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# Preface

By John P. Wilson

This book attempts to break new ground in the field of traumatology. As the field has advanced in its scientific knowledge, it has also become more globalized in nature as this body of scientific and clinical information has been utilized in nearly all parts of the world, especially in situations of disaster (e.g., 2004 Tsunami; Hurricane Katrina), wars (e.g., Iraq, Bosnia), political oppression and genocide (e.g., Darfur, Sudan), and to other types of traumatic events. Therefore, there is a need for a reference work that extends beyond the limitations of Western methods of assessing and understanding psychic trauma. It is our hope that this book and its successors will begin a process that eventually will lead to integrative global knowledge of how to employ culturally sensitive ways to understand psychological reactions to traumatic life experiences for culturally and ethnically diverse populations.

The book is organized into three parts. Part I focuses on theoretical and cultural considerations in the cross-cultural assessment of psychological trauma and posttraumatic stress disorder (PTSD). There are six chapters in this section. Part II concerns assessment methods and contains four chapters. Part III examines trauma and cultural adaptation in six unique chapters.

In Chap. 1, John P. Wilson presents a broad conceptual overview of culture, trauma, and the assessment of posttraumatic syndromes in a global context. He raises issues regarding the importance of the field of traumatology to create an agenda for the development of culturally sensitive assessment processes and procedures. In a similar way, he presents 21 core questions for understanding culture, trauma, and posttraumatic syndromes. Wilson also suggests by looking at mythology, universal themes of the relationship between traumatic life experiences and patterns of posttraumatic adaptation can be evaluated from literature and its reflection of human struggles across different cultures throughout time in human history.

In Chap. 2, Lisa Tsoi Hoshmand presents a rich chapter on the understanding and assessment of trauma and its aftermath from a cultural–ecological perspective. As she notes, “the definition of trauma entails the cultural and ecological symptoms that mediate human experience and provide resources for ‘coping and meaning making.’” This chapter discusses many critical issues concerning the assessment of trauma from a cultural–ecological perspective. These critical issues include, but are not limited to, the following (1) one cannot assume pretraumatic normality of development for persons living in abnormal, chaotic, persistent, threatening, and unstable environments; (2) the issues concerning culture-specific versus universal adaptations to trauma and extreme stress has not been resolved conceptually and empirically; (3) there are different patterns of response to conditions of prolonged items of a threatening or depriving nature to those of acute, shorter traumatic exposure; (4) knowledge about the understanding of trauma in different cultures is evolving in an era of globalization; (5) it is important to understand and assess both individual and community resilience; (6) understanding the different types of threat to basic needs for human security; (7) developing valid psychometric measures for cross-cultural research as well as clinical protocols, field-based process models, and qualitative methods of assessment. Hoshmand continues her discussion of the need for education and academic applications to help train future clinicians and researchers.

In Chap. 3, Siddharth Shah examines ethnomedical practices for international psychosocial efforts in disaster and trauma. He begins by defining ethnomedical competence and ethnomedicine as the study culturally embedded or alternative beliefs and practices for health care. He details how neocolonial, largely Western practices, have assumed the transportability and relevance to other cultures. Shah challenges the validity of such assumptions and, instead, argues for ethnomedical competence in which there are symmetrical learning processes that are democratic in nature. To illustrate his point, he presents a case history of the 2004 Tsunami in which he learned from a Sri Lankan colleague and spiritual healer named Ranjan, who employed traditional healing practices to aid victims of the disaster. Shah describes the spiritual healers’ gifts and techniques and contrasts them with how modern psychiatry would have approached the distressed and traumatized victims of the flood waters. He notes that Ranjan’s techniques were applied to wide ranges of psychological problems with clearly observable success which would likely be criticized by Western scientific standards as quackery.

Shah goes on in this chapter to outline the evidence for shortcomings in ethnomedical competence and references recent efforts by the World Health Organization to create standards by which to assess the effectiveness of interventions in situations of extreme stress, disaster, and trauma. Finally, he concludes his chapter with a set of guidelines to counteract

neocolonial processes that might be counterproductive in non-Western cultures.

In Chap. 4, Yael Danieli examines the issues of assessing trauma across cultures from a multigenerational perspective. Drawing on her previous research, Danieli emphasizes the time and process mechanisms in assessing the diverse and complex forms of posttraumatic adaptation. For example, in discussing massive psychic trauma such as the Holocaust, the wars in Bosnia and Rwanda, she argues that “only a multidimensional, multidiscipline integrative framework” can fully understand the effects across families, communities, cultures, and nations themselves. To this end, Danieli revisits the extensive literature as it pertains to the cross-cultural assessment of trauma and PTSD. Further, her analysis includes the importance of resilience and trauma assessment among generations. Moreover, among the most important aspects of assessing traumatic effects is the knowledge of the mechanisms of the transmission of trauma. How does it occur? What are the specific mechanisms and processes? What are the implications of clinical and psychometric assessment? What are its effects on the life-cycle and the next generation? In this regard, she discusses the importance of culture as a transmitter, buffer, and facilitator of healing and recovery from experiences of extreme stress.

In Chap. 5, Richard Dana discusses the increasingly important cross-cultural issues of culture and competence training with special reference to refugee populations. He begins by noting that there are over 20 million displaced persons worldwide. Many of these persons have been victims of torture, trauma, and political persecution. As a consequence they face not only psychological sequela, but also problems associated with resettlement, acculturation, and asylum seeking. By use of two summary tables, Dana lays out a broad range of issues that are central for the assessment of post-traumatic consequences. In the first table, he makes comparisons of ethnic minority mental health practices in Europe and the United States. These identified practices include (1) monitoring/research; (2) specific services; (3) professional training; (4) counseling/psychotherapy; (5) service user involvement; and (6) racial/xenophobia in services. In the second table, an organization is created to identify assessment objectives, domains, and adaptation outcomes. The objectives include psychopathology, holistic health, and acculturation. For each of the objectives there is a corresponding domain of inquiry. For example, for psychopathology, the domain is clinical diagnosis and the *adaptation outcome* is medical model symptom reduction. For holistic health, there are six areas for assessment: core adaptation, post-traumatic growth, strength, resilience, wellbeing, and salutogenesis. Similarly, for the objective of acculturation, there are six areas for assessment: cultural identity, ethnic identity, racial identity, acculturative stress, coping skills, and social support.

By using these two tables as conceptual roadmaps, Dana discusses in detail each component in terms of refugee assessment practices and cultural competency training. He concludes his thoughtful analysis by saying, "there is no consensus within or between host countries on the necessity for culture-specific, research-informed assessment practices . . . culturally competent research and simultaneous development of training resources within relevant professional areas in host societies are of overarching importance for refugees and asylum seekers."

In Chap. 6, Boris Drozdek and John P. Wilson present an overview of the subtle and complex issues of assessing psychological trauma in asylum seekers. Based on the authors' previous research (Wilson & Drozdek, 2004) case histories of clients from Azerbaijan, East Timor, Chechnya, Iran, Sri Lanka, and Bosnia are presented to illustrate the critical issues that face mental health professionals who are trying to holistically understand the clients for whom they have responsibility.

The authors begin by noting that trauma does not occur in a vacuum and neither does the assessment process. Trauma victims in general and asylum seekers in particular, have endured and survived a broad range of traumatic stressors such as war, dislocation, torture, detention, rapes, interrogations, political persecution, etc. Through these experiences they also suffer different types of losses which include their property, houses, jobs, homeland, social status and roles, and in some cases, a loss of self and identity. Thus, the professional conducting the psychological assessment must become familiar with their nature and impact within the phenomenological perspective of the asylum seeker. As the authors note, in many countries in Europe and the Western hemisphere, the individual may only have 48 h to present evidence of being endangered in their country of origin in order to gain official status as an asylum seeker. And, even if granted initial access to the process of seeking asylum, there are many secondary stressors they will endure in the months that lay ahead e.g., seeking financial assistance, housing, and social support. In most cases, there are language barriers and fears of fully disclosing their traumatic events in their native land. Thus, many clients suffer depression, anxiety, and social phobias on top of their posttraumatic sequela associated with traumatic exposure. It is for these reasons that the authors discuss obstacles in communication between a health professional and asylum seekers. Beyond these clearly identifiable communication barriers is the paramount question of how to create a safe treatment environment. Drozdek and Wilson argue that the trauma victim must feel secure and safe in the context of the assessment environment and/or treatment setting. These considerations give rise to the need for understanding explanatory models and cultural relativity. Following a discussion of cultural relativity, the authors raise the question of how to check the accuracy of the trauma history. A set of guidelines is presented with a recognition

that the trauma story unfolds over time and the assessor rarely obtains a complete and full reporting of the traumatic experience, precisely because the event overwhelmed the normal coping resource of the person and requires sufficient time and assistance to process and integrate the extraordinary experiences into the self and personality.

In Chap. 7, Catherine So-kum Tang discusses the assessment of PTSD and psychiatric co-morbidity in contemporary Chinese society. She begins the chapter with an overview of traditional Chinese medicine (TCM), its concepts and practices. The concepts of Yin and Yang, the Wu-Hsing system, Qi and the meridians of the human body are discussed and embedded conceptually with traditional Chinese concepts like yaeen, fenshui, and ren. Having created a historical and culture-specific background concerning TCM, Tang next compares the diagnostic manual used in mainland China (CCMD-3) to the DSM-IV and ICD-10. Similarities and differences are highlighted, especially for the category of PTSD. She then proceeds to discuss the recent research in China on PTSD and reviews the questions and assessment procedures that have been employed to study such traumatic events as the SARS virus, the 2004 Tsunami, earthquakes, traffic accidents, and other traumatic events. As Tang notes, 94% of all published research on trauma in English and the five non-Western, non-English publications are not widely known to traumatologists. Her chapter concludes with a highly focused discussion of challenges for a future research and the need to continue to move toward globally standardized measures of psychic trauma, PTSD, and culturally sensitive approaches to diagnosis and assessment.

In Chap. 8, Kathleen Nader presents a comprehensive overview of culture and the assessment of trauma in children and adolescents. She begins with four case histories of children from different cultural backgrounds who experienced traumatic experiences (1) a sibling who witnesses his brother killed in a motor car accident; (2) Liberian soldiers killing villagers; (3) a Native American adolescent whose brother was shot to death; and (4) a school playground shooting of a 7-year-old girl. These case illustrations set the stage for Nader's examination of the many complex factors involved in the cross-cultural psychological assessment of posttraumatic sequela in youths.

Nader first reviews and then discusses the factors associated with the assessment of culturally diverse groups, which include ethnicity, confounding variables, traumatic stressors, the nature of subcultures and their unique qualities. Second, she reviews the literature and national cultures and the special nuances that must be taken into consideration such as differences in emotional expression, reporting practices, parent reporting, self-descriptive interpretations of symptoms and behaviors, culture and personality, gender differences, families and acculturation, risk and resilience factors.

In a systematic way, Nader then lays out the important issues, for the assessment process. This section of the chapter is a step-by-step checklist of critical clinical considerations that are essential when conducting cross-cultural assessments with youths. There is also a presentation about using measures and questionnaires with youths and the problems of translations and back translations of commonly used psychometric instruments. For example, she states, “effective assessment and treatment of youth necessitates cognizance of age as well as culture-related issues and personal qualities. Translating measures or using a translator to question an adult requires understanding the ways in which specific emotional states, behaviors, and other symptoms are described and viewed within the culture.” The chapter concludes with a discussion of how assessment procedures have implications for treatment.

In Chap. 9, Charles Marmar and his associates discuss the peritraumatic dissociative experiences questionnaire (PDEQ). To set the proper perspective, it should be noted that during the past two decades, the issues of dissociative reactions in traumatic situations has reached “center stage” in mapping the possible psychiatric sequela in posttraumatic adaptation. Indeed, one would phrase the central question asking simply, “what happens psychobiologically when an individual manifests a peritraumatic dissociative (i.e., concurrent to the event), during a powerful traumatic experience?” In essence, this conceptual question gave birth to the development of the PDEQ and the research that has subsequently emanated from it in many parts of the world and in many diverse cultures.

The authors begin their chapter with a brief but focused background on the PDEQ, noting its birth and refinement on earlier research on Vietnam War veterans in the United States. They review this developmental research and how it culminated in the final version of the instrument and its psychometric properties for the ten-item scale. Once having established its reliability and validity, the authors, collaborators, and fellow researchers began using the scale to study the relationship between self-reported peritraumatic phenomenon and the later development or absence of PTSD. In a condensed historical sense, the research program accelerated rapidly and a plethora of studies began examining scores of the PDEQ and subsequent development of PTSD, thus raising more theoretical questions as to the cognitive/psychobiological processes involved with human response to overwhelming or subjectively perceived threat. Why is it that the tendency to dissociate in the face of perceived threat is empirically and causally associated with PTSD? And is this pattern of relationship the same across cultures?

In the balance of the chapter, the authors review research from Germany, Israel, Japan, Brazil, Turkey, China, and elsewhere. This impressive and growing body of knowledge clearly presents *evidence-based knowledge* of the convergence and coherence of research identification that

peritraumatic phenomenon are beyond cultural boundaries and, perhaps a more universal human form of adaptation and coping with situations of extreme stress.

In Chap. 10, Daniel Weiss presents a comprehensive overview of the Impact of Events Scale (IES-R), one of the most widely used psychometric scales for the assessment of PTSD and PTSD symptoms. This chapter is rich in its complexity and comprehensiveness. Weiss begins his chapter with a review of the history of the scales' development and psychometric properties. As pertains to this book, he notes that the electronic databases reveal 1,147 citations (P.I.L.O.T.S.) and 515 in the psychinfo database of the American Psychological Association. In terms of international use and translation, the Impact of Events Scale – Revised (IES-R) can be found in Chinese, French, German, Japanese, Spanish, Bosnian, Dutch, Italian, Norwegian, Persian, and other languages. Moreover, Weiss illustrates that, as one might expect, it has been used to measure PTSD symptoms for many traumatic stressors, ranging from severe medical illness to war-related problems in many cultures throughout the world.

For these international and cross-cultural studies, there is an analysis of the relevant psychometric statistics regarding reliability, validity, and factor structures of the IES-R scale. In his conclusion, Weiss notes: "The Impact of Events Scale – Revised has generated a number of formal international versions, several informal versions that have appended in the context of a typically oriented peer-reviewed publication, and a number of unpublished international versions. At the level of basic psychometric properties, the published data suggests impressive concordance in terms of internal consistency, test-relevant reliability, and subscale correlations even though the networks used have not employed all aspects of a comprehensive and exhaustive approach that is admittedly challenging and expensive to undertake."

In Chap. 11, Walter Renner, Ingrid Salem, and Klaus Ottomeyer present an impressive quantitative and qualitative study of asylum seekers for three different countries – Chechnya, Afghanistan, and West Africa. The aim of the study was to evaluate cultural differences in PTSD symptomatology using the Impact of Events Scale – Revised (IES-R), the Harvard Trauma Questionnaire, and the Clinicians Administered PTSD Scale (CAPS-1). Additionally, other measures were used to assess psychiatric symptoms beyond PTSD and for their purpose of the Hopkins Symptom Checklist – 25, the Bradford Somatic Inventory and the Social Adaptation Self-Evaluation Scale were employed. Based on item scores but not total scores for the scales, discriminant analyzes correctly classified 92% of the participants. In the qualitative part of the study, clinical protocols were recorded and subjected to classification into five areas (1) factors that prevent or embrace symptoms; (2) factors identified as stressful; (3) symptoms related to PTSD; (4) personal and cultural views of the traumatic events

reported; and (5) other outcomes. The results showed that the Chechnya group had more somatic symptoms and irritability. The West Africa group was distressed over being idle while seeking asylum. The Afghan group expected relief through education and training. They concluded that more studies of an empirical nature are necessary with a framework of culture-sensitive assessment.

In Chap. 12, Roberto Lewis-Fernandez, Alfonso Martinez-Taboas, Vedat Sar, Sapan Patel, and Adeline Boatin examine the cross-cultural assessment of the phenomena of mental dissociation. This comprehensive chapter is noteworthy for its review of the research literature from many parts of the world, extending beyond American and European publications to other cultures in Asia, the Middle East, and elsewhere. The chapter is organized into sections, each of which could stand alone as a condensed review and overview on the multifaceted dimensions for the clinical and scientific understanding of dissociation. These subsections include (1) definitions of dissociation; (2) somatoform dissociation; (3) dissociation and psychosis; (4) trauma and dissociation; (5) normal and pathological dissociation; (6) cross-cultural perspectives and conceptualization of dissociation; (7) assessment methodologies; (8) research with psychiatric populations; (9) community studies of dissociation; (10) case studies; (11) research with academic undergraduate populations; and (12) translations of measures of dissociation. The authors conclude this rich and interesting chapter by noting "that the cross-cultural assessment of dissociation summarized available data on the extent to which global diversity of dissociative phenomena are tapped by existing measures and classifications. To a large degree, the work in Turkey and Puerto Rican communities lends support to the usefulness of standard international assessments in cross-cultural research on dissociation. In nearly every instance, measures developed in one setting still had adequate psychometric properties in another cultural region. At the same time, however, it is clear that in order to fully characterize the dissociative nature of certain forms of pathology, new measures need to be developed."

In Chap. 13, Derek Silove, Zachary Steele, and Adrian Bauman examine a current controversy in the study of war trauma. To state the controversy simply, it is whether or not PTSD or forms of psychopathy are the inevitable outcome of exposure to traumatic events. The other side of the coin is the argument that such sequela is not inevitable and many, if not most victims/survivors, manifest resilience and good long-term adjustment, despite expectable short-term postevent distress.

The authors begin their chapter with a review of the literature regarding the controversy. They note, in this regard that, "this emerging evidence base rather than arriving at premature conclusions on the basis of a priori etic or emic assumptions about the appropriateness of the trauma model in such settings." In this regard, the chapter, by use of a comparative table,

presents 13 sets of propositions and critiques of trauma and PTSD and pragmatic responses to them based on the current, cumulative scientific literature.

Having set the stage about the controversy, the authors next present an illustrative research project on Vietnamese immigrants living in Australia. The chapter details the participants and methodology on a large-scale ( $N = 1,161$ ) Vietnamese sample and matched Australian controls. The study found many significant findings among which is that "trauma remained the most powerful predictor of mental disorder in the Vietnamese, 11 years after resettlement with exposure to 3+ trauma being associated with an eightfold risk of mental disorder (compared to a fourfold risk in Australians)." After discussing the clinical and applied implications of the research data, the authors conclude that "the data show that trauma and PTSD remain important to the overall mental health of the community 11 years after resettlement in a Western community and that the concentration of trauma-related problems amongst the subgroup with the most severe trauma exposure. For those with lesser exposure, traumatic stress symptoms are moderated by the restorative effects of living in a safe and secure environment."

In Chap. 14, Raphael, Delaney, and Bonner present a clearly conceptualized historical and psychological perspective on the assessment of trauma for Australia's indigenous people, the Aboriginals. This chapter begins with an overview of the cultural and personal losses suffered by the 60,000-year-old aboriginal people, the oldest in the world. As with Danieli's chapter, the authors point out that culture-sensitive assessment must be viewed from a perspective of collective, cumulative traumatization across in time and generations. They note, correctly, that the destruction and decimation of Aboriginal culture involved a large range of traumatic stressors: loss, grief, subjugation, and being social outcasts by the colonial government. The authors quote statistics gathered in recent years that show that rates of mortality and morbidity of nearly every conceivable source and measure that illustrates the levels of cultural loss and forms of psychosocial pathology. Aboriginal people die young and suffer mental health maladies (e.g., depression, alcoholism, suicide, PTSD, domestic violence, etc.) at higher rates than the non-aboriginal cultures. In short, being Aboriginal means being at risk for medical and psychiatric maladies in living.

In terms of assessing traumatic reactions, measures of stressors of daily living show that those with seven or more life-event stressors were 51/2 times more likely to have significant behavioral and mental health problems. However, as with issues of assessment in culturally sensitive ways, there are currently two standardized protocols for the proper assessment of the ways that Aboriginal people process their difficult life-experiences.

In terms of clinical engagement and psychosocial assessments, the authors examine several core issues in work with Aboriginal people which includes (1) culturally appropriate processes, recognizing the limits of one's own belief system and being sensitive to those of others; (2) qualities of the relationship (e.g., trust, context, personal knowledge) to those being assessed and cultural disparities; (3) the diversity of the histories, culture(s), and the context of the evaluation; (4) the necessity for informed collaboration with other professionals; and (5) sensitivity and trust, the creation of empathic attunements with respect for historically significant cultures and background.

As pertains to trauma manifestations among Aboriginal people, the chapter details a broad set of traumatic issues such as trauma and grief, endemic training, maladaptive behavioral patterns, and the need to assess cultural transmissions of trauma constellations. Finally, the authors discuss the interplay between traumatic assessment and clinical approaches to treatment.

In Chap. 15, J. D. Kinzie examines the combined psychosocial and pharmacological treatment of refugees from a cross-cultural perspective. Kinzie brings decades of experience from his work with various refugee populations in Oregon, USA. He begins by noting that the responsible treatment of refugees is complex and difficult. More importantly, he notes that there is relatively little systematic research that has attempted to examine combined psychotherapeutic and pharmacological approaches to the treatment of non-Western populations, who are refugees or, on the other hand, in need of treatment in their country of origin.

Kinzie presents several case histories of patients from the Intercultural Psychiatric Program at Oregon Health and Science University. In this chapter, Kinzie "walks" the reader through the treatment process of the patients, much as a clinical professor of medicine would do in an educational sense with residents in psychiatry. He provides a detailed list of diagnostic, differential diagnostic, and clinical considerations for the proper and successful diagnosis of the patients' problems in relation to the specific traumas they endured prior to asylum seeking as a refugee in the United States. Moreover, he provides accumulated medical and clinical wisdom about the use of medication in conjunction with "customized" psychotherapy approaches adapted for the care of diverse refugee populations. The chapter concludes with a set of seven specific guidelines for combined treatment recommendations.

In Chap. 16, Westermeyer and Her present a fascinating account and history of their professional work with Hmong refugees. They begin their chapter with background information about the Hmong people, known as the "Montash" people in Laos, Vietnam, Thailand, and China, indigenous to the Annamite mountain region of Southeast Asia. After the end of

the Vietnam War, Hmong refugees sought asylum in the US as they aided American military forces during the war.

In presenting a discussion of obstacles to assessment and care, the authors discuss critical issues that include (1) language and the differential semantic meaning of words; (2) interpretation, as there are two major dialects in Hmong language which can post significant problems when using interpreters for psychological assessment and clinical treatment approaches; (3) suspicion and mistrust are features of some Hmong patients, partly due to their abandonment by the US at the end of the Vietnam War. The authors provide several anecdotal illustrations. For example, "when Hmong people die in the United States, is it true that they are cut into pieces and put into tin cans and sold as food?"; (4) belief system differences can impede proper diagnosis and evoke countertransference reactions due to inaccurate understanding of culturally based differences in beliefs; (5) history of traumatic experiences, rooted in the Hmong history with many foreign countries and groups (North Vietnam, Pathet Lao, etc.) are extensive. The authors make an analogy to the experience of Native Americans in terms of genocidal warfare and ethnic cleansing. They point out that the power of these reports may evoke significant distress in the clinical assessor. Further, they note that PTSD is not the only expectable psychological sequela, as other anxiety, depression, and phobic disorders are prevalent.

In the next section of this comprehensive chapter, the authors discuss the need to understand Hmong social organization, i.e., how families and communities are organized and can be mobilized to provide needed social support. As part of this "larger perspective" of Hmong culture is an understanding that opium use was common among the Hmong in their natural culture. However, when they immigrated to the US, suffered from the effects of addiction, the need to find sources of supply, to receive treatment for their withdrawal symptoms, including suffering mood and anxiety disorders, had to be addressed by treatment providers in a culturally sensitive way as not to disgrace their integrity.

The chapter concludes with an examination of childbirth, child rearing, and childhood development as it pertains to how cognitive structures and ideological systems of belief are formed within the Hmong Society. To conclude the chapter, the authors discuss the application of psychotherapies to Hmong patients: behavior modification, interpersonal therapy, and network therapy. Similar to Kinzie's recommendation in Chap. 14, there is also a discussion of the combined use of medication with psychotherapy.



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