Voices of Trauma: Treating Psychological Trauma Across Cultures
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Treating Psychological Trauma Across Cultures

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There is increasing recognition that culture profoundly shapes the experience of suffering and healing. Indeed, current guidelines for trauma intervention in international work recommend cultural adaptation, but the details of how to accomplish this remain unclear. In this volume, Boris Drožđek and John P. Wilson have brought together an exceptional group of creative clinicians whose work illuminates the issues at stake in taking culture seriously.

Intercultural work confronts us with many kinds of difference: the unique lifeworld of another person, the unusual experiences of psychiatric disorder, the distinctive history of the stranger from a distant place. Although people from diverse backgrounds may live in the same society, they also participate in distinct cultural communities, both local and transnational. How clinicians approach these differences reflects their clinical skills and orientation, but it also depends on larger social values and institutions that allow us to meet others in a place of safety and mutual respect.

Listening empathetically builds bridges across the divides of experience and identity. Empathy brings us close to those who suffer and allows us to understand something of their predicament. But empathy has its limits, beyond which imagination falters, notably in the face of the extremities of torture and other forms of violence. Much writing in the field of trauma, including previous work by the editors of this volume, has explored the challenge of maintaining empathy in the context of histories of violence and ongoing threats to safety and a coherent world. In the clinical encounter, steadfast respect and a commitment to facing the other’s predicament allow us to work together to make sense of the ruptures, fear and uncertainty that trauma brings.

When people come from different backgrounds there may be specific difficulties in understanding and empathizing with their experience. We need cultural knowledge to stock our imaginations with the stories and images that emerge from others’ ways of life. Ethnography teaches us that culture is not some surplus meaning tacked on to a common core of human experience, but something essential to our nature. Certainly, there are existential universals that transcend the vagaries of time and place, but these are always framed in terms of cultural particulars that
are deeply rooted in habits, embodied ways of knowing, and our most sacred and serious commitments.

Cultural assumptions are also present in mental health theories and practices. The metaphors used to think about a clinical situation have a cultural history and convey specific values. They serve to illuminate some facets of experience but inevitably cast other aspects into shadow. The metaphor of trauma, for example, focuses attention on the impact of discrete events, making an analogy between physical injury and the psychological effects of violence or sudden loss. An emphasis on trauma, however, diverts attention from the everyday struggles and concerns that may dominate the lives of people living in harsh and uncertain circumstances or those who face the challenge of reconstructing their lives after migration. While much of the literature on the treatment of trauma considers people living in wealthy countries, the largest numbers of people exposed to severe trauma continue to live in low-income countries with ongoing violence, social conflict, and instability. In such situations of protracted conflict, the mental health effects of violence and social strife are not primarily due to discrete traumatic events, but to more pervasive losses of meaning, order, relationships, community and the sense of a just social world.

Diagnostic constructs also work as metaphors, both in terms of their explicit use as conceptual models and their implicit connotations as labels that affect social relations between people. The construct of PTSD, which has dominated discussions of the treatment of trauma in recent years, emphasizes the enduring effects of fear conditioning on subsequent adjustment and response to later stressors. But PTSD is a limited construct that captures only part of the impact of violence, ignoring issues of loss, injustice, meaning and identity that may be of greater concern to traumatized individuals and to their families and children or later generations.

The choice of conceptual vocabulary in the clinic is always part of larger narratives of suffering and healing with implications both for individual outcomes and for the ways that patients are seen in the larger society. So it is with terms like *refugee* or *asylum seeker*: These categories, created by international conventions, capture only one facet of the experience of the person in transition. More broadly, describing someone as a victim, survivor, or perpetrator positions them socially and politically, and assigns moral meaning to their suffering that shapes the ways they tell their own story.

A clinical focus on the symptoms of distress presented by the refugee, survivor, or victim may divert attention from the social contexts that define their identities and possibilities. As time wears on, the salient concerns for survivors become less focused on the meaning of the past than on the realities of the present, and possibilities for the future. For refugees, this shift in temporal perspective underscores the crucial importance of their place in the host society where they have found refuge. The quality of hospitality and the opportunities to rebuild a life in a new place are central to the healing process for immigrants and refugees. A crucial part of the refugee’s story depends on the local politics of their place of asylum and resettlement. Of course, in the contemporary world, the relevant
contexts extend far beyond this local world: new technologies for communication and transportation allow transnational networks to play an increasingly important role in identity and community for those who migrate, linking distant communities and events in planetary networks, as the local and the global are reciprocally inscribed.

The ways we understand trauma and identity shape the goals and methods of clinical intervention. Although it would be more than enough for clinicians to be of help to suffering individuals, intercultural clinical work has implications beyond the well-being of individuals. Working through the grief of loss and fear of trauma can help individuals avoid the psychic scars that lead to a thirst for revenge, the tendency to see the world in polarized terms of black and white, and the righteous anger that undermines clear thinking and compassion for others.

The attentiveness and respect toward others essential to intercultural work are an essential counter to the fear-built walls and moats that separate us from each other. The history of colonialism, slavery, exploitation and social exclusion form an inescapable backdrop to the clinical encounter with traumatized individuals. The growing inequality between rich and poor nations—as well as the increasing disparities within some of the wealthiest of nations—contribute to a mounting sense of injustice. The microcosm of the clinical encounter then becomes not only a place for bearing witness and healing wounds but also a crucible in which new possibilities for civil society can be forged.

Rebuilding a social world requires both a renewed commitment to justice and specific acts of contrition, atonement and restitution—but forgiveness follows different protocols in different cultures and traditions. What helps at the level of individual psychology, may not have equal efficacy at the levels of family interaction or community reconstruction. We need more work that explores the broader social and cultural implications of clinical intervention. The case studies in this volume are an important step in elaborating the range of responses that can help individuals, families, and ultimately, whole communities work through their suffering to a place of strength, solidarity, and creative vitality.

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Preface

VOICES OF TRAUMA ACROSS CULTURES: TREATMENT OF POSTTRAUMATIC STATES IN GLOBAL PERSPECTIVE

By Boris Drožđek

Whatever You Do, Don’t Forget the “Helicopter View”

This publication aims at presenting a theoretical framework and guidelines for intercultural treatment of complex posttraumatic states and PTSD, together with a set of illustrative case presentations of treatment encounters in different settings throughout the world. It aims at combining knowledge from psychiatry, anthropology, and social psychology in an in-depth analysis of complex treatment tasks emerging in a culturally sensitive treatment of complex trauma reactions and PTSD. It takes into account both intrapersonal and interpersonal, as well as societal factors that shape the individual’s experience of trauma, determine its reactions to traumatic events and coping strategies, and influence healing process. This publication is also meant to be a “source book” supporting mental health workers in assessment, diagnosis and treatment of traumatized clients with different cultural backgrounds, as it describes how an authentic and productive intercultural encounter in trauma therapy gradually takes place. Description of this encounter, and the raise of shared concepts of disease, illness and healing, by gradually “peeling off the onion layers” of cultural backgrounds in both client and therapist, is the most important focus of the case presentations in this publication. As we all know, while peeling the onion one gets tears in the eyes. Therefore, issues of transference and countertransference in trauma treatment are discussed as well, together with the topic of culturally sensitive intervision and supervision of trauma workers.

Why Read This Book?

Mental health problems of victims of natural and man-made disasters have become a major public health issue worldwide. Many of these victims have being traumatized in their own country in a context of war or political violence and submitted to forced migration afterwards. They sought shelter in other countries of the world, and were confronted with different cultures, and sets of sometimes very different norms and values, languages and religions. When seeking help they are often facing a difference between their own explanatory models of illness and
health with those of their helpers. They are also confronted with models of healing that sometimes differ from those they are accustomed to and expect to have beneficiary effects for their well being.

In multicultural societies, victims of traumatic events face dilemmas when seeking help, as do their helpers, mental health workers, taught to provide healing based on traditions and worldviews that are culturally dependent, and not always enough culturally sensitive.

Rescue workers and NGO personnel operating in disaster areas around the world can face the same problems. They often work in cultures different from their own, and should establish a healing setting combining the knowledge they have with the needs and expectations of their clients.

Modern psychiatry shows serious gaps and problems when practiced in situations where helpers and victims have different cultural backgrounds, and different assumptions about disease, illness, and healing. Scientifically grounded, evidence-based treatments do not always work in these cases, frustrating the therapists. On the other hand, trauma victims feel misunderstood when seeking help for their fears, shame or guilt, expecting social justice, signs of forgiveness and rehabilitation, and receiving drugs or protocolized treatments in return.

In intercultural encounters, it is critical to understand the importance of cultural and societal issues, while defining and framing the clients’ problems and structuring adequate treatment strategies.

This publication is a joint effort of professionals from different parts of the world to accentuate the importance of contextual thinking in psychiatry in general and in intercultural treatment of complex posttraumatic states in particular.

Chapter by Chapter, Voice by Voice

In chapter 1, Boris Drožđek reviews the literature on the genesis of contextual/systemic thinking in science in general, and in psychiatry in particular. He discusses the interplay of culture and posttraumatic states. He presents the critique of the concept of PTSD based on knowledge from anthropology and cultural psychiatry. He focuses on the implementation of contextual thinking in intercultural treatment of posttraumatic states and its importance in defining and framing of the victim’s problems, assessment of trauma damage, creation of the healing environment and treatment interventions.

In chapter 2, Michael Harris Bond presents the contribution of social psychology in understanding the phenomenon of evil and destruction in humans. He discusses the definitions, scope and costs of collective violence. He elaborates how one gets enculturated to violence and describes the universal processes leading to and potentiating collective violence. He analyzes how cultures mobilize and orchestrate the evolutionary predisposition for violence in humans, as well as the role of culture in proposing solutions for reducing of savagery.

In chapter 3, Robert Jay Lifton provides us with an in-depth psychohistorical analysis of the Japanese fanatical religious cult leader involved in the attack on
the passengers of the Tokyo subway in 1995. His analysis focuses on the individual psychology of the cult leader and the group psychological processes within the cult as well as on historical and sociological backgrounds that created the context wherein the cult arose and operated violently. Lifton’s chapter shows us clearly how important it is to understand the context that created violence and explore possible interventions to prevent such events.

Chapters 4 to 15 contain case presentations of encounters between victims and healers. These chapters give voice to both parties. They explore the ways of helping those who were subjected to “psychological, social and economic amputation” as a consequence of profound immersion in man-made violence and death. These case histories were shared within the safe seclusion and privacy of therapeutic settings. They tell us about the world we live in and the dark sides of humankind, but also about resiliency and survival strategies of those who managed to stay alive upon meeting death and annihilation.

In these chapters the reader will meet a former child soldier from Cambodia, an Afghan refugee in Australia, an Armenian young man from Azerbaijan who does not want to forget his past, a Chechen family migrating through several countries, a woman from Kosovo and her baby and a female survivor of sexual violence from South Sudan. One can learn about the life of a former political activist from Mauritania, the struggles of a Congolese adolescent unable to find internal peace in Canada, about an Egyptian family migrating together with ghosts and a Chinese woman in Hong Kong in search for balance between her individual and collective sense of the self. Last, but not least, we can read how a plane crash affected the Dominican community in New York and the therapists involved in helping them, and how traditional American Indian healing rituals impacted a Caucasian American trauma therapist.

The authors focus on several topics relevant to intercultural treatment of trauma. Jaswant Guzder (chapter 5) and Catherine So-kum Tang (chapter 6) discuss the combination of western and non-western methods in trauma treatment and the importance of the awareness of limitations of psychology and psychiatry. Cécile Rousseau and Déogratias Bagilishya (chapter 12) present the process of intertwining of cultural and political signifiers, in both trauma and the reconstruction process. They combine different treatment approaches and show the importance of extending interventions beyond the therapy setting to co-working with different agencies in the society. The contextual approach is also highlighted in the works of Robin Bowles and Nooria Mehrabi (chapter 14) and Nino Makashvili and Lela Tsiskarishvili (chapter 11). They show us how healing is possible even when therapists do not have a complete insight into trauma stories of their clients. They highlight the importance of trust and empathy to facilitate self-disclosure. These chapters illustrate how victims with a collectivist sense of the self can regain strength by re-establishing of their social roles and without processing of traumatic experiences on the intrapsychic level. Boris Drožđek (chapter 7) presents a culturally sensitive way of applying psychodynamic psychotherapy of trauma within a bio-psycho-social treatment model. He also reflects on the issue of PTSD diagnosis as a continuum, with anxiety and psychotic
features on the extremes, and underlying changes in victims’ personality. Gesine Sturm, Thierry Baubet and Marie Rose Moro (chapter 10) focus on mobilization of social and symbolic resources in intercultural trauma treatment. As transcultural therapies confront therapists with an extremely complex field of interrelations between different cultural and political contexts, therapists should consider these variables and try to understand the unique way their clients try to deal with them. Accepting the impact of “outer reality” on their subjectivity, as well as taking into account the subjective experience and the unique way the individuals perceives their individual traumatic experience, are of crucial value in the healing process. Marian Tankink and Annemiek Richters (chapter 9) provide a discussion of gender specific considerations in treatment. They also focus on silence as a coping strategy and cultural censorship in victims of sexual violence and the role of gossiping in refugee communities. Elizabeth Batista Pinto Wiese (chapter 13) presents how intercultural trauma therapy functions on the principle of the “building blocks,” targeting different levels of client’s functioning and shifting between them during course of treatment. She describes a mother/infant treatment process, wherein psychotherapy is combined with the Sandplay therapy. Eduard Hauff (chapter 8) presents a brief psychotherapy of a victim of childhood war trauma. He shows how to deal with client’s fragmented trauma stories and co-morbid conditions. John Wilson (chapter 4) provides us with yet another, unorthodox perspective of intercultural trauma treatment, describing his own experience of being submitted to traditional healing rituals. He discusses the universal and culture-specific components of healing rituals, and reminds us not to forget to learn from our clients. David Lindy, Rebecca Morales and Jacob Lindy (chapter 15) examine reactions of a community on disaster trauma. They introduce and discuss topics like the myth of sameness, the bicultural self and the trauma membrane. They also focus on the countertransference reactions in mental health workers involved in helping families of the disaster victims. In chapter 16, Ton Haans, Johan Lansen and Han ten Brummelhuis extend the ideas presented in chapter 15. Their chapter provides a detailed discussion of critical issues for the supervision process. Their unique contribution examines the differences and characteristics of providing intercultural clinical supervision to trauma helpers both in the western and non-western societies.

In the closing, chapter 17, John Wilson and Boris Droždek discuss the issues of convergence and divergence between healing principles across cultures and describe how the themes of trauma are metabolized in the great mythologies. They examine fundamental questions on relationships among trauma, culture and posttraumatic states, and propose some directions for future research.

The goal of this volume is to collect and structure knowledge in the field of intercultural trauma treatment that has proliferated worldwide. It provides the reader with the opportunity to hear the voices of trauma victims struggling to reshape their lives, and get a closer look at a large spectrum of healing practices. Contributors to this volume are the messengers. They are taught to hear and understand the pain of their clients. They are willing to share this knowledge to broaden the basis of collective understanding on a global basis.
Acknowledgments

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Boris Droždek

John P. Wilson
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