

Historical Trauma and Unresolved Grief: Implications for Clinical Research and Practice with Indigenous Peoples of the Americas

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Omniciye Woiyaksape: Sharing Wisdom Council Project

It is our way to mourn for one year when one of our relations enters the Spirit World. Tradition is to wear black while mourning our lost one, tradition is not to be happy, not to sing and dance and enjoy life's beauty during mourning time. Tradition is to suffer with the remembering of our lost one, and to give away much of what we own and to cut our hair short....Chief Sitting Bull was more than a relation....He represented an entire people: our freedom, our way of life -- all that we were. And for one hundred years we as a people have mourned our great leader.

Omniciye Woiyaksape

We have followed tradition in our mourning. We have not been happy, have not enjoyed life's beauty, have not danced or sung as a proud nation. We have suffered remembering our great Chief and have given away much of what was ours.... blackness has been around us for a hundred years. During this time the heartbeat of our people has been weak, and our life style has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism, and suicide in the country.

Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)

Intergenerational Parental Trauma

I never bonded with any parental figures in my home. At seven years old, I could be gone for days at a time and no one would look for me....I've never been to a boarding school....all of the abuse we've talked about happened in my home. If it had happened by strangers, it wouldn't have been so bad- the sexual abuse, the neglect. Then, I could blame it all on another race....And, yes, they [my parents] went to boarding school.

A Lakota Parent in Recovery
(Brave Heart, 2000, pp. 254-255)

Multiple Losses and Trauma Exposure

- Death of five family members killed in a collision by a drunk driver on a reservation road
- One month earlier, death of a diabetic relative
- Following month, adolescent cousin's suicide and the death of another relative from a heart attack
- Surviving family members include individuals who are descendants of massacre survivors & abuse in boarding schools
- Many community members comment that they feel they are always in a state of mourning and constantly attending funerals.

Presentation Overview

- What is Historical Trauma and Historical Unresolved Grief?
- Healing Historical Trauma and Unresolved Grief: The HTUG Intervention: A Tribal Best Practice
- Incorporating historical trauma with the DSM IV Cultural Formulation in assessment and treatment planning
- *Celebration of Survival: The Takini Network*

The Development of Historical Trauma Theory and Interventions

- Motivated by desire & commitment to reduce the suffering of Indigenous Peoples
- By 1992 – the first Native *historical trauma* intervention; founded the Takini Network; presentations across the US & Canada
- 1996 – 2004 - Designed the first Lakota/Native parenting curriculum incorporating *historical trauma*; number of SAMHSA grants
- 2009 – HTUG selected as a Tribal Best Practice by First Nations Behavioral Health Association, Pacific Substance Abuse & Mental Health Collaborating Council, and SAMHSA

The Takini Network

The *Takini* (Survivor) Network was formed in 1992 to address healing from historical trauma and historical unresolved grief among the Lakota as well as other Native people through therapeutic work, prevention, research, publication and community education.

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 Theory and Practice

- Distortions in presentations about historical trauma - it is not about staying stuck in the past
- Original intent –to begin a healing process, to move forward; to reclaim traditional cultural protective factors; to stop identifying ourselves as victims; to move from identifying as survivors to transcending and thriving

Historical Trauma Theory and Practice

- Recognizes tribal and regional differences
- Original HT Intervention developed among the Lakota but we humbly respect all tribal communities, cultures, and histories
- Work with different tribes across the US and Canada to tailor work for their tribal groups
- Approximately 300 workshops/training, presentations across the US and Canada

Healing from Historical Trauma & Unresolved Grief

- Historical Trauma & Unresolved Grief Intervention (HTUG): A Tribal Best Practice
- Psychoeducation about genocide, boarding school losses, & oppression
- Audiovisual materials about collective trauma
- Small & large group processing
- Focus as well on lifespan trauma
- Grounded in traditional cultural experiences

Historical Trauma Intervention: Four Major Intervention Components

- Confronting historical trauma and embracing our history
- Understanding the trauma
- Releasing our pain
- Transcending the trauma

Confronting the Cumulative, Massive Group Trauma

- Origins of trauma are in genocide
- Boarding schools compounded trauma
- Trauma is transferred across generations through impairment of traditional parenting skills, identification, and other complex processes; epigenetics research relevant (Yehuda)
- Children of genocide survivors, children of boarding school survivors may pass on the trauma to their descendents

Background: Genocide

- **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, Gender, Parenting Issues

- Traditional gender roles and relationships impaired – 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

Relevant Recent HT Publications

- Brave Heart, M.Y.H., Elkins, J., Tafoya, G., Bird, D., & Salvador (2012). *Wicasa Was'aka: Restoring the traditional strength of American Indian males. American Journal of Public Health, 102 (S2), 177-183.*
- Brave Heart, M.Y.H., Chase, J., Elkins, J., & Altschul, D.B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs, 43 (4), 282-290.*
- Brave Heart, M.Y.H. & Deschenie, T. (2006). Resource guide: Historical trauma and post-colonial stress in American Indian populations. *Tribal College Journal of American Indian Higher Education, 17 (3), 24-27.*
- Brave Heart, M.Y.H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs, 35(1), 7-13.*

Other Relevant Publications

- American Indians had an adult trauma exposure rate of 62.4% to 69.8% to at least one traumatic event; a substantial proportion of these entail death of a loved one (Manson, Beals, Klein, Croy, & AI-SUPERPFP Team, 2005).
- CG/PG: sadness, separation distress including strong yearnings, longing for and preoccupation with thoughts of the deceased, and intrusive images, psychic numbness, guilt, extreme difficulty moving on with life, and a sense of the part of the self having died (Boelen & Prigerson, 2007; Shear et al., 2005). CG may also co-occur with PTSD (20-50%); prevalence unclear for American Indians/Alaska Natives.
- Historical unresolved grief includes these but also yearning, pining, preoccupation with thoughts of ancestors lost in massacres, loyalty to ancestors with a focus on their suffering, as if to not suffer is to not honor them, to forget them

Prolonged or Complicated Grief

- Tribes may also be at high risk for CG/PG related to the impact of genocide across generations and frequent deaths of attachment figures, due to high morbidity and mortality rates, & generational boarding school trauma.
- Rather than ambivalent relationships, some CG researchers think that close attachments may predispose CG development; AI/AN attachment styles may be closer and more intense as a cultural norm

Intergenerational Traumatic Grief

- Federal prohibition against practice of traditional Native spirituality limited bereavement resulting in unresolved grief across generations
- Dominant societal view of Natives as “savage” and unfeeling – dehumanizing, invalidating grief
- Acute grief which persists becomes unresolved, prolonged, complicated
- Modern multiple losses & cumulative traumatic losses superimposed upon collective generational trauma

HT Theory & Symptoms of Depression, PTSD, Prolonged Grief

- Native mourning resolution is distinct from European American grief
- Loss of close relative experienced as loss of part of self, exhibited by cutting the hair
- Natives maintain active relationship with ancestor spirits
- Massive group trauma (genocide) impairs normative grief; extent & quality of losses (trauma exposure) limit time for culturally congruent mourning resolution; history of prohibition of bereavement ceremonies

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**

Identification & Self-Hatred

- **Identification with the aggressor (A. Freud) & internalized oppression (Freire)**
- Identification with the oppressor's view of Natives, resulting in self-hatred
- Self-destructive behavior (i.e. SA) to avoid pain and to act out the self-hatred
- Identifying with parents' trauma response patterns

HTUG Tribal Best Practice

- Traditional culture & ceremonies throughout facilitated release of emotions
- Psychoeducation; narratives & trauma testimony
- Delivered over 4 days; small process groups with the trained Native facilitators
- Focus on *returning to the sacred path* – the strengths in our traditional culture
- Ceremonies may help in the healing process, changing brain chemistry, calming traumatic brain

Historical Trauma Intervention Research & Evaluation (1992 - 2003)

- Reduction in sense of feeling responsible to undo painful historical past
- Less shame, stigma, anger, sadness
- Decrease in guilt
- Increase in joy
- Improved valuation of true self and of tribe
- Increased sense of personal power

Table 11: Gender Differences for Affects Experienced Often Before, During and After the Intervention

| | Before | | During | | After | |
|----------------|--------------------|-------|--------------------|-------|--------------------|-------|
| | Female/Male | | Female/Male | | Female/Male | |
| Anger | 70.6% | 73.3% | 41.2% | 66.7% | 11.8% | 26.7% |
| Sadness | 70.6% | 66.7% | 100.0% | 80.0% | 5.9% | 33.3% |
| Guilt | 70.6% | 53.3% | 29.4% | 33.3% | 0.0% | 13.3% |
| Shame | 64.7% | 60.0% | 5.9% | 40.0% | 0.0% | 13.3% |
| Joy | 58.8% | 33.3% | 64.7% | 66.7% | 70.6% | 86.7% |

Themes from Qualitative Evaluation of Parental Responses (1996-2004)

- Increased sense of parental competence
- Increase in use of traditional language
- Increased communication with own parents and grandparents about HT
- Improved relationships with children, parents, grandparents, and extended kinship network
- Increased pride in being Lakota and valuing own culture, i.e. Seven Laws

Culturally Sensitive Diagnosis: the DSM IV Cultural Formulation

Cultural Identity

- Ethnic or cultural reference group(s)
- Degree of involvement w/culture of origin & host culture
- Language abilities, use, & preference

Cultural Explanations of Illness

- Meaning & perceived severity of symptoms in relation to reference group/s norms
- Perceived causes & explanatory models that the pt. & reference group(s) use to explain the illness
- 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

Cultural elements of the relationship between the individual and the clinician

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

Culturally Sensitive Diagnosis: the DSM IV 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)

Examples for Native clients: skin color issues, risk for trauma exposure, traditional mourning practices, racism, unemployment rates, housing availability

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**

Culturally & Historically Responsive Assessment

- Explore generational boarding school history, tribal traumatic events, and investigate how these were/are processed in the family
- Explore degree of involvement in traditional Indigenous culture; complexity of cultural responsiveness is examined in literature on assessment and intervention with Indigenous populations (e.g. Brave Heart, 2001 a, b).
- Use adaptation of the DSM IV Cultural Formulation (Lewis-Fernandez & Diaz, 2002), expanded to include exploration of boarding school trauma, tribal relocations, migration, trauma in tribal community of origin, language

Celebration of Survival

Video Presentation:

A Celebration of Survival: The Takini Network
(supported by CSAT)

- includes historic boarding school slides
- summarizes historical trauma intervention theory and approach
- describes historic 2001 *Models for Healing Indigenous Survivors Conference*

Follow up conferences held in 2003 and 2004
(CMHS and CSAT funded)

Website

- www.historicaltrauma.com
- Developed by Raymond Daw (Dine')

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