CYCLES OF TRAUMA AND THE JOURNEY TO WELLBEING:
A Framework For Trauma-Informed Practices & Positive Social Change

Executive Summary &
Part I: Why Does Trauma Matter for
Wellbeing and Social Change?

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The Wellbeing Project

GEORGETOWN UNIVERSITY

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Being and Transforming Think Tank

**Cycles of Trauma and the Journey to Wellbeing:
A Framework for Trauma-Informed Practices and Positive Social Change**

Executive Summary

This work addresses a *critical gap in understanding the relationship between trauma, wellbeing, and social change*. Seeking to enter into the burgeoning field of trauma studies and trauma-informed practices, we recognize a need for ways of thinking about trauma and wellbeing that can account for the complexities of effective repair, especially for people working towards and with micro- and macro-level social change across societies. As the COVID-19 pandemic, climate disaster, war, and racialized state violence create conditions of cyclical traumatization, the work of social change makers intensifies and expands around questions of repair and wellbeing not just for the people they serve, but for themselves as well. It is in recognition of the multilevel complexity of these tasks that we offer our approach.

Ultimately, we believe that in order to shift vicious cycles of intergenerational trauma (IGT) toward virtuous cycles of intergenerational wellbeing, we need context and culture-specific strategies for transformation that operate on individual, communal, and systemic levels of relation. We turn to systems theory as a means to explore the question of repair, responding to the limitations of approaches that focus on individual, communal, and systemic transformation as discrete and disconnected processes by presenting a more interconnected, multilayered picture. Our framework is intended to offer a holistic view of trauma and wellbeing that can aid the ongoing global quest for social justice and equity.

Framing the Cycles: Vicious Cycles of Intergenerational Trauma and Virtuous Cycles of Intergenerational Wellbeing

From Vicious to Virtuous Cycles: What Does it Take?
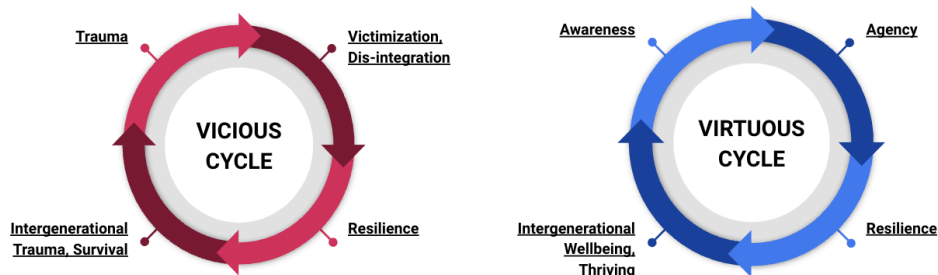
Feedback loops are an essential concept to systems theory. In the context of trauma and wellbeing, we are using the concepts of vicious and virtuous cycles to illustrate the negative feedback loops that keep intergenerational trauma in circulation and the positive ones that may serve to promote intergenerational wellbeing.

Breaking Down the Vicious Cycle
- **Traumatization:** The vicious cycle begins with an initial trauma or continues via inherited or intergenerational trauma (IGT).
- **Victimization:** refers to the repeated process by which individuals or groups are made to feel powerless and are subjected to harm, injustice, or control by others.
- **Resilience:** In this case, resilience refers to the ability to survive and cope. *Resilience does not always exist in a purely positive form — this could refer to maladaptive resilience. For example, a maladaptive resilience response could take the form of excessive drinking or other potentially harmful coping mechanisms. While a person may in fact be *resilient*, they are still operating and experiencing impacts from an initial trauma (or inherited trauma).
- **Survival:** What follows resilience in the vicious cycle is a state of ongoing survival. This does not mean a person has a negative experience of life, but it may not necessarily mean that there is a sense of flourishing or thriving nor a sense of overall wellbeing.

Keep in mind, however, that people can fall off/out of the cycle at any point. Not all make it to the point of resilience nor survival. However, when a survivor of trauma is able to cope (but does not thrive) and has offspring, this is where it's possible for the passing of inherited intergenerational trauma.

Breaking Down the Virtuous Cycle
- **Awareness:** The first step of the virtuous cycle is an expanded awareness of trauma and its impact, understanding of historical context, acknowledgement of personal connection, etc. This is where insights into perpetuation mechanisms and recognition of the possibilities of resilience and strengths.
- **Sense of Agency:** With this new awareness, a virtuous cycle would then lead to a sense and agency. With this agency can come an empowered feeling of safety and capacity to use their voice and shape their own narrative. This is not exactly formulaic and may look different for everyone.
- **Resilience:** With agency comes a different kind of resilience than presented in the vicious cycle. This resilience resonates with a sense of processing, metabolizing, and healing.
- **Wellbeing, Thriving:** Finally, this cycle would promote practices of healing, wellbeing, and thriving in order to promote a passing on of intergenerational wellbeing, as opposed to intergenerational trauma.

Trauma and intergenerational trauma has profound disruptive effects within these relational systems and can therefore diminish the system's resilience, adaptability, and potential. In order to shift vicious cycles of intergenerational trauma toward virtuous cycles of intergenerational wellbeing, we need strengths-based and trauma-informed healing practices.

The Triple Infinity Loop
Our framework tends to the relationship between vicious and virtuous cycles, representing complex relationships on the axis of trauma and wellbeing that animate these patterns. We believe that effective repair of vicious cycles and movement towards virtuous cycles should account for these three connected levels of impact:

- **Individual:** highlighting the importance of individual inner work and how understanding cycles of trauma at play in individuals (including oneself) can lead to a greater sense of individual wellbeing;

- **Communal:** underscoring the necessity of reinforcing positive change with the support of the culture and practices of the community around the individual in order to lead to a greater sense of community wellbeing and welldoing; and

- **Systemic:** emphasizing the need for creating greater alignment of broader systemic action to support collective healing–whether large-scale organizational efforts or social policy.

We think of this part of the framework as a "triple infinity loop" representing all three sites of change in continuous flow and interaction with each other. Many approaches stress starting at the individual, then scaling up to community, state, and system. These approaches often prioritize individualized inner work in isolation while failing to account for the ways that systemic and communal forces are inextricably linked to individual experience and context. Additionally, within these strategies, the work is believed to end at the system level where problems and solutions become abstracted and sometimes weaponized against people on the margins of a society. We think it's critical to return an understanding of the interdependence of individuals, communities, and systems level to ground strategies for change in agency and context when thinking about reversing cycles from trauma to wellbeing.

This approach assumes that without aligned understanding and goals among agents in the ecosystem and levels of scale, reparative transformation and change will not be possible. Just as a heart and brain in a body have different functions and rhythms and yet work together for health and survival, various actors in the ecosystem need to have shared goals in order for the whole to be greater than the sum of its parts. Therefore, the final set of ideas that activate the framework, bridging theory to practice, span the three core categories of the "experience of trauma," the "contexts of trauma," and the "repair of trauma."

Concepts That Activate the Framework and Translate Theory to Practice

The Experience of Trauma	The Contexts of Trauma	The Repair of Trauma and the Movement Toward Wellbeing
Impact (mind and body)	Scale	Reconnection
Safety and Agency	Histories	Accountability
Voice and Meaning	Narrative	Rehumanization
	Power	

Each of these three categories has a set of concepts or elements of trauma that help scaffold the ways that social change organizations and workers can translate theory into practice, accounting for the complexity and layers of trauma at individual, community, and systemic levels.

Although confronting trauma requires a relentless and candid confrontation with the past, this work is focused on the future. Our goal and hope for this project is to motivate and provide guidance for action that is based on this new raised awareness and expanded understanding of trauma and intergenerational trauma. Acknowledging and addressing the trauma in individuals and systems is not currently a mainstream lens in the many fields of social change. We hope this project will make that lens credible, accessible, and useful in a broad way for social changemakers of all kinds.

Origins of the Work and Contributors

Georgetown University ('GU') and The Wellbeing Project ('TWP') have been collaborating on a Think Tank called Being and Transforming since 2019 that explores the relationship between the inner self and the outer world so that an inner wellbeing orientation deeply informs the sector's thinking and work. This work has been what we might call *community-informed*, and in many ways, co-created, from the beginning, as we have received iterative feedback from many overlapping communities associated with the Wellbeing Project, from all over the world, for the past two years. This work has unfolded as richly collective work, beginning with a Think Tank panel of academics and practitioners, many associated voices from the social change field, as multiple intersecting communities of practice within the social change and wellbeing networks.

This has been a collaborative effort comprised of the following participants:

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Being and Transforming Think Tank Panellists:
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- Sergio Bitar, Former Minister of Public Works, Public Education, Mining & Senator of the Republic of Chile
- Gary Cohen, President and Co-Founder, Health Care Without Harm & Practice Greenhealth
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What's the Problem

Social change work[1] is fundamentally relational, operating within a multilevel systems perspective that includes individuals, families, communities, and collectives. In the context of social change work, we use "relational" to refer to the idea that the process of creating social change is fundamentally grounded in connections across various levels and layers. These include relationships between individuals, within families, across communities, and among broader societal structures. Each of these levels and layers constitutes a system, an organized collection of interconnected parts/entities that interact to achieve specific functions/goals. And at the heart of those systems are relationships, acting as the glue that holds these parts together. Thus, social change work must be understood and approached as relational, working with the inherent interconnectedness of all of these levels.

Trauma, particularly intergenerational trauma, acts as a catalyst for adverse ripple effects within relational systems, including the individuals and organizations who work on them. Trauma has many different shades of meaning and contexts. Our core definition of trauma is the impact of various kinds of adversities that affect the mind, the brain and the body of a person, who is then enduringly affected by that trauma. Trauma begins by compromising an individual's sense of self and safety, a disruption that then extends to the broader communal systems they inhabit. This destabilization impacts the system's ability for resilience, or its capacity to recover (bounce back), and adaptation, or its ability to learn and transform in response to adversity (bounce forward)[2]. This disruption disturbs the equilibrium of the system, not only affecting the internal dynamics but also the relationships the system maintains with itself and other systems.

The consequences of such trauma-induced disruptions in relational systems are profound and multi-faceted. In other words, trauma doesn't merely affect the individual; its ripple effects can be seen throughout the entire system, weakening the connections and ability of the system to respond to challenges effectively. Trauma not only limits the system's resilience, but it also stifles its potential–impairing the capacity of individuals, families and communities to envision and actualize their full capabilities. The recurrent erosion[3] of relational bonds within and between systems further exacerbates these limitations.

Situating the Work Within Trauma Studies

This work addresses a critical gap in understanding the relationship between trauma, wellbeing and social change. It seeks to enter into the burgeoning field of trauma studies and trauma-informed practices by asking how would a deeper understanding of trauma help practitioners in the social change field? How can we build upon the strengths already

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[1] By social change work, we mean a broad range of activities, policies, practices, and movements aimed at bringing about positive transformation within a society.

[2] These concepts, central to resilience theory, are at least partially understood at a system level and they illuminate how trauma not only disturbs the equilibrium of a system but also affects its inherent ability to maintain both internal dynamics and external relationships with other systems.

[3] Caused by many factors such as unresolved trauma, intergenerational transmission, or systemic factors.

present within people and communities in order to mitigate the impact of and prepare them for trauma, helping to cultivate well-being and human flourishing?

Social change work is fundamentally relational, encompassing a multilevel systems perspective that includes individuals, families, communities, and collectives. Trauma and intergenerational trauma have profound disruptive effects within these relational systems and can therefore diminish the system's resilience, adaptability, and potential. In order to shift vicious cycles of intergenerational trauma toward virtuous cycles of intergenerational resilience and wellbeing, we need strengths-based and trauma-informed healing practices. This cannot take the form of trauma-informed inner work in isolation; to address the disruptive effects of trauma on the self are inextricable from social and systemic forces. Therefore, the complexity of layers must be accounted for when shaping, as well as practices for community and systems transformation in social change work.

Integrating such practices into social change work can be enhanced by understanding the role and impact of trauma on the interconnectedness of the individual with communal and systemic forces. Trauma-informed practices that mend and strengthen the relational systems that hold us together have the potential to help everyone, especially survivors of trauma, move through resilience to wellbeing and healing.

A Brief Overview of the Literature on Trauma and Intergenerational Trauma

The Landscape of Research: Credibility and Visibility of Trauma

There is a substantial body of credible research on many dimensions of trauma that began more than fifty years ago. Our work on intergenerational trauma is grounded in the vast base of research and writing that looks at trauma in one or several ways: 1) using context-specific sites of trauma (e.g. wars, genocides) as a lens; 2) is rooted in academic disciplines, working with interdisciplinary concepts such as memory, narrative, community, healing expand theoretical understanding; 3) research on epigenetics that looks at the biological bases for trauma transmission; and 4) applied research that brings these insights to bear on clinical and therapeutic contexts, spanning both trauma-informed care and approaches to wellbeing and resilience. Disciplinary and interdisciplinary fields include epigenetics, psychology, social work, history, literary and cultural studies, and theology, and much more. Collectively these fields span the many contexts and complexities that characterize the study of trauma, including: the phenomenon and mechanisms of trauma that are intergenerational, collective, and historical. Trauma is universal, although the responses are highly contextual to culture and history. Trauma research can be understood in a set of phases, summarized below:

First Phase – 1960s to 1980s: The first phase of work on trauma and intergenerational trauma emerged in the 60s, 70s and 80s through pioneering work, especially on the Jewish Holocaust. This is also the period in which neuroscience turned to look at trauma (especially in the context of the Vietnam War and PTSD). There is also early work on trauma related to women, through sexual violence and domestic abuse.

Second Phase – 1990s to 2010s: In the 1990s, cross-context analyses demonstrated that trauma can be transmitted and that intergenerational trauma was real. In the

humanities, this was the period where psychological, psychoanalytic approaches started to influence cultural theory. In this phase, studies built on the acceptance of trauma and IGT to deepen the empirical base and derive responses for paths to healing and treatment. In epigenetics, the 90s and 2000s is a period in which transmission moves from being conceptual to having the tools to do empirical research. This is also a period of expansion to more holistic empirical approaches, connecting mind and body, although largely theoretical still and narrowly applied. In the humanities, work in this period is becoming increasingly intersectional and interdisciplinary, situating trauma as underlying systemic cultural constructs.

Third Phase – 2010 to present: The third phase is the one we are in now. It is what we might call the era of "Trauma-informed Practice." This third phase extends and applies the knowledge about trauma and intergenerational trauma into the "mainstream" of practice of all kinds. This phase is also characterized by increased activity and urgency for the understanding of trauma to "break through": e.g.,"trauma-informed pedagogy" in higher education or "trauma-informed health care." These changes are still in their earliest stages of impact, but they are increasingly visible as a trend. This phase also includes increased work on connecting individual and collective trauma to resilience and healing (and "intergenerational resilience and healing"). This next phase of work on trauma and intergenerational trauma must be understood as a network of empirical, interdisciplinary and diverse human efforts toward collective understanding and systemic transformation.

Why Now?

Building on this decades-long advancement of understanding of trauma through research, documentation and cultural expression, there are at least three reasons why this work has salience now:

First, there is an established body of science and research, and strong consensus, such that we can build shared practices. We can now adopt new approaches, and build practices, on insights into how individuals experience and carry trauma, and how trauma can get transmitted and expressed across generations, biologically, emotionally, and socially–carried within families and communities.

Second, we are in a position for this kind of intervention now in ways we would not have been before because systems of trauma are being acknowledged, discussed, and questioned as never before. We are coming to understand how systems (which are created and defined by people) carry trauma and reinforce the trauma carried by individuals and communities. In better understanding the systemic role of trauma, we are also deepening our understanding of the effects of multiple different sources of trauma, where trauma from specific events layer on top of traumatic impacts of environmental toxicity, systemic inequality and racism, or social determinants of health.

Finally, we are increasingly witnessing and experiencing trauma and often on a global scale. From COVID to wildfires, to racialized violence, war, climate displacement, and more, trauma seems to be everywhere. This large scale and seemingly ubiquitous experience of trauma layers onto the more everyday experiences of trauma and toxic exposures, especially for vulnerable and marginalized populations

This work emerges from this new landscape of trauma: a broad research base on the impact of trauma on individuals, growing and stunning evidence of the capacity for trauma to be passed on through generations; a growing awareness of the ways that trauma can be embodied by systems and structures that in turn shape the decisions that people within those systems make; and the growing pervasiveness of trauma witnessed and experienced on a global scale. This layered landscape of trauma–complicated by cycles over time and through generations–is the context for the urgency of the work. And it defines the kind of nuanced and context-sensitive approach to trauma that we take here.

Our Method: What Defines this Approach
If our current context is defined by this layered landscape of trauma, then we must adopt something of a new consciousness and focus on trauma-informed practice — one that is capacious and ambitious in its pursuit of practices that address the complexity of trauma and the potential for transformation and wellbeing. The goal of this work is neither to pathologize certain populations or communities, nor to demonize perpetrators (witting or unwitting). We seek to turn our evolving understanding of trauma into a toolkit for positive change and empowerment – both for individuals and organizations. Operationalized through thorough literature research, as well as conversations and interviews with experts, practitioners, artists, and social changemakers and rooted in this new consciousness, our approach is characterized by the following features:

- It is, by design, **interdisciplinary and integrative**, weaving together insights from many disciplines, as well as diverse sectors of practice. By incorporating insights from these diverse disciplines, we hope that our framework can offer a rich, multi-dimensional understanding of trauma. The journey through trauma toward wellbeing requires a holistic approach to health and living, as well as an appreciation for the value of hearing diverse voices and perspectives.
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- It takes a **"strengths-based" approach** through a framework that works with the interdependencies of individual, communal and systemic forces of trauma–its causes and impact. By recognizing these interdependencies, a strengths-based approach necessarily requires **systems thinking**, or a systems approach, that understands how an individual's ability to be resilient and flourish is deeply interconnected to communal support and the impact of (often harmful) systems on individual identity and agency. This emerging understanding reflects what we might call **the "fractal" nature of trauma**. Fractals are structures whose essential patterns are replicated at many scales. Fractals are often a key part of systems thinking. As adrienne maree brown defines "fractal" as "the relationship between the small and the large. The large is made up of the smallest things, patterns repeat at scale." This scaled patterning is also characterized by complex interrelationships of the individual, communal, and systemic in social and cultural contexts where trauma is pervasive.

- At the center of this complex web is a conception of the **interdependence of inner wellbeing and the external conditions of social change**. Without inner wellbeing there cannot be adequate attention and capacity for outward social change. It explores trauma as both pervasive and something that can be processed (or, "metabolized") with the right conditions. People who've experienced trauma often relive their traumatic experiences, in forms like flashbacks, nightmares, or intrusive

thoughts. This is likely because traumatic experiences can change an individual's perception of time. For example, traumatic events can seem to last longer than they actually do, and they can make a person feel stuck in a moment or period that has long since passed. The goal of processing trauma is to help individuals and communities (and ultimately, society) move from surviving to healing, wellbeing, and thriving.

- **It is focused on action and practice**, exploring trauma as both pervasive and something that can be processed (or, 'metabolized') with the right conditions. The work is based on the idea that there is more than enough research and precedents in practice to shape some principles for action that can change key sectors, especially social change, education and areas of public policy. While avoiding a solutionist approach to solving trauma, this work is meant to serve as a model and framework for social change workers and other practitioners to evolve their own work. The goal of processing trauma is to help individuals and communities (and ultimately, society) move from stasis to positive wellbeing.

Although confronting trauma requires a relentless and candid confrontation with the past, this work is focused on the future. Our goal and hope for this project is to motivate and provide guidance for action that is based on this newly raised awareness and expanded understanding of trauma and intergenerational trauma. Acknowledging and addressing the trauma in individuals and systems is not currently a mainstream lens in the many fields of social change. We hope this project will make that lens credible, accessible, and useful in a broad way for social changemakers of all kinds.

Whom We're Writing This For
This work initially focused on bringing awareness of trauma and intergenerational trauma to social change workers. This includes professionals and practitioners in various fields, such as healthcare, education, and policymaking. Since all kinds of systems are the sources of trauma–often actively the producers of trauma–then many professionals and practitioners are similarly engaged in contexts where trauma is a defining force. Beyond that, we also realized that in the age of digital media and worldwide connectivity, everyone is to some extent exposed to trauma, living either with its direct consequence or potential. With this in mind, the framework seeks to weave connections among scientific, cultural, social, and spiritual insights and understanding of the cycles of trauma into the everyday work of improving the conditions for wellbeing and welldoing for everyone.

Considering the Role of Trauma for Social Changemakers
Social change makers are motivated to help others because of their trauma but are often unaware of their own trauma. Consequently, they often intentionally ignore, compartmentalize, or store their trauma; similarly, they often experience trauma from new trauma they create for others when they try to help but get it wrong. They can also experience trauma from the erasure of their work and may experience compassion fatigue if they reach a trauma tipping point and leave this work. Consider these two stories of social changemaker trauma and wellbeing response:

- Dr. Lorna Breen was an emergency room doctor who helped COVID patients in the beginning of the pandemic. She witnessed mass suffering and death. Dr. Breen also contracted COVID. After being very ill, she recovered and returned to work. She felt overwhelmed and ineffective in this crisis. Dr. Breen died by suicide. The wellbeing

approach developed in response was a foundation created in her name to help front-line workers address the mental health issues they experience from their own trauma as well as witnessing and sharing trauma with those they help. In 2022, a law named for her was passed to provide for physician mental health care.[4]

- The Maui fires of August 2023 were devastating to the island. Over 100 people have been killed and hundreds remain unaccounted for. Maui residents have lost family and friends as well as homes, schools, jobs, and cultural spaces. The Hawaiian Kingdom has experienced war, colonialism, sugar plantations, and tourism. All have destroyed the environment and intensified climate change's impact when the fires hit. Spaces that were previously wetlands are now arid lands. These forces have contributed to the constant *erasure* of Hawaiian history and culture. The Na' Aikane o Maui Cultural and Research Center was destroyed in the fires. It held Native Hawaiian artifacts, all of which were destroyed. It housed "vestiges of ancient Hawaii before European colonization." It was also a hub for Native Hawaiian people to interact and share the past. Ke'Eaumoku Kapu is president of the Na' Aikane o Maui Cultural and Research Center. Over his lifetime and the lives of other social change makers, they have fought for the rights of Native Hawaiian people and tried to collect and protect lost and the last of these artifacts. The Center and everything in it burned completely. Mr. Kapu said that their culture and their efforts to protect and restore it have once again been "erased." This case represents social changemakers' trauma-related erasure of history and culture as well as efforts to preserve them. They experience this trauma alone as well as with others in the community.[5]

Definition of a Social Changemaker
What do a group of school children, truckers, and a Nobel Peace Prize winner from Bangladesh all have in common? Each is a changemaker—part of a growing movement that demonstrates how anyone, young or old, can make a difference from anywhere in the world.[6] A changemaker takes creative action to solve a social problem. Changemaking involves empathy, thoughtfulness, creativity, taking action and collaborative leadership.[7] A changemaker is someone who is taking creative action to solve a social problem. A

[4] Knoll, Corina, Ali Watkins, and Michael Rothfeld. 2020. "I Couldn't Do Anything: The Virus and an E.R. Doctors Suicide" The New York Times. July 11.
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[5] Mehta, Jonaki. 2023. Priceless Connections to Hawaii's Ancient Past Were Lost When Cultural Center Burned. NPR. August 16. 5:20pm.
[6] Ashoka. 2016. "Doing Good": A Definition of A Changemaker: What Children, Truckers, and Superheroes All Have in Common. Feb.
https://www.evansville.edu/changemaker/downloads/more-than-simply-doing-good-defining-changemaker1.pdf
[7] Ashoka. 2023. Change Maker Skills. https://www.ashoka.org/en-us/collection/changemaker-skills

changemaker provides a roadmap for making a transformative difference. Finally, being a changemaker is not possible without also being creative. It takes courage to see and do things differently from the status quo. Changemakers are inquisitive, open-minded, and resourceful. Even when good things are happening within the status quo, they are not satisfied with the status quo because they have a vision of how to make things better.[8]

Social Changemakers and Trauma
Social changemakers of the world hold trauma through the same vectors of transmission as the people they serve. Those who fight for us often emerge from vulnerable populations who have suffered the same harm. Conversely, empathetic individuals who are not connected to the people they serve, can experience trauma from what they see, learn, and share. *Social changemaker trauma, however, is often made invisible.* These activists must ignore it or set it aside until a more convenient moment so that they can help others. The environments and institutions within which they work may practically require that social change makers *compartmentalize and store trauma* for another day to help those in need. We expect them to do so because they are our heroes. We should remember the following:

Social changemakers…
        …are human
        …inherit trauma
        …experience their own trauma
        …witness the trauma of others
        …share trauma with others
        …have trauma that is often invisible to others

Trauma's manifestations cannot be scheduled and often surface in the most inconvenient ways and times. It compounds when space and time to deal with each event is limited or non-existent. Depending on the scale of the event that created trauma, we may recognize the trauma of some social changemakers and ignore the suffering of other such activists. Lack of recognition then contributes to further isolation. *For social changemakers, the space to engage in self-care and healing which leads to wellbeing and welldoing is often already filled with care for others, shared trauma with those cared for, and the absence of a safe space to reveal and address their trauma.*

Trauma is also dynamic, compounding, and multiplicative. It lives in the brain, heart, body, and spirit. Trauma flows through a body evolving over a lifetime and travels across generations of a family and through a community. Dr. Eddie S. Glaude Jr., argued when interviewed, "trauma accumulates over a person's own life-time experience" magnified by trauma they inherit from ancestors and experience with others. He says we are all wounded children who are broken trying to save ourselves through saving others.

Dr. Gary Cohen maintains that people often choose to be social change makers because of the emotional transmission of trauma from family members who have suffered significantly. Alcoholism, domestic violence, and more sometimes characterize some of the environments from which social change makers emerge. Prof. Rhonda V. Magee reminds us that we are affected by the trauma of others while they are also impacted by ours. She

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[8] Williams, Jazmine. 2022. Why Here? Why Now? Why Us? The Declaration of Wellbeing. The Wellbeing Project Summit. Bilbao, Spain.

describes this mutual interaction as "intertwining rivers of trauma." Our trauma deepens in complexity over time as it becomes connected, shared, and interacting with others.

As Jazmine Williams said in her speech at the [Wellbeing Summit for Social Change](#) in 2022,

> *These bodies we inhabit are worthy of the grace*
> *We so passionately pursue for others.*
> *In fact, quiet as kept*
> *Our wellbeing is essential to effective activism*
> *As we free ourselves.*

Invisibility and *positionality* contribute to the complexity of trauma. Different, reinforcing, and clashing systems of trauma and well-being require evaluation to shed light on the trauma *experiences of those who help those who experience trauma*. In this work, we focus on creating a safe space for inner work and self-reflection so that social change makers can consider the complexity of their trauma and develop pathways to well-being. Pathways to social changemaker wellbeing will reshape their welldoing.

Our Process: How Has the Work Been Developed
Georgetown University ('GU') and The Wellbeing Project ('TWP') have been collaborating on a Think Tank called [Being and Transforming](#) since 2019 that explores the relationship between the inner self and the outer world so that an inner wellbeing orientation deeply informs the sector's thinking and work. This work has been what we might call *community-informed*, and in many ways, co-created, from the beginning, as we have received iterative feedback from many overlapping communities associated with the Wellbeing Project, from all over the world, for the past two years. This work has unfolded as richly collective work, beginning with a Think Tank panel of academics and practitioners, many associated voices from the social change field, as multiple intersecting communities of practice within the social change and wellbeing networks.

We, the Research & Design Team, want to specifically name that our approach is shaped in part by our collective positionality as a group of workers and thinkers located primarily in the American academy. Each of us colors the work with our unique perspectives, identities, and ways of being, knowing, and doing and have connected across age, race, class, and experience to bring our approach to life. We do not present this work as "experts," but as individual threads woven into the communal and systemic fabrics of our specific contexts, hoping to be stitched into a more diverse and epistemically rich tapestry of thought and action by all who engage with this paper.

This has been a collaborative effort comprised of the following participants:

Research and Design Team:
- Randy Bass, Vice President for Strategic Education Initiatives, Georgetown University
- Kathy Powers, Associate Chair, Africana Studies and Associate Professor, Political Science at UNM, External Faculty Member at Santa Fe Institute
- Mays Imad, Associate Professor, Connecticut College
- Ijeoma Njaka, Senior Learning Designer for Transformational and Inclusive Initiatives, Red House and Laboratory for Global Performance & Politics

- Duncan Peacock, Senior Program Developer at the Red House at Georgetown University
- Kate Barranco, Network and Storytelling Coordinator, The Wellbeing Project; Former Research Assistant with the Red House, Georgetown University
- Kendall Bryant, Research and Writing Associate with the Red House, Georgetown University

The Wellbeing Project:
- Aaron Pereira, Co-Lead, The Wellbeing Project
- Sandrine Woitrin, Co-Lead, The Wellbeing Project
- Silvana Cisneros, Networks Lead, The Wellbeing Project
- Alexis Adato, Special Project Manager, The Wellbeing Project
- Kate Barranco, Network and Storytelling Coordinator, The Wellbeing Project

Being and Transforming Think Tank Panellists:
- Clare Akamanzi, Former Executive Director and Chief Executive Officer, Rwanda Development Board
- Sergio Bitar, Former Minister of Public Works, Public Education, Mining & Senator of the Republic of Chile
- Gary Cohen, President and Co-Founder, Health Care Without Harm & Practice Greenhealth
- Dr. Richard J. Davidson, Professor of Psychology and Psychiatry, University of Wisconsin–Madison; Founder and Director of the Center for Healthy Minds
- Dr. Eddie S. Glaude Jr., Professor and chair of the Department of African American Studies at Princeton University
- Maria Eugenia Hirmas, Director of Fundación Coopeuch, of the Chilean Chapter of the National Museum of Women in the Arts in Washington, D.C. and president of Fundación ANAR
- Nadine J. Kaslow, PhD, ABPP, Professor of Psychology, Emory University School of Medicine: Department of Psychiatry and Behavioral Sciences; Chief Psychologist, Grady Health System; Vice Chair, Department of Psychiatry and Behavioral Sciences; Director, Postdoctoral Fellowship Program in Professional Psychology, Emory University School of Medicine
- Molly Melching, Founder and Creative Director, Tostan
- Mischa Kuball, Conceptual Artist, Kunsthochschule für Medien Köln; Professor for Public Art, Academy of Media Arts, Cologne
- Terrence Johnson, Charles G. Adams Professor of African American Religious Studies, Harvard Divinity School
- Prof. Rhonda V. Magee, Professor of Law, Director Center for Contemplative Law and Ethics & Mindfulness Teacher at the School of Law, University of San Francisco
- Kerry J. Ressler, MD, PhD, Professor of Psychiatry at Harvard Medical School; Chief Scientific Officer, Chief of the Division of Depression and Anxiety Disorders, James and Patricia Poitras Chair in Psychiatry, Director of the Neurobiology of Fear Laboratory att McLean Hospital
- Dr. Suraj Yengde, Harvard Scholar; Oxford Scholar; W.E.B. Du Bois Fellow, Harvard University

Being and Transforming Think Tank Associate Voices:
- Laura Calderón de la Barca, Senior Associate, Collective Change Lab & Therapist, Facilitator, Trainer and Researcher, Terapia para México

- Prof. Dr. Liesel Ebersöhn, Director of the Centre for the Study of Resilience & Full Professor at the Department of Educational Psychology, University of Pretoria
- Joya Hampton-Anderson, PhD., Assistant Professor of the Department of Psychiatry and Behavioral Sciences, Emory School of Medicine
- Shruti Jayaraman, Chief Investment Officer, Chicago Beyond
- John Kania, Executive Director, Collective Change Lab
- Nadine J. Kaslow, PhD, ABPP, Professor of Psychology, Emory University School of Medicine: Department of Psychiatry and Behavioral Sciences; Chief Psychologist, Grady Health System; Vice Chair, Department of Psychiatry and Behavioral Sciences; Director, Postdoctoral Fellowship Program in Professional Psychology, Emory University School of Medicine
- Nat Kendall-Taylor, Ph.D., Chief Executive Officer, Frameworks
- Suzanne Koepplinger, Founder, Catalyst North Consulting
- Katherine Milligan, Director, Collective Change Lab
- Alisha Moreland-Capuia (AMC), M.D., Assistant Professor in Psychiatry, Harvard Medical School; Associate Medical Director, McLean Hospital's Institute for Trauma-Informed Systems Change
- Dr. Nguyễn Phan Quế Mai, Author, Poet, Novelist
- Dr. Abigail Powers Lott, Associate Professor of the Department of Psychiatry and Behavioral Sciences, Emory School of Medicine
- Prof. Khatharya Um, Associate Dean of the Social Sciences Division & Associate Professor of the Asian American and Asian Diaspora Studies Program, University of California Berkeley

Next Steps: An Invitation for Feedback

This work is built upon a collaborative process centered on continuous and ongoing feedback. The "Executive Summary" and "Part I: Why Does Trauma Matter For Wellbeing and Social Change" are two sections of a larger piece to be released in the first quarter of 2024. In alignment with our community-informed approach, it is our intent to publish the aforementioned sections and to continue our collaborative process by gathering feedback from the larger community — all of you. In 2024, there will be a second release with a full elaboration of the framework, diverse perspectives on how to activate the framework through practice, and a range of voices from the field, including interviews from the members of the Being & Transforming Think Tank, Associate Voice members, and a Gen-Z authored reflection on the role of Youth Voices in future changemaking. With all of this in mind, we invite readers to reflect and respond by providing feedback for this first publication.

For any and all questions, feedback, or thoughts, please direct your responses to the intergenerationaltrauma@wellbeing-project.org

Thank you for your time and thoughtful consideration of this work.

Explore More

This is a select number of sources that influenced the development of this work.
To explore more, visit http://www.intergenerational-trauma.com.
A more expansive bibliography to come with the second publication.

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