

Breaking the silence: the traumatic circle of policing

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ABSTRACT

Operational police officers often work in traumatic situations. Whilst training and support is provided to officers in these areas in the UK, and some debriefing and counselling is provided, this is not fully effective in addressing the so-called 'attitudinal' problem of the police. We believe that one of the reasons for this is that police training does not adequately address the effects of working in traumatic conditions, and certainly does not take into account new work in the area

of post-traumatic stress disorder (PTSD) which shows that trauma, and its vicarious effects, is not necessarily a mental disorder (though its symptoms may manifest as such) but is caused by physiological and emotional changes in the body. Further, studies on the social nature of trauma indicate that it is often the isolated conditions of trauma victims that can increase PTSD. Drawing on secondary data from one of the authors' work on spirituality in the police force, we explore the connections between the physiological and emotional aspects of trauma and the conditions in which police in the UK work. We suggest that police officers' reports of the work they do, and the way in which they learn to live with it, keeps them in an ongoing cycle of retraumatisation. We suggest that we need to take into account the physiological, social as well as psychological (or attitudinal) aspects of working in traumatic conditions if we are to provide adequate training support for police officers, so that they are not left isolated in this cycle. This has potentially far-reaching implications for the training of police officers.

INTRODUCTION

Our most pressing national problem today is not the growth of the criminal class. It is the silence, the apathy, and passivity of the people in the middle, the

settled, stable, caring reasonable bunch who have become so easily manipulated by the vocal ends. This is the pathology of the bystander, to see what is wrong and remain silent. (Bloom, 1997, p. 247)

Many years ago er I, er, was injured very badly [whilst on duty as a police officer] because I was stabbed. It was only then afterwards you think, 'Oh why did that happen like that, why aren't I dead, why am I not paralysed?' I was stabbed right in the middle of my back. It was only afterwards when I came round I thought, 'Well I should be dead' [Looking down and looking very thoughtful] er but I'm not dead, why am I not dead?

This quotation was taken from a piece of research dedicated to exploring the relevance of a 'spiritual' focus to training in the police force. This statement reveals some of the violence, tragedy and isolation that can be faced by police officers in their work. Like many of the respondent's colleagues, who have faced similar difficult situations, this person had been traumatised by this incident which happened many years ago. They may have been living in that trauma ever since, finding coping mechanisms that only they and their colleagues recognise, mechanisms and strategies that isolate the police further from the community in which they had chosen to serve and thereby retraumatise themselves in the process.

In this paper, we reanalyse the data of Smith's (1985) research in the light of current trauma theory. We suggest that reports by some police officers of the work they do, and the way in which they learn to live with it keeps them, and the violent situations in which they frequently have to engage, in a constant state of alienation from the rest of society — in its shadow. Looking at the physiological symptoms of trauma, we suggest that a vicious cycle of trauma may be maintained at an individual and social level, and perpetuated by the rest

of society which stands outside as the 'silent bystander'. We argue that if we understand the mechanisms of trauma we may be able to develop ways of supporting the police in dealing with the difficult, sometimes violent, conditions in which they work.

We explore the nature of trauma theory, and then consider this in relationship to the culture and conditions in which the police force in the UK operate. Trauma is as much a social affair as an individual one. We suggest that, at an individual level, trauma needs body attention for healing; at a social level, this needs to take place in the context of social support. We then go on to consider the implications of this understanding and how this could begin to be addressed in police training.

THE EMERGENCE OF TRAUMA AS A FIELD OF STUDY

The study of trauma and development of trauma theory has had a chequered, amnesiac history. Herman (1992) notes that in the last century, knowledge of the effects of trauma has twice surfaced in public consciousness, and then been lost again. In the first instance, the study of 'hysteria' emerged with the work of Freud who noticed a connection between psychiatric history, and sexually molested women. However, since Freud felt that it was not credible that so many adults were molesting children (or at least that he was unable to tolerate the reactions he had from people), he later claimed that this was merely the fantasy and not the reality of the women. As a result, the connection between childhood sexual abuse and adult psychiatric disorders was buried for another century. The second major emergence of trauma was after the First and Second World Wars, with 'shell shock' in World War I and 'combat fatigue' or 'combat neurosis' in World War II. Whilst the effects of long-term violence was recognised, it was still considered at this time to

be a weakness of the soldier. Not until the problems of the Vietnam veterans came into focus, as a result of the veterans organising themselves outside governmental agencies, paralleling a similar movement amongst American and Western European feminists, did the reality of violence, and its long-term effects if not treated, become acknowledged. In 1980, the diagnosis of post-traumatic stress disorder, or PTSD entered the formal psychiatric tradition through its inclusion in the *Diagnostic and Statistic Manual* (Bloom, 1997).

This chequered history reflects the nature of trauma and the after-effects — that of periodic and sometimes sustained amnesia in the face of perceived life-threatening forces. We shall see that, by its very nature, violent trauma becomes silenced, as it becomes too much for society. However, silence contributes to, and maintains, a destructive cycle that exists in the shadow of our society. We believe that since there is no real social context for recovery to take place, then those people who are engaged daily with traumatised people, and in traumatic situations, will still ‘carry’ the traumatised affects of our history. Further, in addition to social isolation, recent work on trauma theory has shown the interrelationships between neurophysiological processes and post-traumatic stress disorder. New methods are being developed in the field of psychotherapy that work directly with the body in tackling the long-term effects of trauma (eg Levine, 1997; Rothschild, 2000). This suggests that we would need to take this into account when developing training for police who often live in traumatic and violent conditions.

THE PHYSIOLOGICAL BASIS OF TRAUMA

The natural physiological response to life-threatening experience shared by animals and humans is that of the fight or flight

mechanism. This mechanism is not a planned, deliberately thought-out reaction, but a rapid-fire, automatic, total body response. It goes through various stages and, under natural conditions in the animal world, it provides a life-saving, or pain-saving mechanism.

Let us take the example of an antelope feeding on the plains of Africa (Sills, 2003). In this state, the antelope is said to be in the ideal state — relaxed and fully present. If a lion arrives on the scene, the antelope then experiences a sense of danger, and its body moves into an active alert state, with a heightened alertness, orienting itself to danger. If this danger increases, say by the lion moving closer, then the fight or flight response kicks in. The antelope’s sympathetic nervous system will surge: its metabolism dramatically increases, and it becomes flooded with chemicals which override the immune system. This is the mobilisation response. Charged with this, the antelope flees. If it escapes, a further flood of endorphins may arise, and it will slow down and resume its grazing. It has escaped danger, and was not traumatised by the experience. If, however, the antelope becomes under further danger, it will move into a different state. The parasympathetic nervous system comes into action and takes over from the sympathetic nervous system, and other neurohormones are released. The antelope will suddenly collapse. Then the antelope will dissociate from the sensations in the body: its psyche will dissociate from its soma and sensations, and it will become immobilised and frozen. Now, both nervous systems are surging, and the energy from the sympathetic nervous system, which cannot be expressed in flight literally implodes inwards, and keeps cycling. Either at this point the lion will go away thinking its prey is dead, or if it is eaten, then the antelope is spared feeling the pain of death. If the antelope is not eaten, then when the danger has passed, the antelope will get up

again, and buck to and fro, as it releases the increased hormones from its system. It clears the cycling energies by action, shifting from a frozen state to an expression of its defensive energies. The antelope has survived, come successfully out of shock, discharged the imploding energies and as a result is not traumatised by the experience. Traumatism occurs when the antelope cannot, for whatever reason, process the cycling energies of its shock response. This process is the same for humans.

Sills (2003) talks about defining shock and trauma in the following way:

1. trauma — a traumatic experience arises due to a situation or event that is physically or emotionally stressful, challenging or threatening to the integrity of that person;
2. shock — occurs when a traumatic experience overwhelms the resources of that person, and his or her ability to mobilise a defensive response. Shock results in overwhelm where a parasympathetic urge is especially important in initiating a disassociative response along with flooding of particular hormones;
3. traumatisation — occurs when the shock response cannot be processed by the system. The person ends up cycling both sympathetic and parasympathetic energies, producing a high volume of stress-related hormones. These continue to recycle until they are resolved. Psychological, emotional and pathological processes will become coupled with these states. If this is not dealt with, then the person may well suffer from PTSD.

Human beings are often not as successful in processing traumatic experience as other mammals. This is due to the complexity of our nervous system, the thinking mind coming in too quickly, leaving the effects unprocessed, and cultural and family conditioning which says, 'You should be able to

handle that' or 'Pull out of it'. An example of how this may happen is after a car accident where those involved are not allowed to shake and shiver, or cry, which is the body's attempt to rid itself of these hormones, like the antelope on the plains. Instead, someone puts an arm around them, and the physiological release is not given space to manifest.

Thus, the basic condition of trauma is that people's lives are under threat, and they are in the position of total helplessness, which is a feeling that human beings will do almost anything to avoid. Once we have experienced a situation in which we have been helpless, unless we are able to release this, like the antelope, then it is possible that we can become fear-conditioned to anything that may provoke what we perceive as a similar situation. Because of the vast associational network of our brain, fear can become paired with anything, and anything that resembles the original traumatic event may trigger that fear again. Later individuals are not usually consciously aware of how they may become triggered by similar situations.

THE LONG-TERM EFFECTS OF DEALING WITH TRAUMA: SUPPRESSION OF EMOTION

Unfortunately, after trauma, emotional control is difficult to attain without the suppression of emotion that turns into repression and amnesia for the feelings themselves. (Bloom, 1997, p. 47)

Emotional responses are also an important part of the fight or flight mechanism. The dominant emotions in this context are anger and fear. Anger prepares us to stand and fight, whilst fear mobilises us to run in the face of danger. Too much emotion can be self-defeating. Too much anger can cloud the capacity for thought, whilst too much

fear can result in paralysis. An overload of emotion can kill. The process of disassociation helps us avoid these self-defeating tendencies. By separating, for example, thoughts from memory, the body protects itself from being overwhelmed. Because the original disassociation of mental contents occurred under conditions of serious danger, attempts to re-enter those conditions, even if only in the imagination, are met with the same danger signals that were associated with the original circumstances. This person will refuse to remember this event, and finds any distraction he can to avoid the perceived danger — though this is no longer the case. The long-term result is that the emotions are still bound up in the original event, thus reducing the range of emotional depth and breadth. So people who have not discharged a traumatic event, or who exist in chronic traumatic conditions, may build up long-term inability to recognise the emotions in their body.

As Bloom writes: 'People who do not experience pain repeatedly injure themselves. People who are unable to feel anger repeatedly are victimised, whilst those who are chronically angry may victimise others. People who cannot feel love, compassion or tenderness have severely impaired relationships with others in their social group. People who do not experience fear lack the capacity to protect themselves. However, these emotional states must function in an integrated way with the higher mental states of reason, moral choice, and self-control if the person is to survive adequately in a civilised world' (Bloom, 1992, p. 39).

THE SOCIAL ROLE OF EMOTION: EMOTIONAL CONTAGION AND ISOLATION

This emotional result of traumatisation does not just affect the victim. Emotions are a social phenomenon. Emotions are the vehicle through which the internal world is

communicated to the outside world, and vice versa — they are the foundation stone of identity. Not only this, but research shows how profoundly influenced we are by other people's affect states, and how dynamically our physiology responds to others' affect states. Such an exchange is vital if infants are to survive as they signal their distress to the mother. But this does not stop in childhood; our survival as a species depends on our ability to mobilise the group. An individual may, on spotting danger, be able to convey an imminent sense of this danger through the emotionally charged tone of voice, gesture, and facial expression. We can 'catch' each other's emotions. This is vital in situations of danger.

This emotional contagion continues after the event, sometimes in a less helpful way. One of the reasons that trauma victims sustain long-term negative effects is that they have been unable to 'release' the body from its highly charged state when the original event happened, and thereby store the effects in the body through a process called 'somatisation'. However, if people have not been able to discharge their emotional states after the event due to disassociation or cultural conditioning, then, due to their lack of sensing or control around their emotions, they may well unwittingly send out these messages of helplessness to a bystander who, as a result, will walk away. Researchers have found that listeners respond to traumatic stories by switching the topic of conversation away, attributing the role of victim to the teller of the story, or avoiding contact with victims all together (Bloom, 1997). All this has the effect of further isolating the already traumatised person. Victims recognise this and they themselves will tend to pull away from others. Our culture has strongly supported the continuing maintenance of emotional inhibition, suppression and disassociation.

'Don't make such a fuss' is the classic response.

Thus, victims are unable to release the effects, initially because it is not safe to do so in the original event, but later because the effects themselves evoke the original overwhelm which both sufferers and their friends, family and colleagues find too much. In these circumstances, victims either remain isolated, or in connection with those who are equally traumatised in bonding groups.

The circle of trauma is a vicious, tight vortex from which any individual, however strong physically and emotionally, would find it difficult to emerge. A victim can either be considered mentally ill and thereby isolated, or repress the symptoms of the trauma or, as we shall argue here, stay within a group of individuals who are used to living in this highly energised state of violence and fear.

Further, a part of the accompanying symptoms in this cycle is that people may have a strong compulsion to repeat traumatic experiences, because the repressed emotional material pushes forth from the unconscious into risk-taking behaviours. The re-enactments emerge sometimes overtly but sometimes in a disguised, often highly symbolised way. This re-enactment can come to dominate a person's life. If people are not aware of this trauma, or not listened to, then they will often go through repetitive and ritualised behaviour, but this is not usually seen for what it is, namely a signal to the group. Once our consciousness has been split by trauma, then nothing will help put it together again save the compassionate listening of the social group. Traumatized people often end up 'acting out' and are accused of trying to get attention. And they are trying to get attention because that is what evolution has prepared them to do. The body responded to danger in an appropriate way. However, the corporate body, the social body, refuses to play

the role that traditionally it used to do, probably because of the ever more fragmented and isolated nature of our post-modern society. It is not the traumatised person who is sick. It is those people who fail to understand our oldest, bonded, inter-connected language.

What we are saying here then, is that trauma is not just an individual affair — it has cultural, societal and historical conditions of emergence. Accounts of the effects of this type of stress on the body, mind and soul can be said to go back as far as ancient Greece, where writers had much to say about combat, traumatic death, grief, horror, guilt, betrayal and tragedy. Themes such as these form the lifeblood of Greek myth, of literature, of our histories. The unwritten history of women also has much to say about the life-threatening, invasive nature of violence perpetrated by the physically stronger of our species. But it is only in this century that the chronic psychological effects of this violence have been documented and even this, as we noted above, has had periods where the study of this 'trauma' has gone underground. Trauma is as much a result of society's inability to provide a context in which the violence can be healed as it is a result of the original act of violence.

OPERATIONAL POLICING EXPERIENCES: WORKING IN THE CONDITIONS OF TRAUMA

Due to the nature of the policing environment, we argue that police officers sometimes experience traumatic events which are not handled effectively, meaning officers can become locked into a traumatic cycle. Other professionals such as doctors and nurses can also exhibit some similar patterns as a result of the difficult conditions in which they work (eg Czander, 1993; Moustakas, 1994). However, the unique role of the operational police officer, the

nature of the interaction with a lot of people, and the number of violent, threatening and horrific situations many had to deal with, made the operational policing environment one that seemed more liable to traumatic stress.

Many reports (Bennett, 1994; Fielding and Conroy, 1994; HMIC, 2003; Holdaway, 1989, p. 58; Johnson, 1995; Kleinig, 1999, p. 67; Young, 1991) have identified negative aspects of the police culture that we suggest may be a manifestation of this traumatic cycle. Whilst research has repeatedly confirmed this picture of the police culture, there has to date been little exploration of this in relationship to trauma theory. This paper examines statements made by police during Smith's (2005) research to see if we could detect elements of unhealed traumatic behaviour.

THE RESEARCH

Smith's (2005) research in the police explored the possibilities for enhancing the spiritual dimension of police training. Participants in the research included those who managed, facilitated and undertook training to become trainers for the UK police service. The research was largely qualitative in nature and the purpose of the data collection was to obtain as rich a picture as possible of respondents' views on the research question. The data were collected through interviews, questionnaires and through Smith's reflective journal. A total of 118 police officers and 14 civilian members of the police service participated in the research. 59 students participated in the training Smith facilitated whilst writing the reflective journal, and this represented 130 days (over 1,000 hours) of recorded and relevant experience.

We have here undertaken a secondary analysis of these data, to see if we could detect evidence for the traumatic cycle that we have here discussed. We concentrated on

finding any connections between issues of trauma discussed above, and statements and metaphors that would indicate the presence of trauma in the police culture. This is not an attempt at a systematic analysis of the material, but the statements are used to illustrate some of the material we outlined above, and to point the direction of future research and action.

We have divided the material into looking at the conditions in which police work, examining the individual responses to this, and then examining the collective response as we see it manifest in terms of the police culture.

Smith's research identified that an officer in an operational role could be expected to be involved in a wide variety of challenging, sometimes life-threatening, conditions. The types of tasks that were revealed in this research included dealing with: sudden deaths; deaths of babies; road traffic accidents often involving fatalities; domestic disputes; drunks; victims of crime; family liaison for victims of serious incidents; criminals; firearms incidents; football matches; and public order situations. Many officers revealed that they had dealt with the above types of incidents a number of times each day over the many years they had been doing the job. Officers shared details of horrific situations they had had to deal with as police officers. Many also discussed frightening experiences they had had, for example:

. . . when we're out on the streets on a Friday night and people are spitting at me, threatening to kick my teeth in and trying to punch my lights out . . .

This quotation illustrates that operational police officers often have a very difficult and demanding job. Some, though by no means all, respondents in the research identified difficulties they sometimes found in coping with some of these traumatic operational duties:

. . . this may well have been the problem that I've experienced, being an operational officer for 25 out of my 27 years, it is very much a closed community within the police service. People are always beating you up for this, that and the other, even when you're off duty, they know what you do for a living and it's difficult to perhaps break away from that . . .

The feeling of always being on duty was reported by many officers, and as the above quotation illustrates, the difficulties that could be experienced when off duty meant that many police officers tended to socialise with other officers.

Emotional repression, disassociation and somatisation

In an earlier section, we talked about how trauma sufferers needed to disassociate from their feelings, in order not to experience 'overwhelm' at the event. Afterwards, if this is not discharged, then people become habitually distanced from their emotions, and do not have the full range of emotional breadth and depth. The following quotation from Smith's research suggests that sometimes in the police environment there can be little opportunity for discharging the physiological effects of the trauma from the body. For example, one police officer noted:

I just think erm . . . as police officers dealing with erm, on the streets, dealing with different jobs, you tend to see and deal with it, what jobs you are giving me. It's very fast and task orientated, particularly nowadays . . . you haven't got much time to think about anything . . . you're constantly thinking all the time of what the next task is, your controllers on you, they are saying to you 'OK can you go to this job, OK and on the way to that job can you stop off here'.

Here, quite clearly, the police officer simply has to move onto the next job, rather than having the opportunity to process the effects of their experiences. A further example, this time from the researcher's journal, shows again this need to remove oneself from the trauma at hand:

[Name] shared that often he has gone to domestics and has pretended to be empathic when he hadn't been. He said that he had often made his mind up what he was going to do before he had even arrived at the home and hadn't really listened to what the people were saying. [Name] shared some similar examples in his experiences in road traffic policing. He said it was much easier that way and there was no confusion of what to do. [Name] said that he felt he had often policed situations where he had put on an act and portrayed the image that he was not affected by the horrific situation he faced, even though he went home afterwards and felt upset by it . . .

During the study some police officers seemed either reluctant, or unable, to share their feelings and emotions. As an example:

In one of the role-play sessions on the course, [Name] asked [Name] how he had felt playing a role. [Name] responded with lots of thoughts and he was beginning to explain those when [Name] interrupted him and asked him how he felt. Again [Name] responded with what his thoughts were. I wondered as I observed this where [Name] feelings were.

In another example from the researcher's notes:

He [student on a course] said that as a police officer he dealt with things on a

superficial level, either the situation was against the law and that person would be arrested or it wasn't. Do the job then that's finished and move on to the next. They felt that as a police officer they patrolled the streets with very much an external focus, looking at people, observing what was going on and people's interactions. They said in those situations they never really thought about what was going on for them, or their own feelings.

In some instances, when students had shared their way of dealing with the demands of operational duties, the researcher had sensed that these people were presenting a block, rather like a suit of armour to prevent any issue penetrating their thoughts and feelings and so stopping them from feeling vulnerable. Some talked of the uniform like putting on a suit of armour, or mask, as if to make themselves more than their real selves. Others used the analogy of 'automatic pilot' or 'shield', as one comment illustrated:

[Name] shared the effect that he felt working in the police service for 25 years had had on him. He mentioned a shield that he felt he had to put up that made him very hard and aggressive at home, particularly, he said, with his children.

We talked earlier about the process of disassociation and its necessity in traumatic conditions. Many of the officers said they coped by adopting a thought process of invincibility where they could not get hurt or injured, otherwise they said they thought they would not be able to enter dangerous situations or confront dangerous criminals. As an example, one student:

. . . spoke of the role he had to play . . . and to do his job he had to adopt this persona that he was invincible and

couldn't die otherwise he would never go into a building to confront a criminal . . . He spoke of an accident he had had . . . and this had really made his job difficult as he was now coming to realise that he wasn't invincible.

Some respondents shared concerns about showing any vulnerability as a police officer, which they felt would be exploited. As one example illustrated:

He said that on the street it was dangerous to show any weaknesses otherwise people would pick on that. He said public order situations, and being in a line facing a crowd of rioters was a good example — they always focused on the weaker ones.

These examples show how the demands of the police officers' job are such that processes of disassociation are necessary 'in the field', but the subsequent comments such as 'putting up a shield', 'donning a suit of armour' before and after the event, and within the police culture, mean that the impact of the traumatic events is not really experienced, thus possibly recycling the effects, and somatising them further in the body. Further, much of the language used by the respondents regularly revealed the combative and adversarial situations in which police officers find themselves: words and phrases like 'battle', 'head above the parapet', 'take my head off', 'fight', 'head shot off', 'cut and thrust world of policing', 'another arrow in their quiver', 'beating you up', 'lancing a boil', 'not wanting to fall', 'if I take risks it will go wrong'.

This continual use of adversarial language could also be thought of as 'acting out' the violence which they encounter on a daily basis, a ritual, or a call for attention, a call which is not met, except by equally traumatised colleagues.

THE CHARACTERISTICS OF THE POLICE CULTURE: RECREATING THE CONDITIONS OF TRAUMA

As well as an individual response to danger, there is a social response. When danger is signalled, people who are attached to each other feel compelled to draw together. This increased attachment behaviour in the face of danger or threat has been noted with all social species. As children, our only safety is to be found in the protection of others, and when fear is aroused, we seek protection from others, even when we are adults. In such conditions, we are also more obedient and open to suggestion. This social response of drawing together also helps members of the group to modulate emotional responses and confront the situation more clearly. This is also seen in the police environment and Walker (1994) suggested that the nature of operational police work, with its danger and uncertainty, tended to bind officers to their immediate work group. Walker however also argued that there were negative aspects to this group cohesiveness, which resulted in insularity and defensive solidarity.

Participants in Smith's research regularly revealed peer pressure resistance to change and cynicism. The following comments were noted during the research:

[Name] had spoken earlier on in the week about the difficulties of being open in the police service. He said if you did that other officers would make fun of you and use this information against you. He said it was dangerous to show your weaknesses and be honest.

From another respondent:

. . . to get any change through the police service is very, very difficult, and ultimately the filtration method er, which eventually dilutes and sort of takes over is a very, very long process, you're talking

about a 30 to 40 year process, er, the big stick method which is the other way, the legislation I don't think would have any effect on that.

I don't think it [a spiritual exploration on a training course] would go down very well. I think because of the pragmatic type of organisation we work for erm I think a prime example was [specific example] and introducing that. It really didn't go down well, erm . . ., because people were saying 'what a load of trash this stuff'. And I don't believe this would be any different

This interviewee went on to give an example of a reaction witnessed in the classroom:

. . . this guy [Name] wasn't into it [the training course] at all. Now that is the kind of person, down-to-earth, realistic, 'I'm not going into this hairy fairy stupid stuff'. Erm, that level of resistance is the police service. I think [Name] would represent 95% of officers on the front line.

In another example of when something new had been tried on a training course, the interviewee said that when the students were asked what they had learned from this:

. . . there was a backlash, so things like 'I learned nothing' . . . 'it's a gimmick', 'it serves no purpose', 'it has no use', umm, 'it's been a waste of time', umm, but there was quite a lot of emotion, it felt really . . ., I felt personally attacked.

These examples linked with cynicism and possibly related to resistance to change which was another, more frequently raised factor of the negative aspects of police culture which were highlighted in the research. As an example:

It's just a cynicism which I found runs through the service. It goes right through. I believe it's just all part of the canteen culture I suppose banter that is inherent within the service and various departments. It's tinged with cynicism . . .

Suspicion was also evidenced. For example:

. . . there's a culture [on the training course] when it comes to diversity issues which is a sensitive subject of being careful of what they [students] say — only saying the right thing rather than what they feel or believe.

There were many group dynamics that could have been at work in the groups observed which may have resulted in resistance, negativity or defensiveness being exhibited by group members. Heron (2005) and Czander (1993) outlined a number of different forms of psychological defences in groups that resulted from the anxiety of either participating in a group or from work generally. Heron called this type of anxiety 'existential anxiety', and this could arise out of the immediate situation of being in a group. Czander (1993) identified that this type of anxiety could result in projection, and students on the training course could have projected their hateful and aggressive feelings onto the facilitators of this training. Whilst this may well have been the case, and not necessarily directly the result of the tasks that police are expected to carry out, projection itself is, however, a sign that a person is not directly dealing with their emotions. In projection, the unmet emotions become externalised.

So the comments revealed aspects of a social bonding that is built upon defensiveness, lack of emotions, and resistance to change. The resistance to change (while a human tendency) was exaggerated here, and we suggest that this is a collective reflection

of the fear of surfacing or resurfacing the horror which police officers sometimes face on a daily basis. It is possible that the cumulative effect of ongoing participation in scenes of violence becomes embodied as a lack of emotion, which feeds into views that are traditionally shared by traumatised individuals. These are that the world is no longer safe, meaningful, benevolent, just or ordered. The comments that we have highlighted above all show this tendency to cynicism, passivity, or aggression — all of which arise from a fundamental position of helplessness, the major characteristic of trauma.

Increasingly over the last few years, police forces have provided support services such as counselling, critical incident debriefing and force chaplains to assist officers to talk through, and come to terms with, the traumatic experiences they have. Some respondents in Smith's research revealed they had benefited greatly from these services. However, a far greater number appeared not to have taken advantage of these. Some of the reasons for not doing this link to the type of police culture already identified by Bennett (1994) and Walker (1994), and the macho, cynical and suspicious culture that could label counselling type services as only being there 'for wimps' for 'those who couldn't cope with the job' and not something 'for real men'.

CONCLUSIONS AND RECOMMENDATIONS

Such a picture suggests that some officers had not had the support to deal with the trauma they had experienced and, in effect, in Smith's research, they had simply tried to 'bury' these experiences. Smith perceived however that some respondents had experienced a real internal turmoil that had been created by the work they did, which a combination of socialisation, police work

and organisational culture had firmly bolted down out of sight and conscious thought. Perhaps this is one of the reasons why HMIC reports (2002; 2003) indicated that current police training did not effectively address the attitudinal development of officers. Whilst research has repeatedly confirmed this picture of the police culture, there has to date been little exploration of this in relationship to trauma theory.

In this paper we have already shown the physiological mechanism by which traumatised people keep the energies of the sympathetic and parasympathetic nervous system recycling in their bodies. We have inferred from this secondary analysis of Smith's data that it is quite possible that police themselves are caught in this cycle: the repression of emotion, the humour and the collective camaraderie which is not always beneficial to relations with the public, are all indications of unprocessed material. Whilst debriefing and counselling are now a regular part of some of the work, little is done to work with the somatised material, or indeed to prevent it becoming somatised before the operational work takes place. The continued engagement with violence, the silence of the greater community, mean that police and criminals (many of whom have themselves come from violent homes) act out the repressed aspects of society and are trapped in a vicious cycle in which police themselves become the victims. We could look to older societies where ritual would have been used to deal with this violent material: for example, shamans, or medicine men traditionally take on the physical nature of the violence, or offerings would be made to the gods, to help appease them. Somehow, the physiological consequences of facing death would be taken up and acted out collectively. In our society, this does not happen. Silence exists around the violence that is acted out in the streets, but which remains even more invisible in the isolated homes of the

Western nuclear family or single-parent unit.

Whilst the above types of behaviours were observed in Smith's research, not all officers demonstrated them and many going into the training role were not affected at all in this way. It also revealed, as the HMIC (2003) had reported, that despite these pressures the vast majority of officers were committed, loyal and hard working, and performed their role professionally and effectively. However, there was plenty of evidence to suggest that police officers were working in highly volatile, traumatising conditions, and that there was little understanding of, or support for the physiological responses to trauma, which keep the trauma recycling. Further, we are aware that we have not undertaken a systematic analysis of the material, which may be able to quantify the extent of trauma.

Our hypothesis is if communities such as the police that work constantly in traumatic conditions were given support and information, and methods for dealing with the bodily effects of the trauma before it develops into a recycling system, then the effects of trauma can be offset at an earlier stage, rather than developing later into what is often diagnosed as a purely mental health problem. Trauma typically needs some sort of body and mind therapy to release the original physiological response to threat (Rothschild, 2000). We believe that if methods could be developed to tackle the social, physiological and mental aspects of being in traumatic conditions, there is less potential for the development of post-traumatic stress disorder.

We believe more research needs to be done to examine the physiological impacts of violence on police officers in order for police training to become more effective. Given the above analysis however, we could suggest that at an individual level, a first step would be perhaps to give police some basic information about trauma and its processes.

It is understood that as soon as people are given information about these processes, then they begin to feel less isolated, and more able to revisit the traumatic memories and then to shake them off. If there is some understanding around these physiological processes, then a second step of introducing some basic techniques for releasing and working with trauma might help break the cycle. However, as we noted, we are dealing with more than simply 'behaviours' and/or 'attitude' here. We are dealing with society's failure to acknowledge its deeper and darker side. Perhaps it is not for the police to be expected to reach out to the 'community', and perhaps the 'community' needs to remove itself from its passive and blaming position, a position that fails to see the fact that we are physiological beings, in order that we can begin to live together more harmoniously. Connections need to be made, but this has to be a two-way process so that police are not left continuously collectively recycling these strong energies. We would do best to begin to acknowledge that this is the reality we live in, and work collectively to bring this violence to light, thereby releasing its toxic effects.

REFERENCES

- Bennett, T. (1994). Recent Developments in Community Policing. In M. Stephens & S. Becker (Eds.), *Police Force, Police Service. Care and Control in Britain* (pp. 107–130). London: Macmillan.
- Bloom, S. (1997). *Creating Sanctuary: Toward an Evolution of Sane Societies*. New York: Routledge.
- Czander, W.M. (1993). *The Psychodynamics of Work and Organizations*. London: Guilford Press.
- Fielding, N.G., & Conroy, S. (1994). Against the Grain: Co-operation in Child Sexual Abuse Investigations. In M. Stephens & S. Becker (Eds.), *Police Force, Police Service. Care and Control in Britain* (pp. 119–212). London: Macmillan.
- Herman, J. (1992). *Trauma and Recovery: From Domestic Abuse to Political Terror*. New York: Basic Books.
- Heron, J. (2008). *The Complete Facilitator's Handbook*. London: Kogan Page.
- HMIC. (2002). *Training Matters*. Retrieved July 17, 2003, from: http://www.homeoffice.gov.uk/hmic/training_matters.pdf.
- HMIC. (2003). *Diversity Matters*. London: Home Office.
- Holdaway, S. (1989). Discovering Structure: Studies of the British Police Occupational Culture. In M. Weatheritt (Ed.), *Police Research: some future prospects*. Aldershot: Avebury.
- Johnson, B.E. (1995). *Some Effects of the Police Organisational Culture in the Training of Probationer Constables*. MEd dissertation, University of Hull.
- Kleinig, J. (1999). *The Ethics of Policing*. Cambridge: Cambridge University Press.
- Levine, P. (1997). *Waking the Tiger: Healing Trauma*. Berkeley, CA: North Atlantic Books.
- Moustakas, C. (1994). *Phenomenological Research Methods*. London: Sage.
- Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatments*. New York: Norton.
- Sills, F. (2003). *Core Process Trauma* (booklet). Devon: Karuna Institute.
- Smith, J.A. (2005). *Training for the Whole Person: An exploration of possibilities for enhancing the Spiritual Dimension of Police Training*. Unpublished PhD Thesis, University of Hull.
- Walker, N. (1994). Care and Control in the Police Organisation. In M. Stephens & S. Becker (Eds.), *Police Force, Police Service. Care and Control in Britain* (pp. 33–66). London: Macmillan.
- Young, M.A. (1991). An Inside Job. In J.M. Brown & E.A. Cambell (Eds.) *Stress and Policing*. Chichester: Wiley.

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