

# **Historical Trauma and Unresolved Grief: Considering Gender Identity and Related Issues in Clinical Assessment and Interventions**

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# Presentation Overview

- Historical Trauma and Historical Unresolved Grief  
Definition Review
- Impact of Historical Trauma, Colonization on Gender Identity, Roles, Relationships
- Cultural Losses, Internalized Oppression
- Using the Cultural Formulation in Working with Lesbian, Gay, Bisexual, Transgendered Individuals

# Historical Trauma and Unresolved Grief

- ***Historical trauma*** is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (1985-88)
- ***Historical unresolved grief*** accompanies that trauma (Brave Heart, 1998, 1999, 2000)

# Historical Trauma Response

- The *historical trauma response* (HTR) is a constellation of features in reaction to massive group trauma
- This response is observed among Lakota and other Native populations, Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants.

(Brave Heart, 1998, 1999, 2000)

# Historical Trauma and Unresolved Grief

- Genocide, extermination of gay individuals during the Jewish Holocaust (also included gypsies and individuals with disabilities)
- Sterilization abuse of Native women as well as Mexican and Puerto Rican women and women with disabilities
- Communities of color, disenfranchised groups targets for racist, genocidal actions

# Genocide and Discrimination

- **Native history meets UN 1948 Geneva Convention definition of genocide**
- **Congressional genocidal policy:** *no further recognition of their rights to the land over which they roam; go upon said reservations...chose between this policy of the government and extermination; wards of the government, controlled and managed at its discretion*
- **BIA Education Division called “Civilization Division”**
- **Congressional policy of forced separation of children from family and tribe; militaristic**
- **Gender roles and relationships impaired by boarding schools**

# HT and Gender Issues

- Traditional gender roles and relationships impaired by colonization – women & children were never the property of men, sacredness of children lost, & men lost traditional parenting roles as well as roles of warriors and protectors
- Many Native men internalized white male values, including the view of women & children as property due to forced socialization in boarding schools
- Parents received messages that our culture was inferior and we could not raise our own children

# HT and Gender Issues

- Some tribal communities recognized the existence of diversity in sexual orientation and gender identity
- There were traditional, cultural, and spiritual explanations for gender identity and orientation
- Some tribal beliefs were that sexual orientation was spiritually determined, that a person needed to have certain dreams that were interpreted to figure out if they were gay or transgendered; some tribes had the concept that two spirits of different genders inhabited the body, etc.

# HT and Gender Issues

- **Some tribal communities saw gay or transgendered individuals as spiritually gifted in some ways, e.g. they were charged with performing or coming up with spiritual names in the community (conducting naming ceremonies or providing the spiritual selection of the names**
- **There may have still been some stigma about LGBT individuals but there was greater acceptance and integration, and at times status than in the non-Native community**

# HT and Gender Issues

- **Traditional values of non-interference, tolerance for difference, respect for each individual to choose their own spiritual path were replaced with dominant cultural values due to the colonization, internalized oppression, identification with the aggressor, and forced compliance with dominant culture**
- **Traditional culture and spirituality was prohibited, including dances, gatherings – need to get BIA agency superintendent permission to have any social events in early reservation days**

# HT and Gender Issues

- **Impact of colonization, boarding schools – resulting in the forced acceptance of views of LGBT individuals being sick, evil, sinners, etc. to varying degrees**
- **Many went underground and experienced rejection, discrimination, and oppression in Native communities, even among those who had traditionally accepted alternative gender identities and sexual orientation**
- **Prior values of non-interference, respect and tolerance related to LGBT individuals eroded**

# Historical Trauma Response Features

- **Survivor guilt**
- **Depression**
- **Sometimes PTSD symptoms**
- **Psychic numbing**
- **Fixation to trauma**
- **Somatic (physical) symptoms**
- **Low self-esteem**
- **Victim Identity**
- **Anger**
- **Self-destructive behavior including substance abuse**
- **Suicidal ideation**
- **Hypervigilance**
- **Intense fear**
- **Dissociation**
- **Compensatory fantasies**
- **Poor affect (emotion) tolerance**

# Historical Trauma Response Features

- Death identity – fantasies of reunification with the deceased; cheated death
- Preoccupation with trauma, with death
- Dreams of massacres, historical trauma content
- **Loyalty to ancestral suffering & the deceased**
- **Internalization of ancestral suffering**
- **Vitality in own life seen as a betrayal to ancestors who suffered so much**

# Perceived Discrimination and Microaggressions

- Perceived discrimination - relationship with increased depression (see Whitbeck)
- Microaggressions (term coined by Chester Pierce, MD; further development by D. Wing Sue, PhD) can include instances of being racially profiled, experiences of discrimination, being stereotyped, being intentionally or unintentionally excluded, hearing racist comments, etc.
- Associated with historical trauma response, PTSD symptoms, and depression (preliminary research of Dr. Karina Walters (Choctaw) U of WA)

# Discrimination, Microaggressions, and White and Heterosexual Privilege

- Concept of White Privilege (Peggy McIntosh)
- The dominant cultural environment is primarily based upon Anglo Saxon Protestant culture, the predominant culture in the United States
- Unconscious, often unintentional bias, discrimination, and bias
- Dominant cultural groups have privilege of their worldview being predominant
- Heterosexual orientation is the predominant mode; heterosexual biases; similar issues for all “minority groups” including persons with disabilities

# Discrimination, Microaggressions, and White and Heterosexual Privilege

- As a Native woman, I am oppressed, discriminated against, higher trauma exposure, victim of frequent, constant microaggressions
- Being stopped for police for drinking water
- Having security called at hotel gift shop – assumed I was not a hotel guest and that I was loitering
- Being mistaken for the help numerous times while dressed in a business suit on professional travel
- Having to prove my intelligence
- **BUT** I have heterosexual privilege

# Discrimination, Microaggressions, and White and Heterosexual Privilege

- As a heterosexual woman, I do not have to endure stares when I am with significant other, I am not stared at when displaying affection, I am not stared at because of who I am with (despite being stared at as a Native woman many times)
- I don't have to endure anyone trying to change my sexual orientation because it is seen as sinful or sick
- Native LGBT individuals have to cope with another layer of microaggressions and discrimination

# DSM IV Cultural Formulation Applied to LGBT Individuals

## Cultural Identity

- Ethnic or cultural reference group(s) – include sexual orientation
- Degree of involvement w/culture of origin & host culture – include LGBT cultures
- Language abilities, use, & preference – all groups have “codes” – language, expressions [example of Smoke Signals – inside Native jokes based on Native experience]

## Cultural Explanations of Illness

- Meaning & perceived severity of symptoms in relation to reference group/s norms – Note relation to LGBT status
- Perceived causes & explanatory models that the pt. & reference group(s) use to explain the illness – legacy of being sick or sinful
- Preferences for sources of care

# Culturally Sensitive Diagnosis: the DSM IV Cultural Formulation

## **Cultural factors related to psychosocial environment & levels of functioning**

- Culturally relevant interpretations of social stressors, available supports, levels of functioning & disability
- Stresses in the local social environment
- Role of religion & kin networks in providing emotional, instrumental, & informational support – attend to rejection by family and community due to being LGBT

## **Cultural elements of the relationship between the individual and the clinician**

- Individual differences in culture & social status between the individual & clinician – sexual orientation differences
- Problems these differences may cause

# Cultural Formulation

## Overall cultural assessment for diagnosis and care

- Discussion of how cultural considerations specifically influence comprehensive diagnosis and care

## Reference:

Lewis-Fernandez, R. and Diaz, N. The Cultural Formulation: A method for assessing cultural factors affecting the clinical encounter. *Psychiatric Quarterly*, 2002, 73(4): 271-295. (Table 1, p. 275)

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***Examples for Native LGBT clients:*** same for all Natives re: skin color issues, risk for trauma exposure, traditional mourning practices, racism, unemployment rates, housing availability BUT increase trauma exposure due to LGBT status, increase suicide risks due to bullying, stress of hiding LGBT status to avoid discrimination

# Cultural Formulation (con't)

- Indirect styles of communication, values of non-interference and non-intrusiveness, & polite reserve may delay help-seeking and true presenting problem
- Variation in eye contact; cultural differences in personal space & cross-gender interaction
- Listening for the meaning in the metaphor
- Client use of narratives, stories; talking in the displacement
- Beginning phase may be longer – IT MAY TAKE LONGER FOR LGBT folks to share truths

# Clinical Examples of Culturally & Historically Responsive Assessment

- Sexual abuse history for some LGBT individuals
- Important to explore this without judgment or assuming that sexual orientation is due to sexual trauma ALTHOUGH in some cases, it is, or it leads to re-enactment of sexual trauma
- Case Examples – “Heterosexual” woman diagnosed with borderline personality disorder (high functioning) and misdiagnosed in past as schizophrenic begins to explore bisexuality while in therapy – was therapeutic for her
- Lesbian client with sexual abuse by both parents, but more trauma with mother, in relationship with an older woman becomes aware of re-enacting her abuse – terminates relationship and begins to date men, explores being bi-sexual or even heterosexual

# Clinical Examples of Culturally & Historically Responsive Assessment

- Adolescent male exhibiting exaggerated feminine behavior dating back to latency age
- Exploration of history revealed sexual abuse in boarding school and parental alcoholism and abandonment
- Severe acting out behavior and alcohol abuse since age 9
- Traditional cultural recommendation was a ceremony to in fact see if the boy was two spirit or reacting to sexual abuse combined with alcohol treatment
- Boy is now an adult and openly, happily gay and clean and sober

# Clinical Examples of Culturally & Historically Responsive Assessment

- Transference (psychoanalytic term) and clinical heterosexual privilege/ lack of awareness
- Clinicians need to dress professionally, appropriately, and modestly regardless of the gender of client or patient
- Transference develops, can become sexualized; woman who was exploring her possible bisexuality while in therapy began to have erotic transference and asked therapist to not wear sleeveless dresses – became a distraction
- Safest is modest dress with ALL clients
- Side note – it is NEVER appropriate or ethical to become romantically involved with a client even after termination

# Upcoming Series on Understanding and Treating LGBT Native Youth and Adults

- Being planned by Native and non-Native clinicians both LGBT and heterosexual, with experience working with both populations and presenting/training in this area
- Will start with introducing issues and basic overview of information to increase awareness and skills in working with LGBT youth and adults