

Brown has wrestled with the daunting task of finding language to illuminate what is almost entirely invisible—the prevailing social conditions we are immersed in that promote and foster trauma and traumatization. Those of us in the trauma field are just as submerged in these frameworks as anyone else, blinding us and radically limiting our effectiveness. That Brown took on this challenge in the first place is nothing less than heroic. That she succeeds is awe-inspiring ... and, for those who dare to listen to her, powerfully mind-expanding.

—**Steven N. Gold, PhD**, Professor Emeritus, Nova Southeastern University, Fort Lauderdale, FL; licensed clinical psychologist in independent practice, Plantation, FL; author of *Contextual Trauma Therapy* and *Not Trauma Alone*; Editor-in-Chief of the *APA Handbook of Trauma Psychology*; and coeditor of *Dissociation and the Dissociative Disorders*

Brilliant! This book is for everyone interested in healing trauma. Laura S. Brown delivers a powerhouse in decolonizing trauma therapy.

—**Lillian Comas-Díaz, PhD**, Clinical Professor, Department of Psychiatry and Behavioral Sciences, George Washington University, Washington, DC

Kudos to Dr. Laura Brown for her manifesto, *Decolonizing Trauma Healing: Toward a Humble, Culturally Responsive Practice*, in which she builds and expands upon her 40 years' worth of scholarship, clinical and forensic practice, activism, and lived experience in trauma psychology. This book integrates a vast amount of information. It is a call to approach healing interactions with suffering individuals in a more humble, person-centered, and culturally responsive way that centralizes the traumatizing impact of social pathologies associated with colonization. Although as Dr. Brown recognizes, not all will agree with her approach, her ideas deserve close attention as they have the potential to move the frontiers and establish new methods of trauma psychology.

—**Christine A. Courtois, PhD, ABPP**, Delaware Licensed Psychologist and Board-Certified Counseling Psychologist; author of *Healing the Incest Wound: Adult Survivors in Therapy*; coauthor of *Treating Complex Traumatic Stress Disorders*; and coeditor of *The Treatment of Complex Traumatic Stress Disorders*

In this gorgeously written book, Laura S. Brown first exposes the ways the practice of trauma therapy—despite good intentions—has so often colluded with the oppressive and colonizing forces inherent in the harm of trauma. Then she offers an alternative approach for healers, one that humbly and repeatedly examines the political, intersectional, existential, and neurobiological realities that are inextricably linked to trauma harm and trauma healing. Once you start reading you won't want to put it down, because *Decolonizing Trauma Healing* is deliciously eloquent, brilliant, wise, and teeming with authenticity and compassion.

—Jennifer Joy Freyd, PhD, Professor Emerit, Psychology, University of Oregon, Eugene

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INTRODUCTION

We Meet Again

My heart is moved by all I cannot save: so much has been destroyed. I have to cast my lot with those who age after age, perversely, with no extraordinary power, reconstitute the world.

—Adrienne Rich, “Natural Resources”¹

Not everything that is faced can be changed, but nothing can be changed until it is faced.

—James Baldwin, “As Much Truth as One Can Bear,” *New York Times*,
January 14, 1962

There is a crack, a crack in everything / That’s how the light gets in.

—Leonard Cohen, “Anthem”

¹“Natural Resources”, from THE DREAM OF A COMMON LANGUAGE: Poems 1974-1977 by Adrienne Rich. Copyright © 1978 by W. W. Norton & Company, Inc. Used by permission of W. W. Norton & Company, Inc.

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Decolonizing Trauma Healing: Toward a Humble, Culturally Responsive Practice,
by L. S. Brown

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What is this book about, and why am I writing it now? It's about my attempt to develop a new paradigm—or perhaps to resurrect and reshape a very old paradigm—for how psychologists and those in related fields work with people whose lives, psyches, and souls have been affected by exposure to trauma. We, by which I mean you and me both, have been trained to think of trauma in ways that I have, over many years, come to find unhelpful, in large part because they are grounded in what can be described as “colonizing” epistemologies—ways of thinking about trauma and its healing that derive from models that pathologize those who suffer and that in turn are founded on Eurocentric models of human distress.

Why now? This book, which grew from the soil of my last foray into this topic as well as from everything I have been learning and doing since, reflects the depth and growth of thinking in both liberation psychology and the understanding of trauma, and of much human experience. While in the past the notion that trauma was a biopsychosocial/existential phenomenon had come to be generally accepted by most people working with trauma, our understanding as a field of the first part of that adjective, more specifically, of the neurobiological aspects of our responses to trauma, has become elaborated and sophisticated in the past 2 decades. Simultaneously, our understanding of how people's lived experiences, the lenses created by the many social locations that each person occupies and the identities that arise from those intersecting locations, has also become deeper and more sophisticated. The psychosocial part of that description of trauma now includes, for me, a consideration of how experiences of being colonized in the broadest possible meaning of that term have informed human psychosocial realities, which then interact with neurobiological trauma responses in a continuous iterative fashion in each person—and for the purposes of this book, each person exposed to trauma.

How is this different from any other contemporary exploration of trauma? My hope is that I may invite you, dear readers, to take a critical look at the entire field of trauma therapy through the lens I am offering here, the stance of being decolonial. This word gets tossed around a lot in the early years of this decade, so let me be clear about my use of the term. To be decolonial in the work of trauma healing does not mean that we are looking only at trauma in people who were colonized, within the past half millennium, by European powers, although the work done by decolonial scholars forms an epistemic foundation for how I have come to think about changing trauma practice. Rather, what I mean by this term is that we who work with traumatized people re-center our narratives, our authorities, and our paradigms for healing wounded souls outside of the matrices of systemic forms of marginalization and subjugation, interrogating the Eurocentrism that has plagued all of psychology and expanding our perspectives on what we mean by trauma and its healing.

I will invite you to learn how to detect the many ways in which our work of healing trauma has been intellectually colonized, because to become aware of this is central to understanding how to work differently. It is my contention that both our understanding of what constitutes trauma and our paradigms for how to assist suffering persons have been insidiously invaded and deformed by the norms of a dominant, Eurocentric culture, one that is so pervasive that it has been difficult, until very recently, even for those of us at its margins, to appreciate how fully it has permeated our work. This Eurocentric standpoint is defined by structural and systemic forms of oppression, hierarchies of devaluation that are so built into the culture as to be nearly invisible to those who sit at its center, although they are painfully palpable to anyone on the margins. This hegemonic Eurocentric epistemic framework functions to exclude and stigmatize other worldviews and to overtly or subtly dehumanize colonized and marginalized persons, a group that includes suffering, trauma-exposed people.

I refer to this culture as a Eurocentric one in that it derives from the values and practices of the Christian Europeans who physically colonized the Western Hemisphere and much of the Global South from 1492 through the present time. It is a worldview whose descendants constitute a shrinking numerical majority of people living in the United States at the present, as well as an also shrinking majority of people working in the field of trauma healing.

There is nothing wrong *per se* with the Christian Eurocentric perspective when we identify it as simply one among many ways of knowing, no better nor worse than others. The problem for trauma healing is that it has been imposed upon the rest of the world as a universal norm. In the field of trauma healing, it is intellectually and epistemically hegemonic. Because trauma truly is a universal human experience occurring in all places, to people of the entire range of worldviews and not only those organized around Christian Eurocentric epistemics, this colonized paradigm for responding to trauma introduces problematic dynamics of domination and subjugation arising from actual colonization that are inimical to a healing process.

To decolonize trauma healing is to uncover the presence of intellectual colonization and remove its influences, like the toxic shards of structural oppression that they are, from the ways in which we see and understand what constitutes trauma, doing what Bhatia (2021) refers to as “epistemic disobedience.” It requires removing the Christian Eurocentric epistemic lenses that distort how we encounter and describe trauma-exposed suffering humans, as well as how we name and frame the roles that we play in the healing process.

Ultimately, this book is about overthrowing the intellectual overlords who have ruled our understanding of human distress, thanking them for their service, as this rule has been well-intended and at least served to put trauma

into the lexicon of modern mental health. This book argues that we are ready to replace “trauma therapy as usual” with something that I hope will be different.

That different thing is what I am calling a decolonized, humble, culturally responsive set of healing epistemologies and methods, the decolonial, humble, culturally responsive (DHCR) model of trauma healing practice. This is a construct I will address in detail in Chapter 1. While I am proposing a name for the purposes of my discussion, I want to be clear that I am not inventing or discovering something here. It is simply a name that I find useful to describe this kind of practice which has emerged from my own continuing process of decolonization.

IT COULD HAVE BEEN OTHERWISE

I would not be writing this book if some of the earlier visionaries of trauma healing had been the ones whose voices were loudest as the field developed. I want to single out three people occupying the mainstream of the world of emotional healing, colleagues whose work, in my opinion, pointed toward the nonpathologizing constructs that I discuss in this volume. They are not the only ones; they are simply the ones whose work informs me that our field might have gone in a different direction.

W. H. R. Rivers

One might suppose that identifying a man who appeared on the surface to be the epitome of the colonizer mentality as a visionary figure in a decolonial analysis of trauma healing would mean that I had missed something important. And it is true that his intersectional identities were about as rooted in colonizer culture as one might find: a British army officer who had done anthropological work in the Global South during a period when the colonial view of “primitive” people prevailed in that discipline. He worked in a hospital for officers debilitated by shell shock in the First World War.

This makes him an excellent example of how not to be distracted by what we initially see. Both Judith Herman, more than 30 years ago, and Kay Redfield Jameson (2023), in her most recent work, have identified Rivers as a potentially revolutionary voice in working with trauma-exposed people. But had I not encountered him in the early pages of Herman’s *Trauma and Recovery* (1992), I would never have heard of him because his vision died with him in 1922, to be supplanted by the problematic psychoanalytic constructions of trauma that I will explore later in this volume.

What made Rivers an ancestor of decolonial trauma healing? Several things. First, he adamantly opposed labeling the traumatized men he worked with as having something wrong with them. He was clear—the problem was that they had been witnesses to horrors, to the explosions of the bodies of their comrades, to the utter unpredictability and persistent life-threatening nature of a war that was interspersed with periods of boredom that gave illusions of safety. He saw these men as wounded, traumatized, but not as having something about themselves that was pathological.

This viewpoint was deeply countercultural in his time, given that most similarly traumatized soldiers were socially constructed as malingerers or cowards, if they were fortunate not to be executed by their superior officers for their inability to continue to fight. Rivers located the problem in the social pathology of war, although he did not frame war in those terms. He simply could see that being exposed to combat was the problem that his patients faced. Ironically, because he was a military physician, his job was to get his patients to the point where they could return to the battlefield, a painful paradox that has persisted for those assigned the task of patching up traumatized warriors through the present time.

The second facet of Rivers's role as an ancestor of decolonial trauma healing was how he approached the work. His approach with his patients was to be their witness, to listen to them. He did not see his job as interpreting dreams or delving into childhood experiences that might be symbolized by the trauma of exposure to this war. He valued the importance of exploring the moral wounds and apparently insoluble existential and spiritual dilemmas that were a component of his patients' suffering (Rivers, 1918).

Because Rivers's best-known patient was the British poet Siegfried Sassoon, we also know a great deal about the lived experience of being Rivers's patient. While various aspects of cultural privilege created the space for Sassoon's voice to be heard, not the least of which was his membership in the upper classes of British society and his prewar reputation as a poet of merit, his accounts of Rivers are decolonial because they center the voice and lived experience of the suffering person, Sassoon himself.

Consequently, we can know that Rivers did not simply preach the ideas of nonpathologizing a trauma response, nor those of listening carefully to the meaning of the trauma in the life of the suffering person. We can follow Sassoon's process through his work with Rivers and notice how true to those values this healer remained, despite the enormous pressures on him to conform himself and his work to the needs of the military establishment of which he was a part.

More than half a century later the trauma healers working with those harmed by the coups and dirty wars in Chile and Argentina would write about

the use of *testimonio*, a construct I will explore in depth later in this book. *Testimonio* is the simple bearing of witness, listening to the traumatized person as long as needed for them to tell their story. Rivers (1918) appears to have done just that—or at least he did so with Sassoon and wrote about the importance of so doing.

Rivers, who had dealt with health problems of his own for most of his life, did not live long enough to advance his vision for what trauma healing might be, dying of a strangulated hernia in 1922. His methods, which came to be known as humane ways of responding to those traumatized by war, continued to be used by those he had taught and to be written of by those he had worked with. But the entire topic of trauma, and Rivers's precolonial paradigm for understanding it and working as a healer, vanished from the narrative of the growing field of psychotherapy.

Jameson (2023) has written a full account of Rivers's life and his work with Sassoon, which, even more than Herman's (1992) briefer dive, describes his role as a progenitor of the modern field of trauma healing. This chapter of her book, which aligns with my own standpoint that humans have been seeking healing for suffering souls long before that work was colonized, is worth exploring for today's psychotherapists attempting to transform ourselves into DHCR trauma healers. Reading about Rivers's struggles to become the precolonial healer he was has also been a source of grief for me about what might have been.

Judith Lewis Herman

Judith Herman's work has always been, at its core, decolonial. Her courage in exposing the realities of incest and her visionary description, as early as 1992, of the phenomenon she called "complex trauma," emerged from a clear and unstinting analysis of the politics of how people were traumatized and how traumatized people were marginalized among sufferers. *Trauma and Recovery* (Herman, 1992) was a shining beacon, a volume both scholarly and yet founded in her witness to the lived experiences of suffering, trauma-exposed people. While trained in psychiatry, she brooked its conventions; her feminist and other social justice commitments have always been primary in her writings and her work.

Herman (1992) has consistently defined trauma as a problem of what I call social pathologies, the effects of exposure to systemic and structural forms of oppression experienced at the individual level. And this was not a popular viewpoint. Biological psychiatry was emerging as the winner in the intellectual conversation about human experience, neuroscience was supplanting psychology, the notion being that the best understanding of human

experience would emerge from brain science, with little to no reference to the larger political context in which that brain was living.

Herman was also sidelined from the discourse by her own physical trauma. Her friends and colleagues knew what she disclosed in detail in an interview published in the *New York Times* in April 2023 (Barry, 2023)—that since 1994, not long after *Trauma and Recovery* had been published, she has been struggling with chronic pain caused by an accident suffered during a speaking engagement. In the era before the internet and videoconferencing, at a time when to become more powerful in one's field entailed giving keynotes, in person, at conferences all around the world, she became unable to be present. Pain is also no friend to creativity, to writing, to engaging with the realm of ideas.

I have a vivid recollection of one of the last times I spent with her in person, in the period between the publication of her book and her injury. We, with several other feminist trauma workers, were sitting in a café in Amsterdam, where an international trauma conference was taking place. I was, of course, quite in awe of her and soaked up the discussion that she was spearheading about the debate as to how to name, and if to pathologize, the ways in which people who had survived repeated, usually developmentally early, trauma exposures suffered and functioned in the world.

At that same conference I was witness to an extraordinary debate about what precisely constituted trauma, a debate that exemplified, in retrospect, the tensions between a Eurocentric colonizer model and a decolonial, politically conscious one. At the time, trauma was officially defined as being outside the realm of usual human experience, frightening or threatening to almost anyone (American Psychiatric Association, 1987). One after another, the feminists, including Herman, and the Latin Americans in the room, rose to challenge this notion, to speak to the fact that trauma was not “outside the realm” but rather ubiquitous. A voice speaking to retain the official definition was that of one of the founders of the scientific society, a white-skinned European from a nation that had been colonized by its neighbors and occupied by the Nazi invaders during his youth; in other words, a person who was a survivor of the trauma of that brutal occupation and perhaps the generations of trauma of being a subjugated people.

Yet his message was that he could not bear to imagine living in a world in which trauma was not outside the realm of usual human experience. His impassioned plea to keep trauma defined as something not systemic, as something to which most humans would respond in the same manner, exemplifies the intellectual hegemony of the colonized narrative that has gone on to pervade the field of trauma studies despite tweaks to the official definition of a “real trauma,” a debate I revisit throughout the volume.

Herman's work (1992), in which she lays out the essentially political and universal nature of trauma and traces that idea from Rivers to the time of her own writing, was profoundly decolonial well before anyone was using that term. She, like Rivers before her, drew upon the lived experiences of the people with whom she worked, mostly women and girls who had been sexually abused or assaulted, as her most important source of information about what a person in the role of trauma healer could do to alleviate suffering or to worsen it. The three-phase model of trauma healing, which she developed together with her colleague at the Victims of Violence program, feminist psychologist Mary Harvey (1996), a paradigm that has come to be the standard of care in this work, is an example of how what she wrote channeled the voices of the people she worked with. She was clear about patriarchy's role in the enormity of the problem of the sexual violation of women's and girls' bodies.

Having her body's suffering pull her off the stage just at the point where the field was defining itself created a vacuum into which others came, bearing biological psychiatry and exposure therapies for the alleged anxiety disorder that was called posttraumatic stress disorder. I hope that what follows in this book honors her vision, because it has always informed my own thinking. What would the field of trauma healing look like today had she not had to leave center stage? I imagine it would not need very many of the ideas in this book.

Yael Danieli and Intergenerational Trauma

The last marginalized visionary of modern-day trauma work who I want to discuss is Yael Danieli, who studied people like herself, children of survivors of the Shoah, better known as the Holocaust. While her work was lauded and visible in the very early years of the rediscovery of trauma, the importance of her uncovering the ways in which trauma need not be directly experienced but can become part of the relational and attachment experiences of those born to traumatized people (Danieli, 1980) has been curiously sidelined. Even the decolonial trauma healing literature, which refers explicitly to this construct that she first described and named, and to which she devoted her life's work, does not reference her as among the first voices on this matter, or even reference her at all as far as I have been able to find (cf. Comas-Díaz, Adames, & Chavez-Dueñas, 2024).

I have wondered if perhaps this occurred in part because most of the people she was writing about, herself included, had pale skin and both lived and died in Europe. Although the Jews of whom she wrote were not European colonizers but rather chronically oppressed and subjected to genocidal terror in

Europe for almost 2,000 years, it may be possible that the location of their exile from their Indigenous homeland excluded them from the decolonial discussions of intergenerational trauma that have followed.

Because her work preceded that of the earliest non-Western Indigenous decolonial authors in the field of trauma, whose work she promoted and included in volumes she edited (for example, Danieli, 1998) and which work is often cited by current authors in the field of decolonial healing (for example, Duran et al., 1998), her present-day near-invisibility, combined with what I experience as the marginalization of decolonial and non-Western Indigenous voices in the trauma healing field, has led to failures in understanding that trauma takes many forms, not all of which involve direct exposure to terrifying experiences. While Danieli did not formally conceptualize her work in this way, she in fact documented the effects on attachment systems that grew between children born to Shoah survivors and their parents (Danieli, 1980), a prescient vision of the phenomenon of attachment trauma that is now more widely accepted as part of the larger phenomenon of complex trauma.

Again, the question—what would the field of trauma healing look like if, rather than exoticizing Danieli's work as specific to one small group of people, Jews who had against all odds survived the death camps and then gone on to become parents, and the children born to those parents, applauding her, and moving elsewhere, this experience of intergenerational trauma, which is how systemic and structural social pathologies manifest everywhere, had become central to how trauma was understood?

This is not to say that there have not been many other visionaries in the world of trauma healing whose insights align with a DHCR paradigm and who yet were marginalized in some way by the mainstream of the trauma treatment world. These three, in particular Herman and Danieli, have greatly inspired my thinking. The question of “what if” leads inevitably to the next question: How is a decolonial trauma healing paradigm not just a fancy new name this author has made up?

My belief is that what I am going to spend the rest of this book talking about with you, dear readers, is not simply a fancy new name. As I notice my own struggles over the several years it has taken me to write this book, my own encounters with constructs that I then must interrogate and reconsider, I've had the experience of finding myself thrust into profoundly different ways of thinking about the suffering people I have been encountering in my work as I have been writing. When I talk about trauma with colleagues who are my friends, I notice myself chafing at typical ways of talking about people's distress, and, I hope, politely becoming a trauma world version of the person who says “may” instead of “can” (which I already am, thanks to

my beloved eighth and ninth grade English teacher), substituting “distress” for “diagnosis” as we speak, then noticing what happens when I persistently do this, to me, to the interaction, with my colleagues.

TRAUMA IS AND IS NOT THE SAME

I started my last book on trauma work by stating that “trauma is, at the core, simply trauma” (Brown, 2008, p. 3). That was a naïve statement, one reflecting a colonized mindset in myself of which I was not yet aware. Even as I attempted to demonstrate in that book that intersectional identities, culture, context, history, and the relationship of the source of the trauma to the traumatized person matter deeply to how therapists ought to respond to that traumatized person, I was still trapped in what I now think was an archaic way of understanding the complexities of such psychic wounds. The last decade and a half have decolonized me a bit.

My ability to deeply appreciate the effects of the pathological social context was limited by the ways in which medical models leading to the professionalization of healing, making it the sole province of licensed mental health professionals, had colonized and limited my own capacities to think sufficiently radically about trauma healing. I thought one could become “competent,” which stance reflected my own positionalities as a light-skinned, upper-middle-class, licensed, doctoral professional, as well as the ways in which my profession, psychology, spoke of responding more compassionately to marginalized people. The American Psychological Association has, after all, developed guideline after guideline for competent practice with an ever larger set of marginalized groups of humans (American Psychological Association, 2017b). As a psychologist emerging from that tradition, I even thought that we could use the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the framework of trauma response as pathology to respond to traumatized people in a competent manner. I was wrong about both of those assumptions. That’s fine; one cannot know what one could not yet know, or could not yet allow oneself to know.

What was I right about? Quite a bit, and that carries over into this volume. I was right that intersectional identities are the intrapsychic and interpersonal lenses through which our bodies’ responses to trauma are experienced, a construct foundational to DHCR practices. I was right that intersectionalities inform the ways in which a person experiences an event as traumatic, frames how they express themselves and their pain in the interpersonal field. As I wrote then, “trauma and its psychic aftereffects have a texture. The experience conveys meanings that derive from personal histories, cultural

heritages, and the social, political, and spiritual contexts in which the painful event happens” (Brown, 2008, p. 3). I was right about the fact that everyone working with traumatized people needed to pay attention to those textures. I was right that every human has a neurobiology that responds in particular ways to particular kinds of trauma and that our neurobiological responses are simply human. I was right that trauma is a biopsychosocial/existential-spiritual phenomenon and that it is also a political phenomenon.

I didn’t know enough then about the depth and breadth of that neurobiology to understand the degree to which the nature of response to trauma is all about that very human set of nerves at work. I failed to comprehend the magnitude of the problem I was attempting to address when I took on the problem of being culturally competent, nor even the problematic nature of referring to the possibility of a trauma healer (psychotherapist) achieving competence as a final and fixed state of affairs. I probably still don’t quite get how big it all is. Humility, accountability, and repair are the types of competence that have become my guiding principles as I attempt to unpack colonizing forces.

I am grateful to the events in the world that have happened in the 17 years since I sat in my living room with a now long-dead therapy dog and wrote that book, to the thinkers and writers, to the activists and truth-tellers, to the colleagues and wounded people, who have expanded my outlook in the intervening years. I am even grateful to the tyrants, the strongmen, the fascists, the insurrectionists, the rogue law enforcement officers, to those whose sometimes all-too-public infliction of trauma on both the individual and cultural levels have taught me about how badly injured most of those people are too.

In this volume, which is not so much a revision as it is a successor to *Cultural Competence in Trauma Therapy* (Brown, 2008), I am attempting to propose a radical reconceptualization of the work of healing psychic trauma. I am also proposing a radical reconceptualization of what trauma is and how its wounds manifest. I am inviting you, my readers, to consider adopting a profound shift in the paradigm by which I and many others working with wounded souls have been guided until recently.

I am not the only person steeped in the world of trauma who is having this transformation of viewpoint. I apologize in advance if what I have to say here appears too closely to echo other work emerging at this potentially revolutionary moment for our species and the work of healing trauma. Many of us working with traumatized persons are having these insights simultaneously, reading each other’s work (or not), and coming to very similar conclusions.

This paradigm shift in my own understanding of how healers, who like all humans are likely to be wounded by trauma themselves (Coale, 1998; Rippere & Williams, 1987), can develop genuinely healing relationships with other suffering humans mirrors other tectonic plate movements occurring in the

social domains of the planet, as well as in the climatological realities that surround us in every moment we are alive. Without those enormous changes around me, I might never have had the words to describe what I hope is a decolonial, humble, culturally responsive—DHCR—model for how trauma might be healed.

How do we heal trauma even as its causes remain ubiquitous and persistent, even as the presence of trauma is continuous, even as most trauma is not behind us but with us as our constant companion? I don't think I can answer this question. I do believe that working from a decolonial standpoint might at least move the needle forward a bit toward an answer.

A New Way of Thinking About Competence

This book is not about becoming culturally competent because that notion of being able to achieve competence is, as noted in the first chapter, simply a shield behind which I and our field have protected ourselves from looking at our own collaboration with social pathologies. If we name ourselves competent, as if that is a finished state of being in which we can put ourselves forward into the world as expert, we can avoid knowing how many current models of responding to traumatized people collude with the fiction that trauma is a rare event and that the pathology is in the distressed person, not in the systemic and structural forms of oppression that do harm.

The construct of competence as it is commonly utilized, which I once embraced and wrote of, has, I now believe, been a way to bow to the existence of external phenomena that affect how humans experience things as traumatic while continuing to promote treatment modalities that in no way take those external realities fully into account nor do anything to overthrow those structural and systemic forms of oppression—although, to be fair, so many of us are direct targets of those systems that we often don't have enough energy to do our healing work, raise the next generation, care for elders, and in our alleged free time foment revolution. Cultural competence has been a hand waving at the ethics codes that say that therapists should be competent. But competent at what? And competency demonstrated how? This term is a terrifically misleading one; I want healers working with traumatized humans to be deeply steeped in knowledge about what trauma can be and how its wounds can manifest. I want those healers to have a humble, decolonial, culturally responsive practice, not to have taken a course and received a certificate and, based on that, declared themselves competent

Competence is consequently a moving target because intersectionality changes all colonized assumptions about separateness of group identities and experiences, allowing understanding of trauma to deepen and the way in

which its wounds manifest to become ever more sophisticated. Competence as a finished product is thus unachievable because the very construct of competence as a finished product of a certain kind of education or training arises from a particular cultural model of who can be a healer, that is, someone who has studied the right things, jumped through the right hoops, and demonstrated an ability to say that they knew certain things, gotten the letters after their name or the certificate from a trauma guru on their way. This is not how I define competence, which would be demonstrated by the humble ability to sit in silent compassion, deeply honored, while a person in pain sobs for hours.

The woman who wrote *Cultural Competence in Trauma Therapy* and taught people how to practice in a culturally competent way now stands humbly before you to say: No. I allowed myself to be misled by the notion of competence as it is typically defined. I was seduced by my desire to simultaneously fit into my field while attempting to reform it from within. “Reform” is the problematic word; we did not then nor do we now need reform. We need to dissolve the old structures, with thanks and appreciation to what we could know and a filter that removes the toxins from the residue, so that we can build something from different materials entirely. Trauma healers must be competent; our competence requires something other than the ability to answer the questions to get credit for an online continuing education class.

Evidence? Whose Evidence?

In *Cultural Competence in Trauma Therapy* I was still giving some time and energy to a discussion of evidence-based treatments. It’s not that I won’t do that at all this time around, because there is evidence of a particular type that some of these healing modalities are helpful to some people who’ve experienced some kinds of things that I include within the broader rubric of trauma. I’m going to put my discussion of these interventions into some very different contexts than I did before. I will ask if a particular intervention supports a DHCR and relationally grounded trauma healing model that empowers sufferers to understand how they are not the problem and to see the presence of the social pathologies that have harmed them. I will allow you, my readers, to use your own critical thinking capacities to make decisions about what to incorporate into your work. I will be proposing some criteria of my own for whether or not your favorite trauma healing practice could be DHCR to aid you in making that assessment or in figuring out how to modify your practice to become closer to a DHCR paradigm.

In the interim since I first attempted to place trauma into the context of what is now called intersectional identities, the movement to decolonize the entire practice of healing of wounded souls (psychotherapy) rose out of its

small corner in the universe of the discourses of the critical psychologies, among which my planet of intersectional liberatory feminist psychology has long rotated, and began to take what I consider to be its rightful and more central place in the discussion about what we're doing in our therapy offices. Decolonial psychology is the child of liberation and liberatory psychologies (Comas-Díaz & Torres Rivera, 2020), which are in turn the steps past the paradigm of cultural competence in psychotherapy, something that the person who coined that phrase now refers to as "cultural complexities" (Hays, 2022). As noted earlier, I have discarded "competence" in order to focus on humble, culturally responsive work with trauma as it emerges through people's intersectional identities. The intersectional identities generated by trauma are definitely complexities and not simply cultural ones.

YOUR AUTHOR'S INTERSECTIONAL IDENTITIES

So, who is writing this book? I believe it is useful to know an author's standpoints and biases. It is impossible for a human to be free of bias because we have a limbic system that adds spice and flavor and bias and meaning to the facts trickling through our so-much-slower frontal cortex. As I noted too many times to count in everything I've written in the last 4 decades, and will likely say again for as many years as I am given the opportunities to do so, neutrality and objectivity do not exist. They are the names given to the standpoints and biases of people who identify with dominant social pathologies, in my opinion, and who thus pretend to have no bias because their own blends into the background of the dominant culture.

I've left quite a bit of information about me along the way in everything I've written before. I still want to see if I can get the picture as fully drawn as possible in this book before you keep on reading. I can write this with ease, at last, because by the time this book is published I will no longer be practicing forensic psychology and thus no longer have to deal with accusations of bias from attorneys who are in denial about everyone having biases, just so long as they have a brain (no attorney jokes here, please, some of my best friends, as they say).

So, what are the component parts of Laura? I am a secular Jew of Eastern European origin, for whom the continued existence of Israel is existentially necessary and the rights of the Palestinian people to their own free and democratic state is also existentially necessary. I am a natal woman with a somewhat feminine of center gender presentation of the academic/old hippy, no makeup or high heels variety. I am not typically able in my body in several ways: I have spent most of my time in retirement from clinical

practice dealing with a cancer that is so rare that there is no standard protocol for treating it; cancer, unlike response to trauma, is a pathology. As I write this in early 2024 I have been in remission for a year and hope to remain so well past this book's publication. As I edit this book, I am once again experiencing spasmodic dysphonia, a dysfunction of the nerve to my vocal chords that makes speaking difficult, an ironic affliction for a person who talks for her living.

I am a lesbian who came out in the early 1970s. I was raised in, and have always lived in close proximity to, the financial comfort that I now enjoy (being a poor student in grad school does not count because I had access to all of the social capital of having been raised in one of the top 10 public school systems in the country). I am damned lucky to be old enough to be on Medicare while receiving very expensive immune therapies for the above-mentioned cancer. My politics, if you hadn't already noticed, veer to the left in a democratic socialist, liberatory decolonial intersectional feminist sort of way.

I am a feminist who welcomes trans and nonbinary people into my life in the genders they know themselves to be, and I see that as part of my feminist commitment to undermining patriarchy and my DHCR commitment to honoring people's lived experiences, empowering them to say who they are rather than imposing my categories on them. I am also someone who understands that the experiences of natal women and those who are trans and nonbinary and were born with a uterus are different from those of natal men and nonbinary people or trans women who do not have a uterus. It is now more than two years since the *Dobbs* decision robbing women of the right to safe and legal abortion and reproductive health care in many parts of the United States, a day that was traumatizing and retraumatizing to many and has had immediate consequences for anyone who can become pregnant by accident or by force, which means anyone who has a uterus—thus, this biological aspect of some people's biopsychosocial realities matters in ways it hadn't in the half century of *Roe v. Wade*. Women are dying now because of this change.

I was born toward the end of the United States' un-war in Korea (we never declared it a war, it was a "conflict," like the American war on Vietnam wasn't officially a war either). I'm not sure I believe in divine beings, but I don't hold negative judgments of people who do, so long as they are not using their beliefs to uphold a social pathology or do harm to others. The divine being I'm not sure I believe in at the moment, which is a kind of vague spirit emerging from the universe and all in it, is a compassionate and inclusive one.

I am legally married and legally separated, both rights given to people in same-sex pairs in the entire United States only since 2015 and in my home state of Washington since 2012. I have lived by myself since late 2022. I am childless by choice. So far as I know I have never been pregnant nor have I ever

aspired to be, even during my brief attempt at conforming to heteronormativity in my late teens. I am a survivor of childhood attachment trauma because I am the offspring of two people who themselves had complex trauma and am the descendant of people who were targets of anti-Semitic violence every day of their lives and who fled, carrying that intergenerational trauma, to what they believed was a safer place—which is becoming less safe every year. It would break my grandparents' hearts to see the upsurge in fatal anti-Semitic violence that has been happening in the United States in the last decade. They were very proud naturalized citizens of this country in which they did not have to hide in the basement several times to save their own lives.

Here's a rough one, but important to finally feel free to put in writing. I believe that I was sexually abused, briefly, by a nonparent family member when I was almost three, although all I have are vague memories, followed in time by the behaviors of a sexually abused child and then adolescent and adult. So I'm not sure and never will be more certain than I am today. I can simply back-engineer the behaviors that emerged after a particular point in time, behaviors that, had they been described to me-the-therapist, would have led me to say, "Hmm, sexual abuse?"

I have spent my entire adult life in Seattle, with gratitude to the Duwamish and other Coast Salish people on whose stolen lands I have had the privilege to live, people to whom I pay rent monthly for that privilege. To my great surprise as a former perpetually failed student of physical education, I hold the rank of second-degree black belt in aikido, and as I write this sentence I am slowly moving toward the next level, something I find both hilarious and profound. I love dogs, cats not so much. My favorite physical spaces are filled with books and art. My favorite spaces on the planet that are not here in the Pacific Northwest have sand: deserts, beaches.

I also do not work as a direct trauma healer any longer. I stopped doing that in December 2018 (just in time for the cancer diagnosis, which was not a thrilling surprise; retire day 1, day one plus a month getting surgery instead of flying to Israel to teach) because I knew that I didn't have enough left in me emotionally to keep on doing that work well, and I worried that I could start to do harm if I kept it up.

So what I still do: I consult with other trauma healers and people who train and supervise them. I teach, before the pandemic, around the world, since the pandemic, on the screen and around the world. I do forensic trauma work, although by the time this book is published I hope to be well and truly done with that.

Any clinical examples I give in this book from the lives of suffering people represent an amalgam of at least three people's lives and stories, unless I have at some time received direct written permission to utilize a disguised version

of one individual's life story and have noted it separately. If you think you recognize yourself, it's not because it's you; it's because it's you-adjacent, as are so many stories of so many suffering people, and so many trauma healers.

The last time I wrote a book like this one I tried to use *Star Trek* ethnic groups for my examples when I could so as to avoid offending people. I am giving that strategy up; while such examples are useful when I'm teaching a brief workshop on trauma healing so that everyone in the room can keep their danger arousal systems deactivated, I've decided that the stories of the harm done by social pathologies ring truer when the story of the suffering person's intersectional identities can show where the wounds of the social pathology landed.

I will consequently offend some of you, my readers, some of the time, because I will get something wrong about you, about something in your intersectional identities that is dear to you, central to your communities, something that is tender and raw. I will anger some of my feminist friends because of my perspective on trans people. I will anger some of my trans friends because of my perspective on trans people. I have decided that if I am not pissing people off, I'm not writing truth as I see it. And being in my eighth decade of life, I don't care quite as much about not pissing people off as I do care about writing what I think might help people to heal.

That's where humility tries to come in. I humbly, and in advance, offer my sincere wish to have been able to repair that rupture by not having committed it. But because the last time I looked I was human, I will tear the fabric of human connection by what I write, without intending to, just as on the aikido mat I have stepped on a lot of bare toes without having the intent to do harm. Those toes hurt, nonetheless. I know, with deepening humility, that I am not the expert. I am simply one witness to suffering—older, still ignorant, more humble every day—who hopes that by writing about the suffering that follows upon wounds to the soul, the spirit, the body, our communities, the thing called trauma, and by inviting us all to decolonize this healing process, I can create some repairs. *Tikkun olam*, repair and healing of the world, is central to my values as a secular Jew. This book is an offering toward that end.

WHAT HAS MADE COLONIZATION TRAUMA INVISIBLE TO THE TRAUMA TREATMENT WORLD?

One of the hypotheses that I will be exploring in this book, in response to my own wondering about that question, has to do with how difficult it is for trauma healers to observe the colonizers and oppressors who are our literal or intellectual ancestors and whose ways of seeing people in pain constitute

some of the challenging components of our own intersectional identities. A thing commonly called “privilege,” which is frequently and unfortunately a source of shame rather than a door into deepened understanding of one’s own place in the matrix of domination and subjugation, is one of the topics I will explore in this volume as it pertains to how we decolonize trauma healing.

The paradigm I am proposing is one that asks healers to turn inward as well as outward, to embrace and heal those monsters that live in our cultures, our families, our own life stories, so that we can be sources of healing for humans in pain without being tripped up by our own unexplored guilt or shame. We must embrace the monsters of our privilege in order to turn them into protective energies for alliance.

To change how trauma healers work with subjugated peoples is not the only step we need to take. The Indigenous peoples of the Western Hemisphere and the Global South who were colonized by Europeans between 1492 and the present are not the only colonized persons whose lives have been harmed in profound and painful ways. Thus, I am offering an expanded paradigm of what has constituted colonization in human history as it pertains to trauma that is passed on culturally and intergenerationally.

I am attempting not to appropriate the idea of decolonization, which is always the risk when people of the dominant culture take the work of the oppressed as our starting point. I hope instead to be inspired by and give full credit to the insights of the colonized, in order to think in what may be new ways about what it means to be colonized. My desire is to expand the reach of this paradigm, to construct of it an overarching metatheory of what has been, in my opinion, problematic in the field of trauma treatment, so that a decolonial standpoint cannot ever be dismissed as something peripheral to the core work of healing traumatized humans. This is not a book about special populations or adapting a method, both inherently colonial ways of responding to the reality of human intersectionalities. This book is about the intersection of trauma with all of the strands of which each of us are constituted.

AN INCLUSIVE CONSTRUCT OF COLONIZATION: TERRITORY, MIND, BODY, SPIRIT, THEORY

My project in this book is an ambitious one—perhaps overly ambitious. My broad vision arises from my own intersectional identities, which include both colonizer and colonized. I hope my vision is not an arrogant one. That risk is inherent in some of the strands of my intersectionalities. I intend on extending the construct of colonization beyond that of the physical colonization of Indigenous peoples, a continuing source of trauma to all of the descendants of

those so colonized, to the interpersonal, intrapsychic, and spiritual/existential markers of ownership in traumatized humans without a recent history of colonization but instead, colonization by a toxic Eurocentric dominant culture. As Judith Herman wrote decades ago, “the systematic study of psychological trauma therefore depends on the support of a political movement” (1992, p. 9). The emerging politic of decolonial work is the movement that supports my systemic exploration of where our field has been distracted from the core.