

Centering

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Cultural Issues in Trauma Treatment

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An essential component of effective trauma treatment is recognition of the role of cultural issues, both as they affect the traumatic experience per se and the healing process overall. This edition of Centering is dedicated to addressing cultural issues relevant to trauma treatment. Specifically, we highlight the treatment of African American, Latina, and gay and lesbian populations. Below is an overview of several issues influenced by cultural experience which are relevant for trauma treatment: the traumatic experience, definition of self, expression of symptoms, and help-seeking.

The Traumatic Experience

Insidious trauma (Root, 1992), the repetitive and cumulative experience of trauma and the everyday oppression of racial and other forms of discrimination, compounds the trauma of other childhood and adulthood abuse experiences. Recognizing that a matrix of traumatic experiences (e.g., hate crime, urban violence, historical tradition of discrimination) may shape the lived experience of a person within a given cultural group is essential for the clinician.

Definition of Self

One important framework for viewing traumatization is from a developmental perspective (e.g., McCann & Pearlman, 1994). Central to this model are notions about the definition of self. Whether we consider the self as an accumulation of learned probabilities, the idealized self based on familial and cultural traditions (Gusman et al., 1996), or the self-in-relation to others (cite), one's experience within a particular cultural group plays an important role in the definition of self. Assumptions about self are important in

trauma treatment because they contribute to the meaning of a traumatic experience. As well, these assumptions provide the foundation that guides the integration of the lived traumatic experience within self representations.

Expression of Symptoms

Both subjective experience and overt expression of emotion and psychological distress is shaped by cultural factors (Jenkins, 1996). For example, the term *nervios* (nerves), used among some American Hispanic groups to refer to a common symptom of diffuse distress involving anxiety, demoralization, and

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somatic complaint, is used to express many different social concerns and is woven into commentaries on personal, familial, and political problems (Koss, 1990). To treat these complaints as simply an indication of individual pathology can be misleading. Similar considerations are of concern when using psychological test instruments with an individual in which the standardization sample does not include persons of the same cultural group.

Help-Seeking

The meaning of help and legitimate places to seek it are attached to cultural values. Social norms that value the family as the center of help-seeking or that hold the integrity of the family as a higher value than the welfare of an individual within it, can increase the reluctance of a traumatized person to reach into a mental health system for help. Further, patterns of help-seeking vary across cultural groups and are linked to cultural, racial,

and gender bias within mental health treatment (Comas-Diaz & Greene, 1994). For these reasons, it is important for the trauma clinician to recognize and appreciate the meaning of help-seeking for traumatized persons among different cultural groups.

A Context for Integrating the Influence of Culture in Trauma Treatment

Borrowing from developmental psychology (Bronfenbrenner, 1979), the nested ecological model of human behavior provides a contextual framework which can assist in the integration of cultural differences within a trauma treatment framework. This model is defined by five nested contexts which can help explain the individual trauma victim's response as well as provide a map for developing appropriate interventions. The *individual*, of course, is at the center of the social context and dictates that individual differences be considered in trauma treatment. The *microsystem* includes interactions that the individual has with others in the workplace, home, church, social club, or sports team, and the meaning attached to them. How others view the traumatic experience and interact with the traumatized person determines, in part, the level of social support or isolation experienced. The *mesosystem* consists of the linkages between the *microsystems* in a person's environment, for example, between the therapist and family or between the out-patient psychiatrist and hospital staff. The *exosystem* is defined by the institutional systems that affect the individual indirectly, such as hospital policies and police practices. The *macrosystem* refers to cultural "blueprints" that dictate norms for behavior and attitudes pertinent to groups based on ethnicity, social class, or sexual preference. Cultural attitudes that value

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family networks as primary, for example, play an important role in working with the traumatized individual. The **chronosystem** accounts for the personal and collective historical antecedents of current social attitudes, for example, toward people of color. Generations of economic and social discrimination toward African Americans, Latinas, and

gays and lesbians is relevant for understanding the meaning of trauma, the traumatized person's response to it, and the likelihood of obtaining effective help.

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