aiming to aid victims in the developing world (Bracken & Petty, 1998). For example, in many war-torn regions, the main goal of the victims is first to establish safety and then to restore their community and culture, not to process traumatic memories about the past (e.g., Giller, 1998). Offering Western interventions—whether psychological debriefing or CBT—is likely to puzzle the intended beneficiaries, who often regard psychotherapy as utterly foreign to their experience of the world.

Social and cultural factors may also impede natural healing. Certain norms and beliefs may lead survivors to think that they are irreversibly damaged by the trauma, thereby increasing their risk for PTSD. For example, many Kosovar women who were raped during the recent Balkan conflict regarded other people's response to their trauma—namely, the belief that they were defiled by the experience—as the worst part of their rape trauma. Culturally based beliefs that worsen the implications of a trauma may complicate treatment.

Finally, many people believe that experiencing, expressing, and disclosing intense emotion in response to stressors is an adaptive, healthy mode of coping. According to this view, "repressing," or inhibiting, emotional experience and expression is potentially damaging. However, these widely accepted assumptions about emotional processing are coming under increasing critical empirical scrutiny. For example, researchers who have studied modes of coping with everything from surviving a heart attack (Ginzburg, Solomon, & Bleich, 2002) to experiencing the death of loved ones (e.g., Bonanno & Kaltman, 1999; Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002; Wortman & Silver, 1989) have reported data that either fail to support or contradict these assumptions. And some of this work affirms impressive levels of resilience in the face of irrevocable loss (Bonanno et al., 2002).

The Economic and Legal Aspects of Intervention

It is impossible to understand the intense controversy regarding early intervention without considering the economic aspects of the debate. As Deahl (2000) wrote,

> Many workers in the field of psychological trauma clearly have powerful vested interests in promoting the efficacy of interventions such as PD [psychological debriefing] that often they themselves have developed. Indeed research grants, as well as the livelihoods of individuals employed by companies contracted to provide debriefing services, might depend on it! The last decade has witnessed the emergence of a "disaster industry." (p. 931)

Other scholars have also discussed how high the financial stakes can be in the field of traumatic stress, and how tensions can arise between the goals of clinical science and business (e.g., Gist, Woodall, & Magenheimer, 1999; Ostrow, 1996).

There are also legal aspects of early intervention. Citing their approach as the "standard of care," Everly and Mitchell (1999, p. 135) have emphasized that by debriefing individuals (e.g., emergency service personnel, firefighters) following severe traumatic events, organizations can reduce risk of lawsuits. Everly and Mitchell mentioned examples of people who developed chronic psychological problems after not having been debriefed and successfully sued their employers for negligence. During an interview shortly after the September 11 terrorist attacks, a reporter mentioned to one of us that executives of 80 companies that had offices in the World Trade Center were planning to engage the services of commercial debriefing organizations to prevent PTSD among employees who had survived the attacks. The executives feared lawsuits should they fail to debrief their employees. Ironically, the executives may have had the liability risk backwards. Given the absence of data showing that debriefing works, and given some studies suggesting that debriefing may impede natural recovery from trauma, companies may be at heightened risk if they do debrief their employees, especially if they fail to provide informed consent (i.e., summarize all the studies showing no effect for debriefing). And this liability risk may be especially great if companies simply debrief everyone without conducting a formal psychological assessment first. Of course, debriefing advocates may claim that methodological flaws undermine the probative import of the studies unfavorable to debriefing, so that there is no obligation to tell employees about these studies. However, the lack of convincing empirical support for these interventions remains a serious problem.

Finally, early interventions for trauma, humanitarian in intent, must be understood against background assumptions about psychopathology and suffering in contemporary Western postindustrial society. Intense emotional experience is not necessarily indicative of psychopathology. As Ostrow (1996) observed, the emergency medical services community "may want to reexamine the all-American notion that we should always feel good, that stress is bad and that we have to take corrective action to resolve every negative reaction to stress, even if it is normal" (p. 36).

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