

Trauma-Informed Anthropology for Undergraduate Students of Medical Anthropology

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Abstract:

This paper discusses the implementation of trauma-informed pedagogy within anthropology courses to enhance student learning and foster an inclusive classroom environment. The author, a Black woman medical anthropologist, reflects on the challenges of addressing sensitive topics such as structural racism and health inequities while ensuring emotional safety for students. The discussion is framed by the context of a predominantly White liberal arts institution in Florida, where external sociopolitical factors complicate the teaching of subjects. Key pedagogical strategies include utilizing ethnographic methods, community engagement through service learning, and creating opportunities for reflection and choice in assignments. The author emphasizes the importance of building community, establishing trust, and preventing re-traumatization among students. By adopting a trauma-informed approach, the author aims to promote empathy, critical thinking, and a deeper understanding of cultural complexities, ultimately preparing students to navigate the landscape of health justice. The paper advocates for transparent teaching practices that support student wellbeing as they learn about pressing global health issues.

Keywords:

Trauma-informed, anthropology, undergraduate students, Florida, United States.

Introduction

It is February 2022, and I am preparing to share data from a survey on health perceptions completed by the enrolled students in the first iteration of my Health Equity course. The survey questions came from a study of structural racism among undergraduate students interested in careers in the health professions (Chowdhury & Madden, 2021). I had modified the binary yes/no questions in the original survey to a Likert scale asking for level of agreement with statements that could be considered pernicious stereotypes about race, ethnicity, and health. All twenty-two of us in the room are wearing face masks to reduce spread of COVID-19. My uncle had just died from the disease a few weeks earlier. The prospect of discussing healthcare in a course on lessening health disparities felt much more emotionally raw than academic. I know that building trust and community in classroom settings is important, and I was taking a pedagogical risk in showing students the variety of responses in their own classroom.

I have turned the lights down low enough so that they can focus on the bar graphs about to be displayed and not on visible reactions from their peers who provided the data. Students in the course completed the survey a couple weeks before this class day and in analyzing the data and preparing the presentation of the findings, I tried not to scrutinize their responses. In order to return students' individual responses to them, I asked them to provide an identifier, but the data presented in class was aggregated and deidentified. Walking into the classroom, I knew that someone in the room had revealed their ignorance and bigotry in their survey responses, but I did not know who or how many different people there were.

I purposefully sat behind everyone in the back of the room so that I could observe their body language. As I flipped through the slides of bar graphs showing students' responses, I said very little to summarize the data. It slowly became clear to them that someone in the room was agreeing with the racist statements, which must have demolished their assumption that everyone in a health equity course was at least in support of health equity. I started to feel tension increase, and a few students started shifting in their seats and sighing upon seeing the data, eventually muttering expressions of "Are you serious?!" After the data presentation, I turned up the lights'

brightness slightly in order to hold a reflection and debrief of what they had learned. A few students animatedly explained how they were upset but actually glad that students probably completed the survey honestly, so that they “knew who they would be dealing with over the semester.” I explained that we can all appreciate transparency since we would be together in the course for fifteen weeks but perhaps in different places cognitively about the ideologies we hold, and how building community would help us find some common ground.

At their origin and their core, research, teaching, biomedicine, and the discipline of anthropology are not trauma-informed. All of these fields also have legacies of colonialism. Ethics and justice were added long after their creation and sometimes the ways these topics are addressed in these fields still resemble optional “add-ons” to a formula already believed to work properly as is. It is for this reason that words like “integration” or “infusion” frequently accompany trauma-informed work. And this work is hard work, especially in a time in higher education where students need to *feel* like they’re learning something, which requires educators to manage feelings.

To increase students’ empathy and understanding of evidence, I employ trauma-informed pedagogy, a style that minimizes traumatization while meeting educational goals and objectives. This pedagogical style acknowledges negative potential impacts of traumatization and re-traumatization that can arise from discussing difficult or controversial subjects. Trauma-informed pedagogy requires careful attention to: ensuring safety, establishing trustworthiness, maximizing choice, maximizing collaboration, and prioritizing empowerment (Harris & Fallot, 2001). Trauma-informed pedagogy is achieved through careful thought about course objectives and activities, pacing of assignments, and empowering students by offering choices and moments for reflection. Trauma-informed pedagogy maps well onto medical anthropology because medical anthropologists often work with communities with historical trauma, they study how people make sense of the trauma of illness and illness experiences, and in the case of critical medical anthropology, they are trying to reinsert humanity into biomedicine wherever it has been removed.

For this paper, I explain in detail my decision making for designing my anthropology courses using trauma-informed pedagogy. About six years ago, I adopted the Universal Design for Learning (Burgstahler, 2015) as a teaching framework as an attempt to clarify course objectives and better align assignments to those objectives. Universal Design for Learning uses cognitive neuroscience to provide a set of guidelines to change environments, not learners, to remove barriers to learning. I was interested in accommodating different kinds of learners, and Universal Design for Learning focused on creating an inclusive, accessible, and fair environment for all learners in higher education, which has an exclusionary history. While Universal Design for Learning now provides recognition of biases, it does not mention trauma. I discovered trauma-informed pedagogy as an even more satisfying pedagogical style that seems one step beyond Universal Design for Learning. Trauma-informed pedagogy was something I had truly wanted for myself as an instructor and for students but previously had no name for, and ever since, my teaching style has been a fully integrated, obvious, and unapologetic use of trauma-informed pedagogy.

I use trauma-informed anthropology for several reasons. First, the work of anthropologists is not devoid of risk of trauma to the fieldworker. Fieldwork trauma happens, and I see the discussion of important concepts, professionalism, and ethical practices all as important to the teaching of ethnographic methods for reducing the amount of trauma to the fieldworker and the people they encounter in the field. Second, trauma in students is associated with amnesia and poor academic performance (Rosenthal & Wilson, 2003). Rather than focus on the trauma that students may have encountered, I have been primarily interested in preventing retraumatization and traumatization in students for whom this information is new to them (but maybe shouldn’t be). I consider my educator’s scope of practice (Costa, 2022), the activities I am qualified to do, to include telling under-told stories, filling in gaps in knowledge and skills, encouraging critical thinking, highlighting systems of oppression while working to dismantle them, and facilitating students’ unlearning and reflection.

My Teaching Environment

My institution is a predominantly and historically White small liberal arts college in Florida in the United States. It is private, fee-based, and teaching-focused, primarily serving undergraduates and offering several graduate degrees. The college has a population of about 3000 students who come from Florida, the northeast United States, and from outside the United States. The college offers designated courses for students to conduct service learning with local non-profit organizations acting as community partners, I hope, in equitable collaborations. Community engagement adds a layer of complication to an academic course because it requires coordinating

with a community partner who may have a different timetable and goals for students conducting service learning with them. I make each CE-designated course a research course so that students become familiar with community-based participatory research, a standard in Anthropology that is growing in popularity in medicine and public health. Students go one step beyond service learning to fulfill a research need, and they often underestimate the course's time commitment. With its twists and turns, the research process is often confusing, messy, and disorienting for students, even without community partners. Although students consistently rate my CE-designated courses lower than my non-CE courses on evaluations, community engagement adds real value to students. Students learn research in a very applied way by gathering data that a community partner can use for their own marketing materials and grant activities. For a course called "Socially-Engaged Design," students conducted interviews with older adults for a local health foundation. Several students have cleverly leveraged these activities into internships with local community partners. I also think sometimes a few students do not expect to become so deeply invested in what they are doing with and for a community partner; it is much easier to sit passively in a class, take tests, and try to exit with their desired grade.

As a Black woman medical anthropologist and coordinator of the Global Health program, I teach undergraduate students about culture, ethnographic methods, health, healthcare, and inequality where anthropologists find it around the world. I believe that everyone can benefit from exposure to anthropological concepts, especially its methods. I became an anthropologist because of my curiosity about human resilience and adaptation to problems. As a medical anthropologist, I consider illnesses and health systems as reflections of socio-cultural values. My work as a critical medical anthropologist is focused on how systems of oppression impact human health. Sometimes we anthropologists discuss everyday, mundane ways that poor people encounter structural violence, particularly in healthcare settings, but we also consider how their immediate physical and environment might keep them from achieving their best health. My disciplinary perspective also means that sometimes we discuss pandemics such as bubonic plague, HIV, and influenza, and COVID-19. We also must discuss atrocities such as colonization, chattel slavery, and the Holocaust, and how these events have also impacted human health. These discussions are getting at generational and historical trauma, gender-based, and racially-based traumas. Being humans studying humans in an anthropology course, it should be natural for students to have feelings about the course material. For these reasons, I build reflection into each course, sometimes through in-class writing or built into some assignments so that students can self-assess their reactions to what they learn.

While I busy myself with creating memorable learning experiences for students, it is not lost on me that I moved to Florida five years after then-Governor and current Senator Rick Scott said during a radio interview, "We don't need a lot more anthropologists in the state. It's a great degree if people want to get it, but we don't need them here" (Johnson, 2011). I was wryly amused when I heard it, because it seemed odd to specifically target anthropology, but most people, governors included, may have a limited understanding of what anthropologists do. Since then, Florida has been a laboratory for increasing antisemitism, being hostile toward immigrants, codifying bigotry, banning books from public schools and libraries, privatizing public services, and regulating the content of teaching instruction. Controversy can be relative. It is currently difficult to know what can be taught about race, gender studies, lived experiences of LGBT people, structural racism in healthcare, and diversity, equity, and inclusion. The chilling effect of these laws means that many educators are becoming confused and scared to teach. They are concerned for their safety and their livelihoods as these laws move quickly through the Florida legislature and slowly on to lawsuits challenging their constitutionality. What should be a legislative concern is that Florida ranks 33rd in the United States for overall health (United Health Foundation, 2020). Florida ranks 39th in the nation for public health funding, allotting only \$64 per person in a state with a population of 21 million (United Health Foundation, 2020). In the past year, rates of obesity, diabetes, and drug deaths have all increased (United Health Foundation, 2020). Florida currently has the third highest number of new HIV diagnoses, and three metropolitan areas within the state (Miami Dade-Broward-Palm Beach, 1st; Orlando-Kissimmee-Sanford, 5th; Jacksonville, 9th) rank in the top 10 for HIV incidence (Centers for Disease Control and Prevention, 2020). It is difficult to explain community and structural vulnerability to HIV while living in a geographic area with a high number of new HIV diagnoses to students who might be members of a population at risk, such as young men who have sex with men or Black cisgender women of any age. Yet this is the immediate backdrop and necessity for my development of courses such as "Drugs, Sex, and HIV" on the HIV pandemic (Brown, 2019), "Health Equity," and "Women's Global Health."

Building Community in Classroom Spaces

Everyone's safety is of the utmost importance for deep learning. Scholar Mays Imad (2020) stresses safety in teaching and making sure students are not only physically safe but also emotionally safe. I build trustworthiness

by always doing what I say I will do. It sounds simple, but being where I say I will be and creating moments of predictability in our class time without being rote build their view of me as a person with integrity. Like Imad, I see value in earnestly asking “how are you doing” to students. I lean heavily into community building during the course to foster a safe learning environment. Students must greet each other at the start of every class. In the Ethnographic Methods course, I have students stand, if they are able, for a moment and wait for someone to share what’s on their minds. Standing takes us out of our usual sitting mode of instruction and gives people a chance to see and hear each other for that moment and hopefully during the rest of class time. This semester, I instituted this technique in class for the first time, and a student asked me if something bad had happened to me, as if that was the reason for doing the exercise. I thanked her for caring about my wellbeing and explained that this moment was intended to create a shift toward increasing empathy, and that the shift clearly worked.

Students introduce themselves through brief presentations using Personal Identity and Social Identity Wheel exercises that encourage students to consider about how their identities can become more or less prominent based on the social context (Inclusive Campus Collaborative, 2021). By seeing patterns in the responses, students slowly build community. After about two years at my institution, I learned from students that they infrequently enroll in courses with their friends because their schedules do not permit it. I help students potentially expand their network of friends by providing opportunities for them to interact with each other. Group and solo presentations, small group discussions, and one-on-one practice interviews require students to think critically about material, confront their biases, and listen to each other. I initiate collaborations with other faculty for in-class activities to show that collaboration is a norm. By building community in the classroom, students empathetically learn about each other’s lives, hear each other’s voices, learn each other’s strengths and weaknesses, with the potential to build long-term friendships and affinities.

In addition to safety, I am interested in fostering a transparent and reflective classroom community. I try to communicate expectations and create some predictability in the course – hopefully without the course becoming boring. I provide a course outline in the syllabus where each week or so is based on a question so that students know by the end of that week, they will have an answer to that question. I like to start any course with norming exercises, where I introduce the syllabus and the readings and explain why I chose them. The first parts of the course are devoted to students recognizing words that make them uncomfortable. I also try to engage students in some unlearning in order for them to take on the new material being presented to them. I am also demystifying concepts, destigmatizing them, and decentering some voices and concepts in order to highlight others. I am also decentering my role as an instructor so that students recognize their own decision-making power as learners in the course.

Preventing Individual and Community Retraumatization

The predictability of a course may make it easier to see aberrations in behavior. While discussing intimate partner violence in the Introduction to Public Health course, a student quickly walked out of the room. He returned a few minutes later and I was unfazed, but then he met me outside my office a few hours later, looking distraught, pale, and not saying much. His look was forlorn. Therapy is not in my educator’s scope of practice, but I could sense that something was wrong. In our conversation I learned that he had regular counseling sessions on campus, but their office had closed for the day. I knew that he was trying to tell me something, but the words never came. I asked him to sit with me a little longer so that I could make some more calls on his behalf, but he slowly got up and walked away. I believe that the day’s course topic retraumatized him. I never saw him again. I learned a few days later that another professor had also tried to talk to him about his demeanor. A few hours later, an event so distressing happened that he needed emergency care and finished his remaining assignments over the summer. We as instructors never fully know what students have already survived, and we have to remain vigilant and look for signs of distress, knowing that we will always have incomplete information.

Building flexibility into all courses provides more opportunities for students to succeed even when problems arise. My syllabi feature an accessible “frequently asked questions” format that communicates expectations and a course’s added value. I continue to work on articulating the relevance of class activities to students’ current and future lives. I have thought more carefully about developing questions to guide in-class discussions and I have added debriefing sessions and reflections into assignments and after class activities for students to reflect on why we do these activities. In keeping with trauma-informed pedagogy, I include numerous opportunities for student choice such as choosing presentation dates, assignments with rolling deadlines, and choice of prompt for take-home exams.

At the start of the COVID-19 Pandemic closures in March 2020, I found that I did not have to make many adjustments to the courses because I had already done much to make the course flexible and provide choices to students. I became concerned about engagement, as many other scholars did (Currier et al., 2024). One new technique that I did institute was check-ins where each student had a minute to talk about whatever was on their mind at the time, related to the course, or not. When we became solely online, I provided time for students to unmute themselves and say whatever they wanted for a minute each. I also created asynchronous discussion board threads for students to talk about whatever they wanted, and encouraged them to use the chat feature to engage in cross-talk as a way to bring voices back into the room and maintain the community we had been trying to build together. Here, the goal was to rehumanize everyone since they had been reduced to tiny squares on a computer screen and to recognize everyone as more than their roles as students. I wanted students to have the space to acknowledge that they and others had problems to solve before the pandemic and that those problems did not disappear in the presence of an enormous and grave global event. Students responded well to these moments, listened to each other and gave suggestions. They remained engaged in the course and were able to finish despite major disruptions.

Students can also encounter community trauma. In February 2018, a gunman murdered students and teachers at a school in Parkland, Florida. Our entire campus community was affected by this news. More directly, some students in my courses hailed from neighboring towns, and one student personally knew a victim. In my desire to give students choices, I offered to move the upcoming test by a week and provided some in-class time for discussion before they voted using the survey software Qualtrics. The majority voted to move the test. For the student who knew a victim, I got the feeling from him that he was planning to push through all his work and his upcoming games, as he was also an athlete. I recognize that feeling because while you are struggling to believe what happened, there are brief moments of denial where you can pretend everything is the same and just go to practice and study for a test without reality bursting into one's consciousness. In order to encourage him to move his test and give himself just a little more time, I made it seem as though moving the test was a game show-level "once in a lifetime" deal that he should take. By doing this, it briefly took the focus off why he was feeling the way he did or why everyone is paying so much attention to him and instead get him to see a potential "win" by taking advantage of a seemingly fleeting opportunity. Although it looks like I tricked that student, I do believe in transparency.

Bringing the Outside World into the Classroom through Assignments

Learning about what is happening in the world can be difficult for students. I infuse ethnographic methods into class activities and course assignments (Brown, 2017). Ethnographic techniques include reflection, observation, active listening, mapping, asking questions, writing, and recognizing one's own positionality. Students become better observers, better researchers, more empathic individuals, and more appreciative of the human diversity they will encounter over their entire lives. I develop authentic assignments using real information: by emphasizing a real audience, assignments seem more realistic than "something just for class." For example, students write opinion pieces and design travel brochures to show critical thinking and their evaluation of information as evidence. To write assignments, I use Ed White's advice in *Assigning, responding, evaluating: a writing teacher's guide* (2007) to design transparent assignments that explain what we're doing, why we're doing it, and how it fits into the course objectives, along with instructions on how they will be graded. For take-home essay tests, the student is presented with new material that the student must discuss, supported by evidence. Here, students also receive choices of prompts to answer, with the hopes of them answering the questions they believe they can best answer. For example, in "Women's Global Health," an upper-level medical anthropology course with a maximum of 25 students, a final exam essay prompt asked students to imagine that they worked as a researcher for UN Women writing to the President of Mexico explaining why femicide is an important women's global health issue, knowing that in 2020 he had publicly downplayed the scope of the issue. This kind of assignment shows the seriousness of an ongoing women's health issue and provides opportunities to discuss gender-based violence and make recommendations to end it. In the Introduction to Public Health course, students incorporate statistics from databases into a persuasive letter to their Congressperson explaining why public health should be a priority. Letters to politicians about public health being a priority actually get sent, and class projects can turn into proposals for Fulbright and Truman Scholarships.

Students conduct either original research to gain experience with human participants or secondary research, where students work with existing data; my goal is for them to gain experience gathering and analyzing data as a way to convert curiosity into action and provoke new research questions. I collaborate with our library and our on-campus art museum to help students make visual connections with course content. In "Drugs, Sex, and

HIV,” students choose a country to investigate cultural factors and social determinants of health that allow HIV to persist. They review country reports at the UNAIDS website to identify potential gaps that they might fill with their own proposed research project. The end of the course involves a United Nations assembly where students represent the country and write resolutions to improve HIV worldwide. Here, students inadvertently change their language from talking about “the country” to “my country” in their role as ambassadors. One student wrote her final project on Lesotho and child HIV transmission, and I suggested converting the project into a Fulbright Scholarship, which she won.

Conclusion

To return to the starting vignette about the Health Equity course, no student ever came forward as harboring prejudiced ideas, and the students seemed to get along with each other, even collaborating on final projects. It was a harmonious semester. If we are to be truly inclusive educators, then inclusion must mean everyone, including the covert bigots who express interest to me in working in healthcare and global health. The field of Anthropology embodies T.S. Eliot’s phrase “making the familiar strange, and the strange familiar” so that students learn cultural relativism, compare beliefs and behaviors, and question the cost of normality. This shift can be unsettling for students, and trauma-informed pedagogy provides students with the cultural and historical context for recognizing how the world is constructed. The students I teach often ask, “why didn’t I know this before?” and my response is always, “think about what systems have been in place to make sure you never knew this or never needed to know this.” Once they start to see the world, they can never unsee it, and we are all better for it.

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