Conversations about Historical Trauma, Part One

Responses to trauma are often mediated by culture and history, a reality that should inform the delivery of mental health services for all culturally diverse groups. Clinicians working with American Indian children and families 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.

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.

American Indian tribes have also 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. At the invitation of tribal leaders, Takini Institute trainers collaborate with tribal community members to deliver tribal-specific interventions.

Complexity and Heterogeneity

With 583 federally recognized American Indian tribes, “there is a lot of diversity across and within tribal 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; many were physically and sexually abused. However, Brave Heart has 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.”

Trauma responses also vary across cultures, Brave Heart pointed out. For example, Beals, Manson, and colleagues have found that American Indian adolescents reporting multiple traumas did not meet the DSM-IV criteria for PTSD. “It is possible that we might have a higher trauma threshold before we become symptomatic,” Brave Heart said. 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. “Sometimes what people see as psychosis is really a spiritual phenomenon or is culturally grounded,” she pointed out.

Tapping into Community Resilience

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 Michele Scott, MSOL, an enrolled member of the MPTN and Executive Project Director of the MPTN Circles of Care Project. Gretchen Chase Vaughn, PhD, a clinical psychologist and principal of Vaughn Associates, a New Haven, CT, consulting firm, used a community participatory model to evaluate the project. The planning committee, comprised of tribal community members, providers, parents, youth, and elders, began bimonthly meetings six months before the chosen event, designated the Mental Health Awareness Fair in conjunction with National Children’s Mental Health Awareness Day. On the day of 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. Scott said the Tribal Council has endorsed the event each year since 2008. “It’s become a way for us to help heal the community through intergenerational connection,” she said.

Brave Heart closed by saying that “historical trauma response is not a diagnosis; nor is it 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.”

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

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