

Historical Trauma and Suicide

Maria Yellow Horse Brave Heart, PhD
Associate Professor of Psychiatry/Director,
Native American & Disparities Research

Doreen M. Bird, MPH
Community Based Research Specialist
Center for Rural & Community Behavioral Health

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*(Brave Heart, Bird, et al.)



Overview



- Definitions
- Historical Trauma Response
- Cumulative Grief & Trauma Exposure
- Traditional Views of Suicide
- Healing

Definitions

- ❑ **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**- is a constellation of features in reaction to massive group trauma

- [Whitbeck, Adams, Hoyt, & Chen, 2004](#) found that “one-fifth to one-third of Indigenous adults reported thoughts pertaining to historical loss daily or several times a day, and that these thoughts have negative emotional consequences.”
- Whitbeck LB, Adams GW, Hoyt DR, & Chen X, (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3-4):119-30.

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.

Historical Trauma Response

- Individual trauma responses emerge from genocide, oppression, and racism
- Observed among Lakota and other Native populations, Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants.

(Brave Heart, 1998, 1999, 2000)

Survivor guilt

Depression

PTSD symptoms

Psychic numbing

Fixation to trauma

Somatic symptoms

Low self-esteem

Victim Identity

Anger

Suicidal ideation

Suicidal behaviors

Hypervigilance

Intense fear

Dissociation

Compensatory

fantasies

Poor affect tolerance

Self-destructive

behavior

Death identity; Trauma
& death preoccupation

Dreams of massacres,
historical trauma
content

Loyalty to ancestral
suffering & the
deceased

Internalization of
ancestral suffering

Vitality in own life

betrayal to ancestors

HT Theory & Symptoms of Depression, PTSD, Complicated/Prolonged Grief

- Suicidal behaviors were associated with depressive disorders, PTSD, & substance abuse/dependence (LeMaster, et al., 2004)
- Lifetime prevalence of 44%, 86% of these having major depression, were found in Native women (mean age 29.8 years) where 41% had attended Indian boarding schools (Duran et al., 2004 AmJPH); later study (2004 ChA&N), boarding school attendance not significantly associated with PTSD but did not assess quality of experience
- 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).

HT Theory & Symptoms of Depression, PTSD, Complicated/Prolonged Grief

- 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
- Historical unresolved grief can be further exacerbated by current losses, intensity of the attachment to the deceased; due to the current degree of trauma exposure and deaths in Native communities, we may be at increased risk for CG/PG

Cultural Context & Grief

- Native mourning resolution is distinct from European American grief
- We have to consider cultural attachment styles
- 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

Suicide as the “Affect of Mourning”*

- Unresolved, complicated, traumatic, prolonged grief could be manifested in suicidal ideation
- Fantasies of reunification with the deceased (some features of the Ghost Dance included signs of acute grief reactions)
- Grieving loss of ancestors, relatives, land, decimation of animal nations – all sacred to Native Peoples – like the loss of a part of the self
- The internalization of anger – anger against the self
- Internalization of the “bad object” in object relations theory – self-destructive behavior is manifestation of anger against the internalized bad part of the self (short case example – taking a knife to bed)
- * (Pollock, 1989)

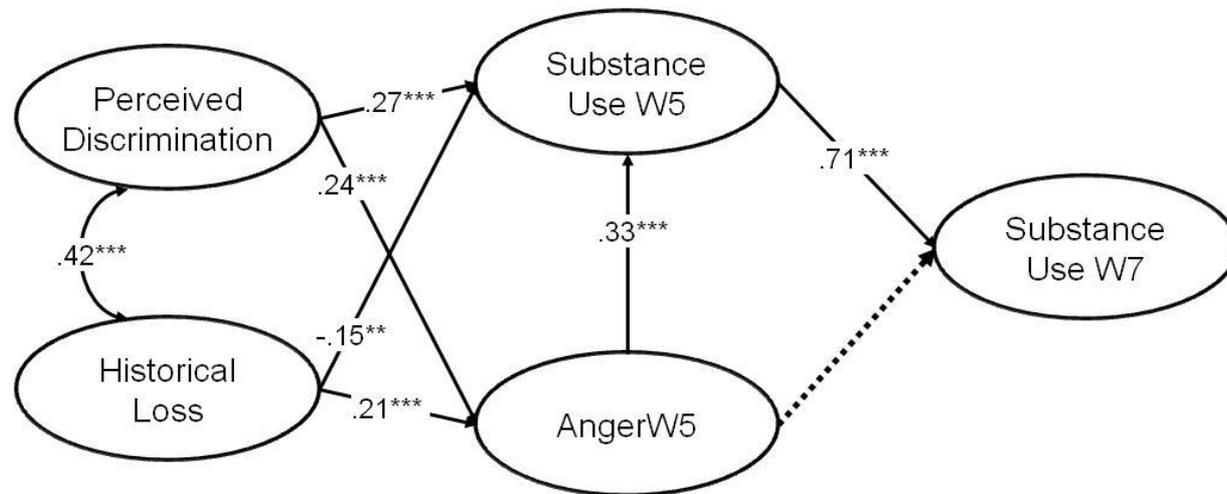
More Psychodynamic Perspectives on Suicidal Ideation and Behavior

- Internalization of a “good enough” parental figure (Winnicott, 1953), necessary for the capacity to self-soothe
- Lack of capacity to self-soothe, internalizing negative parental figure, may lead to risky, self-destructive acting out behavior such as substance abuse and suicide gestures or attempts
- HTR which AI/AN youth may manifest, fuel the risks for suicidal behaviors triggered by current loss and abandonment, superimposed upon intergenerational trauma and unresolved grief
- Loneliness, *perceived* abandonment are also important issues
- Being alone, social isolation experienced as more traumatic among some Native cultures than in dominant culture

Historical Trauma and Issues Related to Suicide Risks

- Suicide attempts often accompany intoxication among American Indian youth and young adults who reported that relationship loss precipitated the drinking and the suicidal ideation or gestures/attempts
- Substance abuse, often an attempt to numb emotional pain, can lead to depression, irritability, and increase suicide risk
- Traditional practices (in some tribes) of giving the first born to grandparents, once an honor and where grandparents lived close, now may be experienced as both physical and emotional abandonment
- Alcohol abuse by parents/caretakers can increase feelings of abandonment; when the youth then experiences relationship loss, it activates the early wound – increases risks for suicidal ideation/attempts

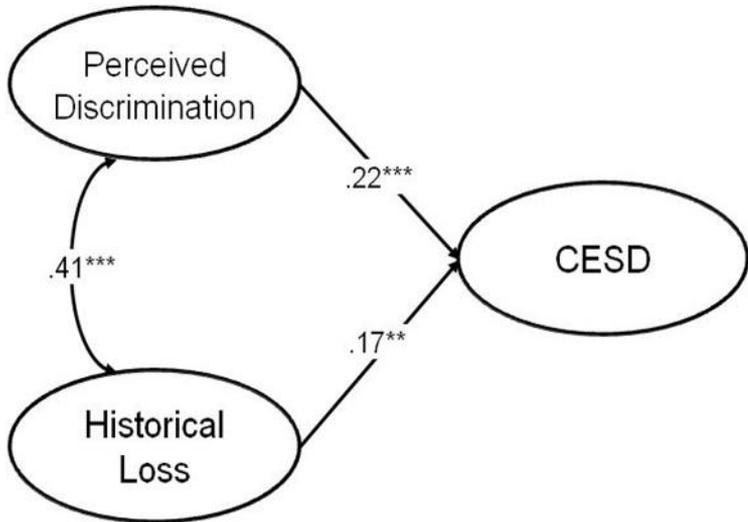
Whitbeck, Hartshorn & Walls (2012) found SEM Models: Predicting Substance Use



Model Fit: $\chi^2_{(df)}=928.09_{(576)}$, CFI=.97, TLI=.96, RMSEA=.03
Controlling for age and gender

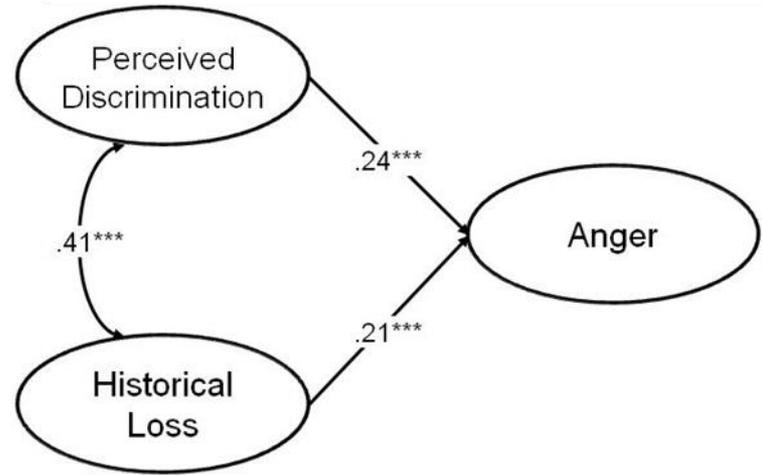
- The effect of historical loss on W7 substance use also is mediated by anger and substance use at W5.
- Historical loss increases anger at W5, which in turn is positively associated with substance use at W5 and W7 (indirect effect = .05, $p < .01$).

Whitbeck SEM Models Cont.



Model Fit: $\chi^2_{(df)}=1213.21_{(763)}$, CFI=.94, TLI=.94, RMSEA=.03
Controlling for gender and age.

↑ As HL and PD go up, ↑ CESD goes up



Model Fit: $\chi^2_{(df)}=501.12_{(339)}$, CFI=.98, TLI=.98, RMSEA=.03
Controlling for age and gender.

↑ As HL & PD increase ↑ Anger increases

*The **CES-D** scale is a short self-report scale designed to measure depressive symptomatology in the general population

frequency of being angry, getting mad, flying off the handle, getting angry, being quick tempered, feel like hitting someone, and being hotheaded

Traditional Views of Suicide

- Respect Life- precious gift from Creator
- There is a traditional teaching among some tribes that if one commits suicide; her or his spirit cannot enter the Spirit World and will wander.
- Burials of those who committed suicide did not involve the full traditional wake and honoring of the deceased
- These may provide protective factors in suicide prevention



Traditional Views of Suicide cont.

- In some tribes, the belongings and home of the deceased would be burned; this, along with certain ceremonies, believed to facilitate the release of the spirit of the dead person
- There were also prescriptions for mourning; bereavement was limited and a traditional grief ceremony was conducted to help the bereaved sufficiently let go of the deceased and move on with their lives (Brave Heart 1995, 1998).
- If the mourning traditions are not followed, the traditional cultural belief is that the spirit of the deceased will be trapped on earth and not make the transition to the Spirit World. The spirit may also then hover, distract the bereaved relatives, and even attempt to have the living join them in the Spirit World, causing accidents, fueling suicidal thoughts

A Time for Healing

Spirituality and attempted suicide among American Indians.

[Garrouette EM, Goldberg J, Beals J, Herrell R, Manson SM; AI-SUPERPFP Team. Soc Sci Med. 2003 Apr;56\(7\):1571-9.](#)

- “Those with a high level of cultural spiritual orientation had a reduced prevalence of suicide compared with those with low level of cultural spiritual orientation. (OR=0.5, 95% CI=0.3, 0.9).”



Healing Cont.

- Early (*Culturally Sensitive*) Mental Health interventions- $\frac{1}{2}$ of all lifetime mental disorders start by age 14.
- School Based Health Centers- provide much need access to youth.
- Changing paradigms with prevention of: substance abuse, child abuse, violence, bullying, coping strategies
- Traditional healing options
- Traditional Wisdom... Love One Another
 - *It takes a whole community to raise a child*



Trust is the Basics for Effective Suicide Risk and Assessment in Veterans

Ganzani, et al (2013)

Veteran's Perceptions:

- N=34 Operation Enduring Freedom/Operation Iraqi Freedom Veterans.
 1. They considered suicidal thoughts as shameful and a sign of weakness
 2. Believed suicidal thoughts were private and not be divulged to strangers
 3. Worried that disclosure would lead to unwanted hospitalization or medication recommendation
 4. Templated computer reminder process was superficial and disrespectful

Ganzin, et al (2013) Contd.

Key Recommendations

- **Relationship-** Screening & SRA should be completed by same provider, repetitive screens avoided
- **Provider genuineness-** Give patients time to clarify thoughts of death and suicide
- **Communication-** Straight forward, direct language, face patient appropriate eye contact during screening, conversational
- **Information-** Use plain language to explain goals and rationale of suicide risk assessment; clarify goal of screening (triage or treatment), notify patient that they may be asked about suicidal thoughts in the future

Honoring Life in Native Communities



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www.honoringnativelife.org

UNM Center for Rural and Community Behavioral Health



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