other major university did. We did not need to watch it from the television; we could look south from our windows through the crystal clear September air to see the entire tragedy unfold.” So spoke New York University President John Sexton

The towers were on fire. People jumped from the buildings. The towers, first one and then the other, fell. Thousands of people were on the street screaming and running northward. Ambulances and fire engines were all racing toward the bedlam and, in time, they were engulfed in rubble and residue.

Many NYU students were only one mile away when the towers fell. They were lost. They were confused. They were traumatized. Many lost their students homes and their possessions and all that oriented them to student life. In time, they were relocated.

The towers fell on Tuesday, September 11, 2001. All classes at the university were cancelled for the rest of that week. However, it was “business--almost-as-usual” the following week.

On Wednesday, September 19, eight days after the towers fell, I met with my trauma class for our second session. In the first class, which occurred prior to the terrorist activity, I reviewed the course outline and requirements and covered some basic material such as defining trauma and the history and epidemiology of the trauma. The original plan for the second class was to show and discuss the film “Fearless”, a film about a plane crash survivor and his subsequent post-traumatic stress disorder. It did not make sense for me to show the film illustrating post-traumatic stress disorder when many of the students in the class were actually *living* the disorder just eight days after the attacks on the towers. Rather than showing the film, I used class time to discuss their 9-11 experiences and how and whether it resonated with their reading about trauma and PTSD.

It was a powerful class. Students told their stories. One student of color described how she had been stopped on the street and spat upon or, in other ways, became the object of rage. She could not understand this. She, like them, was terrified and was grieving. A close friend of hers had died in the North Tower just eight days previously. Another student, an Orthodox Jew, told how she was approached on the street with the piercing words: “All the Jews got out. You Jews did this.” Others told of dislocation, disorientation, terror, loss of all possessions, inability to return to their dorms where their clothing, books, course assignments, computers, and homework were. And still others told of watching people jump from the towers, of running and rubble, and the horrific stench of human flesh burning. And there were a few who spoke of death of current friends, old friends or acquaintances. Some knew children who had lost a parent; these were the children they were working with in their externships.

I spoke of my experience: a close friend had died. I had spent the first few days, at first comforting the family and waiting for HIM to return. Later, when it was clear that there

were almost no returns, I spent my time comforting the family in their inevitable and unending sorrow.

The students were traumatized. I was too. We were dealing with a common trauma, and we were dealing with it at the same time. We were dealing with it outside of the classroom and we were dealing with it inside class.

In years subsequent to the 9-11 attack, some victims of 9-11 chose to leave their previous employment as workers in the financial world, as reporters, as photographers, as EMS workers, as firemen, as policemen, and so on. They chose to leave their previous employment and they chose to enter graduate school. Specifically, they chose to study psychology and, within that, trauma. They had been traumatized by the earlier 9-11 events and they chose to become students in my trauma class.

## (2) Illustrations Related to Other Traumas Experienced By Students

It is my experience that many people who choose to study trauma have been victims of major traumas in their own lives. They take trauma courses with the hope of understanding, healing, and helping themselves as well as others. Students in my trauma courses have included second and third generation Holocaust survivors, and survivors of Hurricane Katrina, childhood abuse, intimate partner violence, criminal assault, life-threatening injuries and diseases, rape, bullying, torture, combat, and so on. I believe most students in my course fall in this group of the previously traumatized. It is not surprising. A number of studies (as reported by Courtois and Gold, 2009) indicate that, in a general population sample of young urban adults and a nonclinical college student sample, approximately 80% of respondents reported having experienced at least one event conforming to the newer DSMIV PTSD Criterion.

There is another group of students. I know they exist, but I hear less from them. They are the students who are dealing with *ongoing* trauma. They continue to be traumatized

while taking the course and hope that the course will help them find a way out of their situation (which include battering or some other intolerable situation).

### (3) Illustrations related to Trauma Resulting From Taking The Course

The third illustration involves students who are traumatized while taking the course. Included in this group are students who were previously traumatized and managed to “put away” their trauma; the course content triggers its return. I have had some students who, in the course of the course, remember earlier traumas that they thought they had forgotten. I have had many students who, in the course of the course, feel traumatized once again by old traumas that they never forgot. Susan, for example, had always remembered that four of her high school classmates had died on a high school bus trip. She thought she had mourned their deaths and that it no longer tormented her. The torment returned and overwhelmed her as the course progressed.

Then there are those students who report that they are traumatized by the course material. Terms such as secondary traumatization (Stamm, 1995; compassion fatigue (Figley, 1995), and vicarious traumatization (McCann & Pearlman, 1990) refer to reactions from professional responders and caretakers being directly exposed to trauma on-site and/or indirect exposure working with traumatized clients after the trauma took place. These terms do not apply to students who are traumatized by course content.

I would like to coin a term. The term is “academic traumatization”. This term refers to the reactions from students who are indirectly exposed to trauma from participating in a trauma course or program and having an all-encompassing experience with trauma through listening to lectures and class discussions, course reading, writing papers, and studying for exams. It is the inundating oneself with trauma through course work which leads to trauma. This is what I mean by “academic traumatization”.

## HOW DO WE THINK ABOUT TEACHING TRAUMA TO THOSE WHO ARE TRAUMATIZED

In sum, it is my experience that many people who choose to study trauma have been or are presently victims of major traumas in their lives. They elect to take trauma courses with the hope of understanding, healing, and helping themselves as well as others. In addition, the course may stimulate reactions to old traumas or the course may be traumatizing itself. By means of this paper, I am placing an issue on the “teaching - trauma map”. The issue: how do we think about teaching trauma to those who are traumatized or who become traumatized by course material?

Some questions I struggle with include: (1) Should there be *screening of or some sort of warning to* students prior to taking a course on trauma. (2) Should we make the pedagogical experience therapeutic as well. For the moment I have an answer to both these questions. The answer: it all depends.

I hope that the material in this paper will stimulate more discussion about these as well as other questions related to trauma education and training.

## REFERENCES

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