

Trauma-Sensitive Protocols for

DISASTER TOURISM

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DISASTER TOURISM refers to the influx of outsiders who come to sites of catastrophes for reasons other than advocacy, relief or recovery work. Humanitarian aid organizations can help protect disaster survivors by influencing the influx and behavior of such tourists. The operational entity to be protected is a metaphorical, yet tender, boundary called the “trauma membrane.” Authors Erin Martz and Jacob Lindy describe this boundary as follows:

- “The trauma membrane is a temporary psychosocial structure, a buffer zone or covering that protects traumatized people as a part of the healing process in the aftermath of catastrophic stress.”
- It shields people from unnecessary exposure to further psychological stress.
- It provides a potential healing space between a community of survivors and the recovery environment.
- It can be harmed by intentional and unintentional “penetrations,” exemplified by unwanted attention in which survivors feel they have no say or agency.
- Such penetrations, like the surface of any wound not properly attended to, may complicate recovery (e.g. the wound festers and becomes infected).
- Leaders functioning at the surface of the trauma membrane determine whether a given outside force should or should not be let inside.

There is significant diversity between and within communities affected by disasters and complex emergencies. Cultural, historical, political, social and individual factors help determine the trauma membrane. This, in turn, influences how survivors perceive disaster

tourists. Since the 9/11 attacks, the City of New York, as an entity, has welcomed visitors to Ground Zero; and yet many survivors want their privacy respected. Throughout the world’s occurrences of landslides, earthquakes, floods and tsunamis, one population might heal best with a rigid trauma membrane, while others wish to be semi-permeable.

Gawking

A brief Internet search for disaster tourism brings up multiple pages that start by noting the human tendency to slow down and look at traffic accidents. Disaster tourism is said to be akin to how people voyeuristically gather to watch neighborhood fires, resulting in officials tasked with regulating the traffic of gawkers who inch closer and closer for a better look.

Gawking is the negative interpretation of what disaster tourists are doing when they come to observe suffering or abject misery. Pejorative attributions aside, other, more benign, intentions we might attribute to such tourists are that they come to: (a) bear witness to and apprehend the traumatic event; (b) make intelligible what was otherwise a televised spectacle; and/or (c) demonstrate fellowship with the victims, whose suffering has been brought into the public sphere.

As a 6 foot 5 inch person of Indian origin, I was routinely stared at when I walked on the streets of India in the 1980s. I can say for certain that it is possible to “feel” the eyes of gawkers. When the gaze is not anchored in an interaction or relationship, it can be very uncomfortable. Two decades later, as a brown skinned person living in New York City during the 9/11 attacks, I experienced another look—the gaze of suspicion—and this time I could feel the vibration of hostility or uneasiness on my skin.

In contrast, when it comes to disaster tourists, the gaze is not likely to be one of hostility or curious surprise, but instead sympathy, kindness or compassion. One might argue that such tourists feel something tender, not indifference, while gazing upon disaster survivors. So what is the problem? ▶

The problem is that disaster tourists cannot control how survivors experience their gaze and heart's feelings. Let's take one reason why even a benign gaze could be intrusive or ill-fitting: survivors of a disaster have not only *gone through* something indefinable and horrific, they proceed through something indefinable and horrific long after the threat has subsided. Disaster tourists, who come after the threat is over, operate as though the disaster has passed, whereas survivors are still actively in shock or are just beginning to take stock of their catastrophic losses. This is a tender period of time. The trauma membrane is often trying to block out outside forces so that healing can proceed, and the attention of even the most helpful outsiders can be experienced as unwanted penetrations.

Disaster tourists, if they chance upon individuals with a membrane of "I'm still in disbelief of what has happened to me and the people around me," might penetrate those individuals with a gaze that is not healing or welcome. The gaze might be distorting, re-traumatizing, shaming or objectifying. Journalists may inflict similar harms as well, because it is not the intention of the gazer but the consequence on the survivor's trauma membrane that should guide post-disaster actions. Even the most humanitarian of gazers is at risk for harming survivors if the trauma membrane is not adequately cared for.

Agency and "do no harm"

In Western literature, the ethicality of interpersonal choices has long been evaluated by two foundational principles: autonomy and beneficence. Autonomy (self-rule) is the freedom from the control of others, which also means the freedom from constraints that prevent meaningful choice. Beneficence (doing unto to others what is truly experienced as good) is acting in the best interests of the individual/community.

With regard to caring for the trauma membrane, we should utilize a cornerstone method for promoting autonomy: informed consent. Informed consent consists of providing to the intended individual/community a meaningful understanding of the potential benefits, risk and methods that may occur. The intended individual/community then has the right to freely choose to consent or to be left alone. In the case of disaster tourism, survivors with informed consent "get a say" on the influx of outsiders who come for reasons other than advocacy, relief or recovery work.

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Beneficence, the second foundational ethical principle, requires that disaster tourists be empowered to actively show respect and kindness to survivors. Humanitarian agencies might impart instructions (e.g. "how to not do harm" tips) to disaster tourists on how to maintain themselves on the positive side of the equation and avert harm. Depending on the context and culture, tourists may be instructed not to gushingly take photographs, not to make snide remarks or not to laugh loudly.

Trauma-sensitive protocols

Influencing, and even actively regulating, disaster tourists and preventing possible harm they may cause are critical for humanitarian aid agencies. Even agencies that do not focus on mental health and psychosocial support have an opportunity to contribute. Recognizing that a witness's gaze clearly has mental health and psychosocial impacts leads to positive advocacy. By taking a role in how disaster tourism is conducted (even the casual tourist acts of agency staff), agencies further empower their staff to support survivors in the recovery phase of disaster response in productive, positive ways.

- Applying Craig Zelizer's insight that peacebuilding is most effective when it is trauma-sensitive, the following trauma-sensitive protocols for disaster tourism are recommended:
- Civic bodies in which stakeholders have a voice and exercise credible agency on behalf of the community should regulate the influx of such tourists;
- Tourists should be provided with educational resources to promote respect for survivors and a constructive understanding of the context; and



- Tourists should also be provided with tips to "do no harm" such as no photography without interactions that lead to permission.

Apologia for trauma as the "lens"

There are valid arguments that Western frameworks currently overuse the term "trauma" as a monolithic effect felt by disaster survivors. For example, proclamations or predictions that vast numbers of people could be diagnosed with post-traumatic stress disorder (PTSD) are considered an overreaching of the framework. According to Leah Nguyen, trauma as a marker of suffering has increasingly blurred into a commodification of experience—a distortion in which a person who does not qualify to be diagnosed with PTSD or major depression is not considered a legitimately suffering survivor.

Despite how problematic the trauma lens can be, the idea of trauma is still highly useful as an umbrella characterization of the wounds felt by both individuals and communities who have undergone unusual losses. Addressing disaster tourism is an additional route to respecting the dignity of survivors, as well as protecting individuals from further harm. Given the commodification of their experience, disaster tourists further blur what it means to witness suffering and consume experience. Humanitarian agencies can influence the commodification by employing the trauma membrane concept and helping everyone to appreciate that unwanted gazes could perpetuate suffering. ^{MBD}