

Cross-Cultural Post Traumatic Stress Disorder

**“We are all much more simply
human than otherwise.” (Sullivan, 1947).**



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Counter-transference & Cross Cultural

- US purports a casteless society tending to overlook or ignore values & characteristics of different social classes, cultures & ethnicities.
- **Cross- cultural?** = Major differences in communication, worldviews, practice & values.
- **About Me:** Therapists carry experience as a person but also experience from their social group & profession. My own experience has always been cross-cultural: negotiating knowledge, worldviews and practice between two worlds:
- **Difference, Countertransference & Transference-** Most therapy is carried out between middle class therapist and patient.



History of Post-Traumatic Stress Disorder

490 B.C when Greek historian Herodotus, described a soldier suffering from no physical war injuries but yet became permanently blind after witnessing the death of a fellow soldier. [

- 18th Century, “Exhaustion for men & women and hysteria”.
- US Civil War= Irritable Heart syndrome.
- Shell Shock in World War I
- Battle Fatigue in World War II.



PTSD: Culturally Valid? International Classification of Disease: (ICD)10

PTSD Diagnostic Criteria: A Comparison

	DSM-IV	ICD-10
Stressor	✓	✓
Subjective	A ₂	
Reexperiencing	1 (B ₁₋₅)	1 B
Avoidant	0-2 (C ₁₋₂)	1 C
Amnesia	0-1 (C ₃)	1 D* or
Numbing	0-3 (C ₄₋₆)	
Foreshortened Future	0-1 (C ₇)	
Arousal	2 (D ₁₋₅)	2 (D _{2 a-c})
Onset	> 1 month	< 6 months
Functional Impairment	✓	

- Persons from all cultures experience
- PTSD: ICD in 1978 & US in 1980.
- But ethno-cultural variations exist so symptoms may be different.

- PTSD is an anxiety disorder that develops in some people after witnessing, participating or exposed to a terrifying event or ordeal in which grave physical harm occurred or threat has occurred.
- Major criteria is “outside the realm of ordinary socially validated experience”- extraordinary....espec when of human design, man-made & intentional.
- The person's response to the event must involve intense fear, helplessness or horror.
- 50 % of urban youth experience, witness and are subjected to trauma.

CROSS-CULTURAL? ETHICS

- Research carried out in mostly Western industrialized nations. DSM-IV is a standard reference and guide for North America & European countries & English-speaking countries but references used often in assessing refugees.
- Little cross-cultural research on PTSD among people from non-Western nations.
- But health & ill health are defined by culture so a psychiatric taxonomy should provide variations of symptoms & circumstances & conditions surrounding the onset of trauma.
- Prevention, Treatment and Restoration
- Research: Content & Linguistic Equivalency; Focus Groups; Indigenous Interviewers



UNIQUENESS

- Each cultural group requires a different set of skills, unique areas of emphasis and specific insights for successful therapy to emerge.
- **Non-Verbal Communication & cues leading to misinterpretation of familiarity and distance; status superiority and inferiority and approval and disapproval that are not shared. (examples of adolescents and children)**
- **Culture Bound : Major systems of psychotherapy are grounded in a Western European or American perspective: individualistic vs. self-sacrificing; hierarchal, nuclear family, more or less reluctant to talk about themselves or their families.**
- **Cultural Context: Almost forgotten.** Therapists keeping in mind their own context and recognizing that most clients' context are different. Pay attention to process, symbols, moments in therapy vs. content or performance.
- **Expanding conceptualizations and measurements of problem solving and coping: From stages to dimensions**

Cross-Cultural & Post Traumatic Stress Disorder

Do all cultures experience trauma symptoms similarly?

Anxiety
Dissociation
Somatic Symptoms
Depression?

One of a few psychiatric disorders in DSM-IV
identifying STRESS & not symptoms.

Identifies: Actual CATASTROPHIC environmental event as crucial
diagnosis.

Perception of Stress is Cultural:

What is the subjective experience of a population?

What meaning does the trauma represent?

Culture makes a difference in how phenomena is perceived, understood and coped
with

Implicit meaning and ideas that people have regarding how events occur and
develop; how people change.

Is it out-of-the-ordinary?



- Culture provides an orientation to the way that people feel, think & interpret symbolic meanings.
- Emotions and experience are socially-constructed. Our narratives vary cross-culturally and are gendered & ethno-cultural. As an example grief and mourning.
- **Content Validity: PTSD & DSM-IV must expand to look at different cultural experiences that do not necessarily fit into Western notions. For example, Calor & nervios” or that DID doesn’t exist in non Western cultures; El Salvadorian women do not experience hyper vigilance but sleep disturbance, somatic complaints, irritability and poor concentration.**
- In some cultures, healing rituals, religious rites, trance like states or possession are not individual pathology.
- DSM-IV doesn’t include dissociation, somatic or repetitive re-enactments, all typical symptoms in complex PTSD.



SUBJECTIVE RESPONSE IS CULTURAL

- What are the cultural signals that show distress?
- What coping and protective mechanisms do certain populations use that are effective?
- What are a culture's risk factors that make them more vulnerable to stress?
- What meaning does death or loss have in a culture?
- Iraq, Israel & Afghanistan: Intense combat is the norm -- daily urban fighting, suicide bombers & guerilla tactics of insurgents blend into the general public. We don't really know if these conditions create extra layers of stress or not.



Ethno-cultural Considerations

- Ethnocentric: It is a false assumption to believe that PTSD has universal symptoms or that immigrants mourn in the same way as host country.
- May not be a traumatic episode but may be loss of identity vs. rape or attacks.
- Instead a cultural construction of mental health
- Cambodian refugees as “cultural bereavement”

LIFE CYCLE FOR IMMIGRANTS

- Migration
 - Refugee Camps
 - Post-migration
 - Resettlement in various countries
 - Acculturation
-
- Cultural literacy, long the dominant model for preparing to do cross-cultural therapy, advocates study of the prospective client's history and culture. This model, however, poses logistical problems, emphasizes scholarship over the experiential and phenomenological, and risks seeing clients as their culture and not as themselves. In this essay, we argue that teaching culture alone can obscure therapists' view of human diversity. To balance the cognitive model of preparation, a process-oriented approach is considered, whereby the therapists' attitudes of cultural naiveté and respectful curiosity are given equal importance to knowledge and skill. We begin from a concern with clients' vulnerability in the power distribution that inevitably exists in therapy, especially with immigrant and marginalized populations. The use of acculturation narratives, which the therapist explores with naiveté and curiosity, helps clients to find their voices.

Ethno-cultural Considerations

Cultural & religious beliefs influence the psychological meaning, experience & subjective context of trauma.

Holocaust survivors suffer from affect lameness, which is suppression of all emotional responses to one's social world, somatization & depression.

- United States promotes critical incident stress debriefing as a way to promote early recovery.
- Yet Navajo Indians have a ceremony to address the impact of trauma exposure by rituals to cleanse returning warriors from trauma.

Ecological Perspective: Post-Traumatic Slave Syndrome

DIALECTIC: Multi-generational Transmission

- Based on Social Learning Theory
 - a. Operant Conditioning: Lack of access to resources is reinforced by individual prejudice, discrimination & institutional racism
 - b. Respondent Conditioning- Multi-generational transmission due to negative messages in the media.
 - c. Survivor's Modeling Negative Behaviors-
 - d. Consequence- Develop Adaptive and/or Maladaptive Survival Behaviors.

PTSS: African-Americans have sustained psychological injuries as a direct result of slavery & continue to be re-injured by societal policies of inequality, racism and oppression.



SEEKING SAFETY

- Participants must become more sensitized to the value of proactive and culturally-relevant mental health strategies to build resiliency and hope, and to enhance personal and community awareness.
- Applications for diverse community based settings are presented and discussed.

Social Justice: Knowledge Cannot Be Forgotten With Political Activism

- **Stop War**
- **The eradication of trauma depends on support of a political movement that will advocate for human rights so trauma will never be forgotten.**

