

Viewpoint: Acknowledging trauma in academic research

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Viewpoint: Acknowledging trauma in academic research

This article contributes to current discussions about researcher trauma and encourages academic institutions to implement the systems of support that are required to make research work psychologically safe. Currently, conversations of research-related trauma have not produced institutional changes in academia due to a dominant masculinist rationale that sees research as an emotionless job aimed at achieving an objective account of reality. However, we argue that recognition of the emotions felt while doing research can improve the wellbeing of researchers, inform findings, and enrich overall scholarship. We call for academic institutions to allocate the necessary resources to further research on research-related trauma across disciplines and methods and to set in place systems of support centred on an ethics of care to help prevent, address and overcome researcher trauma.

Keywords: researcher trauma; vicarious trauma; survivor researcher; ethics of care; researcher safety

Identifying the problem of researcher trauma

Emotions and affects are central to feminist geography, as they shape individuals and how they create landscapes; but also because emotions have a tangible impact on the research process (Widdowfield 2000). Emotions and affects not only influence decisions whether to investigate particular issues –or not-, but they also influence the knowledge production process, which is shaped by the researcher’s positionality and the impact of the research process on the researcher (Rose 1997; Rowles 2014). Thus, the study of embodied knowledge has gained ground over the last twenty years, resulting in a shift in the methodologies used in Geography and in qualitative research in the social sciences (Bain et al. 2017; Drozdowski and Dominey-Howes 2015). By recognising that emotions “mobilise actions, representations, decisions, meanings and interpretations” (Chadwick 2021, p. 557), feminist geographers fostered the usage of ‘alternative’ qualitative methods such as autoethnography. This also prompted the

gradual acceptance of ‘other’ ontologies promoted by black, Latin, indigenous, queer, and trans researchers, who are slowly challenging Geography’s masculinist rationale (Oswin 2020). However, conversations about the emotional toll that academic research work has on researchers remain in the margins of other academic disciplines and have not yet instigated institutional change.

The dominant masculinist rationality in research implies that researchers can detach themselves from their body, emotions, values, and experiences, rendering embodied knowledge unreasonable (Longhurst 1995). Consequently, academics and researchers mask their emotions and trauma-related experiences due to the fear of being stigmatised as someone unable to cope with the “objective and emotionless” world of research practice (Williamson et al. 2020; Bain et al. 2017). This disproportionately affects non-male, non-white, working-class, immigrant researchers (and those at the intersections of these categories), who struggle to adapt to academia's masculinist ideals and remain underrepresented in high academic positions (Bain et al. 2017). To support researchers' wellbeing and promote inclusive, egalitarian academic environments, it is vital to normalise discussions about the psychological and emotional implications of academic work.

Approaching research with empathy and willingness to feel emotions can benefit researchers in better understanding how emotional connections impact the world (Anderson and Smith 2001; Johnston 2016; Coles et al. 2014; Bondi, Davidson, and Smith 2012; Markowitz 2021). However, researchers must be prepared to deal with the effects of having an emotional tie to their research and a feminist ethics of care provides a pathway for this. In this paper, we define ethics of care as a research practice that involves care-giving, fostering nurturing relationships with others and oneself, and challenging inequality (Lawson 2007; Wood, Swanson, and Colley 2020). Adopting this

approach would enable researchers to create supportive connections with themselves, research participants, others, and with research itself, thereby protecting everyone's emotional wellness (Wood, Swanson, and Colley 2020). An ethics of care approach challenges academia's neoliberal culture, by advocating for time for researchers to practice reflexivity, and question how research is constructed to produce transformative and meaningful new knowledge (Parizeau et al. 2016).

Ignoring the emotional toll of research work negatively affects researchers' lives and can generate research-related trauma (Coles et al. 2014; Nikischer 2019). While research-related trauma remains relatively under-studied, a small body of research that describes the problem of psychological distress experienced by researchers because of their work is starting to emerge across multiple studies and disciplines (Nguyen et al. 2021; Eades et al. 2021; Calgaro 2015). In this article, we draw on this emerging literature to outline the scope of the problem of research-related trauma and to identify potential solutions.

The current state of the literature

A scoping review of the literature revealed an increase over the past few years in the number of academics publishing about their personal trauma-related experiences while conducting research, using terms including “burnout”, “secondary traumatic stress”, “vicarious trauma” and “compassion fatigue”, amongst others (Coles and Mudaly 2010; Calgaro 2015; Taylor et al. 2016; Morabito, Pattavina, and Williams 2021; Schneider, Lord, and Wilczak 2021; Dee 2020). The majority of recent articles are auto-ethnographic accounts of individual journeys through trauma and personal efforts to overcome it. For example, Dominey-Howes (2015) reflects on the emotional trauma involved in conducting post-disaster research, including masking feelings to appear objective. Beyond auto-ethnography, there is limited research into the problem.

Researchers writing about their experiences of trauma largely focus on the challenges of qualitative research that requires prolonged and repeated exposure to data describing traumatic events, e.g. during data collection, transcription, coding, analysis, writing and dissemination (Eades et al. 2021). In contrast, there is limited literature on the emotional impact of conducting quantitative research. More aligned with positivist perspectives, and dealing with the anonymity of numbers, quantitative research may buffer researchers from trauma to some extent. Yet, quantitative researchers may still be prone to research-related trauma and all researchers should be trained in how to handle sensitive data (Nguyen et al. 2021; Taylor et al. 2016).

Personal accounts of researcher trauma arise from very different countries and contexts, including locations affected by conflict and/or natural disasters. Although sensitive topics like death and loss, political violence, human trafficking, gender-based violence, child abuse, and natural disasters are recurring themes, researcher accounts of trauma extend across disciplines (Nguyen et al. 2021; Williamson et al. 2021; Eriksen 2017; Loyle and Simoni 2017).

Mental health consequences of researcher trauma

Inadequate management of the emotional toll of research can have detrimental consequences on the researcher, research participants, others involved in the investigation, and the research project itself. While often underrecognized, researchers report experiencing a range of emotions while conducting research, including anger, guilt, fear, solitude, despair, stress, anxiety and depression (Eades et al. 2021). Physical symptoms such as weariness, headaches, flu-like symptoms, insomnia, nausea, and vomiting may accompany emotions (Coles et al. 2014). Depression, isolation, and tiredness may cause researchers to withdraw from social activities and emotionally disconnect from family and friends. Additionally, the low intensity of trauma symptoms

and the underestimation of cumulative effects of indirect exposure to traumatic events sometimes precludes researchers from recognizing that they are experiencing trauma (Eriksen 2017).

Additionally, researchers who exhibit trauma symptoms are at greater risk of causing harm to research participants, assistants, and other individuals involved in the project (Loyle and Simoni 2017). For example, researchers may make decisions without considering potential repercussions of their actions, such as endangering others, failing to meet commitments, or mistreating research participants and colleagues.

Emotional neglect may affect the study design, data collection and analysis in ways that compromise the quality of research (Astill 2018). For instance, researchers may choose to limit the scope of the original research design to avoid specific participants, methods or locations. Therefore, the recognition of emotions is paramount to contextualise research choices and increase transparency in research practice.

Addressing researcher trauma in academia

Although the majority of attention on researcher trauma has been on those working with sensitive topics or in challenging geographies, these are not the only potentially traumatising areas of research. The professional role of the researcher, the nature of research work, inadequate preparation for fieldwork, and inadequate support systems may all contribute to researcher trauma. Individual characteristics including the researcher's personal history of trauma and loss, as well as identification with research participants, or being a survivor-researcher, can increase the risk of researcher trauma (Dee 2020; Williamson et al. 2020).

The institutional environment in which researchers operate can be an important driver of research trauma. Less experienced researchers may have difficulty distancing themselves psychologically from research participants and traumatic material

(Williamson et al. 2021; Coles and Mudaly 2010). Postgraduate researchers might be unable to take adequate breaks due to degree timelines and funding limitations, and off-campus research assistants are directly exposed to sensitive material yet lack institutional support (Loyle and Simoni 2017). Experienced researchers are at risk of trauma due to the pressure of conducting research, producing scholarship, teaching, and providing support to students in limited time-periods (Nikischer 2019).

Inadequate guidance and preparation for conducting research in challenging environments, as well as limited understandings of trauma, contribute to increasing research-related trauma (Markowitz 2021). This risk extends not only to qualitative researchers and those doing face-to-face data collection, but also to those working with secondary and quantitative data (Loyle and Simoni 2017). Additionally, those involved in translating, transcribing, coding and analysing data are at risk due to repeated and prolonged exposure to data describing traumatic events (Williamson et al. 2020).

For PhD students, poor relations with supervisors and inadequate supervision can generate feelings of isolation (Nikischer 2019; Nguyen et al. 2021). The lack of safe spaces to debrief and discuss the emotional toll of research can lead researchers experiencing emotional distress to feel even more isolated (Calgaro 2015). Embracing a feminist ethics of care in academia is vital to prevent and help researchers cope with research-related trauma, as it can propel the implementation of institutional support systems.

The need for emotional engagements with research

Drawing on scholarship about the ethics of care from feminist geography can help define the road toward recognising emotions in academia more broadly. A feminist ethics of care centres on structuring relationships to enhance mutuality and well-being (Lawson 2007). This applies not only to interactions between researchers, academic

institutions and research participants, but also to the production of knowledge process. Academics reflecting on their experiences with research-related trauma indicate that acknowledging the emotional toll of research work can benefit the research team, participants and the research overall (Parizeau et al. 2016; Lawson 2007; Drozdowski and Dominey-Howes 2015).

Adopting a feminist ethics of care approach allows researchers to situate themselves within their practice and identify the way research questions are posed as well as how knowledge is constructed (Astill 2018; Lawson 2007). This is possible through self-reflection, which attends to the emotional nature of research work and how emotions shape the overall research process and outcomes (Drozdowski and Dominey-Howes 2015; Schneider, Lord, and Wilczak 2021). A critical engagement with emotions enables improved understanding of power relations and positionality (Chadwick 2021).

It is our emotional connections that often enrich data collection and analysis, enabling a more accurate construction and effective dissemination of new knowledge (Calgaro 2015; Coles and Mudaly 2010). For example, emotional connections can improve interactions between researchers, participants, and the wider community. While empathy might be a risk factor for trauma, empathy may also foster co-production of knowledge and generate transformative research (Markowitz 2021). Furthermore, acknowledging the emotional charge of research can reduce the gap between academia and the wider community by building rapport, and helping researchers and participants overcome trauma (Johnston 2016; Dee 2020).

How to move forward

While universities have protocols for the protection of research participants, safety nets aimed at protecting researcher's wellbeing are often non-existent. Further investigation

of the scope of the problem of research-related trauma is needed, and it is important that academic institutions and supervisors share the responsibility of protecting researchers' wellbeing.

Preventing and overcoming researcher trauma requires that researchers are actively involved in identifying their own vulnerabilities and triggers for distress (Taylor et al. 2016). Acknowledging risk factors, understanding trauma, and learning self-care techniques will help researchers to manage the emotional toll of research work (Calgaro 2015). However, making research work psychologically safe requires that academic institutions and supervisors share this responsibility. This requires structural changes in academia to de-centre concepts like objectivity and productivity, acknowledge embodied knowledge in research, and prioritize the wellbeing of researchers.

Preventing, managing and healing research-related trauma requires the implementation of institutional support systems based on an ethics of care approach that enables researchers to cope with the emotional toll of research work. These support systems should include training researchers to recognise signs of emotional distress in themselves and in their research participants, and equipping them to manage research-related trauma effectively (Eriksen and Ditrich 2015). Support systems should also include the creation of safe spaces to discuss the emotional toll of research and make mentoring and formal counselling services available (Taylor et al. 2016).

However, to be effective, these support systems must challenge academia's dominant masculinist and neoliberal culture (Taylor et al. 2016). Academia has a responsibility for ensuring reasonable and sustainable working practices, allowing time for reflexivity and acknowledging the challenging nature of research work (Loyle and Simoni 2017). Equally, research funding bodies need to allocate appropriate resources

to facilitate this (Taylor et al. 2016). We argue that institutions that want to ensure equal and diverse academic environments should embrace the slow-scholarship movement and give researchers the space and time required to effectively practice an ethics of care (Drozdowski and Dominey-Howes 2015).

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