LDR 810-42

Cross-Cultural Dynamics

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Professor

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Assignment #3 – Essay

1. Write a 5-page essay based on one (1) of the three (3) items below:

a. Write a paper highlighting a cross-cultural experience that involved a project or

work-related activity to which you could have applied Community Development

principles. Discuss principles you violated and principles you used. Give a

synopsis of, now being aware of the principles, you could have proceeded for a

positive outcome.

2. Paper Outline

a. Begin with an introductory paragraph that has a succinct thesis statement.

b. Address the topic of the paper with critical thought.

c. End with a conclusion that reaffirms your thesis.

d. Use a minimum of eleven scholarly research sources (two books and the

remaining scholarly peer-reviewed journal articles).

**Analyzing and Applying the Ten Principles of Community Development**

**within a 6-hour Continuing Education Presentation**

“One expression of wisdom is knowing more and more how to interpret and respond to life’s experiences” (Elmer, 2009, p. 31). While Christians are called to take the good news of Jesus Christ to the ends of the earth, doing it well is not easy. Indeed, living in a post-modern society requires preparedness for one’s journey forward. While relating cross-culturally, several community development principles are necessary to be an effective leader with the ability and essential skills to approach other cultures with competency and confidence while simultaneously with a spirit of humbleness and respect. This author will address four principles of successful community development while scrutinizing an experience where the principles were used well and where improvements are necessary. Such an examination will aim to gain wisdom for future speaking opportunities to various communities, including mental health professionals, medical staff, lay counselors, pregnancy care centers, pastors/clergy, and the public – which is the goal of Principle **#**4 – Train trainers who can train others.

The setting this author will be referring to is a six-hour continuing educational workshop presented to licensed mental health professionals and nurses in Ohio. The title of the presentation was *Addressing, Assessing, and Treatment Strategies for After-Abortion Client Care.* At the end of the workshop, participants completed an evaluation that included a space for additional comments. While the assessments were positive overall, mainly scoring five out of five, personal comments were favorable, and some offered constructive advice, making suggestions that this author could improve upon. Two people, however, left the workshop about twenty minutes after it had started, explaining to the event hosts that they had detected speaker bias and, therefore, were unwilling to stay.

**Principle # 1 – Start where the people are.**

The workshop's most disturbing and disruptive part occurred when two audience members exited the room shortly after the presentation had started. From what I could tell, one looked upset, while the other appeared to be motioning her to leave. Undeterred, I continued with the presentation. However, during the first break, the event host (who had visited with them once outside the conference room) informed me that the participants could tell the presentation's direction, so they left. As a licensed master social worker, this author could have done a better job taking the time to develop a rapport and to prepare the audience for the content being presented -- beyond what was already provided in the workshop description when they signed up for the course, as well as in my opening comments. Because the topic of abortion is often wrought with strong emotions because of differing cultures, values, experiences, and beliefs, it is important to start where the people are by creating an atmosphere of benevolence and not suspicion. Care was taken, but more was needed.

“Openness is the ability to welcome people into your presence and help them feel safe” (Elmer, 2009, pg. 87). Regrettably, one or both women could have been triggered by having had a traumatic abortion experience. As research reveals, abortion can be devastating to one’s overall well-being with long-lasting mental health challenges such as anxiety, depression, post-traumatic stress syndrome, substance abuse, suicide ideation, prolonged grief, and attachment issues (Coleman, P., 2011; Rafferty & Longbons, 2020, Rue et al. 2004) which is why it is imperative beforehand to inform the audience of potential risk, even perhaps have them sign a disclaimer form ahead of time understanding that potential triggers may be experienced if the participant has had, or has been involved in, an abortion(s). In addition, consider having a mental health professional available should anyone need assistance. While it is not always possible, it is ultimately the instructor’s responsibility to safeguard against triggers from occurring. While it is unknown if this happened, the two women had a negative experience that could have been prevented.

**Principle #2 – Introduce new ideas only after relationships and confidence have been established.**

As a social work student, one of the foundational principles within the helping profession is establishing a rapport with clients first to put them at ease and establish trust. While building rapport, establishing a relationship, and gaining audience confidence may be challenging to attain quickly, it is nevertheless worth the effort. Looking back, I should have done a better job getting acquainted with the audience, especially at the beginning of the presentation. Asking questions and being more relaxed would also have helped. To my detriment, I was tremendously nervous, felt unprepared, a bit disorganized, lacked sleep, and prayed to God to let me get through this! And, in my mind, I was already absolved that I needed to stop doing continuing educational presentations because, as an introvert, as well as my personal traumatic experience with abortion, they are too stressful, anxiety-provoking, triggering, and emotionally exhausting. I don't think people realize how much time, effort, energy, and courage it takes to speak on the topic of abortion.

One nurse participant commented that the presentation needed to be shorter and too Christian-focused for a secular audience. She also said that I stumbled when pronouncing the word phenomenologically and suggested other ways the information could have been relayed to maintain professional authority. At first, the critique irritated me, especially regarding the mispronounced word, and I got defensive, thinking she was too critical. It was then that I realized what Bucher (2008) stated was true: "Criticizing an individual's beliefs as irrational or just plain wrong serves to erect a wall between you and that person” (pg. 171). Indeed, I need to apply more of James 1:19-20*: So then, my beloved brethren, let every man be swift to hear, slow to speak, slow to wrath; for the wrath of man does not produce the righteousness of God* (New King James Version, 2007)to my life.

The new information introduced at the workshop was the new emerging construct called moral injury (MI) – what it is, the symptomatology, and how it applies to abortion. Following a brief history of abortion, participants were educated on what (MI) is as defined by Jinkerson, 2016).

Moral injury is a particular type of trauma characterized by guilt, existential crisis, and loss of trust that may develop following a perceived moral violation…Guilt, shame, spiritual/existential conflict, and loss of trust are identified as core symptoms. Depression, anxiety, anger, reexperiencing, self-harm, and social problems are identified as secondary symptoms (p. 122).

The concept of (MI) continues to be recognized in other areas beyond the military setting, and it has been identified that (MI) be applied to abortion in several published articles (Congdon, M., 2016, Dombo, E. A. et al., 2013, Koenig, H. G. & Zaben, F., 2021). And overall, the participants accepted the new information well and agreed that a connection does exist between abortion and moral injury.

**Principle #3 – Keep the program simple and uncomplicated.**

The two nurses mentioned above also noted in their evaluations that they felt the workshop was too long. I agree in part with this assessment because the audience appeared worn out after the presentation. One option would be to shorten the workshop; another is to include more educational techniques, such as simulation, reflection, role-playing, and video, in addition to the discussion group, lecture, PowerPoint, and case-based learning that was provided (Brottman et al., 2020, pp. 803-813). Unfortunately, a case-based learning strategy was cut from the workshop after the two women left, as described earlier.

Following the principle of keeping the program simple and uncomplicated will require retooling the amount of material covered and determining when to include the additional learning strategies. The importance cannot be understated for the success of relaying information. As Brottman et al., 2020 states, “Combining lectures with other educational strategies…generally led to more positive outcomes in terms of increasing knowledge and awareness, implying that lectures alone are not a sufficiently robust tool for educating individuals on the topics of cultural competency and diversity and inclusion (pg. 807).

Lastly, it would be better to provide a booklet at the beginning of all the planned activities for the participants to use throughout the day rather than passing out individual material several times throughout the presentation. This would have made the presentation easier to manage, simpler, and less complicated versus having to keep the activity folders organized with no shuffling of papers back and forth.

Principle **#4 – Train trainers who can train others.**

Finally, having the skills to understand and effectively communicate cross-culturally and training others who can thereby train others is especially critical when it involves clients who struggle with the aftermath of abortion. As Bucher, R. D. (2008) states:

[Psychiatrists] who lack cultural intelligence run the danger of using themselves and their own cultural standards as the measure for judging normality. If this occurs, being blind to the cultural differences of patients may actually contribute to a misdiagnosis. The difficulty lies in recognizing cultural cues, interpreting them accurately, and integrating this information into diagnoses and treatments (pp. 211-212).

A misdiagnosis occurs when those within the helping profession do not consider the client multi-dimensionally and where trauma occurs when one goes against their moral compass, as “many-perhaps even most-women choose abortion not according to their conscience, but in violation of the conscience” (Burke, 2002, p. xx).

The opportunity to train trainers extends beyond physically conducting educational events on a specific day, time, and location and for a limited number of people. For example, “[podcasts] are widely seen as positive learning tools that can have the tangible benefit of bringing teachers and learners together, often across long distances” (Drew, 2017). However, with such a vast expansion of reaching people globally more care and consideration will be required to effectively communicate cross-culturally. A challenge indeed.

In conclusion, as Christians working cross-culturally, mistakes will happen, and others may judge us unfairly – just as others make mistakes and we judge them unfairly. Wisdom is gained through reflecting on life experiences and applying it to future endeavors. Moving forward, courageously to serve out His purposes for our lives ever watchful not to bring harm to anyone. Rather, showing the love of Christ in all that we say and do.

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