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The Messiness of (De)Coloniality: An Autoethnography of the Cross-Cultural Researcher

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Abstract

In this paper I explore the complexity of psychological cross-cultural research, particularly noting the ways in which cross-cultural mental health research and the global mental health movement are still driven by Western conceptualizations of mental health. By taking up decolonial theory through autoethnographic methods, I consider the responsibility, ethics, and tensions in conducting cross-cultural mental health research, particularly as a White researcher with non-White, non-Western participants. Ongoing reflexivity as a researcher and practitioner offers the opportunity to engage in culturally responsive practices that continue challenging the coloniality of Western psychology which can pervade global mental health studies when unchecked. I put forth liberatory practices such as attending to insider voices and engaging in relational practices between researcher and participants as opportunities for cross-cultural researchers to engage in rigorous research that is responsive to the local culture and active in decolonizing the field of psychological and mental health research.

Keywords

autoethnography, cross cultural research, decolonization

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The Messiness of (De)Coloniality: An Autoethnography of the Cross-Cultural Researcher

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In this paper I explore the complexity of psychological cross-cultural research, particularly noting the ways in which cross-cultural mental health research and the global mental health movement are still driven by Western conceptualizations of mental health. By taking up decolonial theory through autoethnographic methods, I consider the responsibility, ethics, and tensions in conducting cross-cultural mental health research, particularly as a White researcher with non-White, non-Western participants. Ongoing reflexivity as a researcher and practitioner offers the opportunity to engage in culturally responsive practices that continue challenging the coloniality of Western psychology which can pervade global mental health studies when unchecked. I put forth liberatory practices such as attending to insider voices and engaging in relational practices between researcher and participants as opportunities for cross-cultural researchers to engage in rigorous research that is responsive to the local culture and active in decolonizing the field of psychological and mental health research.

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While cross-cultural research is growing and the field of global mental health is expanding, the field remains dominated by Western conceptualizations of mental health. Furthermore, much of the research conducted cross-culturally centers on measures and constructs that employ the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, normalized by Western standards of mental illness and a history of medicalization to determine psychopathology globally (Pickersgill, 2014). Employing these constructs as the uncontested standards for (un)wellness and psychological (a)typicality drives concerns regarding what knowledge is being gained through cross-cultural research, what is excluded or misunderstood due to the predominantly Western psychological frame, and how the Western researcher contends with power, ethics, and responsibility.

I examine the troubling concerns of the colonization of knowledge and mental health and the taken for granted norms implicated in cross-cultural, psychological research, considering my own experiences as a cross-cultural researcher and practitioner. I come to this paper as a White, female researcher studying mental health and therapy among Cambodian nationals as well as Southeast Asian refugees living in the southern United States. I turn my researcher gaze inward, “mak[ing myself] a subject for critical analysis” (Kim, 2016, p. 124) through autoethnography to grapple with the tensions of the power of the cross-cultural researcher and to question my colonial self as a cultural outsider.

Methods

While there are multiple types and understandings of autoethnography, Ellis and colleagues (2011) underscored autoethnography at its core as the analysis and description of personal experience and the self to interpret or make sense of a cultural experience (Ellis et al., 2011). In contrast to ethnography, which historically serves as a colonial practice to study “the other,” autoethnography is understood by many scholars as a postcolonial methodology that centers “the other” as the researcher or the subject/participant, explicitly and critically examining the cultural and historical context in which the researcher is embedded (Chawla & Atay, 2018; Chawla & Rodriguez, 2008). Autoethnography “treats research as a political, socially-just and socially-conscious act” (Ellis et al., 2011, p. 1), fitting the scope of my inquiry as one that inherently considers researcher power and positionality.

While I as a White woman cannot fully engage in a postcolonial autoethnography due to my social location within a Western, Eurocentric society, I employ a critical autoethnographic approach by taking up theory alongside narratives to question and trouble the ethics and material consequences of cultural phenomena (Jones, 2016). Specifically, I draw on decolonial theory to critically consider and divest from my colonial researcher self in cross-cultural mental health research contexts, “problematiz[ing] social and cultural norms” within the field of cross-cultural research (Kim, 2016, p. 124). Decoloniality includes the active examination of the power structures and production of knowledge created and upheld by settler colonialism, “disrupt[ing] colonial . . . logic and the seeming ‘naturalness’ of racial capitalism,” and exploring other knowledges that confront and challenge colonial ideologies (Decolonizing Humanities Project, 2021). Decoloniality as theory, process, and method highlights the voices and counternarratives of colonized populations, as well as promotes self-reflective practices of the colonizer to understand the ways in which colonization has disproportionately benefited the colonizer group at the expense of the wellbeing, flourishing, and humanity of the colonized (Chawla & Atay, 2018).

The autoethnographic method is distinguished from other forms of personal reflection and writing by “purposefully commenting on/critiquing...culture and cultural practices, making contributions to existing research, embracing vulnerability with purpose, and creating a reciprocal relationship with audiences in order to compel a response” (Jones et al., 2016, p. 22). Rigor in the autoethnographic research process is therefore not eschewed but shifted as the researcher expresses reflexive and embodied knowings, instead of seeking to represent exterior knowledge (Chawla & Rodriguez, 2008). In analyzing and writing this autoethnography, I think with Le Roux’s (2017) exploration of autoethnographic rigor, seeking explicit reflexivity and accountability of myself as the subject of critique within the cross-cultural research context and attending to narrative truth as I explore moments of cross-cultural interactions, relationships, and power.

To critically examine my own embodied experiences as a cross-cultural researcher and think through a decolonial perspective, I utilized written journal accounts from teaching English as a second language (ESL) in Cambodia that served as the catalyst for my research interest in Cambodian mental health and reflection on my experiences actively conducting cross-cultural research to construct the narratives within this autoethnographic account. Anderson and Glass-Coffin (2016) underscored the use of personal documents as a primary data source for autoethnographic inquiry, including letters, diary entries, and other evocative materials that “open the researcher to deeper reflection on relevant experiences and relationships” (p. 68). I therefore began by re-reading my journal entries from my time in Cambodia in its entirety, written as reflections and observations of my experience of living, teaching, and forming relationships in Southeast Asia, garnering a base understanding of my embodied experiences while living and working abroad. Thinking with decolonial theory in

subsequent re-readings (Jackson & Mazzei, 2012), I mapped moments of connection between my journal narratives and my reflections conducting cross-cultural research of Cambodian mental health and experiences of Southeast Asian refugees in subsequent years, particularly attending to moments that highlighted insider/outsider relationships, the supremacy of Western knowledge, and the struggle against my own colonizing perspective. To map these connections, I drew on Freeman's (2017) diagrammatical strategies, considering cross-cultural research as an assemblage, where assemblages "are diagrams, topological compositions that are nonetheless vulnerable to interferences, resulting in unpredictable, but effect-producing paths" (p. 101). I therefore explored cross-cultural research and decoloniality as concepts that are not static, but *becoming*, practices that shift, change, and transform (Freeman, 2017). I mapped the paths of cross-cultural research across time, exploring what stayed the same, the threads that persisted, and the shifts that occurred as I wrestled with/in the cross-cultural research assemblage. I present these mapped connection points, these doings, shifts, and points of continuity, in the following four vignettes, tracking my trajectory across time as I waded through the messiness of (de)coloniality in the space of cross-cultural research and the fields of mental health and psychology.

The Outsider Looking In

My feet were rooted to the ground as I stared at the sign: Mass grave of 450 victims. A narrated voice streaming through rented headphones told me this was only one of many mass graves where the Khmer Rouge enacted genocide against the Cambodian people. The fenceposts that hemmed the grave in were adorned with layers of brightly colored bracelets, tributes to the lost generation, offerings to the lives who breathed their last shortly before entering this grave. I asked myself how, in learning about the Holocaust and Rwandan genocide in history classes, had I never learned about the Khmer Rouge? Tuning back into the voice in my ears, I learned doctors, professors, lawyers, and anyone else with an education who might rise up in rebellion to the oppressive regime were brutally murdered in this spot where I stood, unmovable.

Looking ahead of me, I noticed one of my high school students similarly stuck to one spot, hands clasped behind his back, facing a knotted tree. My feet carried me to where he stood, and wordlessly, I read the sign that gripped his attention, written half in Khmer, the national language of Cambodia, and half in English: Magic tree—the tree was used as a tool to hang a loudspeaker which makes sound louder to avoid the moan of victims while they were being executed. There we stood, a Cambodian high schooler and his White, Western ESL teacher. Me, a voyeur to the pain woven into the fabric of a culture this 16-year-old embodied.

We walked together in heavy silence through the Choeung Ek Genocidal Center that memorialized the memory of those lost in the killing fields. I occasionally interrupted the silence relaying facts from the rented recording playing through my headphones. We entered the monument at the center of the outdoor museum and stopped abruptly. Contained in glass were rows of skulls and assorted bones stacked stories high. A small colored dot on each skull indicated probable age and sex of each individual whose life was taken there.

"Have you ever been here before?" I asked my student, curious how he was approaching this somber and sobering display.

"No," he said, "this is my first time."

Here was his traumatic history on display. One that I could only learn, but from the look on his face, he could feel in his bones. The same bones that looked like the ones facing back at us from beyond the glass partition. The heaviness of this traumatic history hung in the air.

The newness of experiencing the Choeng Ek Genocidal Center with my student, both taking in the memorialized tragedy, was tempered with our vast differences in understanding of Cambodian history. I, a Westerner, knew little about Cambodian history prior to entering the country and engaging in deliberate experiences that presented opportunities for learning. I was an outsider looking into the story of Cambodia. My student was an insider with intimate knowledge and lived experiences shaped by the history of the graves and the monuments we walked among.

The positionality of an outsider confers seeming objectivity, but an outsider is not free from personal positionality and influences of culture, race, gender, age, and class, among other social locations (Merriam et al., 2001). Even while immersed as a brief resident of the country, my status within the Cambodian context remained to be what Banks (1998) referred to as an *external-outsider*, bringing my American socialization and Western values into my experiences, relationships, and roles in ways that contributed to partial knowings and misunderstandings, while reinforcing my own perspectives and power. I contextualized my experiences in Cambodia through my Western lens and the conferred power present in my designation as teacher and holder of key linguistic knowledge. With my outsider status, I interpreted Cambodia's history as traumatizing to present generations, representing my student's experience as a present embodiment of the pain of genocide. This representation marked my understanding of Cambodian wellbeing, as I superimposed my past understanding of psychology, mental health, and trauma onto my student and the Cambodian community at large. But, by constructing this reality as an outsider, what was I leaving out, adding in, or misrepresenting?

The Colonizing Helper

The classroom buzzed as our guest speaker began her presentation on Eye Movement Desensitization and Reprocessing, also known as EMDR, a therapy treatment for clients suffering from posttraumatic stress disorder. We partnered up in class, amazed at this treatment that was not the talk therapy we were being trained to do as budding marriage and family therapists, but was done largely in silence. We followed along as the speaker demonstrated the technique, waving her fingers left to right in front of the client's face, allowing their eyes to follow back and forth as the client processed memories internally. I felt silly as I practiced, waving my fingers side-to-side, but kept practicing since I had heard from other therapists how incredible this therapy could be.

"One of the features of this treatment is that you don't need to share the same language as your client." My ears perked up as I stopped waving my hand to listen more intently to our speaker's words.

"If you know a few key phrases, you can deliver this treatment effectively across cultures."

My mind immediately returned to the history and the families I had met in Cambodia. Trauma was infused in their history, passed down intergenerationally. Widespread poverty, families separated due to economic concerns, and lineages affiliated with torture, grief, loss, and genocide were pervasive. If I could learn this treatment well, could I bring it back there? Even if I didn't know the language—which I didn't, save a few words used in the classroom and at the market—I could still try this treatment out. Maybe it would help. Maybe I could help.

My understanding of EMDR as the solution to Cambodian trauma, administered by myself as a White therapist, represents ways in which coloniality is perpetuated through Western research and practice. Coloniality refers to "the extent to which the modern global order . . . are the product of racialized power that continues to reproduce violence" (Adams et al., 2015, p. 215). These violent reproductions include the proliferation of Western and

Eurocentric ways of knowing and understanding humanity, including human psychology and mental health, uncritically across culture, race, class, and gender (Adams et al., 2015). Maldonado-Torres (2017) underscored this colonization within the field of psychology occurred through colonizing being, power, and knowledge across humanity.

Cambodia, with a history of colonization by France, may be considered a postcolonial society, but the ways knowledge and research are (re)produced can further colonial agendas that suppress cultural knowings and ways of being in favor of “global” or “basic” understandings that serve as uncontested norms among much of Western thinking and academic pursuits (Marshall & Batten, 2004). Okazaki and colleagues (2008) note postcolonial societies must contend with difficulties in searching for cultural identities that are marred by colonized histories. Acts of ongoing colonization, including colonization of knowledge, wellbeing, and healing, disrupt such identity.

Assuming the Cambodian population requires services to heal that cannot be found within their cultural practices highlights colonial values of Western knowledge and imposition. Considering the Cambodian culture and people as one in need of help, particularly *my* help, also perpetuates colonial violence through forcing aid where it has not been requested or requiring requested aid to take the form most known or comfortable for the Western provider without first seeking collaborative, culturally responsive engagement (Seponski et al., 2020). The perspective of myself as a peaceful helper connotes a position of privilege as one who expects to enter into spaces as an outsider and experience acceptance and adaptation. The position of peaceful helper perpetuates a lack of examination of power and positionality while allowing cultural domination to occur in ways that are not contested, as those in the peaceful helper role are able to colonize without disrupting the cultural status quo (Adams et al., 2015).

Recognizing (De)Coloniality

I sat in the middle of the conference-style table during a manuscript peer review, stumbling through my explanation of why I was studying mental health in Cambodia, knowing mental health is a Western construct being considered in an Eastern context.

“I know that the conceptualization of mental health isn’t the only way of knowing. Cambodian culture is full of culturally bound idioms of distress that are spiritual and physiological ways of knowing, which is an integral part of this paper. I’m not saying Western mental health and psychology is better or best for the Cambodian population, but maybe it can be one piece of reducing stigma and providing aid to vulnerable subpopulations.”

The words felt messy and hollow as I spoke them. I dared not glance at my Cambodian colleagues, who listened respectfully as I spoke about their country. I felt my face get hot and my body shrink as I tried to defend the work I’d spent 18 months on. I know I’m not Cambodian. I lived there, briefly, as an English teacher. Bringing my Western knowledge into an Eastern space. Was I doing that again? Was there a way I, as a White American researcher, could ever do work cross-culturally in Cambodia and not be colonizing? Could I take a critical approach and consider this culture that is not my own in a way that served the local community and vulnerable populations well? In that moment, with the knot that churned in my stomach, I was not so sure.

Many conversations with Cambodian colleagues occurred prior to this moment of discomfort as I attempted to defend my reasoning for pouring hours of writing and research into a paper on mental health knowledge among the Cambodian population. A local, Cambodian university collaborated to collect the research, the first study to gather comprehensive mental health data nationwide. Despite this collaboration, studying psychology and the local, Cambodian knowledge of it conveys a sense of universality to psychological

principles that have been critiqued as part of the colonialism and assertion of Western knowledge on the non-Western *other* (Okazaki et al., 2008).

My growing self-consciousness as a White researcher in cross-cultural spaces opens consideration of decolonization within the research field and within my own White, colonial researcher-self (Maldonado-Torres, 2011). Decolonial theory problematizes coloniality that allows for power within the structure of Whiteness and oppression of the non-White *other* (Maldonado-Torres, 2017). Decoloniality engages with a critical consciousness to reveal the structures that maintain the power and privilege of Whiteness while simultaneously, actively seeking liberation and the dismantling of said structures (Fernández, 2018).

Decolonial work in the realm of psychology and psychological research troubles the assumption of psychological norms (Fernández, 2018), treading so far as to even question psychology as a norm within itself. Decolonization is active and ongoing through critical reflexivity that challenges the characteristics of psychology that are grounded in the sociohistorical context of Whiteness (Fernández, 2018). Moments of critical reflexivity and questioning the role of psychology within the Cambodian context troubles my own taken-for-granted understandings of what psychology is and who it serves, unearthing the ways psychology has been used as a tool for perpetuating White supremacy, otherness, stigma, and oppression.

The Culturally Responsive Researcher?

I took my seat in a makeshift room made of privacy partitions at a health fair for Cambodian and Laotian refugees in the Southeast US. I sat across from an elderly woman, a first-generation immigrant. Her teenage granddaughter sat next to me, translating the mental health survey I was administering.

“On a scale of one to four, how often have you felt distressed by feeling blue in the past week?” I read out from my paper where I recorded the answers she was providing.

“Feeling blue?” her granddaughter asked, “I’m not sure I know how to translate that.”

I brainstormed how to re-word the question in a way more easily translated, recognizing my knowledge of the language was so limited I brought little to the table.

“Feeling down?” I tried, “Or maybe having a general sense of sadness?”

She paused and thought for a moment more, then turned to her grandmother and asked what I assumed but could not be sure was some version of this question. Her grandmother nodded and began to speak rapidly, tears welling in her eyes as she spoke. I watched her intently as she spoke, not daring to interrupt to ask for translation, nodding to encourage her to keep talking if she wished. As she finished, she gave a soft but wry smile that I returned.

Her granddaughter summarized, “She’s had a lot of hardship in her life and she says she’s tired from it now. A lot of the family has died either back home or here over the years, and she knows she’s getting old, too, and she can’t do everything she used to do. She says she cries a lot about this, as you can see.” She gave a little chuckle of compassion as she said this.

“But I guess, for your question, she’s like a three out of four?”

I marked it down on my sheet and also pulled out a half-sheet of paper with information for a local health center and psychiatrist from my folder.

I gave it to her as I turned to her granddaughter to explain, “This is some information about a place nearby we’re partnering with where she could go if she wanted someone to talk to about everything she just described.”

She translated what I described, both of them glancing briefly at the page before it was tucked into her grandmother’s purse. I could sense their reservation and acknowledged the likelihood of them looking into this resource as pretty low. Looks like I missed the mark with that one, I thought as we transitioned back to the questions on my list.

My colonial assumptions were once again challenged in my attempt to offer a resource founded in medicalized, Western culture. In reflecting on this experience with my advisor, she reminded me Southeast Asian cultures are collectivist, and refugees want to stay tied to loved ones. Grief and sadness acted as ways to stay tethered to family and community. Once again, I reckoned with my outsider status that did not hold this knowledge alongside the power I held as the researcher to direct the conversation. I was reminded again that the decolonial agenda is an iterative process of reflexivity and pushing back against White innocence and ignorance (Fernández, 2018).

Engaging in the lifelong work of dismantling coloniality heightens the need for ongoing responsiveness to culture. Culturally responsive research and practice lets go of willful ignorance and White innocence to partner with community advisors and cultural advocates to carry out research that meets the defined needs of the community (Seponski et al., 2013). By attending to insider voices, liberation from colonial ideals begins to open space for cultural responsiveness as decolonial practice. Culturally responsive research includes engagement with “human lives as delightfully varied and complex,” holding lightly and continually challenging assumptions of both the researcher’s culture and the culture of participants (Lahman et al., 2011, p. 1401). Such challenges occur through active reflexivity, aligned with the undoing and dismantling of Western and White norms inherent to decolonizing work. Additionally, cultural responsiveness heightens the relational component of research, with intention given to care, respect, and dignity in the relationships between the researcher and participants, as well as between the researcher and community partners (Lahman et al., 2011). While I thought I was engaging in culturally responsive practice through presenting a resource to my participant, my moment of greater cultural responsiveness was in reflexively and relationally holding space for my participant to recount her experiences openly and without interruption, to feel the sadness that connects her to family and culture.

Conclusion: The (De)Colonized Researcher in Progress

As I sit and write these words and story these accounts, I cringe in part at my history of collusion with colonial ideals and norms and my own lack of reflexivity and responsiveness throughout my cross-cultural engagement. Simultaneously, I question centering my own voice in the conversation of cross-cultural research. Who am I to write an autoethnographic account that holds within it a culture and a people that I am not a part of? Do I represent myself and those in these narratives as part of this inquiry accurately, knowing my telling will be partial and constructed from my own lens? These tensions are not resolved through single moments of critical reflection or even through the process of questioning the colonial, cross-cultural researcher within, but echo the ongoing need for reflexivity “before, during, and after an experience” as part of disrupting the power and untested norms at the intersection of Western culture and Whiteness (Lahman et al., 2011, p. 1403).

While I find myself continuing to trouble and problematize my researcher self, I lean on the inherent knowledges of others who hold identities and carry lived experiences that I do not. Perhaps, as I am learning, the disruption of reflexive decolonizing work allows for increased cultural responsiveness to naturally follow. I therefore consider and put forth research practices that actively encourage cultural responsiveness, cross-cultural collaboration, and liberation from the norms embedded within Western, colonial ideologies, particularly related to psychology and mental health, while continuing to probe the tensions inherent in Western research of non-Western populations.

Liberatory practices further the decolonial project by divesting from the automatic assumptions that accompany a Eurocentric perspective. For example, partnering with local or native collaborators to highlight cultural practices that meet the needs of the situated population

during all stages of cross-cultural research, from conception to dissemination, furthers the creation of research processes and implementation of methodologies that honor the Indigenous culture. This includes, but is not limited to, developing cultural advisory boards and research teams comprised of members of the studied community, as well as privileging insider voices through conducting pilot studies and Indigenous data analysis that assess for community needs, cultural understandings, and historical knowledges (Lincoln & González y González, 2008; Seponski et al., 2020). Lincoln and González y González (2008) also promoted engaging in cross-cultural research in the community's native language, liberating the research process from the conventions and standards of the English language promoted in many Western contexts that may lead to misrepresentations of the findings, and therefore implications, of the research.

Additionally, Gair (2012) underscored empathy within the research context as a practice that promotes cross-cultural understanding, researcher reflexivity, and cultural humility, as the cross-cultural researcher does not stand as an objective outsider but is engaged and entangled in the research process. The “quest is to hear, feel, understand, and value the stories of others, and to convey that felt empathy and understanding back to the client/storyteller/participant,” to relationally connect in the research process and with participants in ways that do not impose a colonizing perspective, but seek partnership and collaboration (Gair, 2012, p. 139). Beyond empathetic research practices, Cahill (2007) underscored how collective emotional experiences can guide liberatory research, including collective anger and rage. In particular, participatory action researchers attuned to the emotions of the community participants involved in the research can uncover and tailor research efforts to meet the needs of the community and develop and conduct research that directly applies community values and addresses power and inequality (Cahill, 2007). Indeed, participatory action research is one way individuals with shared subjectivities can examine and research from within, and researchers who are not a part of the studied culture can be invited into the research process as needed, therefore promoting an increasingly responsive research agenda.

Even in the space of invited research, though, a colonizing perspective may emerge, or have already been embedded, in the cultural landscape. For example, Seponski and colleagues (2020) highlighted the difficulties in cross-cultural research and intervention, as a Cambodian university requested exploration of a Western therapy model that had been implemented in a local counseling training program. While the training program initiated the research and welcomed the partnerships with Western providers to train counselors, local participants vacillated between recognizing the need for therapeutic models to be increasingly responsive to the culture and reinforcing colonizing ideas of therapeutic challenges stemming from client failings and lack of proper “education” of Western knowledge (Seponski et al., 2020). The tensions of conducting cross-cultural research are therefore not easily resolved but are multi-layered and must be continually examined and problematized.

With these tensions, non-native researchers, particularly Western researchers interested in conducting research in non-Western communities, may consider how to divest from the power, structure, and processes of Western research and the broader colonial agenda. Divesting from Eurocentric perspectives of wellness and wellbeing may include separation from the research process entirely, including divesting from capitalist notions of productivity, the need for recognition, and the need to constantly “do.” Western researchers may also use their ability to gain funding to then divest from their own power by providing the funding to a local research team, allowing local researchers to lead and guide the study from conceptualization to dissemination and to use financial resources that may not otherwise be available to them for their own means and purposes, and from their own shared subjectivities. Decolonial practices and divestment may further mean Western or White researchers forego funding opportunities to allow within-group researchers to examine health and wellness from within their situated

context and community. These practices are but some of the pieces of decolonizing the power structures that pervade cross-cultural research, as the divestment from and decolonization of Western paradigms and power is ongoing, a messy endeavor that is lifelong.

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