Cross-Cultural Response to Trauma: A Study of Traumatic Experiences and Posttraumatic Symptoms in Cambodian Refugees

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Despite a growing literature of cross-cultural research on mental illness, little is known about the universality of most psychiatric disorders. This study was designed to determine whether people from a very different culture have the same symptoms in response to traumatic experiences as do trauma survivors in the United States. We were also interested to find out if the severity of the current symptoms is related to the amount of trauma experienced. Furthermore, we gathered information about the perceived severity of traumatic experiences among refugees. Fifty Cambodian refugees living in the U.S. were asked about their traumatic experiences and their current symptoms of posttraumatic stress, dissociation, depression, and anxiety. High levels of all symptoms were found along with statistically significant relationships between each symptom measure and the amount of trauma experienced. We conclude that the basic symptom picture in this group was similar to that observed in U.S. trauma survivors.

KEY WORDS: trauma; refugees; cross-cultural; post-traumatic stress; dissociation.

INTRODUCTION

Despite a growing literature of cross-cultural research on mental illness (Westermeyer, 1985; White and Marsella, 1982), little is known about the universality of most psychiatric disorders. To date, most research has focused on the occurrence of schizophrenia and depression across cultures (Draguns, 1986; Fabrega, 1982; Marsella, 1980). Because we are aware of the exposure to war and hardship of Cambodian refugees living in the U.S.,

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we became interested in the question of whether there is a universal response to traumatic experiences. Draguns (1980) writes that while no disorder is entirely immune to cultural shaping, no disorders studied so far have been entirely traceable to cultural or social characteristics. It is possible, then, that the response to trauma is characterized by similar symptoms across cultures, though there are undoubtedly cultural variations in the expression of the symptoms.

The major symptoms that have been found to follow traumatic experiences include posttraumatic stress (largely anxiety) symptoms, depression, and dissociation. Symptoms of PTSD include reexperiencing of the event through memories, dreams, or symbolic aspects of the original trauma; avoidance of stimuli associated with the trauma or a general numbing response; physiological arousal such as hypervigilance or difficulty sleeping (American Psychiatric Association, 1987). These symptoms have been observed in concentration camp victims (Arthur, 1982), prisoners of war (Arthur, 1982; Beebe, 1975), disaster victims (Green et al., 1990), kidnapping victims (Terr, 1983), rape victims (Kilpatrick et al., 1985), and Vietnam veterans (e.g., Sonnenberg, 1985). Symptoms of depression have also been observed in people who have experienced trauma including concentration camp victims (Arthur, 1982), prisoners of war (Arthur, 1982; Beebe, 1975), and war veterans (Sonnenberg, 1985).

In addition to appearing immediately following a traumatic experience, some studies have shown that symptoms persist for some time following the trauma (Green et al., 1990; Terr, 1983; Ursano et al., 1981). In one study of the long-term effects of trauma, men who had been prisoners of war in Japan during World War II showed symptoms of PTSD 40 years after release (Goldstein et al., 1987). Fifty percent of those studied met DSM-III criteria for PTSD. Recent studies of Vietnam veterans have also shown PTSD symptoms persisting many years after traumatic experiences (Burnstein, 1987; Goldstein et al., 1987; Kolb, 1986; Zeiss and Dickman, 1989). Another study followed a group of traumatized Cambodian children for three years and found that their PTSD and depression symptoms continued over the three years of the study (Kinzie et al., 1989).

Dissociation is an important if less familiar and less studied posttraumatic symptom than PTSD or depression. It has been defined as the lack of integration of thoughts, feelings, and experiences into the stream of consciousness (Bernstein and Putnam, 1986). While mild dissociative experiences are commonplace and normative, severe dissociation is a psychological phenomena which is thought to occur as a defense against overwhelming experiences (Putnam, 1985; Spiegel, 1991; van der Kolk, 1987; van der Kolk and van der Hart, 1989). We see severe dissociation as a component of PTSD that could be conceptualized as cognitive avoid-