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Essay topic – What is the role of psychiatry in recovery from severe trauma?

Humanity, Humility, and Health Protection

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Introduction

The description of trauma as a "soul wound" by Indigenous scholar Eduardo Duran (2019: 2) expresses the human impact of traumatic experiences beyond mental and physical dimensions. As survivors of trauma confront and make meaning of their experiences, at its most fundamental essence psychiatry has a role in walking alongside these people on their journey of recovery. In this essay, I will firstly explore the concept of trauma. I will then make the case that psychiatrists can support recovery by grounding engagements first and foremost in human qualities and, importantly, the humility to recognise the limits of expertise. Finally, I will argue that psychiatry's role in trauma should extend beyond a focus purely on recovery by leveraging clinical insights for advocacy that addresses the causes of trauma. I explore these ideas from my position as a mixed ethnicity Pākehā medical student studying in Aotearoa New Zealand. My interactions in personal and professional contexts with people recovering from trauma have informed my thinking.

Defining trauma

Given the sheer diversity of human experiences and responses, it is challenging – and perhaps undesirable – to describe trauma in absolute and universal terms. The Royal Australian and New Zealand College of Psychiatrists (RANZCP; 2020) defines trauma as the "broad psychological and neurobiological effects of an event, or series of events, that produces experiences of overwhelming fear, stress, helplessness, or horror". Three distinct elements emerge in this definition: a stressor that may be physical and/or psychological, threatened or actualised; a person's subjective appraisal of this stressor; and their response, which may include mental and physical changes (Starcevic, 2019). However, attempts to further circumscribe trauma in the psychiatric literature court critique and contention. The nature and threshold needed for a stressor to be considered traumatic and the degree of exposure one must have had to be potentially traumatised are dimensions that have been particularly contested (Pai, Suris and North, 2017).

Trauma impacts individuals and communities in different ways. It is associated with mental and physical co-morbidities, self-harm and suicide, and substance use, among other conditions (RANZCP, 2020). However, significant interindividual variation results in differential experiences of trauma and its sequelae (Suarez, 2016). Whilst trauma can be a unique and profoundly personal experience, it is not confined to individuals; it can touch and be transmitted through families, generations, societies, and cultures (Reyes, Elhai and Ford, 2008). Unacceptably, trauma is distributed inequitably amongst communities. It disproportionately affects women; Indigenous, refugee, and Rainbow communities; and particularly those at the intersections of these groups (RANZCP, 2020). In this way, trauma is among the most personal, distressing, and unjust of human experiences.

Human first, psychiatrist second

Trauma imperils connection with our very human existence. Therefore, supporting the recovery of traumatised people should lie first and foremost in engaging the human need for connection. The human skills needed to bring healing to people facing these challenging situations may be innate qualities of caring and compassion rather than technical competencies acquired in formal medical education (Davenport, 2000). Trauma often involves sudden, uncontrollable situations or relationships that feature

vulnerability, betrayal, and power dynamics (RANZCP, 2020). Creating and holding a safe, stable, unpressured space is thus a critical starting point in establishing the connection that empowers a person to open up on their terms in their own time (Herman, 1998). In confronting moments, simply being present with a person in distress may be among the most precious gifts psychiatrists can offer.

In walking alongside a person recovering from trauma, psychiatrists should trust their fundamental instincts to be human first and a psychiatrist second. Casting aside preconceived notions about trauma and therapeutic agendas to instead *witness* and validate a person's experience in its holistic entirety shows the person that they are understood and that their lived experiences hold meaning (Davenport, 2000; Johansson and Eklund, 2003). As a person reveals their trauma, their experiences can be valued and respected simply by the warmth and empathy with which they are received and the time they are afforded – without attached labels or treatments (Johansson and Eklund, 2003). Whilst talking is integral to the healing process, care and empathy communicated in non-verbal forms are just as powerful (Priebe et al., 2020). Ultimately, the quality of this space, relationship, and communication matter from the first interaction: the interpersonal connection is not only healing in itself, but it can determine the effectiveness of specific therapeutic approaches and the course of recovery (Priebe et al., 2020).

Limits of expertise

Whilst drawing on fundamental human qualities is a vital initial step, it is critical that psychiatry also has the humility to recognise its limits of expertise. Particularly in the (post)colonial settings of Australia and Aotearoa New Zealand, psychiatry needs to address the epistemological and historical underpinnings that have and continue to restrict socio-cultural perceptions of trauma – and mental health more broadly – within a Western worldview. In developing historical trauma theory, Indigenous scholars have rightfully critiqued Western psychiatric definitions and practices as pathologising, re-traumatising, and unwilling to confront the impacts of colonisation (Pihama et al., 2014). For instance, Evans-Campbell (2008) makes the case that diagnostic labels and criteria used in the assessment of trauma, namely post-traumatic stress disorder, fail to account for the relationship and interaction of historical and contemporary traumas, compounding and protective factors, and collective and generational impacts. This dismisses Indigenous experiences of trauma whilst simultaneously reinforcing the supremacy and legitimacy of Western models of healing and recovery (Evans-Campbell, 2008; Pihama et al., 2014).

The psychiatric discipline must be open and embracing of the possibility that expertise on trauma exists far beyond the psychiatric realm. Trauma-informed practice (TIP) is a significant development because it explicitly recognises the complementary contributions of people with lived traumatic experiences and their professional and non-professional communities and carers (RANZCP, 2020). This evolving, shared model of care may be particularly valuable given the profound impact trauma work can have on the clinician (Herman, 1998).

There is vast potential if the psychiatric institution dares to chart a future for trauma recovery that is genuinely led by the needs and aspirations of the individuals and communities with lived experience of trauma. In developing TIP in Australian and Aotearoa New Zealand settings, psychiatry must remain grounded in respect for the legitimacy of other – particularly Indigenous – ways of conceptualising and recovering from trauma that may not accord with Western beliefs and knowledge systems. Pihama and colleagues (2014) identify the development of historical trauma theory in Kaupapa Māori contexts as critical in generating understanding and avenues for intergenerational recovery and healing. Approaches to trauma recovery that prioritise identity, cultural heritage, and balancing relationships have existed in the Māori world for generations (Wirhana and Smith, 2019). Intergenerational, community-led initiatives facilitate recovery from trauma, as seen in the elder-led, marae-based responses to Māori Vietnam War veterans. In these and other settings, waiata, mōteatea, and haka are examples of physical outlets of emotion which may resonate more strongly with some Māori ways of expression compared with verbal forms that are perhaps more common in the Pākehā world (Wirhana and Smith, 2019).

Beyond recovery

Psychiatry has a role to play not only in the recovery from trauma but also in its prevention. In being privy to patients' experiences first-hand, psychiatrists hold privileged positions that allow them to make intimate observations of the causes of trauma. Psychiatrists can be compelling voices for change by speaking to their professional observations in a safe, respectful, and critically reflective manner. On an individual level,

actions might focus on proximal determinants, such as safe housing for a person experiencing trauma due to ongoing domestic abuse (Kirmayer, Kronick and Rousseau, 2018).

Advocacy efforts that address broader societal causes of trauma are just as imperative. This may include championing changes that evolve TIP, educating the medical profession and the public about trauma and its stigma, supporting advocacy organisations, and influencing government policy (Kirmayer, Kronick and Rousseau, 2018; Roberts et al., 2017). In Canada, psychiatrists working with medical and other professionals successfully secured a change to national immigration policy that forbids the detention of migrant children (Kirmayer, Kronick and Rousseau, 2018). This exemplifies the vital difference psychiatrists can make as advocates and leaders in engendering tangible changes that prevent people from needless suffering.

Conclusion

Trauma is perhaps the most harrowing experience of human existence. As survivors of trauma take courageous steps on a journey of recovery, psychiatrists should engage with the person and their lived reality first and foremost as fellow human beings. Empathetic listening, a reassuring look, and simply being present are powerful gestures that ground healing in human connection. In these spaces of recovery, the humility to recognise both the limits of psychiatric knowledge and the expertise of survivors in navigating their past, present, and future is empowering. And beyond recovery, psychiatrists can influence measures that protect communities from trauma. Ultimately, psychiatrists walk alongside people on their path towards recovery from trauma. The journey reveals that the role of psychiatry, like all of medicine, is fundamentally about supporting people to live a life worth living.

Glossary:

Waiata: song, chant, psalm
Mōteatea: lament, traditional chant, sung poetry
Haka: vigorous dances with actions and rhythmically shouted words

From Te Aka Māori Dictionary

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