

Culture-informed Theory, Research, and Practice in Global Trauma Work

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Wilson's article (2006, this issue) on culture and trauma in a global context provides a rich set of ideas for developing a framework for culture-informed trauma work by theorists, researchers, and practitioners. This discussion paper further addresses the complexities of dealing with trauma in international settings. The issues involved in crossing cultural borders are presented in epistemic, moral, and sociopolitical terms. An attempt is made to explore future conceptual work, research, and program development with an action emphasis. Suggestions are made regarding trauma training in Asian and other non-Western contexts.

Wilson (2006, this issue) has provided an excellent presentation of concepts and issues in understanding trauma in cultural context. His discussion of the implications of cultural considerations in global trauma work is timely and insightful. By expanding the conception of trauma from a Western, medicalized diagnosis of posttraumatic stress disorder (PTSD) to a broadened description of posttraumatic syndromes, he has opened the way for a more comprehensive approach to human trauma

and suffering. In reminding us to use a holistic framework that includes human resilience in trauma recovery, he has struck a better balance against models of treatment that only focus on dysfunction. Wilson's contribution is more than theoretical, as he has proposed an ambitious research agenda. His hypotheses and the questions he poses have far-reaching implications for researchers, practitioners, and those involved in planning and developing medical, educational, and psychological programs and services in relation to trauma in a global context.

Given the evolving nature of the trauma field and the diversity of global cultures and ecologies, there are many aspects to consider in responding to Wilson's (2006, this issue) work. I will limit the discussion here to first exploring the complexities of international trauma work as factors that interact with the discourse on trauma. Second, I will discuss the implications for future action in terms of theoretical and practical inquiry as well as program development and service planning. I conclude with the call for more multidisciplinary and international collaboration in understanding and responding to trauma in the global context. A few suggestions are offered on trauma training in Asian and other non-Western countries.

International Realities and the Discourse of Trauma

Due to global realities of war, other organized violence including terrorism, as well as major natural disasters and other types of traumatic events, there is currently a heightened interest in human trauma. However, only in the last two decades has there been attention to the cultural dimension in trauma theory, research, and practice (e.g., Boehnlein, 1987; Marsella, Friedman, Gerrity, & Scurfield, 1996; Peltzer, 2001; Yüksel, 2000), with the discussion of cultural factors in trauma recovery and healing (Droždek, Turkovic, & Wilson, 2006; Swartz & Drennan, 2000), and the emergence of concepts such as cultural trauma and cultural bereavement (Alexander, Eyerman, Giesen,

Smelser, & Sztopka, 2004; Eisenbruch, 1991). Recognition of the global need for trauma training and international organizing has paralleled this fairly recent attention to cultural aspects of trauma and trauma-related work (Bloom, 2000; Walker, 1999; Wilson & Raphael, 1993), leading to the development of treatment guidelines by the American Psychiatric Association (American Psychiatric Association Steering Committee on Practice Guidelines, 2004) and the International Society for Traumatic Stress Studies (Foa, Keane, & Friedman, 2000; Weine et al., 2002) that include cultural considerations.

In spite of the developments in theory, research, and practice, the trauma field remains an evolving area of knowledge and practice that is characterized by ongoing debates about conceptual, assessment, and treatment issues (Rosen, 2004). Although the medical-psychiatric diagnosis of PTSD has brought professional and social recognition of the problems resulting from traumatic experience, it is viewed by some including Wilson (2006, this issue) as limiting. Critiques of the medicalization of distress and human suffering have come from perspectives that are cultural (Argenti-Pillen, 2000; Summerfield, 2004), feminist (Becker, 2000; Burstow, 2003) and broadly social-contextualist (Bracken, 1998). The concern is that a narrow definition of trauma will lead to the neglect of social-systemic, cultural, political, and economic factors that contribute to the traumatic experiences and play a role in the responses to trauma. Viewing the existing philosophical and conceptual differences in terms of discourse, as suggested by these critics, can help us understand that the issues being raised point to more than scientific questions. What is at stake is not only the search for an adequate paradigm in guiding trauma interventions and services. How we talk about trauma implies a certain way of dealing with the unspeakable, which can amount to an acknowledgement of social ills, moral failures, and human atrocities in many cases. Society's willingness to acknowledge the psychological damage and social roots of hate crimes,

for example, is a function of social values and political climate. What we conceive as causal factors and solutions for problems that result in trauma inevitably involve normative judgments and cultural attitudes, as in the case of domestic violence and sexual abuse (see Yüksel, 2000). Here is where the larger cultural-ecological context becomes relevant to societal discourse on trauma.

The discourse of trauma not only is a form of social and historical commentary, but also is embedded in the discourse of academic disciplines — psychology, psychiatry, anthropology, political science, social work, and feminist studies, to name a few. For psychology and the related professions, the discourse of trauma has been influenced by several developments outside the trauma field, including an interest in positive human development and more holistic conceptions of well-being, and an emphasis on relational connection and the social construction of narrative meanings in healthy identity processes. This is found in the work of Wilson and others (Bonanno, 2004; Calhoun & Tedeschi, 2006; Crossley, 2000; Harter, 2004; Herman, 1997; Keats & Arvay, 2004; Rechtman, 2000; Wilson & Agaibi, 2006). These themes in the discourse of trauma have served to balance the medicalized discourse of PTSD, opening the field of trauma to broader perspectives.

It seems evident that the complexities of trauma work in varied historical and cultural contexts can only be comprehended with multiple theoretical frames of understanding, and discussed with a more multidisciplinary discourse. In sharing his observations from clinical work with Vietnam veterans, for example, Shay (1994) illuminated the veterans' trauma experience with analogies to Achilles and other soldiers in Homer's *Iliad*. Though not explicitly drawing from a narrative psychology of identity, Shay was able to glean moral themes in the characterological consequences of the psychological assaults on the self in the veterans' experience of war. Rezentos (2006), who worked

with Native Hawaiian veterans of Vietnam war, reported a historically grounded response to combat trauma in that these veterans felt they were fighting for a power that had colonized their own native land and that they were perpetuating on a rural people like themselves. Swartz and Drennan (2000) described the cultural construction of healing in the Truth and Reconciliation Commission (TRC) that serves also as a political vehicle in countries where people have suffered a history of oppression and injustice. A social and political understanding of the functions of TRC can be helpful in dealing with such historical trauma. For clinicians and counselors, empathic witnessing of clients' telling of their stories of trauma experience is now a significant part of post-trauma intervention. The fact that violence is often implicated in trauma, it is also necessary to have a comprehensive understanding of the social and systemic contexts of violence. Gilligan (2001) pointed to poverty and its psychological and systemic correlates as contributors to violence in American society. Cross-cultural and interdisciplinary approaches to violence and culture (e.g., Eller, 2006; Walker, 1999) can add to the understanding of trauma in the global context.

When Summerfield (2004) continued with his earlier challenge of Western assumptions applied to trauma work in an international context, he presented his views under a cross-cultural perspective. This cultural framing for apparent discursive purposes does not do justice to Summerfield's broader interdisciplinary perspective. While the cultural has its own literature and constitutes a research area in its own right, it is important not to assume that cultural inquiry can be separate from the sociological, political, and economic. Take for instance the problem of ethnic warfare and terrorism that have resulted in massive trauma. Political and religious perspectives on identity (Chirof & Seligman, 2001; Moghaddam & Marsella, 2004; Seul, 1999) can supplement developmental and social perspectives on such phenomena. Examples of proposed work toward peace and healing that are based on

multidisciplinary understanding also include critical theory and communitarian and psycho-spiritual approaches (Hoshmand & Kass, 2003).

Wilson (2006, this issue) made the important point that people depend on cultural and social resources in responding to major life stresses, i.e., the degree of trauma is a function of the stressors in proportion to the personal and cultural coping resources. Globally, however, countries vary in their socioeconomic, political, and cultural resources available for coping with trauma-inducing events. While it may be possible to determine the economic and infrastructure capacity of a country to deal with a major disaster such as an earthquake, it is more difficult to assess the personal and cultural resources in responding to trauma in various circumstances. There are many untested assumptions about strength versus vulnerability when comparing developed and less developed countries, precisely because of differences in cultural outlook and cultural resources for healing that are beyond material endowments.

In the aftermath of war and major social breakdown, economic, political and legislative processes are necessary in rebuilding civil society that would allow people to recover their cultural living and normative sense of security. The discourse related to trauma work (broadly defined to include the recovery of cultural life and the restoring of system infrastructure) also interacts with the realities on the ground. For example, when military-directed provincial reconstruction teams (PRTs) were involved in rebuilding post-conflict Afghanistan (where civilians have lost much of their civil society and cultural normalcy as a result of war and oppression), the non-governmental organizations (NGOs) became concerned with the definition of humanitarian aid. The fact that restoring cultural living and mechanisms of survival was linked to military operations blurs the distinction between different

kinds of actors, a discursive distinction that previously connotes different motives and values. Whether in fragile states or in countries devastated by natural disasters such as the tsunami, the politics of international aid often add to the complexities of global trauma work. How different groups (e.g., large NGOs versus private mental health consultants and local workers in tsunami or hurricane disaster areas) can collaborate and negotiate the boundaries of their roles is an issue in delivering large-scale trauma services and furthering the process of recovery. Minimally, we need to have a broad, community cultural-ecological framework to encompass multidisciplinary perspectives, and to guide international collaboration among diverse stakeholders.

Issues with Advancing a Culture-informed Global Trauma Framework

Wilson (2006, this issue) touched on a number of conceptual issues, including the cultural specificity of trauma responses relative to universal processes. He also pointed to the assessment challenges of evaluating the cohesiveness and complexity of a given cultural system as well as both individual and cultural capacities for dealing with major stress and disruption. While granting a biopsychosocial conception of trauma responses, he defined trauma experience as a person-specific response within cultural parameters that include culturally sanctioned forms of meaning-making and expression. The conceptual matrix Wilson provides can be a useful blueprint for theoretical work toward a culture-informed trauma framework.

Conceptual developments are only part of the epistemic requirements for this work to serve global purposes. We need knowledge of the dynamic interaction between individual factors and particular social and cultural ecologies. The types of equivalence presumed in order to generalize knowledge from one scenario, typically

a Western one, to another often is not confirmed or possible. Added to this is the highly value-imbued understanding of identity and the relationship between self and society. Trauma can be thought of as a crisis of the self (Wilson, 2006, this issue), involving a disrupted sense of one's trust in the life world and a test of moral solidarity with one's human community. A culture-informed understanding of trauma must take into account the moral dimension and the normative judgments involved, including otherwise implicit assumptions about psychological and social well-being and adaptive versus maladaptive responses to life challenges. How we define and acknowledge cultural wisdom as part of the resources for coping with the traumatic, for example, requires value judgments. Social justice perspectives in the trauma field also are value-based (e.g., Herman, 1997; Johnson, 1993).

In addition, we are in a time of major cultural conflicts that reflect different aspirations of identity and ideas about cultural change in the face of globalizing forces. The narrative reconstruction of identity that involves questioning and rejecting cultural norms that have contributed to traumatic experience, as in the case of women in certain oppressive societies, may create a conflict with the person's cultural loyalties and religious beliefs. Trauma interventions that liberate individuals from oppressive systems likely will have political consequences. Whether a post-conflict country should restore its cultural traditions or rebuild in the image of a more Westernized developed country also has political implications for the world order. There are sociopolitical considerations in crossing cultural and national borders, even if the intentions are to be helpful. Besides the politics of international humanitarian aid mentioned earlier, an underlying issue in trauma work is the viability of the culture and the survivability of the society in question. In summary, we have to be aware of the interplay of cultural, moral, and political issues in global trauma work, which further underscores the necessity of multidisciplinary and collaborative efforts. Consistent with the central

theme of this special issue, a systemic cultural-ecological perspective is needed to guide future action.

Action Plan for Research, Policy, and Practice

How should we translate Wilson's (2006, this issue) ideas and proposals into action? Wilson appropriately frames the question for research and practice as "what works for whom under what conditions." Researchers in non-Western contexts can play an important role in generating research knowledge on the cultural and ecological validity of models of trauma practice that are adopted from the West. Theorists and practitioners can collaborate in identifying best practices within the local context. In developing best practices, it would be worthwhile to consider the possibility of integrating Western and indigenous cultural healing practices where appropriate (Eagle, 1998; Moodley & West, 2005). The questions about culture-specific factors and cultural archetypes can lead to useful findings. For the purpose of conducting cultural and community-ecological research related to trauma, it would be crucial to use a range of research methodologies, including qualitative research, case studies, and action research paradigms.

Much research and assessment work lies ahead in terms of differentiating between what appear to be adaptive and maladaptive responses to trauma, at both individual and social levels. We need to be able to determine at what point intervention is best timed for an individual or a community, assuming that natural coping responses will be activated as the trauma or crisis takes its course. Compared with individual diagnosis and assessment, however, there has been less attention to system- and community-level assessments. Although recent efforts have included the assessment of community preparedness for crises and emergencies, there is little work in terms of assessing the cultural system and cultural resources for coping in the comprehensive sense suggested by Wilson (2006, this issue). Instruments for a cultural

scan or cultural inventory, drawing from interviews with local constituencies, can be developed to facilitate such assessment as a first step.

A promising area of research and practice is the application of narrative psychology in research interviews and trauma therapy (Crossley, 2000; Harter, 2004; Keats & Arvay, 2004). Narratives are windows into culture and identity, and potential vehicles of change on social and personal levels. Given the moral and spiritual dimensions of trauma, and meaning-making in trauma recovery, narrative inquiry and narrative understanding are especially appropriate clinically (see Kearney, 2003). While it is important to develop effective treatments, it is also critical to invest in preventive interventions. Psychoeducational approaches (e.g., Jackson & Davis, 2000; Leadbeater, Hoglund, & Woods, 2003; Wilson & Agaibi, 2006) can be developed for local schools and other community settings, with public education on the causes of trauma and further work in resilience building and hardiness training of at-risk groups.

Policies for resource planning are needed globally in response to trauma. Setting priorities for trauma prevention and intervention as a function of careful assessment is part of the decision-making. There should be policies in support of developing crisis response plans in communities. Research models such as action research are best used in producing information for policy, planning, and community organizing. An example of community-based acute posttraumatic stress management that is similar to the action research approach is described in Macy et al. (2004). Local knowledge is necessary for program development, just as an epistemically and methodologically diverse approach is needed for the evaluation of programs and services. Local institutional or infrastructure support and research centers for trauma, in addition to currently available international organizations and resources,

can foster such work. Since many countries do not have the resources for specialized trauma services, it will be more realistic to work toward making existing human services more trauma-informed (Harris & FalLOT, 2001). This is related to the need for trauma training.

Trauma Training in Asian and Other Non-Western Contexts

Given the interest in trauma training in Asia and other non-Western countries, a few suggestions are offered. Academic programs have the responsibility of developing training curriculum and selecting information from the existing knowledge base. This is as much a pioneering opportunity as it is a social responsibility to maintain the cultural integrity of one's society and community. With greater cultural awareness, educators can be more discriminating in imparting Western theories and practices. Through critical, reflexive evaluation, educators and training partners can ascertain what is viable in their own context, keeping in mind social and cultural changes as well as political and resource realities.

Due to resource issues, some countries may not be in a position to provide advanced clinical or counseling education. It is probably more practical to provide continuing education, such as certificate programs and workshops, for practitioners who are already in mental health and human services. Again, the same degree of critical cultural awareness would be important in these alternative venues of trauma training.

It is important to note that models of trauma training are still evolving, even in the Western context. International collaboration and dialogue, such as facilitated by conferences that have been held in different parts of the world including Hong Kong, can be helpful. These conferences should focus not only on academic research and curriculum, but also on inviting input from practitioners in the field as well as dialogue with policy makers. While trauma is primarily a clinical field,

collaboration with community psychology is especially appropriate in a global context.

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體認文化的全球心理創傷工作理論、研究和實踐

Wilson (2006, 本刊) 從全球視野討論文化與心理創傷的文章提供了一套豐富的概念，有助理論專家、研究人員和實踐工作者建立體認文化的心理創傷後工作的架構。本文進一步探討在國際環境下處理心理創傷的複雜性。文章從知識、道德及社會政治的角度展示與跨越文化界限相關的議題，亦嘗試探討未來以行動為重心的工作、研究及發展計劃。此外，針對亞洲及其他非西方地區，文章提出了心理創傷後訓練工作的建議。