

Conversations about Historical Trauma: Part One

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"It is important for us to know our history, because we are carrying it."

Maria Yellow Horse Brave Heart, PhD

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Responses to trauma are often mediated by culture and history, a reality which should inform the delivery of mental health services for all culturally diverse groups. When working with American Indian children and families, clinicians must be especially aware not just of multigenerational trauma but the ways in which each family and tribal community frames the narrative of their losses, said Maria Yellow Horse Brave Heart, PhD (Hunkpapa/Oglala Lakota), Associate Professor of Psychiatry and Director of Native American and Disparities Research at the Center for Rural and Community Behavioral Health, University of New Mexico, Albuquerque.

At the same time, tribal communities have cultural and historical healing processes "that have been going on for ages, and these are strengths that communities can build on," commented Gretchen Chase Vaughn, PhD, a clinical psychologist and principal of Vaughn Associates, a New Haven, CT, consulting firm. In recent conversations with IMPACT, Vaughn, Brave Heart, and Michele Scott, MSOL, an enrolled member of the Mashantucket Pequot Tribal Nation in Mashantucket, CT, considered ways in which the historical trauma of American Indian people shapes their experience of mental health issues and recovery from traumatic events.

Trauma and Grief Interwoven

Brave Heart defines historical trauma as: "cumulative

and psychological wounding over the life span and across generations, emanating from massive group trauma experience." In American Indian communities, the responses to those traumas—survivor guilt, depression and psychic numbing, fixation to trauma, low self-esteem, and anger—often lead to self-destructive behavior, substance abuse, and domestic violence.

In addition to the cycles of genocide and disenfranchisement to which they were subjected, American Indian tribes have been deterred from resolving their grief by federal prohibitions against their ceremonial practices and takeover of their sacred spaces. Thus historical traumatic grief becomes interwoven with historical trauma. To address these complex factors, Brave Heart developed the historical trauma intervention model.

The intervention has been offered to tribal communities through the Takini Network, founded by Brave Heart and colleagues in 1992 (Takini is a Lakota word for "survivor" or "to come back to life"). During workshops and training sessions, at the invitation of tribal leaders, Takini Institute trainers collaborate with tribal community members to deliver tribal-specific interventions. The model relies on four components designed to foster healing from grief: 1) confronting the history; 2) understanding the trauma and its effects; 3) releasing the pain; and 4) transcending the trauma.



Complexity and Heterogeneity

The number of federally recognized American Indian tribes (583) means that “there is a lot of diversity across different tribal communities and within the same communities,” Brave Heart noted. That diversity extends to each tribe’s history and culture. For example, many American Indians consider the boarding-school experience, which for most tribes began in the 19th century and lasted into the 20th, as an exceptionally dark period. American Indian children were taken from their homes and forced to attend federal and Christian-run boarding schools. There they were punished for speaking their tribal language and forced to assimilate white cultural values, while doing unpaid manual labor. Many children were physically and sexually abused. In contrast, many boarding schools today offer social and psychological services. Brave Heart has thus found some regional and individual differences; boarding schools are not necessarily perceived as universally traumatic. “For those [children] who came from a family where everyone was drinking,” she explained, “the boarding school functioned as a safe haven.” In encountering these diverse responses, Brave Heart has been reminded as a clinician “to be respectful, validating, and accepting of people who report their different experiences.”

Features of Historical Trauma

Brave Heart and other researchers have also found that the mental health constructs of the dominant culture in America do not adequately encompass the range of behaviors seen in American Indian people. Studies by Beals, Manson, and colleagues have found, for instance,* that American Indian adolescents who had reported multiple traumas did not meet the DSM-IV criteria for PTSD. “Trauma responses vary across cultures,” Brave Heart said, “and it is possible that we might have a higher trauma threshold before we become symptomatic.” On the other hand, clinicians working with American Indian people should be careful not to over-diagnose PTSD, and to respect the possibility that denial of trauma is serving as a coping mechanism for the individual or community. “Sometimes what people see as psychosis is really a spiritual phenomenon or is culturally grounded,” she pointed out.

Tapping into Community Resilience

Because one of the core tenets of healing from trauma is the ability to reweave personal narratives, exploring history should take place in a space that allows the individual to be heard, understood, and validated. A SAMHSA Circles of Care grant in 2008 allowed the Mashantucket Pequot Tribal Nation (MPTN) to explore ways of

incorporating tribal wisdom to destigmatize mental health issues, reported Scott, who is Executive Project Director of the MPTN Circles of Care Project. With the help of Vaughn (who evaluated the project, using a community participatory model), the tribal community designed a culturally appropriate mental health event for youth and families. Five years ago, the tribe staged its first Mental Health Awareness Fair, in conjunction with National Children’s Mental Health Awareness Day. The planning committee, comprised of tribal community members, providers, parents, youth, and elders, began bimonthly meetings six months before the event. During the event, traditional tribal foods, family tree exercises, storytelling, and art booths were among the activities offered to inform the 400 participants about mental health and cultural healing practices. Youth drew pictures of things that gave them happiness and learned to say the adage “Be Happy/Be Well” in Pequot (Wuyámush). Scott said the event has been so successful that the Tribal Council has endorsed it each year. “It’s become a way for us to help heal the community through intergenerational connection,” she said.

In addition, for the past four years the Mashantucket Pequot Tribal Nation has partnered with Clifford Beers Guidance Clinic (an NCTSN center) to hold an event called the Healing the Generations: Family Violence and Child Trauma Conference, in Mashantucket. The Native American track within the conference has allowed tribal community members to explore the use of culturally competent, traditional healing practices to address historical trauma.

Since she first developed the historical trauma construct, Brave Heart has observed progress in acknowledgement of its importance. She emphasized that historical trauma “is not about dredging up and staying stuck in the past. It’s about starting a healing process to let go of that past collective trauma, and moving forward.” As evidenced by the positive responses to the Takini Network training and to projects like Circles of Care, Brave Heart added, clinicians can learn that “historical trauma response is not a diagnosis; it’s meant to empower tribal communities by responding to things that have happened to us as a people.”

Beals J., Manson S.M., Whitesell N.R., Spicer P., Novins D.K., & Mitchell C.M. (2005). Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations. *Archives of General Psychiatry*, 62:99-108.

For more information, visit the Native American Center for Excellence at nace.samhsa.gov/HistoricalTrauma.aspx and the Takini Network at www.historicaltrauma.com