Integrating Trauma Psychology and Cultural Psychology: Indigenous Perspectives on Theory, Research, and Practice

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Abstract

Several scholars have called for a greater integration of trauma psychology with cultural psychology; however, challenges to successful integration exist and should be carefully considered. Indigenous scholars and researchers have successfully bridged the gap between the two fields in recent years with regard to theory, research, and clinical application. Therefore, Indigenous perspectives, informed by historical, cultural, and epistemological standpoints, are uniquely positioned to provide a transformational framework for redirecting the process and impact of integrating cultural psychology with trauma psychology. We review theoretical, empirical, and clinical intervention examples and explore implications for the integration of trauma psychology and cultural psychology within a framework that respects Indigenous communities’ sovereignty and rights to self-determination.

Keywords

consequences of trauma, racism and other hate crimes, interventions for the traumatized, culture, race, ethnicity

For many Indigenous Nations and communities, the tools of Western psychology—research methods, diagnostic nosologies, theories, concepts, and applied interventions and practices—simply serve as modern forces of colonialism, leading to further oppression, marginalization, and colonization of remaining sites of resistance (Hill, Pace, & Robbins, 2010; Mohawk, 2004). A culturally competent approach to the integration of trauma psychology and cultural psychology is of paramount importance especially for Indigenous communities that have experienced hundreds of years of European and American colonization and resulting historical and multigenerational trauma. In such communities, local knowledge of well-being and harmony as well as the technologies to address illness, physical, spiritual, or otherwise have historically been ignored, denied, or otherwise delegitimized and eroded. Furthermore, these negations continue in the form of “West knows best” (Gone, 2010) conceptualizations of mental health and applied clinical interventions espoused by Western psychology and psychiatry. These approaches, although very effective for some people, have, with rare exception, further marginalized Indigenous communities, nations, and peoples, glaringly leaving Indigenous voices out of both general and specific psychological discourse. This marginalization limits the effectiveness of approaches meant to help and invites harm to those to whom they are applied without regard for culture or context.

Effects of Colonization

Identity

Evidence of the historical and continued effects of colonization can be found in many different countries across the world. A number of researchers have postulated that the legacy of colonization, despite the end of formal occupation and overt forms of oppression, continue to exert powerful psychological effects on the identities of the colonized. From the perspective of community and liberation psychologies, researchers have noted that the historical colonization of Puerto Rico has had a detrimental oppressive impact on youths (Varas-Díaz & Serrano-García, 2003). For example, interviews of Puerto Rican youths found that their experiences of oppression contained themes related to “lack” of identity or the devaluation of self- and national-identity relative to those having historical or current power over Puerto Rico (e.g., the United States). Others have looked at the development of personal and

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collective identities in Zimbabwe and South Africa, both countries with a long history of colonial rule (Richards, Pillay, Mazodze, & Govere, 2005). Analysis of the life experience discussions of individuals from a number of racial and multiracial backgrounds (e.g., “colored” [multiracial], White, and Asian Indian) revealed themes that suggest a complex interplay of identity formation as a result of the colonizing experience—affecting the colonizer, the colonized, and Whites and non-Whites alike. These investigators concluded that identity formation for those interviewed were affected by the historical effects of colonization and oppression in two ways: (a) the racialization of people and communities (i.e., the identification of racial phenotypes and relative privileging of racial groups) forcefully shaped and manipulated people’s identity formation, and (b) the development of identity is a reaction to such racialized realities.

**Acculturation and Assimilation**

The impact of acculturation on a number of psychological and health variables has been extensively researched on immigrants and ethnic minorities in the United States (Chun, Organista, & Marín, 2003). Latino researchers and others have observed and described a phenomenon called the immigrant’s paradox (Vega et al., 1998), in which rapid rates of acculturation and assimilation to the dominant American culture have been found to significantly correlate with poorer outcomes of physical and mental health in Latino communities within the United States (Alegria et al., 2008; Falicov, 2009). Other studies have found, for example, that greater acculturation in Hispanics in the United States is associated with greater risk of substance use (Amaro, Whitaker, Coffman, & Heeren, 1990; Felix-Ortiz & Newcomb, 1995). Acculturation can also be conceptualized as occurring when Indigenous groups adjust to the increasing dominance of the culture of the colonizers. In Taiwan, the Han Chinese are recent immigrants and colonizers to the island since about the 19th century. Nine major Indigenous groups of Malayo-Polynesian descent currently still populate the island nation. In a psychological autopsy of suicide victims from two particular Indigenous groups in East Taiwan, the Atayal and Ami, researchers found that lowered social assimilation (e.g., living and working around Han Chinese), but not cultural assimilation (e.g., exposure to Chinese media growing up), was predictive of risk for suicide (Lee, Chang, & Cheng, 2002). The authors discussed the social disintegration (i.e., identity confusion between dominant and original culture) and social disadvantage (i.e., lowly acculturated native communities are often socially and economically disadvantaged) hypotheses for explaining this relationship. Other studies of native populations in Taiwan have also found that psychosocial stress from social assimilation may lead to higher risk for alcoholism, depression, and suicide (Cheng, 1995; Cheng & Chen, 1995; Cheng, Gau, Chen, Chang, & Chang, 2004; Liu & Cheng, 1998).

**Modern Forms of Colonization**

In a number of ways, the modern faces of colonization have been transformed into globalization and modernization movements (Banerjee & Linestad, 2001) that take on deceptively more positive and progressive images. Observations of the Center for Traditional Medicine, a natural medicine public health clinic in the Comunidad Indigena de Chacala in Cabo Corrientes, Mexico provide a prime example (Korn & Ryser, 2006). Since its founding, the clinic has transformed into a major source of clinical observations of local communities with the guiding principle that “food and medicine are intimately tied to personal identity and personal health” (p. 235). The externally imposed economic development of the area over the course of 15 to 25 years has contributed to changes such as “habitat destruction, economic dislocation, food security interruption, social order disruption, physical dislocation, educational colonization, religious conversion, natural resource piracy, distortion of decision-making, and externally imposed priority-making” (p. 248). Such changes are argued to be at the root of increased community stress and trauma. The development of “nutritional trauma,” for example, can be induced by the introduction of food and dietary practices that overwhelm the capacity and traditions of local communities (Korn & Ryser, 2006). In 1946, there was lack of evidence of malnutrition issues (despite difficult conditions) when the community primarily relied on traditional foods such as quelites (greens) and consumed little to no refined or processed foods, wheat, and dairy (Anderson, Calvo, & Serrano, 1946). However, a 1996 study, 50 years later, found a prevalence of hypertriglyceridemia in 26% of the population (Alvarado-Osuna, Milian-Suazo, & Valles-Sanchez, 2001). The diminishing of arable land and reduction of fish supply due to overdevelopment further resulted in greater reliance on commercially processed foods. The introduction of electricity, and therefore exposure to media through television, also increased media propaganda that depicted certain foods with being “Indian,” poor and disenfranchised, and thus undesirable. However, “modern” and desirable foods were associated with the commercially produced products that also contain high amounts of wheat, sugar, corn syrup, and preservatives.

**Decolonization and Transformation**

Within Indigenous communities, there is a global movement toward decolonization. Maori scholar, Linda Smith cogently describes the centuries-long and ongoing struggle of Indigenous peoples against “the Western knowledge machine” (1999b, p. 1). Smith goes on to describe the agents of this machine, namely, “education and schooling, the academy and intellectuals, theory and research” (1999b, p. 1). Unfortunately, Western psychology is a coconspirator in this long and oppressive history. Addressing the cultural
and contextual void within the field of trauma, as a method of decolonization and reparation (Tuck & Fine, 2007), from an Indigenous perspective, requires a transformation within Western psychology. This transformation involves acknowledgment of the sites of struggle that exist within the areas of cultural psychology and trauma psychology, both separately and together, as well as related fields. In addition, the process of transformation includes reclaiming the intellectual landscape within these important areas, such that there is a rejection of cognitive imperialism (Battiste, 2000), a critical examination of the cultural politics at work in such contexts (Gone, 2008), and a reassertion of Indigenous epistemologies, ontologies, and technologies across the broad range of contexts in which we work and live. Battiste (2007) points out that Western disciplines lack what is of paramount importance within Indigenous communities and contexts: relationship to place and the immediate ecological environment, including one’s shared experiences with others, as well as engagement with the spiritual world through “dreams, visions, and signs interpreted with the guidance of healers or elders” (p. 116). She explains that

Indigenous knowledge represents a complex and dynamic capacity of knowing, a knowledge that results from knowing one’s ecological environment, the skills and knowledge derived from that place, knowledge of the animals and plants and their patterns within that space, and the vital skills and talents necessary to survive and sustain themselves within that environment. It is a knowledge that requires constant vigor to observe carefully, to offer those in story and interactions, and to maintain appropriate relationships with all things and all peoples. (Battiste, 2007, p. 116)

The transformation of trauma psychology and cultural psychology, therefore, must necessarily include the integration of place and relationships, beyond rhetorical acknowledgment. The implication, of course, is that effective integration of trauma psychology and cultural psychology within Indigenous contexts necessitates self-determination of Indigenous communities and Nations. Furthermore, to foster self-determination and respect sovereignty, such a process must originate within communities as they are the rightful custodians of the knowledge systems on which such transformation is dependent (Battiste, 2007).

**Indigenous Experiences of Trauma**

Fortunately, this work has already begun. Indigenous scholars have formed the theoretical basis for not only recognizing but also healing historical and multigenerational trauma (e.g., Duran, 2006; Duran & Duran, 1995; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Evans-Campbell, 2008; Gone, 2009; Yellow Horse Brave Heart, 1998, 2003; Yellow Horse Brave Heart & DeBruyn, 1998) and its pervasive presence within Indigenous communities, while other researchers have begun to empirically study and assess the effects of this collective multigenerational trauma history (e.g., Whitbeck, Adams, Hoyt, & Chen, 2004). Historical trauma can be defined as “cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences” (Yellow Horse Brave Heart, 2003, p. 7). Beginning with the European Age of Discovery in the 15th century, the forces of Western imperialism and colonialism resulted in catastrophic effects for the Indigenous Peoples of North, Central, and South America as well as the Caribbean; such effects linger throughout Indigenous communities today. Not only were the Europeans armed with cannons and biological weapons of decimating disease but also the Vatican’s *Inter Caetera* Papal Bulls of 1452, 1492, and 1493 in which the Catholic Church declared that European Christians could claim title to any “discovered” non-Christian or “empty” lands (*terra nullius*), in spite of the Indigenous populations already there (Lyons, 2005). In addition, the Spanish *Requerimiento* of 1514, addressed to non-Christian populations in the so-called New World, declared that the Pope, considered to have divine power, had the authority to donate Indigenous (non-Christian) lands to the King of Spain and his daughter (Newcomb, 2008).

Indigenous scholars in the United States have researched how these documents provided the context of Western subjugation, domination, and conquest. Furthermore, these scholars have clearly demonstrated how such documents formed the basis of U.S. property law, nationhood, and federal Indian law in the 19th century (d’Errico, 2008; Lyons, 2005; Newcomb, 2008), the structures of which are used to this day to continue to deny Native American land rights and challenge Native American sovereignty and rights to self-determination. Based on these laws, the U.S. government developed and implemented policies designed to devastate and destroy the culture, traditions, lifeways, and thoughtways of Native Americans. In short, the government deployed brutal weapons manifested as federal laws, court decisions, and other policies that appropriated Native lands, removed Native Peoples to reservations and disrupted sacred relationships to the land and ecological context; used education and religion as forces of indoctrination and assimilation; and exploited economic necessity as a rationale for forced relocation and, ultimately, termination of Native rights.

Duran and Duran (1995) outline a model of six phases in historical trauma. The phases, in order and corresponding with the stages of Euro-American imperialism, colonialism, and colonization, include First Contact, Economic Competition, Invasion War Period, Subjugation and Reservation Period, Boarding School Period, and Forced Relocation and Termination Period (Brave Heart-Jordan [1995] provides a similar model). Duran et al. (1998) offer a detailed description of each of the phases and explain that the holism of life
experiences mean that trauma experienced in any one phase is necessarily interconnected to trauma in other phases. The phases include both general and specific atrocities of colonization perpetrated against Indigenous peoples as well as their devastating consequences.

Indeed, the historical losses of Native peoples meet the United Nations definition of genocide (Yellow Horse Brave Heart & DeBruyn, 1998). Considering these historical losses and drawing on historical trauma theory, the authors describe the connection between historical unresolved grief and intergenerational transmission of trauma among Indigenous Peoples. Historical unresolved grief accompanies trauma and “may be considered impaired, delayed, fixated, and/or disenfranchised” (Yellow Horse Brave Heart, 2003, p. 7).

Taking into account the cumulative effect of these traumatic experiences, the intergenerational transmission of trauma, and the associated pain, grief, and anger, behaviors or responses considered destructive (e.g., alcoholism, drug abuse, suicide, domestic violence) often serve an anesthetizing purpose (Duran et al., 1998). Yellow Horse Brave Heart (2003) categorizes these and other behaviors/social problems (e.g., child abuse, family violence, accidental deaths, depression, and anxiety) under the umbrella term historical trauma response (HTR). Prolific Seneca scholar, John Mohawk (2004), describes colonization and its consequences this way:

. . . being colonized—has had an impact. When an individual loses his or her memory, they cannot recognize other people, they become seriously disoriented, and they don’t know right from wrong. Sometimes they hurt themselves. Something similar happens when a people become colonized. They can’t remember who they are because they are a people without a common history. It’s not that they don’t have a history, it’s just that they don’t know what it is and it’s not shared among them. Colonization is the spiritual collapse of a nation. . . .

Colonization is the greatest health risk to Indigenous peoples as individuals and communities. It produces anomie—the absence of values and sense of group purpose and identity—that underlies the deadly automobile accidents triggered by alcohol abuse. It creates the conditions of inappropriate diet which lead to an epidemic of degenerative diseases, and the moral anarchy that leads to child abuse and spousal abuse. Becoming colonized was the worst thing that could happen five centuries ago, and being colonized is the worst thing that can happen now. (pp. 6-7)

Duran et al. (1998) have termed this a soul wound, one that has been an ever-present part of Indigenous knowledge and experience, passed on from generation to generation since Columbus’ so-called discovery of the New World.

**Minority Status as Trauma**

The concept of historical trauma and the “soul wound” can also be applied to the lives of racial/ethnic minorities (Sue, 2003). The enslavement of African Americans, internment of Japanese Americans (2/3 were citizens by virtue of birth), and forced relocation of Natives all represent major trauma that continues to haunt the many generations that follow. The Western European perspective of trauma psychology often deals with concept as a singular episode (acute stress or posttraumatic stress) from the perspective of a discrete identifiable incident (Diagnostic and Statistical Manual of Mental Disorders, 4th ed., text revision [DSM-IV-TR]; American Psychiatric Association, 2000). Traditional trauma psychology fails to understand or sympathize with the experiences of forced assimilation/acculturation, current oppression, and how the daily indignities visited on people of color symbolize strong memories of historical and continuing injustices (Feagin, 2006; Sue, 2010). The following quote illustrates this point nicely:

I don’t think White people, generally, understand the full meaning of racist discriminatory behaviors directed toward Americans of African descent. They seem to see each act of discrimination or any act of violence as an “isolated” event. As a result, most White Americans cannot understand the strong reaction manifested by Blacks when such events occur . . . They forget that in most cases, we live lives of quiet desperation generated by a litany of daily large and small events that, whether or not by design, remind us of our “place” in American society. [Whites] ignore the personal context of the stimulus. That is, they deny the historical impact that a negative act may have on an individual. “Nigger” to a White may simply be an epithet that should be ignored. To most Blacks, the term brings into sharp and current focus all kinds of acts of racism—murder, rape, torture, denial of constitutional rights, insults, limited opportunity structure, economic problems, unequal justice under the law and a myriad of . . . other racist and discriminatory acts that occur daily in the lives of most Americans of African descent. (Feagin & Sikes, 1994, pp. 23-24)

Interestingly, race-related stressors are more powerful predictors of psychological distress among people of color than ordinary stressful life events because they (a) are constant reminders of racism, (b) occur continually rather than being time limited, and (c) are present in nearly all aspects of the life of person of color—education, employment, health care, social interactions, and the like (Sue et al., 2007; Utsey, Giesbrecht, Hook, & Stanard, 2008).

The idea of historical trauma is not limited to the experiences of Indigenous populations or racial/ethnic minorities in the United States. Although much of the scholarly work.
has originated from Northern American contexts, other researchers are beginning to explore ways of better assessing trauma for Indigenous populations in other parts of the world; for example, multifaceted psychological trauma of Aboriginal Australians (Raphael, Delaney, & Bonner, 2007) and the layered and transcontinental effects of colonialism when examining the impact of Spanish (and subsequently American) occupation of diasporic Filipinos (David & Okazaki, 2006; Revilla, 1997).

In unique ways, these authors describe the legacies of genocide and intergenerational trauma that contemporary Indigenous peoples confront in their everyday lives. If one goal of the integration of trauma psychology and cultural psychology is to improve efforts to serve Indigenous peoples, then such historical and contextual knowledge is essential. Thus, it is imperative that psychological professionals, researchers, and clinicians gain a much deeper and contextual understanding of these issues to develop and provide nonpaternalistic and decolonizing assessment and treatment to Indigenous peoples.

Research Within Indigenous Contexts

Empirical research that focuses on historical and multigenerational trauma within Indigenous communities is understandably rather scant. Traditionally, researchers have taken a “discovery” approach to research in Indigenous communities without regard to the often-disastrous consequences that have resulted in those communities. Such approaches, as employed by itinerant or safari researchers (Trimble, Scharrrón-del Río, & Bernal, 2010), have dominated within the fields of psychiatry and psychology and have lead to “knowledge” that has only served to fortify biased Western assumptions and negative stereotypes about Indigenous peoples.

A primary challenge to scholars and researchers who attempt to bridge the void between trauma psychology and cultural psychology within Indigenous contexts involves methodology. For Indigenous peoples, “the term ‘research’ is inextricably linked to European imperialism and colonialism. . . . The ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world’s colonized peoples” (Smith, 1999a, p. 1). In this regard, psychological/psychiatric research is no exception. An Indigenous perspective of the Western tradition of scientific research alerts us to the cultural, linguistic, and value-laden nature of these externally imposed practices (Smith, 1999a).

Indigenous scholars (Caldwell et al., 2005; Hill et al., 2010) recommend and caution psychological researchers who endeavor to work with Indigenous peoples that they must deeply reflect on who will directly benefit from the research and that if the participating nation or Indigenous participants receive no direct benefit from the research, then it should not be conducted. This may appear to be an extreme stance, however it is borne out of the right to psychological self-determination for Indigenous communities; that is, “the right of Indigenous peoples to be the only authority in defining, conceptualizing, and assessing psychopathology within their own cultural systems” (Hill et al., 2010, p. 23). The importance of privileging psychological self-determination of Indigenous communities, particularly within studies of trauma, cannot be overstated. The DSM as an evolving set of hypothetical constructs, for example, has instead taken on a dominant and reified status in determining how and why individuals are classified as psychiatrically ill (Gone & Kirmayer, 2010). Through this reification, Indigenous peoples and perspectives are essentially silenced within clinical contexts, self-determination efficiently denied, and the machine of Western cultural proselytization (Gone, 2008) rolls on.

A number of researchers have begun to assess and understand the multifaceted nature of Indigenous trauma and loss. Using a culturally competent approach to identify and operationalize distinguishing components of historical loss and trauma, Whitbeck et al. (2004) conducted focus groups with American Indian Elders from two reservations located in the upper Midwest United States. Based on the focus groups’ experiences and use of other culturally legitimate sources, the authors developed two scales to assess historical trauma, one of which focuses on perceived losses, and the other, feelings related to historical losses. The researchers then administered the two scales to 143 American Indian participants involved in a longitudinal study.

One of the goals of the investigation was to establish preliminary evidence of prevalence of historical loss as well as identify characteristics of historical trauma. Results of the investigation revealed that perceptions of historical loss were significantly related to emotional responses usually associated with anger/avoidance and anxiety/depression (Whitbeck et al., 2004). The authors conclude, “the ‘holocaust’ is not over for many American Indian people. It continues to affect their perceptions on a daily basis and impinges their psychological and physical health. There has been no ‘safe place’ to begin again” (Whitbeck et al., 2004, p. 128). This investigation is incredibly important within the field as it represents one of the first attempts to operationalize and empirically assess the phenomena of historical loss, trauma, and associated symptoms; it is widely recognized as a crucial first step in the empirical investigation of historical trauma. Furthermore, the researchers used a culturally sensitive methodology, lending greater credibility and cultural validity to the results of the investigation.

An example from the cultural psychology literature connects to the work of other Indigenous scholars (Caldwell et al., 2005; Smith, 1999a, 1999b) and reinforces the need for Indigenous research frameworks when examining the concerns of Indigenous communities. In a mixed methods study with 13 leaders and elders of an American Indian nation in Oklahoma aimed at examining possible reasons for observed normative differences between the Minnesota Multiphasic Personality Inventory–2 (MMPI-2) norm group and a distinct American Indian nonclinical sample, investigators concluded...
that rather than accurately assessing psychopathology, the MMPI-2 may pathologize Indigenous worldviews, knowledge, beliefs, and behaviors that are considered normal and healthy within their cultural context (Hill et al., 2010). This study is a unique example within the MMPI/MMPI-2 literature base for its innovative and culturally sensitive approach that integrated quantitative, qualitative, and Indigenous methodologies. For example, the Indigenous framework of the study distinguishes it from other MMPI/MMPI-2 research that has examined normative differences in that, fundamentally, such an inquiry “must be committed to dialogue, community, self-determination, and cultural autonomy . . . It must resist efforts to confine inquiry to a single paradigm or interpretive strategy” (Denzin & Lincoln, 2008, p. 2). Consistent with these principles, members of the participating nation were involved in all aspects of the study including the inception to publication stages to ensure that the research process was culturally credible, competent, responsive, and accountable (Trimble et al., 2010). Although the exact methods employed by the study may not be replicable within trauma research, it is important to note that for Indigenous communities, the effort to replicate many of the processes and associated principles of this culturally sensitive approach would be of great benefit in establishing evidence-based treatments.

**Community-Based Interventions**

Examples of transformative practices based on local values and initiatives that address the traumatic experiences of Indigenous groups can also be found in other parts of the world. Stamm, Stamm, Hudnall, and Higson-Smith (2004) discuss the possibility of “reorganization and revitalization” in their cultural clash model, in which the resolution of cultural conflict and loss that stem from colonization may be come from peaceful and Indigenous-based mechanisms. In Rwanda, *gacaca*, a traditional form of community-based resolution was adopted in response to the political problems and genocide stemming from the 1994 Tutsi-Hutu conflicts. With gacaca courts, individuals chosen by the community to represent them as judges and all members of the adult community are involved in the resolution process (Lahiri, 2009). Stamm et al. (2004) have argued that this system of justice softens the separation between the accused and the victim and recognizes that both will continue to live together in a community.

Honwana (1997) conducted a study looking at the social and cultural effects of long-term civil war in Mozambique and the process of healing through local and traditional methods. The author argues that conventional treatments of trauma stem from particularly Western cultural roots that emphasize individualistic and confessional values of “coming to terms” with traumatic experiences. Through interviews with traditional healers, local leaders, those involved in and affected by wars, politicians and ordinary people, the author explored the important local traditions and beliefs that play a role in the healing process. For example, in many rural communities, the idea of social pollution dictates that those returning from war may be potential contaminators of the community due to their exposure and contact with other social groups and environments. Therefore, purification and cleansing rituals strongly based on traditional beliefs in spirits are aimed at freeing such individuals from pollution and eventually reintegrating them into their families and communities. Rather than focusing on the cathartic recall of traumatic experiences more consistent with Western treatment traditions, this process can be accomplished by socially excluding individuals from the community and engaging in ritualistic performances.

Highlighting similar limitations of Western approaches of addressing trauma and war stress with communities in Angola, Wessells and Monteiro (2004) propose a community-based approach in treating children affected by war. The approach is defined by five distinguishing features of (a) partnership, (b) community mobilization, (c) cultural relevance, (d) holism, and (e) sustainability. In all three of these examples, dominant practices and treatments are recognized as steeped in cultural biases of the colonizers, and the researchers in turn advocate for greater incorporation of localized and Indigenous practices in resolving the effects of trauma within such populations. Other researchers also look positively at the possibility of integrating Western and Indigenous healing in treating trauma. Eagle (1998), examining the trauma treatment and resources in South Africa discussed ways in which Indigenous African worldviews of disorder and healing (e.g., emphasizing community, holism, and interconnectedness to spiritualism) can inform and transform Western methods of trauma treatment.

**Conclusion**

The global Indigenous psychology movement and Indigenization of psychology from colonial legacies has been described by a number of scholars (Durán, 2006; Durán & Durán, 1995; Kim & Berry, 1993; Robbins, Hill, & McWhirter, 2008; Trimble et al., 2010). Reacting to culturally Westernized ideas of psychology, such developments in the Philippines (Church & Katigbak, 2002), Korea (Kim, Park, & Park, 1999), India (Sinha, 1986), and Taiwan (Gabrenya, Kung, & Chen, 2006) further highlight how the study of trauma itself is fundamentally transformed by Indigenous perspectives. Therefore, continued colonization and imposition of Western paradigms of psychology are subverted through the emergence of localized knowledge that is holistically and validly generated.

Indigenous perspectives, informed by historical, cultural, and epistemological standpoints, are uniquely positioned to provide a transformational framework for redirecting the process and impact of integrating cultural psychology with
trauma psychology. Rather than traumatology usurping cultural understandings within psychology, Indigenous perspectives necessitate that traumatology be fundamentally transformed in its theory, research, and practice. Theoretical reformulations of trauma from such perspectives will expose the hegemonic influence of existing models of traumatology that guide research and clinical practice. The further Indigenization of such theoretical models from other localized communities will be made clearer through this process. Theoretical assumptions inform and guide methodological practices in research (Polkinghorne, 1983). The disassembling of these theoretical assumptions will also usher in alternative practices that prioritize localized methods, interests, and goals (Grande, 2007; Smith, 2006). Whereas dominant understandings of evidence-based practices privilege the flow of knowledge from the scientist to the practitioner, an Indigenous reformulation blurs the boundaries among the participants of knowledge creation. Consequently, involved parties in all localized communities necessarily engage in collaborative dialogue in the creation and application of culture-centered traumatologic knowledge. Finally, the engagement of these methods facilitates a decolonizing and transformative process, one that respects Indigenous communities’ sovereignty and rights to self-determination.

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