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Field of Screams Revisited: Contending with Trauma in Ethnographic Fieldwork

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Abstract

This article explores ways that trauma can come into tension with anthropological methods, specifically during fieldwork. It is based on findings from a survey conducted among anthropologists in 2023, which sought to understand preparation for fieldwork, including personal preparation, formal support and the ethics process; fieldwork experiences, including forms of trauma exposure and other aspects of context which may have heightened vulnerability or reactivity to traumatic stressors; researcher responses to accumulated distress of fieldwork; and finally, how supervisory relationships and institutional culture shape and influence researchers' experience. We suggest that by looking at fieldwork experiences through the lens of trauma, we can achieve a rich and specific understanding of the extent to which this is an issue within the discipline. Doing so can enable us to think constructively about moving towards a trauma-informed anthropology.

Key Words: Fieldwork; trauma exposure; vicarious trauma; training; supervision; institutional culture

Introduction

In recent years there has been a significant increase in academic discussions of challenges during fieldwork in the social sciences. Broadly, this literature can be categorised as honest accounts of the entanglements that fieldwork can invoke, particularly in contexts or on subjects related to violence (Rivas and Brown 2019; Markovitz 2019; Weiss et al. 2023); engagement with the ethical challenges of work on violence and conflict (Cronin-Furnhan and Lake 2018); and guidance on the practicalities of doing research in violent spaces (Milled, Ed.: 2019) and staying safe while doing so (Grimm et al.: 2020). Although there are notable exceptions, the majority of this literature is written by scholars at institutions in the global north, about experiences of violence in contexts that are not their own. There is limited literature on, for example, the challenges of researching experiences of collective violence that researchers have themselves lived through; or that specifically addresses the kinds of safety and ethical challenges that can arise while doing research in a context you know intimately. There have also been few systematic efforts to document the impact that fieldwork has on researchers.

The impact of trauma on researchers is a concern across the social sciences, but there may be even greater urgency within anthropology because of the centrality of fieldwork to the discipline, generally requiring extended periods of immersion. Ethnography entails intense intersubjective engagement, and rewards emotional presence and sensitivity. As Davies notes, anthropologists, unlike many other researchers, do not avoid unpalatable experience but rather "reside in the field unprotected and subject to whatever chance thrusts upon them" (2010: 90). There are now a number of important initiatives to improve researchers' preparedness to cope with trauma exposure in fieldwork.[1] However, these initiatives are largely located at the margins of academic life. Based on the authors' individual and collective efforts to initiate changes at their own institutions in recent years, we understand that it can be difficult to generate sufficient institutional commitment to address this issue in a serious way and on an adequate scale. Constrained financial resources are often cited as justification, but we

[1] These include the Safer Fieldwork Project; The Fieldwork Initiative (MeToo Fieldwork); Advancing Research on Conflict; The New Ethnographer Pre-Fieldwork Training; and the Vicarious Trauma Workshop at Oxford University.

sense there may also be an underlying scepticism about the magnitude of the problem. Meanwhile, we are aware of numerous attempts by collectives of students to address the resulting gaps, convening student-led training often involving invited experts, and generally at students' own expense.

This article presents findings from a survey we conducted among anthropologists in 2023 regarding trauma-related aspects of their fieldwork. In developing the survey, Procter and Spector drew from six years of experience documenting challenging fieldwork experiences among junior scholars through The New Ethnographer project, while Freed draws from seven years of delivering training to help researchers prevent and mitigate emotional and psychological impact of research, and her experience of leading a Trauma Clinic treating fieldwork-related trauma at a university in the UK. Together, we hoped to understand the kinds of trauma exposure experienced; the ways in which researchers were affected by this exposure both during and after fieldwork; and the support they received – or would have benefitted from – to anticipate, prevent and mitigate this. From the outset we acknowledge that as three white researchers working in a European context our conceptualisation of trauma and of effective strategies to address it among anthropologists is specific to our own experience. For instance, in designing survey questions we acknowledged traumatic experiences during fieldwork, and enquired about individual and family trauma prior to fieldwork, but did not explore issues of collective or community trauma, whether present or historic, as potentially significant contributors to researcher vulnerability.

This article proceeds as follows. First we return to Pollard's (2009) study, Field of Screams as a starting point for our own work. We then share the understanding of the term 'trauma' which guided our selection of survey questions. We go on to explain the detail of survey design, its limitations and how we hope to address these in future survey rounds, and the ethics of this research. We then discuss the results of our survey around five key themes: uncoupling the assumption that trauma is necessarily linked to violence; incomplete fieldwork preparation; vicarious trauma exposure; the impact this has on the quality and integrity of work produced; and avenues of support. Our second article in this Special Issue, following the format of this journal is a Teaching Brief titled 'What does it mean to teach a trauma-informed anthropology?', in which we discuss in greater depth the implications of these findings, and pose a series of questions for anthropologists and educators to consider in light of the findings below.

Field of Screams: Fifteen Years Later

In undertaking this study, we were inspired by Amy Pollard's (2009) survey of the emotional experiences of fieldwork among anthropology PhD students, entitled 'Field of Screams: Difficulty and ethnographic fieldwork', which was to our knowledge the first systematic study of emotional and psychological impacts of anthropological fieldwork on the researcher. Pollard conducted in-depth interviews with 16 anthropology PhD students at three UK universities, coding their experiences around 24 feelings, e.g.: ashamed, bereaved, disturbed, frustrated, trapped, unsupported and unwell. The results made for harrowing reading, but at the same time brought relief to many young anthropologists – two of the present authors among them – with its open and honest acknowledgement of the acute vulnerability experienced by anthropology doctoral students. Pollard offered a narrative which directly countered the pervasive culture of celebrating, even romanticising, struggle and hardship in fieldwork. Further, Pollard suggested that academic institutions, departments and supervisors should assume more responsibility to help PhD students anticipate challenges and address them when they occur.

At the time of publication, Pollard's study evoked mixed reactions. Some (Delamont 2009) advanced the view that the difficulties experienced by Pollard's respondents were of kinds that might reasonably be expected during fieldwork. Others took seriously the implication of Pollard's work that 'it is also possible for ethnographers to fall into difficult and destructive emotional states that paralyse or hinder the research process' (Hovland 2009: 2). Hovland notes that part of the challenge of reconciling these points of view – whether as part of academic discourse or in interactions between departments/doctoral supervisors and students – is that of language, commenting that 'It is no mean feat to find words to describe fieldwork problems' and that 'PhD students, to a greater extent than established anthropologists, are caught between rhetorical tropes and silences' (Hovland 2009: 2).

We wanted to revisit the territory of Field of Screams to see if the language of trauma, which is minimally deployed in the article, could be helpful in taking discussion of fieldwork experience forward and deepening understanding. Although the word 'trauma' appears five times in Pollard's work, there is no direct consideration of what is actually meant by it, and which of the many emotions treated might potentially be trauma-related.

Little attention is given to what we would now call 'vicarious trauma' – distress resulting from directly or indirectly empathising with traumatic experiences of others. In this respect, Field of Screams was a product of its time: although the vicarious trauma construct was introduced in 1990 (McCann and Pearlman 1990), its relevance to academic research was not recognised until much later, and well after publication of Field of Screams. We also wanted to understand the current state of support for those engaged in fieldwork and how this does or does not differ from that experienced by Pollard's respondents more than a decade ago. In the Teaching Brief in this Special Issue, we also draw from our findings to lay groundwork to address impacts of trauma in anthropological fieldwork more effectively in the future.

Although we expected to find significant gaps in support for researchers, our intention is not to point a finger of blame either at institutions or at supervisors of fieldwork; far from it. The challenge of coping with trauma exposure during fieldwork affects mid- and late-career researchers too. Many are unsure how to address these impacts themselves, let alone support early career researchers in doing so. Overwork increases with career progression, and carving out time to undertake training in this area and to provide more support to students is a serious challenge. In our view, the solution is to strengthen research methods teaching, incorporating elements relating specifically to trauma, thus reducing pressure on supervisors to be the sole source of input and guidance. We believe this would benefit everyone engaged in the processes of teaching, supervising and practicing anthropology, and we offer some specific ideas about how it might be achieved in the Teaching Brief.

What is 'Trauma' in the Context of Fieldwork?

Anthropologists have long ventured into landscapes of trauma. As Lester (2013) notes, it "is hardly a new topic for anthropologists, who have long paid special attention to events that push people to the very edges of their own existence, as well as the various ways they find their way back, often radically transformed" (p.1). But two things are new: first, the consideration that methodology might need to be informed by contemporary understanding of common responses to trauma to ensure the safety of research participants; and second, the idea that anthropologists' responses to their work might also be investigated and illuminated using the language of trauma. Our sense is that many researchers feel hesitant or unsure about the legitimacy and appropriateness of using the word trauma to characterise their own experiences. Many are acutely aware of the extremity of their respondents' experiences and feel that it is in some sense disrespectful to appropriate the term trauma to themselves (e.g. Klocker 2015). Some may be concerned lest they be seen as making a bid for sympathy or victim status. We therefore aim to be as clear as possible about the understandings of trauma that we have brought with us to this work, and the basis on which we assert relevance to researchers.

Most will agree that a trauma is something much more than an experience that is unpleasant or distressing: it disrupts ontological security and compromises the healthy functioning of the individual who experiences it. It was Sigmund Freud (1920) who first applied the term 'trauma' to describe a psychological phenomenon:

> When we call an event traumatic, we are borrowing the word from the Greek where it refers to the piercing of the skin, a breaking of the body envelope. In physical medicine it denotes damage to tissue. Freud used the word metaphorically to emphasise how the mind too can be pierced and wounded by events. (Garland 2002:9)

In psychological terms, something very particular happens at the moment of trauma. As a result, the experience is not processed and assimilated into the individual's system of meaning, but remains cut off from any integrative psychic process:

> The mind is flooded with a kind and degree of stimulation that is far more than it can make sense of or manage. Something very violent feels as though it has happened internally, and this mirrors the violence that is felt to have happened, or indeed has actually happened, in the external world. (ibid: 2002: 10)

This leaves the individual simultaneously trying to deal with it by banishing any thoughts and reminders and, simultaneously and paradoxically, to re-experience it unbidden. The characteristic pattern of functioning in the aftermath of traumatic experience is reflected in the criteria for the diagnosis of PTSD – a diagnosis first defined by the American Psychiatric Association (APA) in 1980 (APA 1980) and recognised by the World Health Organisation in 1992 (WHO 1992).

According to these criteria, diagnosis requires symptoms in four categories: (1) Intrusion symptoms, e.g. recurrent distressing memories, distressing dreams related to traumatic events, flashbacks, and intense psychological or physiological reactions to reminders of traumatic events (what is commonly referred to as being 'triggered'); (2) Avoidance of stimuli associated with traumatic events, including avoidance of thoughts, feelings or memories related to these events, and avoidance of any external reminders of the events; (3) Negative alterations in cognitions and mood associated with the traumatic events (e.g., gaps in memory relating to the events, exaggerated negative beliefs about oneself, others or the world, self-blame, diminished interest in previously valued activities, detachment from others); and (4) Heightened arousal or reactivity (e.g. hyper-vigilance, irritability, reckless or self-destructive behaviour, problems with concentration or sleep) (see Table 1). Of note, the first to describe the pattern on which the diagnosis of PTSD is based was psychiatrist Abram Kardiner, who was also a distinguished anthropologist (Kardiner 1941; See also van der Kolk 1994).

PTSD has been widely embraced as a useful diagnostic category for people in need of treatment, and also as an effective heuristic supporting both theory and research. We believe it to be useful for our present purposes, enabling greater clarity and precision in describing researcher experiences. At the same time, we have held in mind some compelling critiques of PTSD (and indeed of the wider discourse of trauma), including the suggestions that it is too narrow, too medicalizing, and too Western-influenced, especially in its emphasis on trauma interventions focused on individuals rather than broader psycho-social interventions (Gone 2013; Summerfield 2000). We acknowledge that PTSD and trauma are not the same thing: while PTSD captures what many believe to be universal neurobiologically-determined responses to overwhelming stressors, it may fail to reflect trauma responses which are socially and culturally determined, as well as those arising from collective versus individual experience.

In addition to the diagnostic criteria, the trauma literature supplies a number of essential propositions about the kinds of experience that can lead to trauma symptoms. First, trauma can result not only from being the victim of a trauma oneself (i.e. 'primary trauma'), but also from indirect or 'vicarious' exposure: observing, interacting and empathising with traumatised others (McCann and Pearlman 1990). Second, trauma can be a response to the cumulative impact of stressors, rather than to a single stressor (Kahn 1963). In fact, Vicarious Trauma is nearly always a response to cumulative exposure, not to one overwhelming story or experience. Third, trauma response varies widely between individuals, and depends on many factors, one of which is prior trauma exposure as part of an individual's personal, family and community history. As Maçek (2014) has argued, "traumatic experiences within our families combine with our professional experiences in psychologically intricate ways that do not simply add up adverse experiences but actually amplify them into much more powerful reactions' (p.5). And finally, fourth, the wider context - chaotic or stable, dangerous or safe - will have an impact on an individual's resilience to trauma exposure, or 'window of tolerance'. (Siegel 1999). In designing our research, we have used symptoms of PTSD as our primary indicators of impact of the impact of trauma on researchers. The four further propositions have guided our development of questions about the ways in which trauma responses may have come about.

Methods and Ethics

This article draws on data from a survey titled 'Experiences of trauma in anthropological fieldwork', conducted in 2023, targeting anthropologists who had undertaken research through UK based institutions[2]. This survey is a pilot to a forthcoming larger study. It was hosted on Google Forms and widely disseminated via anthropology and other social science departments in universities across the UK, Anthropology fora, and international disciplinary mailing lists. The research aim was described to participants as an effort to systematically understand levels of preparedness for the emotional and psychological impact that fieldwork can have, and if and how they have been able to access support in the aftermath of such experiences. To ensure that respondents would feel sufficiently safe to respond honestly to survey questions, respondents were not asked to disclose names, personal details or contact information, or to identify their research institutions. Instead, we asked for information about the career stage of respondents – the majority of whom were students or early career researchers (see Figure 1). All had at least one experience of fieldwork, and 84% had more than one.

[2] This question solicited a free-text response. It was clear that two participants were reporting on experiences while based at universities in Europe.

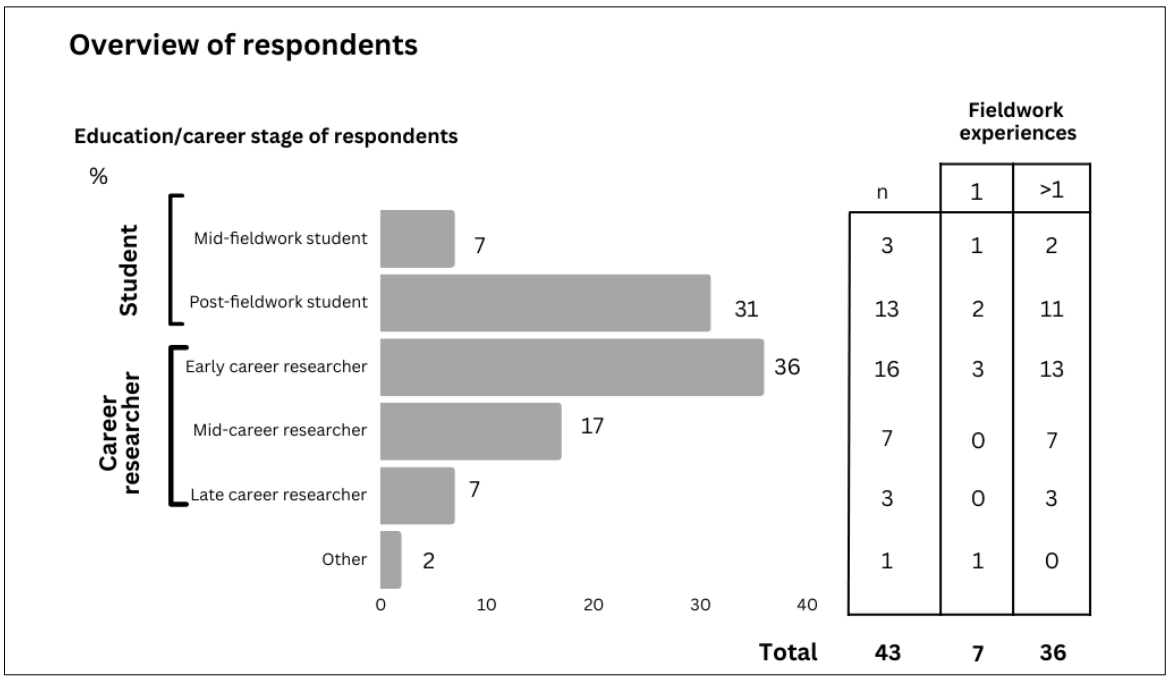
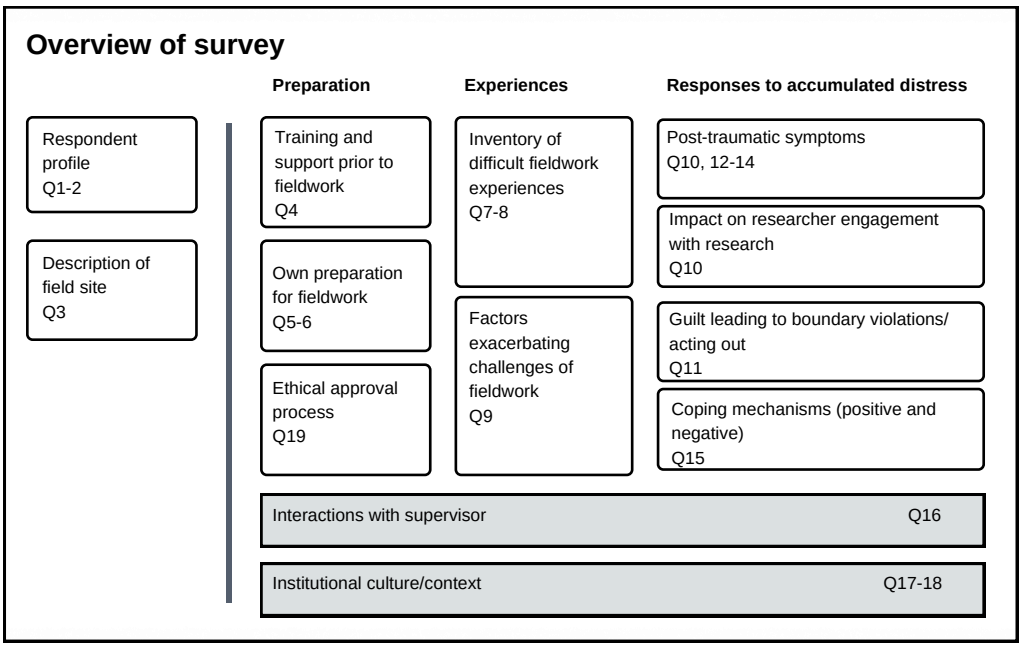


Figure 1: Overview of Respondents

In designing the survey we referred to Pollard's (2009) survey of the emotional experiences of fieldwork[3] among PhD students in anthropology. We then built on her work to develop an approach for an audience specifically interested in understanding more about the way that trauma comes into play in research. The survey had three main areas of enquiry: (1) Preparation for fieldwork, including personal preparation, formal training and support, and the ethics process; (2) Fieldwork experiences, including direct and indirect/vicarious trauma exposure and other aspects of experience which may have led to heightened vulnerability or reactivity to traumatic stressors; (3) How individuals responded to accumulated distress of fieldwork, both during and after fieldwork. We also asked questions about supervisory relationships and institutional culture which shaped all three of these areas of experience (see Figure 2).



[3] The survey did not give a definition of 'fieldwork', but instead relied on a shared understanding of fieldwork within our discipline as the immersive experience and eventual gathering of data among individuals either in person or online. The survey responses that discussed fieldwork experiences confirm this assumed definition of fieldwork was understood by all participants.

Figure 2: Overview of Survey

Participants were asked (Q3) for a description of the fieldsite which included prompts to consider[4], but we did not ask about prior expectations about whether the research would be traumatic, nor did we ask them to describe the theme of their research. Critically, the survey did not invite detailed description of adverse experiences, as we saw such description as unnecessary. Our aim was rather to categorise fieldwork experiences to identify those with significant adverse impact on researchers' mental states and functioning, and in so doing lay a foundation for meaningful thinking about needed support. We also saw no need to explore the emotional landscape of experience. As discussed above, what distinguishes trauma is not emotion per se but rather specific patterns of thinking, feeling and experiencing – what would be called 'symptoms' within a medical discourse.

Recognising that there could be individuals who would be disturbed or destabilized by revisiting their experiences even at arm's length, we took steps to mitigate risk of harm, including: informing participants in advance that the survey included questions about difficult research experiences; suggesting that researchers currently undergoing difficult experiences and away from usual sources of support *not* do the survey; providing a document with links to relevant information and guidance on accessing support; and finally, offering the opportunity to participate in a workshop on managing the emotional and psychological aspects of research. We adopted two approaches to determining how researchers have been affected by their research experiences.[5] First, we asked them for their subjective assessment of whether they had been 'adversely impacted' by elements of fieldwork experience. Second, we designed our own questions to explore whether researchers had experienced post-traumatic symptoms characterising PTSD, as discussed above. In keeping with our resolve not to medicalise researcher distress, we did not attempt to determine whether the duration and severity of symptoms would be sufficient for a clinical diagnosis. We took the view that these symptoms would be worthy of attention at any level of severity, whether sub-clinical or clinical.

One benefit of designing questions specifically for an identified professional group is that it is possible to frame them to be less generic and more experience-near than questions in standard diagnostic instruments for PTSD. For example, rather than asking how much an individual 'avoided external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?' (Question 7 on the widely-used PCL-5 instrument), we enquired specifically about avoidance behaviours likely to be relevant for fieldworkers including: avoiding a topic because it was too difficult to hear about, feeling unable to write field notes because they could not bear to think about the experience they would have recorded, feeling strongly averse to returning to the field following a break, and so on. We felt this might elicit higher-quality information, whilst also giving us insight into some of the specific ways that trauma exposure might impact on the work of research.

While the data revealed in this survey is telling, we acknowledge some limitations. Our sample size of 43 is modest. Some respondents may have been put off by the length of the survey, which we estimate took 20-30 minutes to complete. The majority of respondents answered all questions. Three participants did not respond to Q3, and four participants did not respond to Q4, both of which asked for text-form answers. We chose not ask for any personal data because we wanted to make participation feel as safe and anonymous as possible. We are conscious that gender data, in particular, will be valuable to capture in future work so we can identify aspects of the experience of encountering and responding to trauma that may be gendered. Because we did not ask for any identifying data including gender or country of origin, we could not analyse data according to these parameters; it could have been interesting to understand differences in experiences by gender, or to contrast perspectives of

[4] The following prompts were offered in Q3 to reflect upon in describing the fieldsite: "How easy/difficult to communicate with friends/family at home; Chaotic or stable?; Peaceful or violent?; Extent of physical deprivation; Security situation"

[5] To evaluate how researchers were affected by their experiences, we considered using one of the well-established screening instruments for PTSD, e.g. the Marmar & Weiss Impact of Event Scale (IES-R) or the PTSD Checklist for DSM-5 (PCL-5), but for several reasons felt this would be inappropriate. All were designed to evaluate direct rather than vicarious trauma. They evaluate response to a single, defined traumatic event (versus assessing cumulative impact of exposure to multiple potentially traumatic stressors). They also presume that the respondent is suffering from impacts of trauma at the time of completing the instrument, whereas we were inviting researchers' retrospective reflections on their experiences. Quite apart from our concerns about the specific questions included in these instruments, we were conscious they had been designed to support diagnosis of PTSD, whereas this seemed to us neither appropriate nor helpful. We were also unconvinced that available instruments used to evaluate vicarious trauma would meet our needs. The Trauma Attachment Belief Scale (TABS) (Pearlman 2003) focuses specifically on changes in beliefs about the self and the world, in line with the earliest proposed definition of vicarious trauma (see above) rather than exploring the full range of post-traumatic symptoms, and with its 84 items requires a substantial investment of time to complete. The Vicarious Trauma Scale (Vrklevski & Franklin 2008) has only 8 items, all stated so broadly that we felt we would derive limited insight from the responses.

researchers from the global north and from the global south. Because we did not identify host institutions, we could not verify how representative these are of the UK as a whole, nor could we distil messages for individual institutions. The majority of our participants (67%) are students and self-defined early career academics; it will be important to have balancing perspectives from senior academics, university administrators and professional support staff. Twelve respondents (28%) experienced violence or abuse directly in the course of their fieldwork. We did not enquire specifically about post-traumatic impacts of these experiences. We also did not enquire about the balance between direct and indirect trauma exposure – i.e., which of these respondents found most problematic to manage – or about the ways in which experiences of direct and vicarious trauma exposure may have interacted with and exacerbated each other, for example in a situation where hearing about violence becomes yet more difficult as a result of personally experiencing violence. This is an important limitation of the current study.

The remainder of this article explores five key findings from the survey. In the interest of space, and constructive, collaborative thinking surrounding how best to address these issues within the discipline moving forwards, we discuss the implications of these findings through a series of questions posed towards anthropology departments in the Teaching Brief.

Survey Results

Trauma is Not Only About Violence

Responses to the survey make clear that trauma is not an issue that relates only or even primarily to fieldwork in contexts of violence or extreme insecurity. Any fieldwork that entails deep exploration of difficult facets of human experience can be traumatic, irrespective of the broader geographic or political context in which it takes place. Because individuals carry their trauma with them, traumatised individuals are often encountered in peaceful places. But also, a great deal of trauma is experienced by vulnerable groups in apparently peaceful places, a point driven home powerfully by Judith Herman in her landmark study of sexual and domestic violence (Herman 1992). Most (40 of 43) of our respondents took up the invitation to tell us something about the conditions of their fieldsite (Q3). Of these, nine described violence or lack of personal safety, as in these examples:

> Middle of a civil war. Disaffected young men with guns lining the streets. Atmosphere of terror.
>
> Post genocide context and high rates of violence in the field setting.
>
> ...a very violent place. The city and everything was surrounded by a climate of violence, everybody always afraid...
>
> I had to escape ducking down in the back of an armed vehicle on the last flight out, my notebooks burnt.

However, many more gave descriptions which challenge the common conception that fieldwork experiences are traumatic mainly if they are violent and remote, stating explicitly that their fieldsites were safe and peaceful, and in some cases at or near home, for example:

> Field site is chaotic but peaceful.
>
> I always felt safe...My fieldwork took place in a stable and mostly secure environment.
>
> I went 'back' home for fieldwork. In a 'developed' country, a highly urban area. ... Few physical deprivations...

Several emphasized that it was not the context per se, but their engagement with the trauma of others that made fieldwork challenging. In the words of respondents:

> …the fieldsite was stable, but the people had clearly endured traumatic experiences, which was a challenge to hear about…The hardest part was the isolation due to the language barrier, as well as not knowing how to deal with the emotional trauma that I felt after hearing about others' emotional trauma.
>
> My fieldsite itself was relatively peaceful but my topic of research (a disease that led to the premature deaths of a lot of people involved) was chaotic. A lot of children and close friends died during my research.
>
> …overall stable security. Found myself suddenly talking to victims of the disaster (not planned).

Others emphasized that fieldwork was rendered more difficult by the fact that their fieldsite was also their home, and by the strength of their identification with research participants:

> I think the most trauma-inducing was my very close connection to this field (literally doing ethnography at home) and to the people I interviewed.
>
> Most of my fieldwork is anthropology from home, or with my nationality abroad, which itself makes it difficult in a number of ways... I wish I had an opportunity to be more of an outsider, as I think it would make things easier for my area of research.

Incomplete Preparation for Fieldwork

An impressively high proportion (76%) of respondents reported receiving training in interviewing skills pre-fieldwork (see Figure 3). However, only 1 respondent had received trauma-informed interview training, i.e., training on how to interview people who had endured traumatic experiences. Despite receiving interview skills training, respondents cited specific skill gaps that had contributed to the difficulty of managing fieldwork experiences. These included: not knowing how to debrief or manage the residue of difficult research interactions (55%), not knowing what to say in response to difficult disclosures in research interactions (33%), and not having adequate skills in interviewing traumatised or otherwise vulnerable individuals (29%). This suggests that interview skills training may need to be strengthened.

We also learned about personal preparation for fieldwork (Figure 3). The majority of respondents prepared for fieldwork by developing language skills, reading about fieldwork experiences, and anticipating challenges of lifestyle adaptation in their fieldsites (e.g. diet and dress). Around half prepared by establishing connections with individuals and academic institutions near their fieldsites, making preliminary fieldsite visits, and considering back-up plans in case of challenges arising during fieldwork. It is striking that while 52% of respondents discussed fears and apprehensions with peers, only 36% did so with their supervisors. Only 36% identified the personal boundaries they intended to maintain during fieldwork (i.e. things they would and would not be willing to do). Just 5% consulted counsellors or therapists as preparation for fieldwork.

Regarding personal preparation, 71% of respondents chose to answer the question "If you did not do any, or many of these things in preparation for fieldwork, which of the following best captures your reasons?". The main factor identified – "These things did not occur to me" – was selected by 43% of this group. A further 30% identified complacency, variously expressed as: "Felt confident I could respond in real time", "Didn't seem necessary", "Thought I was prepared but I wasn't", "I didn't anticipate these issues", and "Going 'home' masked potential issues as the 'place' per se wasn't frightening." No other explanation was identified by more than 1 participant.

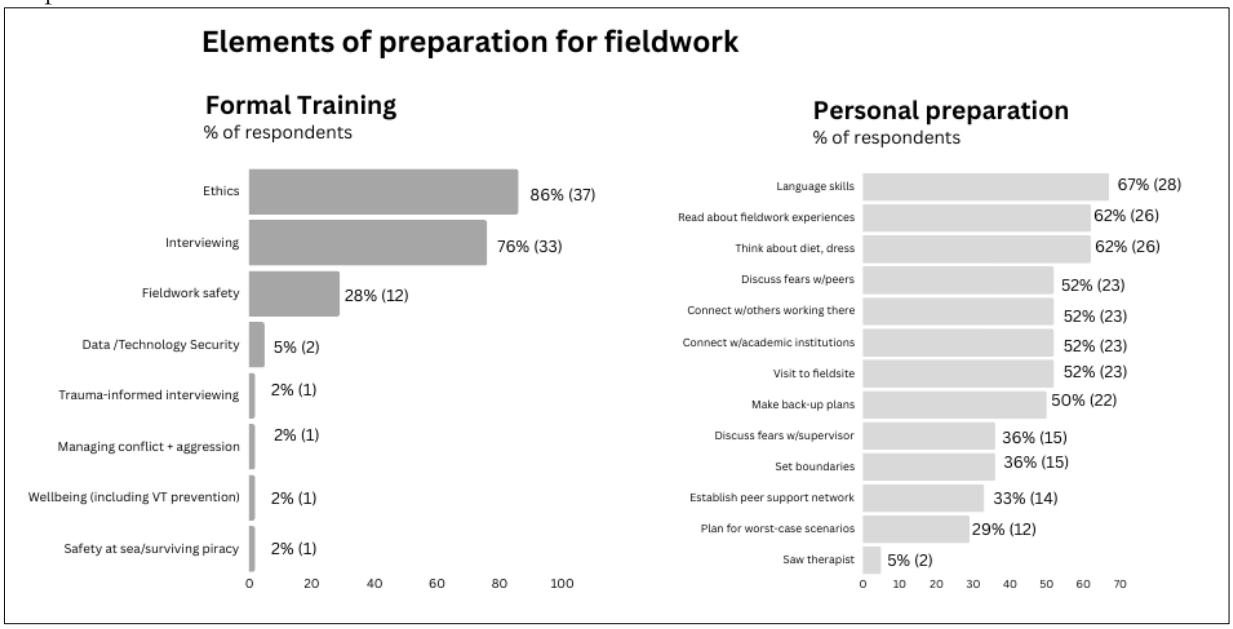


Figure 3: Elements of Preparation for Fieldwork

We asked whether the ethics process had encouraged any of the respondents to consider potential harmful effects on themselves/their wellbeing. Most respondents indicated that there had been no attention to their wellbeing, only cursory attention, or attention to physical but not mental wellbeing. Only 7% of respondents felt that there had been meaningful attention to their mental wellbeing.

From these findings, there is a clear role for further training. Specifically, this training must equip researchers to engage confidently and effectively with research participants who may have been traumatised and give systematic guidance on other elements of preparation they might wish to undertake so that they are well-positioned to maintain their own emotional and psychological equilibrium in the field. Ideally, the ethics process would also affirm the importance of taking such steps.

Impact of Trauma Exposure

Just over a quarter of respondents (28%) experienced violence or abuse directly in the course of their fieldwork. However, nearly all respondents (88%) reported vicarious trauma exposure. We asked about three specific types of vicarious exposure: "Hearing stories about the traumatic experiences of others (e.g. stories of violence or abuse)", "Directly observing instances of violence, abuse, degradation or other maltreatment", and "Observing people living in unsafe, inadequate or insanitary conditions and/or without access to food, water or other essentials." More than a third (36%) had all three of these experiences 'sometimes' or 'often'. A further third (33%) had two of these experiences 'sometimes' or 'often'. Eight individuals (19%) had one experience 'sometimes' or 'often'.

We asked researchers who had each type of vicarious exposure to characterize how they had been impacted: 'no adverse impact', 'some adverse impact' or 'significant adverse impact'. Nearly three-quarters of researchers identified at least one of the experiences as having 'significant adverse impact'. Approximately equal proportions identified each of the three experiences as having a 'significant adverse impact': 44% from 'Hearing stories about the traumatic experiences of others (e.g. stories of violence or abuse)', 42% from 'Directly observing instances of violence, abuse, degradation or other maltreatment', and 44% from 'Observing people living in unsafe, inadequate or insanitary conditions and/or without access to food, water or other essentials'. As we might expect, those with greater exposure were more likely to report significant adverse impact. For example, 63% of researchers who 'often' heard stories about traumatic experience of others reported significant adverse impact, while only 40% of those who 'sometimes' heard stories about traumatic experiences of others reported significant adverse impact, and none of those who 'rarely' heard such stories reported significant adverse impact.

In addition to asking about vicarious trauma exposure, we asked about experiences of interviewing or otherwise interacting with perpetrators of violence or abuse, and experiences of interviewing individuals in positions of power or influence who express indifference about the suffering of others and/or who are not prepared to act to ameliorate it. These experiences, like the vicarious exposure to others' traumatic experiences, are rendered potentially hazardous because of the process of empathy: the researcher is potentially deeply in touch with disturbing states of mind. Fewer researchers reported these experiences, yet the impact appears significant. Of the 36% of researchers who interviewed perpetrators of violence or abuse 'often' or 'sometimes', 53% experienced 'significant adverse impact' and a further 40% 'some adverse impact'. Of the 48% who interviewed individuals of power and influence who express indifference about the suffering of others and/or who are not prepared to act to ameliorate it 'often' or 'sometimes', 60% experienced 'significant adverse impact' and a further 30% 'some adverse impact'.

For just over half of our respondents, personal vulnerability was heightened as a result of feeling strongly identified with their interlocutors, while the experience of 33% was complicated by personal or family trauma history. In addition to trauma exposure, many features of the field context may have contributed to respondents' sense of vulnerability, and thus to a reduced 'window of tolerance'. These include: loneliness/isolation (72%), not having adequate self-care routines (55%), atmosphere of visible threat of violence (42%), insecure or unsafe accommodation (40%), and feeling unwelcome or disliked (30%).

To explore the overall impact of trauma exposure on our participants, we drew together data from survey questions 10-14, which explored specific areas of feeling and function during and after fieldwork. This enabled us to form a picture of whether respondents had been experiencing the four categories of post-traumatic symptoms which, given sufficient duration and severity, could support a diagnosis of PTSD (see Table 1). We

found that just under half of respondents (48%) had symptoms in all four categories. A further 10 individuals (24%) had symptoms in three of the four categories; 5 individuals (12%) in two categories; and 2 (5%) in one category only.

Table 1: Alignment of Survey questions with DSM-V diagnostic criteria for PTSD.

		Avoidance	Intrusion	Arousal/ Reactivity	Cognitions/ Mood	Overall Impact
Q10	Avoided a topic because it was too difficult to hear about	X				
	Felt unable to take field notes	X				
	Left the field prematurely					X
	Had a strong aversion to returning to the field	X				
	Avoided listening to recordings	X				
	Rely on a constant distraction while engaging with research materials	X				
	Taking on additional projects as cover for not working on research	X				
	Needing to take an extended break					X
	Steps towards giving up PhD/academia					X
Q12	Disturbing and unwanted memories		X			
	Disturbing dreams of fieldwork		X			
	Suddenly feeling or behaving as if back in field setting		X			
	Feeling very emotionally upset when remembering experiences from fieldwork		X			
	Having strong physical reactions when reminded of fieldwork		X			
	Gaps in memory of fieldwork experiences				X	
Q13	Being 'super-alert' or watchful and on guard			X		
	Feeling jumpy or easily startled			X		
	Having difficulty concentrating			X		
	Trouble falling asleep or staying asleep			X		
	Lack of interest in activities you used to enjoy				X	
	Feeling distant or cut off from people you felt close to				X	
	Trouble experiencing positive feelings				X	
	Irritable behaviour, angry outburst			X		
	Easily becoming tearful and upset			X		
Q14	Guilt (due to educational opportunities, superior access to resources, class, gender, or ethnicity)				X	
	Personal shame/inadequacy				X	
	Feeling others will always let you down				X	
	Feeling disappointment in yourself or your work				X	
	Intense fear/paranoia				X	
	Absence of fear/taking inappropriate risks			X		
	Isolation (even when among other people)					
	Feeling homeless/rootless					
	Feeling angry with figures/structures of authority			X		

Diagnosis of PTSD requires that individuals have symptoms in all four categories, persisting for more than a month, and causing clinically significant distress or impairment in social, occupational, or other important areas of functioning. We did not elicit sufficient information to determine whether the persistence or severity conditions were met and would in any case regard it as inappropriate to venture diagnoses based solely on survey information. However, the fact that 49% sought counselling after fieldwork suggests that respondents

experienced clinical levels of distress[6]. The fact that 24% of respondents "left the field prematurely," 24% "needed to take an extended break from research (e.g. academic suspension)", and 14% "took active steps towards giving up the PhD and/or leaving academia" suggests lasting impairment in function. There is additional confirmation in some of the free-text comments. One respondent volunteered the information that they had a diagnosis of PTSD. Another wrote that:

> The physical reactions were present during the fieldwork (including extreme insomnia). Some of these effects were not present in the weeks and months after returning from fieldwork but then reoccurred in an extreme way during periods of stress in the years that followed. This had a disastrous effect on my academic career after PhD.

Impact on Quality and Integrity of The Work

In addition to being detrimental to the mental health and wellbeing of researchers, trauma exposure can also be detrimental to the quality and integrity of the academic work (Loyle and Simoni 2017; Shesterinina 2019; Davies and Spencer 2010). That the two are linked should be obvious: in anthropology the researcher is the instrument of the research: gathering, interrogating, synthesizing, and presenting data. If fieldwork distorts or compromises the functioning of the instrument, the work will be affected too.

Our data suggests two stories of how this may happen: traumatised researchers may avoid engaging with material that disturbs; and they may find it more difficult to remain securely in the researcher role, respecting attendant boundaries. We noted above that behaviours in the category of 'avoidance' are required for diagnosis of PTSD. In our study 71% of researchers displayed such behaviours. However, to understand impact on the quality and the integrity of the work, it is helpful to go deeper into the data on the specific avoidance behaviours we enquired about. We see that in the course of their research, 29% of respondents avoided a topic because it was too difficult to hear about, and 43% felt unable to write field notes because they could not bear to think about the experience they would have recorded. Following fieldwork, 55% of respondents avoided listening to recordings, transcribing or reading transcripts, while 36% described distracting themselves while engaging with research data – e.g., by listening to music or podcasts, or watching Netflix while transcribing interviews – to protect themselves from disturbing thoughts.

In addition to distorting researchers' engagement with their subject matter, trauma exposure can result in difficulty maintaining a sense of professional role and of the boundaries associated with that role. We noted above that vicarious trauma exposure can destabilize beliefs about the self and the world. An instance of this is moving from feeling one has some agency, and something of value to offer, to feeling personally and professionally powerless. It can also entail feelings of guilt at one's privilege. We asked respondents whether feeling guilty or upset that they could not alleviate the problems or suffering of research subjects had led them to do anything they felt uncomfortable with, or had previously resolved not to do, and which violated personal and/or ethical boundaries. We learned that just over half (52%) of respondents had done so. Responses are summarised in Figure 5. The forms this most often took were disclosing personal information (28%) and getting drawn into a relationship that felt more personal or intimate that researchers were comfortable to manage (also 28%). One respondent described a painful instance of the latter, saying:

> I also had sexual relationships with a close married informant in the field, which I strongly regret today and hate to think about.

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[6] The survey asked for the current status or participants (student, ECR, etc), which may be different from their status at the time when they completed the fieldwork they refer to. For example, someone who is currently an early-career researcher may have discussed experiences that took place when they were students. It is therefore possible that a high proportion of those receiving counselling did so when they were students. In future work, it may be helpful to collect information about where respondents accessed counselling, e.g. university, health service, etc.

In addition, 23% made promises they were unlikely to be able to fulfil, 21% shared personal contact details, and 21% gave money. While 41% of respondents engaged in only 1 of the 5 behaviours above, the majority (55%) engaged in 3, 4 or even all 5 of the behaviours.

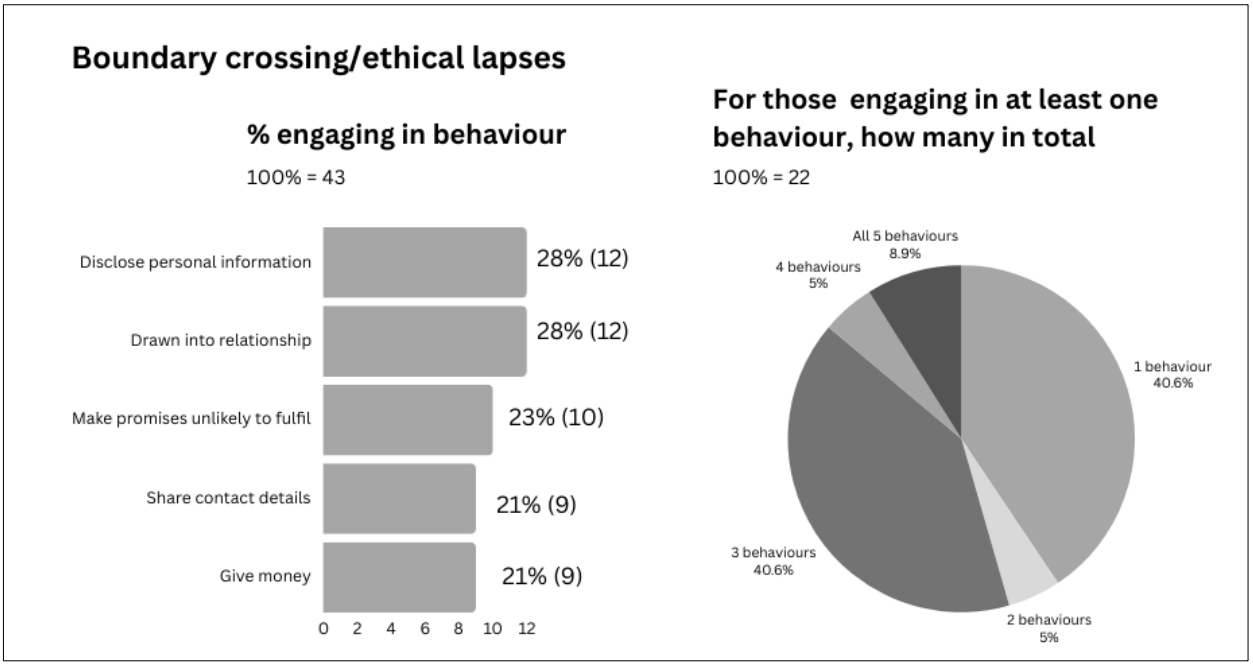

Figure 5: Boundary Crossing Ethical lapses

We are not suggesting that there are no circumstances in which a researcher might ethically and appropriately rethink boundaries or behave in ways they might not have anticipated. What renders this concerning is the fact that researchers were engaging in these behaviours in response to their own mental distress, having previously resolved not to do so.

Overall, these findings provide ample evidence that trauma exposure is much more than a wellbeing issue: it has the potential to have real impact on the quality and integrity of the research.

How Researchers Coped with Fieldwork Difficulties

The analysis of survey results pertaining to coping mechanisms in the weeks and months following fieldwork show the importance of supportive relationships, as the top 4 coping mechanisms were all in this category (Figure 6). Most respondents (74%) drew primarily on friend/partner/family support, just over half (56%) turned to peers and 49% to counsellors or psychotherapists; finally, 37% sought support from supervisors. Despite having access to these relationships, 56% said there were things they had not been able to talk about with anyone but would have liked to talk about. In some cases, this reflected an inability to afford counselling (19%), but for most the barriers to talking were cultural and attitudinal: not thinking their experience was serious enough to warrant support (45%), not wanting to be regarded as weak or failing (40%), feeling unentitled to emotional support (compared to those they worked with during fieldwork) (38%), and feeling no one would understand (29%).

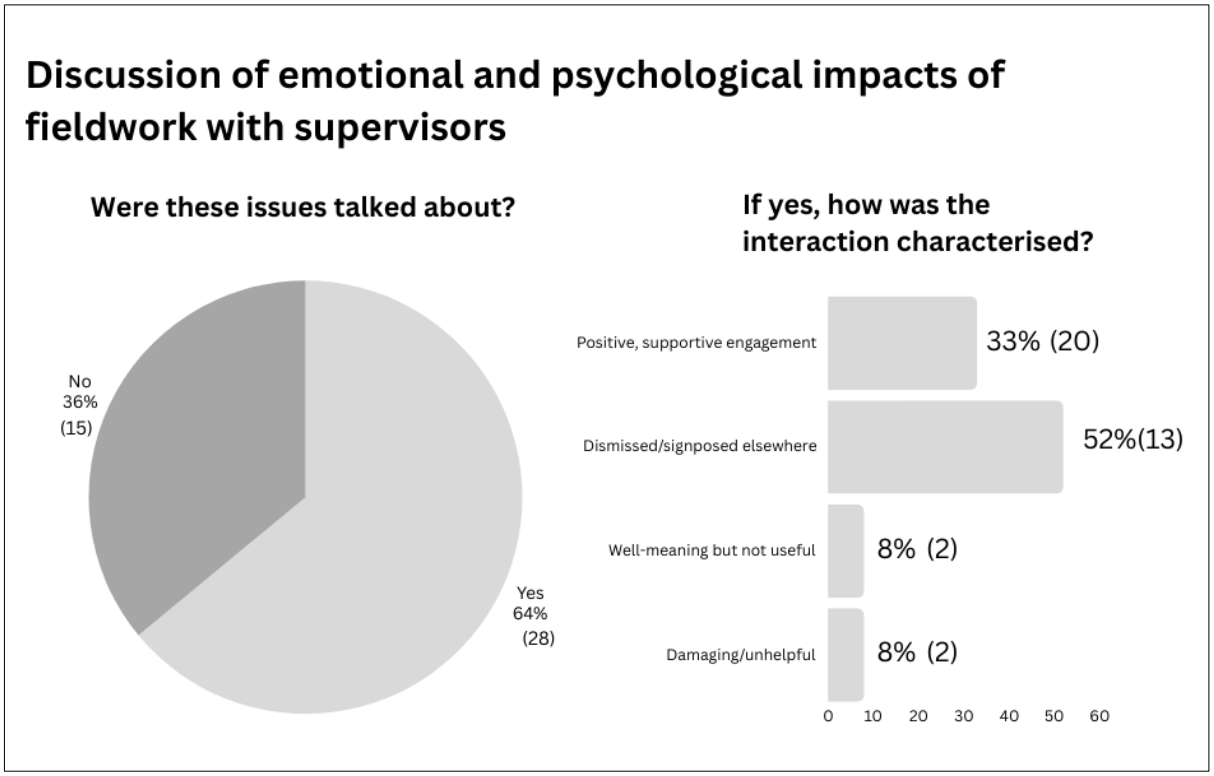

Figure 6: Discussion of emotional and psychological impacts with supervisor.

We asked respondents to characterise how emotional and psychological impacts of fieldwork were talked about with their supervisors. Encouragingly, nearly two-thirds of respondents (64%) talked with supervisors about the emotional and psychological impacts of fieldwork. A third (33%) of these felt that these issues were constructively engaged with or that they were actively supported in this aspect of the work. Some respondents specified what had been helpful: being available to talk, willing to listen without shaming or judging, sharing their own difficult fieldwork experience, helping to process and think about a particularly upsetting episode, encouraging breaks, and supporting requests for extensions or periods of leave. A few identified specific interventions that had been helpful, for example: *"*My supervisor kept repeating 'Don't be a hero' when things were really hard. This phrase was helpful in deciding to leave the field prematurely.*"*

The remaining respondents had negative experiences. More than half (52%) who talked with supervisors indicated that their concerns had been downplayed or dismissed and/or that they had been immediately signposted elsewhere, with the implication that such conversations belong in therapy not in academic spaces. As put by one respondent: *"*my supervisor was very concerned, although he also seemed surprised that fieldwork should have had such an impact on me". A further 8% indicated that their supervisors had been well-intentioned but not useful, one saying the supervisor "had seemed baffled, well-meaning but helpless" and another that: "I could see that one of my supervisors did try to support me... but he himself did not know how, I think or didn't feel comfortable". Finally, 8% experienced their supervisors' interventions as actively unhelpful or damaging. This is perhaps unsurprising, as supervisors may have struggled with the equivalent issues on their own, without benefit of supportive others from whom to learn about what makes for effective support. It is also well known and understood that in many contexts, supervisors have increasingly unmanageable workloads and that any additional care work of supervision is often not institutionally acknowledged (Moorish 2019).

Beyond supervisory and other relationships, respondents cited a range of coping mechanisms (Figure 7) included sport/exercise, yoga, creative expression, meditation and journaling. Respondents also deployed negative coping mechanisms, notably dissociation (e.g. watching Netflix, excessive sleeping), used by 42%.

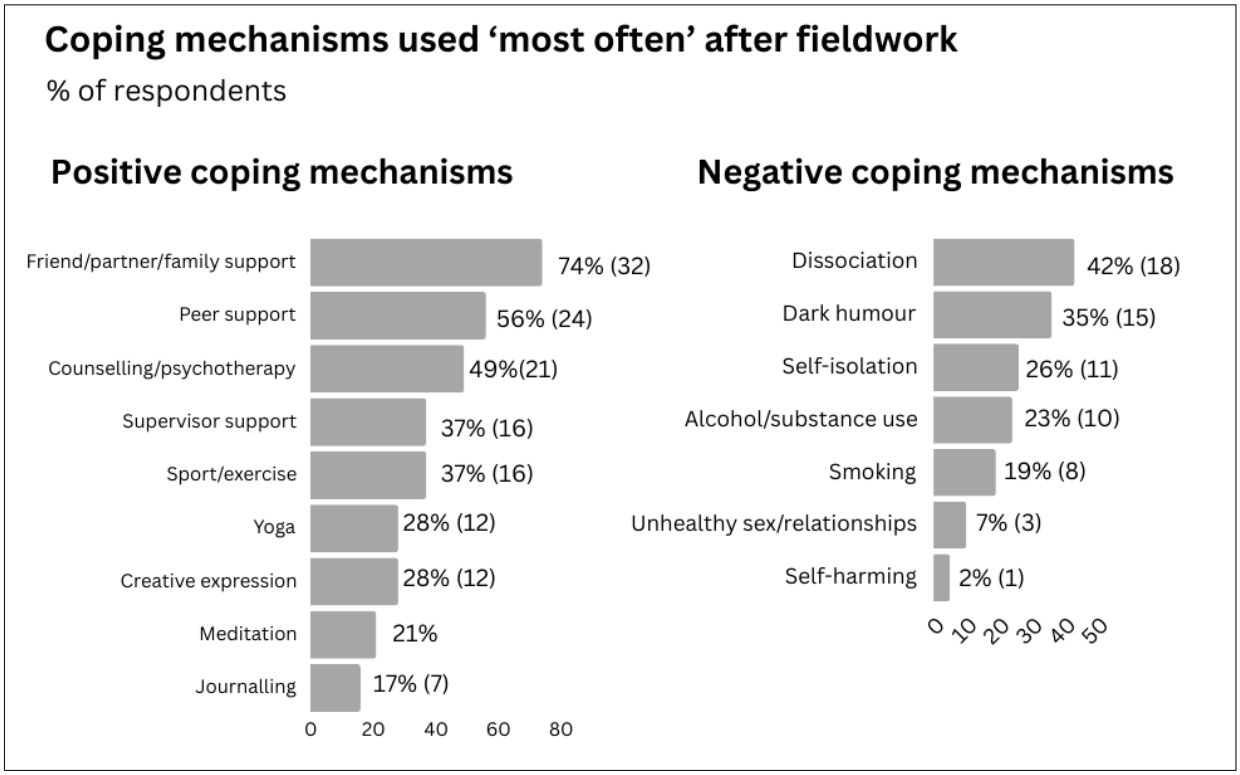

Figure 7: Coping Mechanism used 'most often' after fieldwork.

Conclusion

Fifteen years ago, Amy Pollard's Field of Screams raised concerns about the impact of fieldwork on anthropologists and called on universities to do more to prevent and mitigate these impacts. Since that time, relatively little progress has been made in this area. Perhaps this is because of lingering scepticism about the seriousness of the problem, but we suggest it has also been due to insufficient clarity of understanding about how and why anthropologists are at times so affected by their work. This study suggests that there is certainly a link between fieldwork and symptoms of trauma that deserves to be better understood, in order to think constructively about the way forward.

The understanding of trauma underpinning this study is that is not a set of emotions, but a precisely-delineated set of patterns of thinking, feeling, and experiencing ('symptoms') that are distressing to researchers and potentially detrimental to the work. This is a western and medically-elaborated understanding of trauma, and we fully acknowledge that it does not equip us to speak to the full range and cultural diversity of understandings and experiences of trauma. Notwithstanding this limitation, we hope that our findings may be helpful in two ways, First, by confirming that encounters with trauma, in particular vicarious trauma, can have significant adverse impacts both during and following fieldwork. Second, , in identifying some of the specific gaps in skill, preparedness and support that need to be addressed if we are serious about preventing and ameliorating trauma-related impacts of fieldwork.

As we think about how best to close these gaps, there are important questions that should be addressed, including but not limited to: should trauma-related teaching be embedded in anthropology research methods teaching, or offered as an adjunct to the curriculum? What specifically should it include? What skills are required to effectively deliver each element of such training? What role should a research supervisor play? What cultural change is needed in anthropology as a discipline to enable a genuine shift in approach? These are questions we have considered in light of the findings of this study, but also in the course or our prior experiences of designing and delivering fieldwork training. We elaborate upon these questions in the Teaching Brief we have co-authored for this Special Issue. Our intention in doing so is to prompt ongoing, collaborative conversations about how we can move towards a more trauma-informed anthropology.

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