
CONSIDERING A THEORY OF CULTURAL TRAUMA AND LOSS

B. HUDNALL STAMM

Institute of Rural Health and Department of Psychology, Idaho State University,
Pocatello, Idaho, USA

HENRY E. STAMM IV

Wind River History Center, Dubois, Wyoming, USA

AMY C. HUDNALL

Department of History, Appalachian State University, Boone, North Carolina, USA

CRAIG HIGSON-SMITH

South African Traumatic Stress Institute, Johannesburg, South Africa

The authors propose a model of cultural trauma and revitalization. The theory suggests a framework for understanding disruptions that an “original” culture might suffer at the imposition of an “arriving” culture resulting in vulnerabilities of individuals, families/small groups, communities, and the larger societies. The cultural clash model posits that original cultures have identifiable and sustainable economic, social, political, and spiritual systems in the pre-contact era. Exposure to an arriving culture can radically alter the character and sustainability of the original culture. Emergence from the challenge can lead to cultural dissolution, but there can also be revitalization and reorganization. This can occur if the injured culture lays claim to economic and social

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Address correspondence to B. Hudnall Stamm, Institute of Rural Health Studies, Idaho State University, Pocatello, ID 83209-8174, USA. E-mail: bhstamm@isu.edu

resources, preferably with the support and encouragement of the hegemonic culture. The end result can be a form of bicultural or multicultural adaptation by the members of the original culture. Suggestions for testing the model of cultural trauma are offered by using culturally relevant variables in path analysis or structural equation modeling. The article closes with a discussion of issues related to individual, small group, community, and societal interventions following cultural loss and trauma.

I had to say, "I have to resolve" . . . everybody stays with that dilemma of history. How much of it do we let eat us up, when it gets to the point where we [our culture] can't even be functional. (West, 2002, p. 126)

This article presents a nascent theory of cultural trauma and loss. We believe trauma can affect the social fabric of a nation or culture during civil wars or in interactions or conflicts with other cultures or divergent subgroups of the same culture. This phenomenon has a historical past, a geosociopolitical present, and an uncertain future. In order to understand it, we draw on medical and psychological research, as well as history, sociology, anthropology, literature, political science, and economics. Our team brings applied and research experience in history, statistics, business, clinical psychology, community psychology, emergency medicine, public policy, and public health. Thus, we offer our ideas, with suggestions for testing and refining them, in order to retain useful concepts and correct those that are in error.

As the concepts of trauma, loss, and Post traumatic stress disorder (PTSD) emerged into a coherent field in the 1980s, health care workers, researchers, humanitarian aid workers, and policy specialists struggled to apply these new concepts beyond the therapy room to communities worldwide that had suffered fragmentation and loss through war and civil strife, disasters, epidemics, and political policies. Governmental and nongovernmental organizations (NGOs) added trauma counseling and treatment programs, as well as delivering relief supplies such as food, shelter, and medicines. Teams of therapists and other workers from a variety of academic disciplines offered their services and opinions to help refugees, internally displaced persons, and members of disrupted communities heal and rebuild their lives (cf. Marsella, Bornemann, Ekblad, & Orley, 1994).

By the early to mid-1990s, researchers and field workers realized that wholesale applications of PTSD, and its individual and group treatment protocols, did not necessarily offer effective relief across cultures. PTSD and its treatment are largely derived from a Euro-American epistemology, and as Stamm and Friedman noted (2000), identifying PTSD within a group does not always speak to its goodness of fit for the expression of posttraumatic distress. The lack of fit was most conspicuous when treatments emerged from a culture

substantially different from the culture being “treated.” Traumatic events and loss may have universal components, but responses to events and even the definition of symptoms are expressed within specific cultural contexts that may or may not fit with expected symptoms or psychotherapies that have been validated for treatment of PTSD (Stamm & Friedman, 2000). Obstacles like the organization of infrastructures (e.g., where one obtains help) may affect treatment delivery. These differences in human and physical infrastructure, coupled with glaring health disparities (Brown, Ojeda, Wyn, & Levan, 2000; SOPHE, 2002), prompted assertions that understanding cultural aspects of trauma functioning on multiple levels—individual, small group, community, and society—is vital but frequently overlooked (Bracken & Petty, 1998; Chemtob, 1996; Higson-Smith, 2002b; Lewis-Fernandez & Kleinman, 1995; Manson, 1996; Marsella et al., 1994; Nader, Dubrow, & Stamm, 1999; Norton & Manson, 1996; Stamm & Friedman, 2000). Some theorists suggest that interventions must be culturally specific in order to be effective and must cease perpetrating the “traumas of colonialism” (Duran & Duran, 1995; Maviglia, 2002). Equally important, and driven in part by the growing indigenous people’s sovereignty movement, is inclusion of recipients in planning and implementing aid, to wit, the United Nations (UN) Indigenous People’s Project: “indigenous perspectives and concepts of development [are heeded] in future programs and projects, [and] indigenous peoples’ concerns [are] a cross cutting issue within UNDP” (UN, 1999).

Speaking of culture *writ large* inevitably leads to overgeneralizations. There is variation in seemingly homogenous groups. A theory of cultural trauma, at best, is nonspecific and helps contextualize human interchange across cultures with differences in economic, social, and technological organization. The theory is offered as a framework for working with disruptions when an “original” culture is exposed to an “arriving” culture.¹ The intended and unintended consequences of these cultural interplays may have profound and long-lasting effects, which in some cases literally redefine either or both groups (White, 1991). While the outcome of these redefinitions may range from genocide and cultural extinction to positive adaptation, the adaptation period, what we call “cultural challenge,” encompasses individual and corporate stressors, regardless of the culture(s) from which they derive. These

¹These terms are less than ideal, but are used to describe the most generalizable form of the relationship. A recognizable form of this cultural interchange is colonialism, although there are other examples such as conflict between divergent groups of one culture, or when enclaves of refugees must deal with their host country’s culture.

stressors produce vulnerabilities which may place individuals, families, communities, and even whole societies at risk during the encounter(s), and may pose threats for future generations.

Cultures will continue to meet, may often clash, and certainly will change. We believe it is critical, therefore, to assess individuals and their geographical, economic, political, social, and cultural contexts (Higson-Smith, 2002a; Friedman & Higson-Smith, 2003). We offer only ideas about what may emerge from the cultural clashes. We have two aims. First, we hope that knowing the risks will help those engaged in community revitalization find the most favorable paths into their futures. Second, we hope to stimulate research and strengthen our ability to rely on validated information as we plan and intervene in people's lives and their communities.

Operational Definitions of Trauma, Loss, and Culture

Defining trauma and loss seems simple until one tries to identify terms that work cross culturally and across time. In the traumatic stress literature, loss may refer to the removal of a value, belief, or material item, but it is most commonly associated with the loss of a person who has died. Similarly, trauma refers to a terrifying death or threatened death. Yet, not every death is associated with terror, nor does every loss come from death. Across cultures, there are differences in what constitutes trauma or loss and in how the culture interprets and manages it. Hence, the definitions of trauma must be adapted to fit the culture from which it arises.

Traumatic stress includes a variety of diagnostic conditions, subsyndromal symptoms, and culturally derived symptoms (Stamm, 1999a; Stamm & Friedman, 2000). Death and loss associated with events such as war, forced relocation, slavery, starvation, or genocide are potent risk factors. When multiple people in a group manifest symptoms, the symptoms are still individual responses, not a group response. This is a particularly important distinction, as not all people conceptualize themselves as individuals within a group but may derive their identity from a group in which the self aligns more closely with the collectivist (I-we) than the individualist (I-me) (Hui & Triandis, 1986; Triandis, 1995; Keats, Munro, & Mann, 1989; Stamm & Friedman, 2000). It is important to note that some people may have no reaction (Wortman & Silver, 1989) or even be strengthened by the troubles they experience (cf. Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Marsella et al., 1996; Stamm, 1999a, 1999b).

Defining culture is difficult, even though there is a rapidly growing literature on the topic in relation to traumatic stress and loss (cf. Bracken & Petty, 1998; Caruth, 1996; Danieli, 1998; Higson-Smith, 2002a, 2002b, Lacapra, 2000; Marsella et al., 1996; Stamm & Friedman, 2000; Stamm, Higson-Smith, & Hudnall, in press; Weine, 1999). Marsella, Friedman, and Spain (1996) suggest there are three dimensions that should be considered: (a) universal dimensions that apply to almost anyone, (b) cultural aspects that are associated with particular cultures, and (c) personal uniqueness experienced by individuals. Marsella (1988) defines culture as “shared learned behavior . . . transmitted from one generation to another to promote individual and group adjustment and adaptation. Culture is presented externally as artifacts, roles, and institutions, and is represented internally as values, beliefs, attitudes, cognitive styles, epistemologies, and consciousness patterns” (p. 10).

Intergenerational and Historical Trauma

Taking the broad cultural perspective we suggest requires viewing trauma and loss across time and place. Two methods that use this perspective are multigenerational legacies of trauma (Danieli, 1998) and historical trauma (Duran & Duran, 1995). This cross-time/place perspective sees events and their resulting trauma and loss not as PTSD per se, but as events sufficiently strong that their legacy may retain salience across generations.

Danieli views multigenerational legacies as the transmission across generations of the legacies of a traumatic event. She includes cultural, political, economic, and other dimensions to understand life before, during, and after the event. This perspective may include, but does not require, cultural clash; events transmitted generation to generation can be perpetrated from within, across, or between individuals or cultures. While a parent's traumatic stress may carry forward to the next generation through the parent's impaired ability to parent, it may also be transmitted through a shared belief system that is held by the parent, the family, or even the culture. Historical trauma, as defined by Duran and Duran (1995), is more properly referred to as post-colonial psychology. In order to exist, colonialism must have occurred and there may be a continuing aspect to the colonial trauma. Duran and Duran define the problem specifically in the context of the indigenous people of North America, recognizing the psychological, physical, social, and cultural aftermath of the systematic subjugation of Native Americans by colonizing White cultures (Maviglia, 2002). The manifestations of historical trauma

include (a) communal feelings of familial and social disruption, (b) existential depression based on communal disruption, (c) confusion toward owning the ancestral pain accompanied by the temptation to adopt colonial values, (d) chronic existential grief and angst manifested in destructive behaviors, (e) daily reexperiencing of the colonial trauma through racism and stereotyping, and (f) lack of resolution of the existential, communal pain.

Cultural Trauma

Cultural trauma appears as a term in the work of four different author groups, yet has somewhat different meanings to each group. Berger (1995) uses cultural trauma, without cross-cultural reference, in his postmodern reading of a novel where the past inhabits the present as a transmission of cultural memory. Eyerman (2001), discussing the development of an African American identity inherited from American slavery, uses the term to differentiate between individual trauma and a cultural process. He defines it as “(a) laden with negative affect, (b) represented as indelible, and (c) regarded as threatening a society’s existence or violating one or more of its fundamental cultural presuppositions” (p. 2). He ascribes no difference to national trauma and cultural trauma; both involve a struggle for meaning, identification of the victims, and an attribution of responsibility, with individual memory subsumed under collective memory and the cultural trauma articulating group membership and pervading future generations.

Nicolas and McIntosh (2002) use the term to discuss how the Irish misunderstood the 19th-century potato famine as solely the failure of nature rather than a political policy pursued by England. As a result, a nation that once was rather lethargic in its attachment to the Catholic church ignored the political dimensions and turned to the church in its need for solace in the aftermath of starvation. Nicolas and McIntosh suggest that such histories are like infected wounds, “where individuals, families, and nations carry unresolved trauma from their past. It shows . . . in the whole web of social dysfunctions—alcoholism, drugs, and even institutional corruption. It shows wherever human dignity has been compromised” (p. 18).

Cultural trauma as we understand it can encompass all of the previously mentioned concepts, and more (H. E. Stamm, Morgan, Dolchok, & Stamm, 2001; Stamm et al., 1998, 2000). One of the differentiations from multi-generational or historical trauma is that in our understanding of cultural trauma, the event does not have to be in the past; it may be under way.

Cultural trauma involves more than physical destruction of people, property, and landscapes such as might be seen in warfare or ethnic cleansing. It directly or indirectly attacks what constitutes culture, of which there are some essential yet vulnerable elements: body/space practices, religion, histories, language, state organizations, and economics (Petschauer & Isaenko, 2002). The attacks may include the prohibition of language, spiritual/healing practices, or access to public spaces. There may be the creation of a “new” history or a “new” enemy. There may be rape or interpersonal violence to destroy families, the elimination of traditional authority figures within a community, or elevation of an authority or outside agency to bypass the traditional systems of authority.

Whitbeck, Adams, and Hoyt (in press) studied four American Indian and Canadian First Nation groups in the creation of The Historical Loss Scale. Items were derived from focus groups, and the resulting scale was tested on 143 respondents. Despite the fact that these respondents (parents of 10–12 year-old children) were at least one generation removed from the boarding school era (1870–1940), during which time children were often forcibly removed from their parental homes and sent to off-reservation schools, and several generations beyond the 19th century era of warfare and reservation creation, they reported that historical losses were often in their thoughts and feelings. Loss of land, and language, breakdown in familial relationships, and lack of respect for elders are examples of cultural bereavement that troubled the respondents. One fifth to one half stated they thought about these events daily. Using their Historical Loss Associated Symptoms Scale, the authors found that “perceptions of historical loss lead to emotional responses typically associated with post-traumatic stress disorder and depression” (p. 18).

In an examination of culturally linked psychological experience of place (PPE) and loss and traumatic stress among Native Americans, West (2002) studied 24 respected older tribal members 46 to 75 years of age ($M = 57$, $SD = 33$). Each elder completed the SF-36, and the Stressful Life Experiences Screening (SLES; Stamm et al., 1996). West also collected data on demographics, place attachment, sense of place, place identity, place disruption, and spiritual relationships with place. Those with a stronger overall PPE reported more overall Criterion A1 events and current distress. They also reported greater knowledge of their ancestral heritage, native language, and past substance use. Elders with a stronger PPE, regardless of place of residence, reported lower overall health status (SF-36 and SLES), and they also felt a stronger kinship with their heritage and their ancestral home. On the face of the data alone, it is difficult to explain why the stronger sense of place

would be associated with poorer overall health and more traumatic stress symptoms. Reanalysis of the data for this article ruled out variables that typically explain lowered health status (e.g., place of residence, education, income, and age). The qualitative data make it clear, however, that the elders themselves attribute the strengthened connection to place and their heritage to healing the traumatic stresses of their past.

It is important to remember that, to some extent, all members of a group share the history or experiences of that group. Thus, a member of a group subjected to past trauma might view a current traumatic experience (whether as victim, perpetrator, or bystander) through a particular lens tempered by that history (Gagné, 1998; Duran et al., 1998; Cross, 1998). This lens influences an individual's causal attributions and response to the event as well as recovery. It does not mean, though, that the history alone constitutes PTSD. Criterion A1 events are not necessarily directly involved in ongoing cultural trauma, but the culture itself and its members have undergone threats to their continued existence. For example, in American Indian and Alaska Native communities, teaching indigenous languages was forbidden from the late 1800s to well into the 20th century. Policymakers in the United States believed that the best course of action toward and for American Indians and Alaska Natives was assimilation into the dominant society. Native languages—as primary keys and bearers of cultural identity and tradition—were targeted for elimination (Spack, 2002). Violence and even warfare was used to enforce this and other policies intended to restrict or eliminate American Indians' cultures (Davis, 2001).

These historical policies represent what we term “cultural challenge,” and have modern counterparts that we observe through the eyes of peacekeeping troops or aid workers. They can coexist with low-level or full-scale war and may lead (a) to an increased likelihood of occurrence of dangerous and Criterion A1 events (cf. Litz et al., 1997), (b) to an underlying dangerousness of life with lower resiliency and/or situations in which events of loss or horror are more easily converted to pathologies such as depression or PTSD (cf. Garbarino, Kostelny, & Dubrow, 1991), and (c) to restricted access to social supports to deal with Criterion A1 events. Conflicts between cultures or severe trauma inflicted on a culture, however, do not necessarily result in a traumatized culture or one that passes on a legacy of trauma. Just as many individual people endure severe physical and psychological blows, stagger from the onslaught, and recover to move forward with their lives in healthy and creative ways, so can entire cultures adapt to traumatic events and situations and provide stability and continuity to their members.

Examining Cultural Trauma From the Cultural Clash Model

Sustainability Cycle

When the culture—the group’s context of self-definition—is traumatized, the people in the context are affected, including their ability to support their economy, as the economic focus shifts from production of goods and services to survival (see Figure 1). When one’s day is consumed by seeking food, potable water, basic shelter, and reasonable safety, the activities of daily living overtake one’s ability to be attentive to “further-removed” tasks such as production of goods and services (Hussan & Stamm, 2003). When the production of goods and services is challenged, it is difficult to sustain economic development. Thus, meeting basic nutrition and health needs of people in cultures that are challenged will theoretically increase the probability of fostering the production of goods and services and sustaining economic development.

Hussan’s (Hussan & Stamm, 2003) study of Pakistan’s poorest people compared their views of economic development with the Pakistani government’s

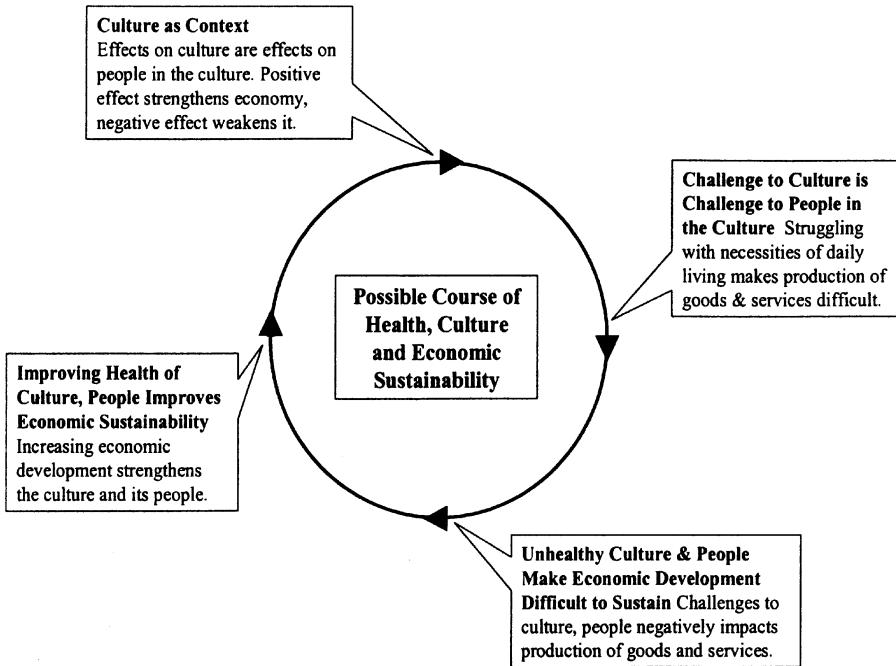


FIGURE 1 Possible course of health, culture, and economic sustainability.

plans. She found that people reported feeling overwhelmed by meeting their basic needs and alienated from the development process: “Our lives revolve around only bread and [the continuation of our] pulses,” “What do I know [about] what is development? I am poor and I am also ill. I don’t know. We are helpless people. We can’t even think because of illness;” and “It is very simple. One has hundreds of needs and not enough income to satisfy them. It is a bondage.”

Researchers at the World Bank, using data from 1960–1999, demonstrated that marginalized countries are more susceptible to civil violence. They noted that economics deserved more attention than they have received. “If a country is in economic decline, is dependent on primary commodity exports [low-level manufactured goods or raw products], and has a low per capita income [below \$3,000 per capita GDP], and that income is unequally distributed, it is at high risk for civil war” (Collier et al., 2003, p. 4). Their figures indicate that a low-income country risks a 17.1% chance of falling into civil war in a given 5-year period, while only a 2% growth rate reduces that risk to 12.3%. They suggest that “stimulating development in the slow-growing, low-income countries . . . [will be] one of the two critical interventions to reduce the global incidence of conflict” (p. 118). The other intervention is designed to prevent countries that previously were in conflict from returning to it again.

Modeling Cultural Conflict

Using an example based on indigenous cultures in North America (present-day Alaska and Wyoming in the United States and Quebec, Canada) and South Africa, Stamm and colleagues suggest that contact between European colonists and indigenous peoples caused a sudden cultural challenge followed by a cultural loss (see Figure 2), (Higson-Smith, 2002a; H. E. Stamm et al., 2001; Stamm et al., 1998, 2000). This model suggests that a (relatively) long period of cultural stability preceding contact with the arriving culture—that is, identifiable and stable economies, trade patterns, systems of government, belief systems, social systems, and so forth—gave way to a chaotic period of “cultural challenge.” Cultural challenge is characterized by both positive and negative aspects, for example, by epidemics of new diseases, expanded trade opportunities, warfare, and competing belief systems. Usually this period of challenge leads to a period of cultural loss characterized by loss of cultural memory (e.g., collective understandings of shared history by people from a sociohistorical context; see Assmann, 1992, 1997; Holtorf, 1996), loss of language, diminished economic opportunities and poverty, poor health options, and disruption of family patterns.

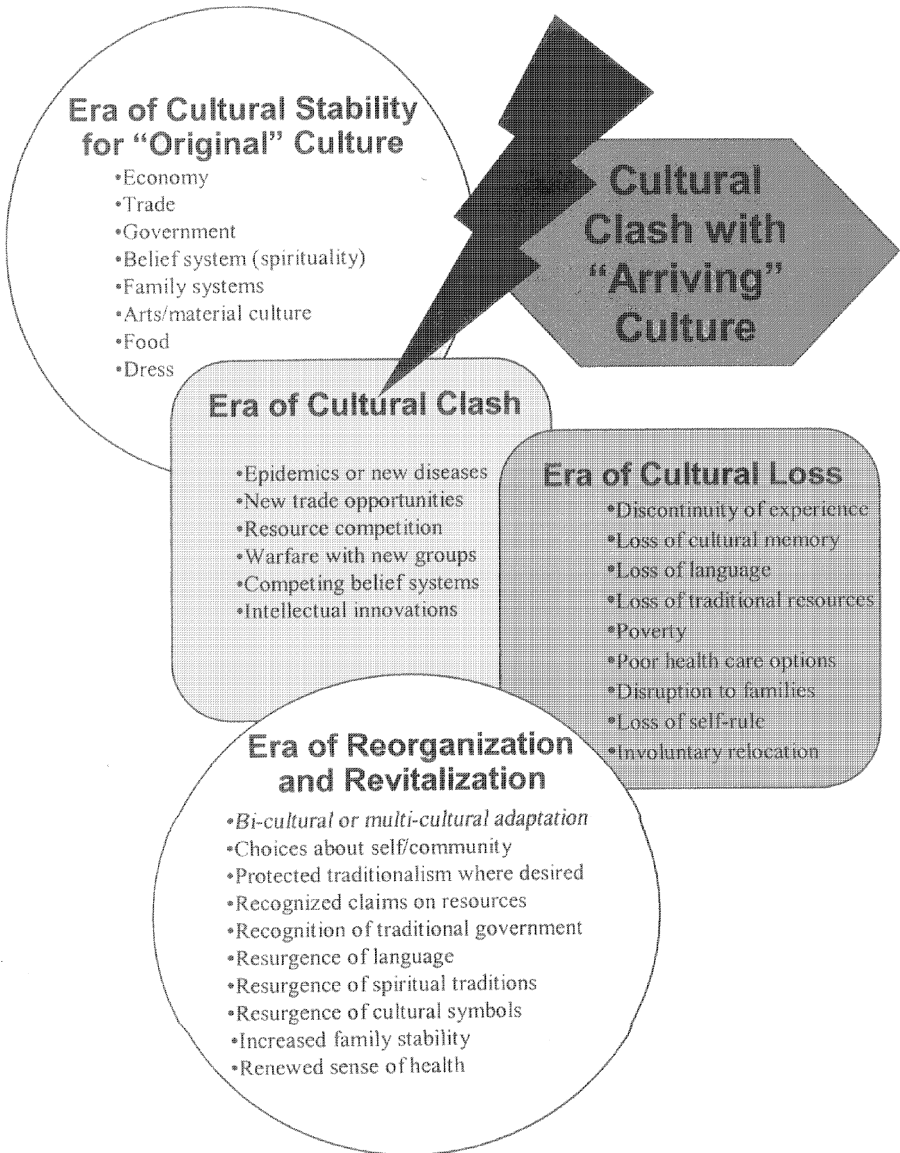


FIGURE 2 Cultural challenge model.

To some, reversing the legacies of cultural trauma must include revolution and more conflict—a situation of unjustified violence begetting righteous overthrow. For example, in *The Wretched of the Earth* (1963), Frantz Fanon, a French-speaking, Martinique-born, Black psychiatrist who became a proponent of Algerian independence in the 1950s, contended that violence in colonized countries is not restricted to the battlefield but is fundamental to colonialism itself—it influences human interactions and the self-image of both the colonized and the colonizer. He believed that “decolonization” could only occur through a violent counter-revolution or liberation struggle. Fanon viewed violence as a catharsis necessary to the healthy establishment of a liberated nation, righting the injustices of the past.

Up to this point, we (Higson-Smith, 2002a; H. E. Stamm et al., 2001; Stamm et al., 1998, 2000), as well as Duran and Duran (1995, 1998) and Gagné (1998), might agree with Fanon’s assessment about the effects of colonization, that is, the forceful takeover of a cultural group by a government system using the land and peoples for economic gain through export of raw material and import of finished goods. However, rather than arguing for or upholding the necessity of violence in order to achieve catharsis and eventual healing, we suggest instead the possibility of resolution through reorganization and revitalization. This alternative is usually characterized by multicultural adaptation, which includes the ability of each group to make choices about self and community and to protect desired traditionalism. Revitalization allows the injured community to make claims on resources while the hegemonic group recognizes and, hopefully, supports that community’s traditional governmental patterns, language, spiritual traditions, cultural symbols, and stability and health.

Rather than violence, Rwanda, formerly colonized by Germany and Belgium, is using an ancient form of community-based resolution called *gacaca* as a way to resolve the troubles resulting from the 1994 genocide of the poorer but majority population of Tutsis by the controlling Hutus (African Rights, 2003). *Gacaca*, as it is officially defined today, is a formal resolution system that requires the involvement not only of the “judges” or *Inyangamugayo*—individuals chosen by their community to represent them—and the accused, but also the entire adult community who serve as the court’s general assembly. *Gacaca* is more than the Western concept of justice, which seeks to separate the accused and the victim. Rather, it recognizes that the accused and the victims will continue to live together in community. *Gacaca* recognizes and condemns the genocide but also opens “a path towards atonement, through truth-telling, for witnesses who were either unable or unwilling to try to prevent

killings. For genocide perpetrators too there is the opportunity to confess and ask forgiveness for their crimes” (African Rights, 2003).

South Africa presents another case study. The first South Africans came from two distinct nations with a shared, common heritage, the hunting-based *San* and the farming-based *Khoikhoi*. Between 1602 and 1994 various forms of colonialism existed in South Africa. In 1948, the Afrikaan-speaking National Party came to political power and instituted the governmental policy of apartheid, an Afrikaan word meaning separateness. Resistance to apartheid was met with brutal and organized violence (Coleman, 1998). In 1994, after the apartheid regime recognized that its end had come, all South Africans went to the polls for the first time and elected the African National Congress with Nelson Mandela at its head. Since “the vote,” South Africa’s constitution has been rewritten to protect all people from discrimination. The Truth and Reconciliation Commission (TRC) spent years investigating and documenting the brutalities that characterized South Africa’s recent history (Asmal, Asmal, & Roberts, 1996). The TRC, powerful as it was, proved a limited vehicle for reconciliation; nonetheless, South Africa continues to work toward coming to terms with its violent and divided history.

Direct confrontation, such as *gacaca* and the TRC, may not work for all cultures. For example, in a discussion with exiled northern African health professionals, two of the authors were told, “It is better to be dead than to be made ashamed. Facing evil in the eye for the man or a *head-woman* is to be made ashamed. [Our] war continues because people would rather be dead than to be made ashamed.” These leaders urged planners “to focus on revitalization, for if you focus on healing, that is the restoration.” The key to finding a peaceful solution seems to lie in understanding the culture of the groups involved. *Gacaca* may be ideal for Rwandans as it has been part of their culture. In South African the TRC offered an opportunity to tell the story and to ask for pardon. For others, moving forward to heal and then allowing the story to emerge, may be the answer.

Building A Testable Model of Cultural Trauma

The model presented in Figure 2 lends itself to being tested statistically (see Figure 3). Clearly, no simple statistical procedure will address all of the potential variables in the model. However, using an environmental approach and structural modeling offers promise, as long as the model uses culturally derived versions of the general variables (cf. Buncher, Succop, & Dietrich, 1991). The

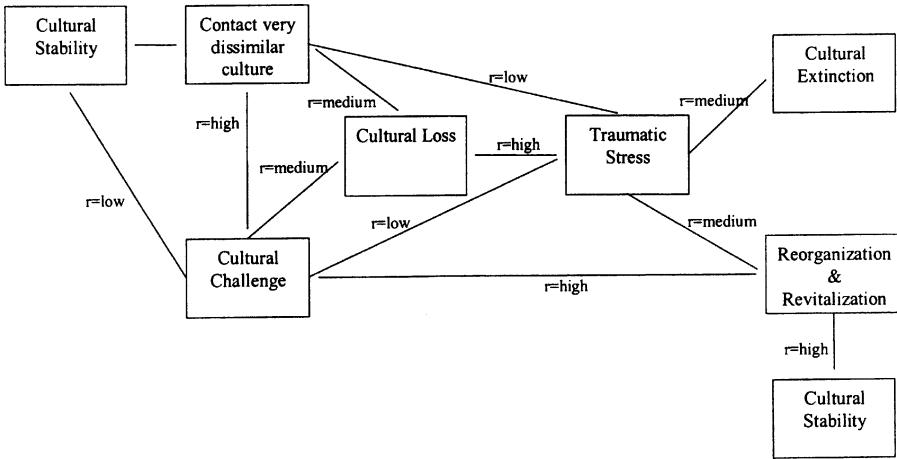


FIGURE 3 Preliminary path analysis of cultural trauma model.

accuracy of the model for a specific culture depends on using culturally derived variables that fit within classes of variables (e.g., constructs) (see Table 1). It should also be noted that some cultures may have more or less than the list of these constructs. The increase of negative variables (e.g., depression, diseases) and the decrease of positive variables (e.g., economic development, food sufficiency) would signal more negative outcomes. The collection of positive outcomes (e.g., reduced pathologies, improved infrastructures) would signal revitalization. It should be noted that each of the domains listed represents a collection of variables, not a single variable. Because of the complexity of the system suggested by the model, it is likely that multiple studies will be required to provide correction and validity to the model.

Implications for Interventions and Treatment

Cultural disruption can lead to fragmentation of individuals, small groups, communities, or societies (Higson-Smith, 2002a, 2002b). For example, Samolu (Samolu, Stamm, & Stamm, 1998) conducted 282 “on our way” therapeutic interviews with Liberian child soldiers 6–20 years of age ($M = 12.2$ years) by taking food to them at the village gates. The children reported becoming soldiers out of revenge, necessity, seeking belonging, or peer pressure. They wanted help: “Talk to us because we did so many ugly things.” They

TABLE 1 Potential Constructs and Variables the Cultural Trauma Model

Construct/domain	Elements of construct
Traumatic stressors	Exposure to warfare, extreme loss, sexual assault, violence, other life threats
Depression	Discontinuity of experience, loss of cultural memory, loss of resources, diminished economic opportunities, decreased health status, family disruptions
Diseases	Occurrences of and ability to treat diseases, morbidity, mortality
Economic development	Economy, trade patterns, material culture, food, traditional resources
How problem started	Epidemics, trade, warfare, beliefs, intellectual innovations, resource competition
How problem is sustained	Discontinuity of experience, loss of cultural memory, loss of resources, diminished economic opportunities, decreased health status, family disruptions
Food sufficiency	Access, traditional resources, resource competition
Water	Access, traditional resources, resource competition, water rights
Transportation	Access, traditional resources, resource competition
Housing	Economy, family systems, material culture, resource competition
Birth-rate	Family systems, belief system, economy
General health	Economy, family systems, food, material culture, governmental patterns
Functional social support	Adequacy of social network, economy, governmental systems, access to needed services and supports
Structural social support	Size and strength of social network, family systems, belief system, traditional resources, resource competition, adequacy of and access to functional social support
Cultural identity	Language, beliefs, governmental patterns, family systems, material culture, food, dress
Ability to envision new world	Bi/multicultural adaptation, preservation of original culture, ability to make choices
Ability to reconcile	Ability to make choices, cognitive flexibility, belief system, cultural identity
Willingness for reconciliation	Bicultural or multicultural adaptation, ability to make choices, increased family stability, renewed sense of health, spiritual resurgence
Spirituality	Belief system, language, symbols

reported that their desires were community and family reconciliation and a “culturally normal” life, which included going to school, having a job, and farming. It is easy to become despondent in the face of so much need. Yet, because fragmentations are disrupting to routines, they are also entry points for interventions. While some disruption and fragmentation may make intervention more difficult, the fluidity and distress common in these situations offer doorways in, and out, of routines that sustain systems at the individual, small group, community, or societal level.

What follows are ideas to consider, not methods, for interventions. While programs exist, the literature on them is emerging. One consistent theme is that any intervention should include the perspectives and ideas of the people it intends to serve. Moreover, consideration should be given to the fragments of culture that remain, and to bolstering or returning to traditions as the new, revised postchallenge culture is rebuilt. The International Society for Traumatic Stress Studies Task Force on International Trauma Training provides specific suggestions in its “Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings” (Weine et al., 2002).

In Stamm and Friedman (2000), we recognized that there was a great deal of uncertainty about what treatments worked for whom and under what circumstances across cultures. Table 2 presents a variant on the algorithm from Stamm and Friedman (2000), which may also be useful as a way of thinking about interventions for individuals or communities. In the case of communities, planners should consider the “personality” of the group they wish to serve, gathering an overall ecological perspective of the group and attempting to serve the dominant group typology. If at all possible, intervention planners should be careful to provide individual services and supports for individuals or small groups who do not fit well into the group typology.

Context of Reorganization and Revitalization

Reorganization can take place in various settings. Individuals might flee deadly conflicts in an individual diaspora, while others leave in groups. Some cannot or will not leave, and the cultural trauma as well as the reorganization and revitalization takes place in situ (see Figure 4). Relocated individuals may exhibit signs of assimilation or alienation, while those who disperse in groups may be able to maintain their culture. Within-group variability still exists; some will remain connected to their original culture, others may assimilate to the arriving or host country culture’s and still others may adopt a bi/multicultural perspective. Those in situ or who return after a short time as

TABLE 2 Typology of Cultural Accommodation

Category	Description
Original culture	Ethnocultural identity remains linked to the original culture with respect to customs, beliefs, and behavior. Group interventions theoretically should be based in original culture. Members of this group are theoretically most likely to benefit from treatments based in their culture of origin
Assimilated	Original culture has been abandoned and arriving or ruling culture has been embraced. If refugees, the host country's culture has been adopted. Communities and individual-theoretically will benefit most from interventions derived from the arriving or host county culture, although some benefit may be gained from reintroducing elements of original culture
Multi/bi-cultural	Represents comfort and fluency in culture of origin and arriving culture(s), and where it applies, in a host country culture. Communities or individuals match their cultural perspective and behaviors to the demands and expectations of the situation. Theoretically, blended interventions that reflect their lives will work best, drawing from all of their cultural experiences
Alienated	Represents individuals or communities that are alienated from their culture of origin as well as the arriving or host culture. There is little to say about what types of interventions work best, except that linking to some culture, or creating a new culture, may reduce the sense of anomie and increase the ability for self-determination and selection into one of the other three groups

internally displaced persons or refugees may retain their original culture if it is still intact. Or they may find themselves in a blended culture and experience bi- or multicultural traits, and thus benefit from interventions derived from those cultures.

Preventing and Intervening with Violence, Disruption, and Terror

Preventing violence is an intervention. Individuals and families can learn techniques to resolve conflicts. Weiser and colleagues (2001) found that families who participated in a culturally adapted family strengthening program reported fewer distressing traumatic stress symptoms at 6-month follow-up than the

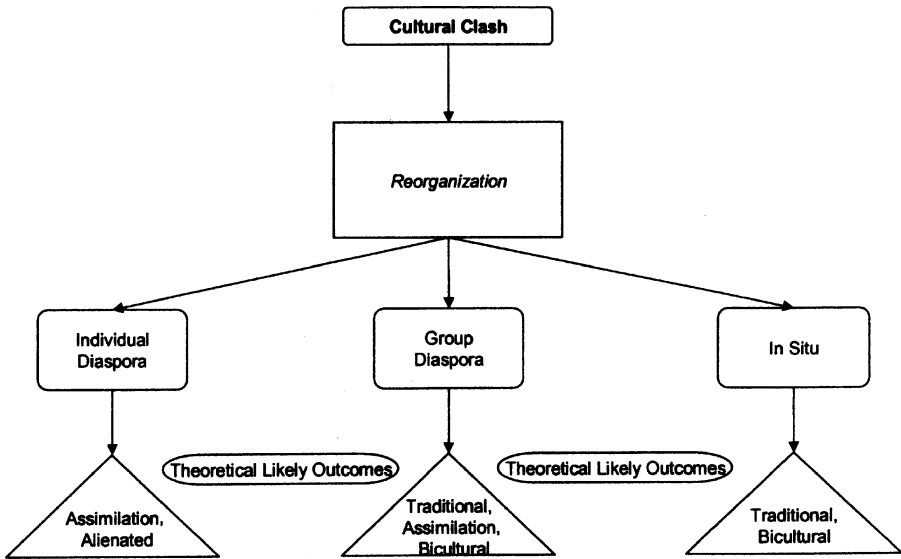


FIGURE 4 Treatment considerations based on type of cultural trauma.

comparison group, even though the groups had been the same at baseline. For communities, projects can focus on shared activities such as rebuilding common property. Some countries employ special courts for victims of violence, like the TRC or gacaca. Other prevention and revitalization activities include reintroducing or bolstering traditional cultural events and writing new laws and policies that improve societal health. Strategies that work across all levels of society are likely to be the ones that are the most successful. Leaders from each level can work together, building linkages between groups.

Sometimes prevention efforts are insufficient, or perhaps too late, to quell violence, disruption, and terror. These situations call for interventions, again at the individual, small group, community, or societal level (Higson-Smith, 2003). Many people and groups do well with encouragement and the restoration of basic goods and services. Supporting normal activities such as work, study, and religion may provide all of the aid needed. Additional assistance can come through what is commonly known in the NGO world as a “trauma counseling program.” Such programs use trained, supervised lay counselors to normalize the process of people coming to terms with their loss and experiences of fragmentation. They also identify and refer those who need specialized assistance. Small group interventions led by lay or professional counselors may take the

form of a familiar support or therapy group, or they may be organized by function, including planning events and learning new survival skills. In “function” groups, psychological interventions emerge from the shared work done by the members. Community activities may be similar, but include people pooling resources to meet challenges. At the societal level, interventions can sanctify and validate the individual’s or community’s suffering, and, corporately, they can refuse to pass through the same events again.

Conclusion

We began our work asking the question “When a society’s structure is dismantled, what does the loss of culture mean to the corporate and individual identity of its members?” Not unlike individuals, it seems that some communities emerge from a crisis such as war with their culture intact, but with destroyed physical infrastructures and losses confined to individuals or families. In this case, recovery is aimed more at rebuilding roads, factories, and other tangible facilities and services, while individuals and families are left to mourn the dead and injured who were soldiers or civilians. National or cultural identity can be used to fuel the rebuilding. Individuals’ sense of place and their previous relationships as a people are used to help rebuild their economy. Their buildings, now changed, still reflect their known living habits and belief structures. The goods and services produced and consumed are still based on pre-war production and consumption. Their general patterns of business organization continue, and their general relative position in the world’s economy remains stable.

In other cases, however, cultures are so challenged that if left unaided, they offer little upon which to rebuild following a crisis, or they may cease to exist altogether. It is our collective concern that if we do not address these situations in which cultural loss and cultural trauma are taking place, the losses of access to communal infrastructures will be so pervasive that it will be impossible for a community to rebuild itself. If we concentrate only on the rebuilding of the physical infrastructure, and not the human infrastructure, we address only part of the task. If the rebuilding is focused on the people in a way that ignores their cultural heritage, we believe the results will not stand the test of time or support the people’s needs. We believe it is through the preservation of a culture’s strengths and the flexibility and adaptability of its people that a new middle ground will emerge that incorporates the strengths of the past, the lessons of the struggle, and hope for the future.

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B. Hudnall Stamm, Ph.D., is a Research Professor and Director of Telehealth at the Idaho State University Institute of Rural Health. Working primarily with rural and underserved peoples, Dr. Stamm focuses on cultural trauma, telehealth, and secondary traumatic stress. See www.isu.edu/~bhstamm and www.isu.edu/irh for more information.

Henry E. Stamm, IV, Ph.D., is a historian at the Wind River History Center, Dubois Wyoming with special research focus on the history of the Eastern Shoshones. His published works include *People of the Wind River* and multiple articles. He has also appeared on documentary films on the region. see www.windriverhistory.org for more information.

Craig Higson-Smith, M.A., is a South African research Senior Research Specialist in the Human Sciences Research Council of South Africa, a director of the South African Institute for Traumatic Stress, and works as a private consultant to various South African industries. His specialist interests are in the fields of violence, traumatic stress, and community psychology.

Amy C. Hudnall, M.A., is an Adjunct Professor in the History Department at Appalachian State University. Her work focuses on cross-cultural trauma and genocide from an historical frame of reference. She is also the managing editor for the NWSA Journal, the flagship journal of the National Women's Studies Association.

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