CHIHUUM PIIUYWMK INACH
GATHERING OF GOOD MINDS: ADAPTING A HISTORICAL TRAUMA CURRICULUM FOR PATIENTS AND PROVIDERS

By

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A capstone project submitted for
Graduation with University Honors

May 28, 2020

University Honors
University of California, Riverside

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Abstract

The Gathering of Good Minds is an ongoing project that is designed to develop a curriculum that engages healthcare providers in learning about historical trauma so that providers are equipped with essential skills that will aid in the provision of meaningful treatment with Native American patients. The curriculum is collaborative between UCR, Native American communities in inland southern California and healthcare providers at Riverside-San Bernardino County Indian Health Inc. (RSBCIHI). Collaborating with local Native American communities will clarify and strengthen the current understanding of historical trauma, events that have led to high rates of diabetes, heart disease, substance abuse, suicide, and psychological suffering in Native American communities. Not only will the project increase understanding of the issue of historical trauma, it also continues to build trust between Native American communities and the healthcare system, as well as improve patient/ provider communication. My research question in this project will focus on how local Native American community members speak about historical trauma. To answer this question, I am working through historical trauma literature and local archives, as well as participating in and analyzing group interviews from the project.

Acknowledgements

A huge thank you to my mentor, Dr. Juliet McMullin; not only for her patience, grace, and guidance, but also for her faith and trust in me to make this project my own. I would also like to thank Riverside-San Bernardino County Indian Health Inc. and The Gathering of Good Minds steering committee for sharing the knowledge and development of The Gathering of Good Minds project with me. Thank you to God and my family and friends for their unconditional love and support throughout these two years at UCR that were dedicated to my research and schooling.

This project was funded by the Patient Centered Outcomes Research Institute (RUOC 8465).

Literature Review

Introduction

When understanding current health disparities that are consistently present among Native Americans and considering treatment options to address such disparities, historical context and legacies must be one of the primary considerations. Serious health implications including high rates of substance abuse, suicide, incarceration, violence, and psychological disorders can be understood in a deeper sense through the conceptualization of historical trauma (HT). To better understand how HT has had such a profound impact on Native physical, mental, and spiritual wellness in today's generations, my project includes a literature of HT research by interdisciplinary experts and scholars. The review is organized by providing vital history and consequences of the American Indian genocide, a definition of HT, an outline of some psychological concepts, and an introduction to HT's cumulative and intergenerational legacies. The legacies of HT are critical to review and demonstrate their impact. Therefore, I identify and group the legacies as: colonialism and how dominant ideology has contributed to the lack of validation and normalization of Native identity and health disparities; the legacy of persecution; the lacking sense of safety that diminishes the potential for healing among Native communities; and why narratives matter due to the role they play in the care Native Peoples receive, as well as to the healing process. Lastly, I provided a section that recognizes the resilience and strength of Native Peoples and show how cultural resilience is the cornerstone of healing and wellness for Native individuals and communities. Throughout my project, I implement discussion on the significance each of these historical legacies have on Native health.

As I mentioned, I provide a section on Native resilience and strength. However, it is important to point out that my writing focuses on experiences of loss which has manifested as

unresolved grief. Understanding health consequences that have resulted from unresolved grief provides essential insight and holds significance to my data (that will be presented later). Although there is a vast amount of literature that focuses on and incorporates the resilience of Native people, neither my literature review or data focus on the resilience and strength Native peoples have shown despite generations of trauma.

History- American Indian genocide

Before defining HT, it is necessary to present the history of the U.S.-Native American interactions[1] in accordance with the current literature. U.S.-Native interactions are increasingly being recognized for what they have been: genocide. A discussion of the historical legacies of genocide will strengthen the understanding of HT and its implications for Native health and wellness.

Art Martinez (2014) lays out the considerations of genocide by citing the 1948 Convention on the Prevention and Punishment of the Crime of Genocide. Genocide is defined as:

> 'Any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group…', including:
>
> (a) Killing members of the group;
> (b) Causing serious bodily or mental harm to members of the group;
> (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;

[1] Will primarily cite Art Martinez (2014), who refers specifically to California's history.

(d) Imposing measures intended to prevent births within the group;

(e) Forcibly transferring children of the group to another group.

Other risk factors include suppressive relationships with the intention to oppress and discriminate, signs of deliberate exclusion from resources, and denial by the perpetrator (Art, 2014). California's history with indigenous peoples has a reputation for being especially violent during the Gold Rush and Mission Eras. Art Martinez (2014) cites Smith's (1999) description of "the first 50 years of the American Period" which consisted of scalpings, incarceration, kidnapping and indentured servitude, enforced exile, and "their complete legal disenfranchisement". Smith described this history as "a California version of the WWII Holocaust", as 90 percent of the native population dropped within the first two decades of colonization (Smith, 1999, as cited by Art, 2014). Throughout history, the government and media have used the dehumanization of Native peoples as a tactic to justify the U.S.' violence and motives for the American Indian genocide.

Expanding upon the first factor of genocide, (a), listed above: throughout the 1800s-1900s, killing Native Peoples was federally encouraged and, oftentimes, mandated; this was especially prevalent in California. "The continued military actions fed a legacy of hunting of Native people for bounty that continued to have devastating effects upon the psychological suppression of culture, family, and the cohesion of the community or tribe" (Perez, 2006, as cited by Art, 2014). Throughout the 1800s, the government would set bounties on Native people in an effort to eradicate Native populations which left room for settlers to take encroach on Native lands; the U.S. government also allocated millions of dollars to funding militias dedicated to hunting and killing Native Peoples. "Anglos, hungry for Native land and resources, justified the murder of the Native peoples by extolling the manifest destiny of the white race" (Art, 2014).

During the Gold Rush Era, 100,000 Native deaths were recorded within two years; this number only accounts for the deaths resulting from bounties/ militia attacks. Even after the American Civil War, institutionalized violence continued. The term “Indian problem” became a focus of the federal government and was carried out through military action; The U.S. government involved the military in targeted, mass murders of Native villages; the attacks were often targeted towards villages full of Native women, children, and elders that were left vulnerable while the men were out hunting. Military-sanctioned violence was the U.S.’ answer to the “Indian problem.” Thousands of Native deaths also occurred as a result of starvation which was due to the loss of access to resources, plant and animal decimation, and the loss of lands during forced relocation (Perez, 2006, as cited by Art, 2014).

Beyond physical death, Native Americans have been subjected to persistent cultural suppression and persecution. During the Mission and Boarding School Eras, the phrase and motto “kill the Indian, save the man” (Churchill, 2004, as cited by Art, 2014) became the federal government’s new priority in order to “finish” their mission to eradicate American Indians. The Mission Era “may be described as a time when Native people were forcibly compelled to deny, abandon, or diminish their Native cultural beliefs and practices in favor of Christian mission practices and to serve the mission’s purposes” (Art, 2014). Dominant European beliefs and practices (which were motivated by religious ethnocentrism) sought to weaken Native peoples’ connections to their own culture by facilitating and forcing assimilation. Included in Native peoples’ time among the missions were “subservient labor, rape, beatings, and murder” (Art, 2014). The continuation of the violent memory of the mission system can be seen through modern-day romanticizing in the education system, as well as through tourism. Biased

information about the California mission system is taught in our K-12 education system[2]; This in and of itself is just one case showing the U.S.' denial of responsibility for the reality of the American Indian Genocide. The mission system is, essentially, honored despite its violent history and role in the American Indian genocide. Created with the same intentions as the missions[3], boarding schools were federally mandated institutions. The purpose, that was both directly and indirectly stated, was to cause a generational disruption within the continuation of Native culture. Boarding schools were unique to the experience of Native Americans. The removal of Native children from their homes served to separate Native children from their culture, Native identity, practices, and family (MYHBH, 2016, as cited by Art, 2014). Children sent to these boarding schools experienced extensive physical abuse[4], as well as spiritual persecution. Maria Yellow Horse Brave Heart (MYHBH) (2016) attributes the prevalence of disrupted family environments to the boarding school era; it also resulted in the disruption of parental capacities and the depreciation of parent-child interactions, which "contributed to unresolved grief, depression, and increased prevalence of substance abuse" (MYHBH, 2016).

Since colonization, every possible risk factor of genocide has been violated by the U.S. government; Continued injustices towards Native Peoples persist to this day and have had a lasting impact on the mental and physical wellness of Native communities and individuals. Duran (1998) cites multiple scholars that discuss the effects of disease, armed conflict, relocation and the "long walks" Native peoples faced, and more:

[2] Reflecting on my own education, I was never informed of the violence and suffering that Native people endured due to the missions until I was in college.

[3] "Kill the Indian, save the man" (Churchill, 2004, as cited by Art, 2014).

[4] Physical abuse consisted of incarceration, beatings, torture, sexual abuse, etc.… (MYHBH, 2016, as cited by Art, 2014).

> European contact brought decimation of the indigenous population, primarily through waves of disease, annihilation, and military and colonialist expansionist policies. The forced social changes and bleak living conditions of the reservation system also contributed to the disruption of American Indian cultures (Jacobs, 1972; Pearce, 1988; White, 1983; Brave Heart and DeBruyn, in press, as cited by Duran, 1998:342).

The various acts of genocide perpetrated towards Native peoples has carried over into current generations, presenting itself as HT. "The 'Holocaust' is not over for many American Indian people. It continues to affect their perceptions on a daily basis and impinges on their psychological and physical health" (Whitbeck, Adams, Hoyt, & Xiaojin, 2004:127-128, as cited by Duran, 2019:19).

Despite the trauma that Native Peoples have endured, they are "survivors of various waves of genocidal actions" (Castillo, 1998, as cited by Art, 2014). Their resilience and strength are uncanny and should not go unrecognized.

Defining and Understanding Historical Trauma

What is historical trauma? Evans-Campbell's (2008) definition of historical trauma is "a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation… It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events" (Evans-Campbell, 2008:320, as cited by Gone, 2013:687). Brave Heart (2003) and E. Duran and Duran (1995) provide a more medical explanation as to how HT affects the psyche:

> ...a collective, cumulative, and intergenerational transmission of risk for adverse mental health outcomes that stem from the historical unresolved grief or "soul wound" inflicted by experiences of colonization. These pathological reactions are said to diverge substantially from established categories of psychopathology, but nevertheless include many of the symptoms of complicated bereavement and complex posttraumatic stress disorder (PTSD) (Brave Heart, M.Y.H., 2003; Duran & Duran, 1995, as cited by Gone, 2009:752).

Mohatt (2014) identifies three primary elements of HT: "a 'trauma' or wounding; the trauma is shared by a group of people, rather than an individually experienced; the trauma spans multiple generations…" (Mohatt, 2014). Continuous and unresolved grief is known as the *soul wound*. The term *soul wound* was originally coined by Eduardo Duran. However, the concept of the *soul wound* has been understood among Native communities for centuries; it's understood by Native communities as a "'spiritual injury, soul sickness, soul wounding, and ancestral hurt'" (Duran, 2019:17). Literature on intergenerational post-traumatic stress research by Shoshan (1989) and Solomon, Kotter, and Mikulincer (1988) contributed to the conceptualization of intergenerational trauma, HT, and the *soul wound* as being congruent with one another:

> These concepts all present the idea that when trauma is not dealt with in previous generations, it has to be dealt with in subsequent generations… not only is there trauma passed on intergenerationally, but it is cumulative. Therefore, there is a process whereby unresolved trauma become more severe each time it is passed on to a subsequent

generation (Duran, 2019:18).

Although these concepts are congruent with one another, the term *soul wound* differs in that it flows from the Native understanding that trauma has occurred in the soul or spirit (Duran, 2019:10). Duran (1998) analyzes a few different concepts regarding psychological consequences resulting from HT that have been discussed by other scholars: the survivor's child complex, acculturative stress, and refugee syndrome. Due to the multitude of, as well as continuous actions of violence that have resulted in unresolved grief, it is evident that HT is an ongoing trauma for Native American communities. The American Indian genocide was not just one wave of violence, rather it has continued throughout generations. Experiences of loss could not be properly processed and consoled due to the unrelenting, and continuous waves of targeted elimination (Duran, 1998:343). There's no doubt that the Holocaust was an extremely traumatic experience and that its traumatic legacy lives among generations today; However, Brave Heart-Jordan (1995) makes the distinction that American Jews have been able to experience healthy communal healing in comparison to Europeans Jews because they are no longer living among the perpetrators of their peoples' genocide. Through this, she shows the similar trauma American Indians have faced. "For American Indians, the United States is the perpetrator of their holocaust. Whereas other oppressed groups have a place to immigrate to escape further genocide, Native people have not had this option" (Brave Heart & De Bruyn, in press; Brave Heart-Jordan, 1995:67-68, as cited in Duran, 1998:345). A few issues are present here: one, which is obvious, is that no escape has been offered or provided to Native peoples; the more complex issue is that Native peoples lack options for escape. This diminishes the capacity for healing and contributes

to the lack of validation that Native peoples have consistently faced[5]. "These dynamics make it necessary for a repressed psychology to manifest symptoms of the pain suffered" (Duran, 1998:345).

Referencing Kestenberg (1990), Duran (1998) discusses aspects of the survivor's child complex, which is typically applied to children of Holocaust survivors (Kestenberg, 1990, as cited by Duran, 1998:342). Brave Heart-Jordan (1995) references the survivor's child complex and describes the implications of this as having an "impact upon psychic structure, fantasies, and *identification*", as well as on "parental survivorship and quality of transmission of offspring" among European Jews (Brave Heart-Jordan, 1995:76-77, as cited in Duran, 1998:342). Although this complex was initially applied to children of Holocaust survivors, Macgregor (1975) references Erikson (1950), identifying similar features among the Lakota (Macgregor, 1975; Erikson, 1950, as cited by Duran, 1998:342). The findings were consistent with those mentioned above, showing: "*persecutory* fantasies and a *perception of the world as dangerous;* the fantasy of the return of the old way of life, analogous to compensatory fantasies; apprehension, *shame*, withdrawal, grandiosity in daydreams, and anxiety about *aggressive impulses*" (Macgregor, 1946/1975; Brave Heart-Jordan, 1995; Brave Heart & DeBruyn, in press, as cited by Duran, 1998:342). Presented features of *unresolved grief* in Holocaust survivors are almost identical in (yet also unique to) Native American communities.

[5] A "lack of validation" is a consistent issue faced by Native people. Here, I talk about it in how it relates to Native people not being offered escape. However, there are many other issues it relates to and will be discussed throughout my writing (e.g. The continued celebration and romanticized version of the mission era in our education system contributes to the lack of validation of the seriousness and pain that was experienced by Native people during that time and since then).

Another concept through which HT can be understood as an ongoing process is through acculturative stress which:

> refers to one kind of stress in which the stressors are identified as having their source in the process of acculturation, often resulting in a particular set of stress behaviors that include anxiety, *depression, feelings of marginality and alienation,* heightened psychosomatic symptoms, and *identity confusion* (Williams & Berry, 1991, as cited by Duran, 1998:343).

Acculturative stress can be understood as the cumulative result of health consequences related to HT. It is an underlying factor that diminishes the spiritual, mental, and physical quality of Native health and wellness.

Refugee syndrome is another psychological concept Duran (1998) connects to the experiences of Native peoples, especially through the U.S. government's policies of extermination and forced removal. He does not go into a lot of detail, but its connection to the larger implications of HT is evident once you understand the consequences of forced removals and the reservation system. A major consequence of the American Indian genocide was an abrupt and continued broken relationship to the land. The U.S., especially California, has a history of displacing Native people repeatedly through forced, and often violent, removal and relocation. Extreme experiences of the loss of culture, land, and loved ones manifest themselves through unresolved grief, repressed emotions, and psychological distress; A version of the refugee syndrome was developed consequently (Duran, 1998:344).

The Legacy of Historical Trauma

MYHBH (2016) identifies four clusters of psychological disorders that are seen at higher rates among American Indians/Alaska Natives (AIAN): substance use disorders, mood disorders, anxiety disorders, and personality disorders; other disorders include conduct disorders, pathological gambling, and psychotic disorders. AIANs are at a higher risk of suffering from HT, and psychological disorders that are associated with it, due to heightened "pathways of childhood adversity and negative family environments [58][6] as well as collective generational adversity" (MYHBH, 2016). The health consequences that stem from the *soul wound* manifest themselves through *internalized oppression:* "domestic violence, suicide, family dysfunction, community dysfunction and violence, spiritual abuse and violence, and epistemic violence" (Duran, 2019: 25-26), as well as substance abuse, anger, internalized self-hate, shame, and guilt, *psychic numbing*[7], and remorse (Duran, 1998:345). Poor Native health is directly linked to legacies of HT.

Duran presents the six phases of HT in the context of its historical legacy: first contact, economic competition, invasion war period, subjugation and reservation period, boarding school period, and forced relocation and termination period. These historical legacies are characterized by the intention to eliminate Native people through broken treaties, paternalistic dispassion, unresolved grief among Native peoples, and lifeworld shock[8] (Duran, 1998:343-344). The American Indian genocide caused unprecedented amounts of loss, leaving psychological wounds unresolved. Throughout reading HT literature, I identified five relevant legacies of HT that

[6] MYHBH (2016) cites Kendler, Gardner, Prescott (2002).

[7] Duran (1998) cites Fogleman's (1988) analysis of the effects of incomplete coping and unresolved grief in response to loss-related trauma resulted in *psychic numbing* among Jews in Europe after the Holocaust.

[8] *"Lifeworld* refers to all aspects of being. These include the physical, spiritual, cultural, and emotional facets of existence"; "The lifeworld of the Native people was systematically destroyed through genocidal military actions" (Duran, 1998:343).

highlight the consequences of unresolved grief: the first is the legacy of colonialism and how it influences Native wellness today; second, is the theme of persecution; third, is how Native peoples suffer from a lacking *sense of safety*. Lastly, each of these contribute to the implications narratives provide to Native health and wellness.

Colonialism and the dominance of Western ideology has had a huge impact on the health and wellness of Native peoples. The ethnocentric attitude of colonizers was the beginning of the U.S.' hegemonic narrative. Kienzler (2008) points out how past trauma narratives have been formed around biased cultural constructions that are not completely accurate or well-developed due to the hegemonic dominance of Western culture (Kienzler, 2008, as cited by Mohatt, 2014:5). Paternalistic dominance leads to the belief that other narratives and forms of knowledge are inadequate; unfortunately, this resonates with the psyche of mainstream society (Native individuals included) and manifests itself through stereotypes, identity confusion, and negative group identities (Foucault, 2003, as cited by Mohatt, 2014:5). The dominance of European beliefs and practices has influenced the way history has been told; narratives have consistently been biased, undercutting the validation of the narrative of HT and the truth of the American Indian genocide. Duran (2019) utilizes two terms to talk about the continued ethnocentric views that are held by health researchers and practitioners: *epistemic violence* and *historical narcissism*. Culturally incompetent healthcare providers commit acts of violence in the disguise of social control. "Much of the daily clinical work done by therapists is influenced by stereotypes found in the media and literature. Unfortunately, these representations of Native Americans are not accurate or positive and may bias the therapist's view of the patient" (Duran, 2019:12). Duran (2019) references Spivak's (1990) use of the term *epistemic violence* , which shows how stereotypes that commonly influence mainstream society (healthcare practitioners included), also

influences the quality of care that patients are provided (Spivak, 1990, as cited by Duran, 2019:12). This has especially negative implications for the healing and wellness of Native patients given their unique histories and experiences of HT. “The lack of awareness of the historical legacy limits true understanding of American Indian health status and fosters the practice of blaming Indian people for alcohol-related and other health-related morbidity” (Duran, 1998:347). Historical and cultural insights to Native health is not neutral due to the Eurocentric biases of Western knowledge; one consequence of this is that it shifts the burden of blame onto Native individuals and communities, rather than giving a full, historical understanding of what’s actually being experienced and why. “It is critical that research done with Native People also take into account historical factors” (Duran, 2019:11). Later on, Duran (2019) refers to *historical narcissism* which is “the belief that one’s own system of thinking must be used to validate other cultural belief systems” (13). Duran (2019) cites Sinha’s (1984) understanding of the implications for Native healthcare given the continued dominance of Western ways of thinking: “‘Western research loses relevance when imposed on people of color because its orientation is basically micro-social, concentrating itself almost entirely on personal characteristics of the individual actors in social processes rather than on socio-historical factors’” (Sinha, 1984:21, as cited by Duran, 2019:11).

Another legacy of HT (which can be identified as a theme of persecution) can be seen through the lacking value and respect given to Native narratives, knowledge, and realities; persecution of Native peoples continues into today’s generations. Persecution is a main contributor to unresolved grief as it provides validation for feelings of inadequacy, shame, guilt, and anger. One consequence is the result of Native peoples *denying linkage* to one’s Native

identity (culture included). MYHBH (2016) links the internalized effects of persecution to high mortality rates and the increased likelihood of psychological disorders:

> Perceived discrimination is associated with depression, and frequent historical cultural losses are negatively associated with mental health [60,63,64][9]. Cumulative adversity, elevated in AIAN communities, may further impact psychological distress [54,56,65-67][10] (MYHBH, 2016).

Throughout the literature, there are consistent connections between negative feelings (shame, guilt, anger) that result from unresolved grief. Fogleman's (1998) study among European Jews that "'have lived among the perpetrators and murderers of their families'" show significantly higher psychological distress; as noted previously, Fogleman refers to psychological repression due to unresolved grief as *psychic numbing* (Fogleman, 1988:93, as cited by Duran, 1998:345). Brave Heart-Jordan (1995) makes the comparison between the Lakota and Fogleman's (1988) study of European Jews which shows how both Holocaust and Lakota victims can experience uncontrollable anger towards their oppressors/ colonizers, as well as individuals experiencing overwhelmingly strong emotions which causes them to fear and repress those same emotions (Brave Heart-Jordan, 1995, as cited by Duran, 1998:345). *Psychic numbing* contributes to the Native individuals' denial of linkage to their Native culture. Throughout my reading,

[9] MYHBH (2016) referenced her in-text citations with numbers: Whitbeck, Adams, Hoyt, Chen (2004); Whitbeck, McMorris, Hoyt, Stubben, et. al. (2002); Walls, Whitbeck (2011).

[10] MYHBH (2016) references: Manson, Beals, Klein, Croy, et. al. (2005); Beals, Belcourt-Ditloff, Garroutte, Croy, et. al. (2013); Beals, Manson, Croy, Klein, et. al. (2013); Beals, Manson, Shore, Friedman, et. al. (2002); Manson, Beals, O'Nell, Piasecki, et. al. (1996).

understanding the concept of *psychic numbing* helped me to understand how the loss of identity[11] started with colonization and continues through persecution. Art Martinez (2014) repeatedly utilized the phrase *denying linkage*. The concept of *denying linkage* has been fostered throughout history by set bounties on Native people, forced assimilation, being punished and persecuted for practicing Native culture, and more. Native people had been forced to go into survival mode, which oftentimes required conscious and unconscious denial of one's Native identity (Art, 2014). Historical and current acts of violence have resulted in Native people and communities internalizing their oppressor; this internalization is the stem from which many negative physical, mental, and spiritual health consequences grow from. A Native individual's denial of their Native culture contributes to a negative self- and group-identity, resulting in symptoms of shame, identity confusion, psychic numbing/ repressed psychology, internalized oppression, and fear of persecution. During the boarding school period, "children were forced into a colonial lifeworld, where the Native lifeworld was despised and thought of as inferior and evil" (Duran, 1998:344). Whether it has been through bounties, boarding schools, missions, or institutions, Native peoples have faced continuous persecution towards their Native identities. "It was only in 1994 that Native peoples were allowed to practice some forms of religion without fear of reprisal by state and federal governmental policies" (Duran, 1998:345). 1994 was not that long ago; the lack of religious freedom is just one example of the ongoing persecution Native peoples face. Being that spirituality (and/ or religious freedom) is a core element to the identity of Native peoples, you can begin to understand how continuous efforts to eliminate Native identities have had a ripple-like effect on the psyche of those being persecuted.

[11] "Assimilation is an indicator of how much identity has been lost. Loss of identity is a serious issue that can lead to symptoms and also be a barrier to healing symptoms as well as underlying trauma" (Duran, 2019:5)

I also wanted to bring to attention how the waves of genocide, as well as the continued aftermath of it, have also created a *lacking sense of safety* within Native communities. The mission system, boarding schools, and child welfare services have especially fostered a broken sense of safety within Native communities: "this continuing onslaught and attack upon the Native family diminishes the ability of families to ensure safety within Native familiar settings and communities" (Art, 2014). These institutions have embedded fear within Native parents that their children could be taken away from them at any given time; the children internalize and experience this fear as well. This *lacking sense of safety* is consistently referenced through the literature- Duran references a similar concept regarding safety: the *perception of the world as dangerous.* In Duran & Duran's (1995) study, they collected dreams among the Lakota throughout four years. The data showed an "overwhelming message of the dreams being a hostile environment or hostile world" (Duran, 1998:342):

> It is apparent that the psyche of the community recognized the wounding of the environment, and that this awareness in turn was perceived as a wounding of the psyche. Harmony had become discord and the community's unconscious perception was that the world was unfriendly and hostile (Duran & Duran, 1995:195, as cited by Duran, 1998:342).

Forms of violence committed by Native people themselves, as well as hate crimes targeted at Native people are also prominent issues that continue to diminish the ability of Native communities and families to regain their sense of safety. Suicide and domestic violence are prominent issues within Native communities. Duran (1998) references Krugman's (1987) study on family violence; the central role of trauma in Native families manifests itself through health

complications, domestic violence, and suicide rates (Krugman, 1987, as cited by Duran, 1998:347). Continuing this thought, Duran references Freire's (1968) internalized oppression model, and discusses how forms of violence are often a projection of psychic tension that are taken out on oneself (suicide) or on a loved one (domestic violence) (Freire, 1968, as cited by Duran, 1998:347). This violence is further examined by Curry (1972): "The acts of killing or hurting family members makes sense in light of the many generations of imposed lessons that focused on teaching Indians how unworthy they were of life" (Curry, 1972, as cited by Duran, 1998:347). The violence continues for Native peoples outside of their communities as well. Native communities experience hate crimes at twice the rate of other minority populations. Furthermore, while other minority populations have seen a decline in hate crimes, Native Americans and AIAN peoples have not; in 2008, there was an increase in hate crimes experienced by Native communities. Native women are especially vulnerable to forms of violence on and off the reservations. This can be attributed to the sexualization of and lack of institutional protection of Native women (Art, 2014).

Narratives have everything to do with how society conceptualizes an understanding of one another; on an individual level, narratives greatly influence self-identity. Mohatt (2014) makes the connection between narratives and health. The way narratives are told and known by society matters for health, which has become increasingly clear through the lack of validation that Native narratives receive. Narratives centralize how communities are represented and their capacity to respond to trauma- whether it be in a healthy or harmful way (Mohatt, 2014:6). The healing of unresolved grief and HT is not feasible without more positive narratives that both validate and normalize HT narratives for Native peoples. This would serve to facilitate more capacity and space for Native peoples to be able to address past and current injustices, traumas,

and emotions. More positive narratives towards Native peoples would also encourage cultural competence in researchers and healthcare providers. As I went into detail with earlier, stereotypes and dominant Western ways of thinking typically have negative impacts on the way Native American patients are evaluated and treated. Duran (2019) suggests *hybridism*[12] as a way to combat *epistemic violence* and *historical narcissism.* "The concept of ideas existing without hierarchy is key to the liberation and healing process. Decolonizing is a process of liberation" (Duran, 2019:15). Combating current biases and stereotypes of Native Peoples by raising awareness of HT and fostering cultural competence in healthcare is crucial to providing meaningful healthcare for Native Americans. Duran (1998) specifically shows the effectiveness of achieving this through education, training, and raising awareness of HT; awareness of HT brings validation which aids in developing a more positive group identity, as well as a more positive self-identity: "A healing and mourning process was initiated, resulting in a reduction of grief affects, an experience of more positive group identity, and an increased commitment to continuing healing work both on an individual and community level" (Brave Heart-Jordan, 1995, as cited by Duran, 1998:351). Reclamation and restored practice of traditional knowledge empowers communities to embrace Indigenous knowledge, culture, and identity (Martinez, 2014). For Native communities and individuals, awareness of HT provides recognition and validation for feelings and behaviors that are experienced and hard to understand; a greater awareness of HT ties all of these things together and helps Native peoples to make sense of why things are the way they are. Recognizing this can is liberating and provides relief, which facilitates the beginning of healing (Duran, 1998:352). Validation matters; Historical truth

[12] "Hybrid is a term that has emerged out of postcolonial thinking and basically means that there can be two or more ways of knowing and this can be a harmonious process" (Duran, 2019:15).

validates the unresolved grief that is deeply felt among many Native communities opens up pathways of healing (Art, 2014).

Native peoples' culture and identity are closely tied to their language and land. As a result of various waves of genocide (especially the institutions committed to eradicating Native identities- missions and boarding schools), there are large generational gaps of knowledge within Native communities. Unprecedented rates of loss were experienced: deaths, of land, of language, and, ultimately, of culture. Along with these types of losses, the loss of identity followed. Due to cultural and familial disruptions, HT among Native communities and individuals can primarily be identified through manifestations of unresolved grief. Resulting from generations of loss, came negative implications for Native physical and mental health: coronary heart disease, hypertension, diabetes, substance abuse, high rates of suicide and domestic violence, psychosocial disorders, and more (Duran, 1998:347; Art, 2014). Not only that but Native peoples face institutional barriers to receiving quality healthcare (Yellow Horse-Davis, 1994, as cited by Duran, 1998:347).

Resilience

Once again, although my focus is not specifically on the resilience within Native peoples and their communities, a complete discussion of HT and healing from it cannot occur without the acknowledgement of Native strengths and resilience. Until recently (and even still), approaches to remedying disparities and processes of healing in Native communities have been distorted by Eurocentric modes of representation. Duran (1995) refers to the misconduct of healthcare providers as a cultural product of dominant European representations of Native peoples. The

resilience of Native peoples is and has been the key to their peoples' healing. Decolonization will aid in the healing process as it will break down negative narratives and stereotypes that have been affecting the quality of healthcare that Native patients receive, as well as the unresolved grief experienced by Native individuals. Post-colonial therapies will celebrate diversity, instead of comparing other forms of knowledge through the "distorted lense" of Eurocentric beliefs. Interventions to decolonialize will involve integrating and reviving cultural teachings and values which has been proven as an effective therapy for Native communities and its members. Traditional indigenous therapies need to be implemented and considered legitimate for there to be healing among Native communities (Duran & Duran, 1995, as cited by Duran, 1998:349). The healing power of Native culture speaks to the strength and resilience of Native peoples. Despite waves of genocidal actions, Native people and their culture have survived. Art Martinez (2014) attributes the re-establishment of wellness among Native communities to the reassertion of Native culture: "The resilience of Native families and communities has been fundamental in reassertion of culture… Hence, wellness may be empowered by a sense of purposeful connection to family, community, and cultural spirituality." He identifies two major areas of resilience: (1) "cultural resilience and community traditions of care" and (2) "historical strengths carried by an individual or family" (Art, 2014). Native peoples have survived genocide (California's history being especially violent) and the continued violence and trauma their communities face. The incredible resilience that Native communities have shown continues to grow stronger with the aid of cultural revival, traditional therapeutic practices being implemented and recognized, and the growing awareness of HT.

The Gathering of Good Minds

All Native peoples have been affected by HT through a shared and collective experience of the American Indian genocide. The physical, spiritual, and psychological health implications known to be linked to HT (as discussed in the literature review) are also common within community members in the working group participants from the RSBCIHI. Both the mission system and boarding schools were categories discussed within the working groups. Although boarding schools were the more prominent topic for discussion among the working groups in comparison to the mission era, both the mission system and the boarding schools contributed to the disruption of familial connections, cultural knowledge, and individual, as well as group identification; all of which are vital to Native culture and Native wellness. Knowing the history of cultural genocide that was carried out through Missions and the boarding schools are a large portion of understanding generational gaps in knowledge and institutionalized violence towards Native peoples.

Also, as discussed in the literature review portion, a lacking sense of safety was also observable within the experiences that working group participants shared. This lacking sense of safety manifests itself through unresolved grief (particularly feelings of anger, shame, and fear). The lacking sense of safety, which has been fueled through continued domestic and institutional violence, is especially important to understand when looking at the current health disparities within Native communities. This lacking sense of safety can be seen through experiences shared by the working group participants such as having a lack of trust for healthcare professionals, trouble opening up, the fear of cars driving on the reservation, the fear of people coming to the door or into the household, the fear of their children being taken from them, and more.

As discussed in the literature review, there is also a consistent theme of identity-related issues that have larger impacts on Native health. The denial of one's Native identity discussed in the literature is consistent with experiences shared by the working group's participants. Participants shared that they have sometimes felt ashamed of their Native identity or have not wanted to tell others that they were Native American; experiences of persecution were also shared.

Although my literature review was a bit long, my mentor and I found it necessary; the treatment of HT requires a detailed understanding of the history of U.S.-Native relations. Even more importantly, is understanding the unique experiences of each community and individual.

In this section of my writing, I will first reference the project workplan and timeline to show the methods and the setting of The Gathering of Good Minds project. I will then move on to discuss my role in the project. From there, I will begin presenting the data from the working groups and will wrap things up with a discussion of the data's implications for Native health and wellness.

My role in the project

My role during the project was mostly to listen and observe. Although I wasn't able to participate in the meetings with the working groups directly, I was able to participate in and contribute to the listening sessions in which we would listen to the working group recordings as a group and discuss what we heard. Initially, for the listening sessions, we would listen to the working group recordings at home and take notes on what the community members said, then sharing our thoughts during the meeting. However, it was decided best that only a few got

together to listen to the recordings and then bring a drafted outline to the steering committee meetings; from there, we would go through the outlines silently, then individually share which portions stood out to us. We repeated this process for each working group. I also participated in categorizing and analyzing the data. During this portion of the project, a few of us met and narrowed down the information that was gathered during the listening sessions into a matrix diagram that identified themes within the working groups.

I studied the recordings, notes, and diagrams so that I could identify how all of the experiences shared across the working groups could be linked to a broader theme. I found it helpful to look at what all these things have in common, still recognizing that they manifest themselves in different ways. There are four categories in the matrix diagram: the meaning of historical trauma; historical trauma and health; boarding schools, mission systems, commodity foods and ACES; and what needs to be known- patients think providers should know and providers would like to know. Out of these categories, there was a lot of individuality from each of the working groups, but there were also a lot of similar/ shared experiences, feelings, and discussions around historical trauma; things such as cultural loss, unresolved grief, “taken”/ “taken away”, variations among experiences, substance abuse, and community members’ understanding of HT. What stood out to me is that many of the discussions that were happening around HT all linked together in the theme of “loss”. Loss manifests itself as a language of trauma in many ways within communities. From my perspective, it made sense to analyze community members’ expressions of loss due to HT through two sub-categories: culture and the manifestation of unresolved grief.

Before I begin presenting data, it is important to note that there was a large variety of topics and experiences discussed and shared within the working groups that are not covered in

my portion of writing. While my writing incorporates multiple perspectives from the working group data, my writing only relates that information back to one theme: loss; although there were many others. My goal while I am writing is to acknowledge the role that history has played in the experiences of Native American communities within the inland regions of southern California, as well as recognizing the psychological and physical health effects of historical trauma. While doing so, my intentions are to avoid stereotypes. I also want to acknowledge the resilience and strength of Native American communities once more. Although my paper focuses on loss, Native peoples continue to reclaim traditions and be resilient to the ongoing traumas of genocide. For the purposes of my portion of writing, my project also does not focus on the communities' resilience, although it is still important to acknowledge.

Methods

This information is modified from the project workplan's[13] methods section:

The Gathering of Good Minds project is a community engagement project (with emphasis on the community engagement portion) that collaborated with UCR, RSBCIHI, and local Native men and women that receive care from RSBCIHI clinics (some living on tribal lands, some living in non-tribal cities). The project collaborated with all seven clinics that are served by RSBCIHI which include: Pechanga, Anza, Soboba, Morongo, Barstow, San Manuel, and Torres Martinez. Five patient working groups and two provider working groups were formed. The five patient groups were Pechanga/ Anza, Soboba, Morongo, Barstow, and Torres Martinez. The insight of

[13] The citation for the project workplan: McMullin, J. (2018) *Gathering of Good Minds: Adapting a Historical Trauma Curriculum for Providers and Patients*. Pcori. RUOC-8465. https://www.pcori.org/research-results/2018/gathering-good-minds-adapting-historical-trauma-curriculum-patients-and

the working groups provided local history, experiences and knowledge of HT, and feedback for how the community would like their healthcare providers to improve. Each community members' input was unique, yet also shared similarities within their own working group as well as other working groups.

Data: *Different Way of Thinking About Loss in Relation to Historical Trauma*

The effects of loss can be seen in many forms within Native health. Many of the things that the community members were saying in the working groups about historical trauma come back to this theme of loss. When loss is discussed in the literature and in the community working groups, it is impossible not to see the link between historical trauma and loss. Each community experiences loss at different rates and in different ways; each generation experiences the effects of loss in different ways as well. I observed two primary ways the effects of historical trauma have been discussed in regard to "loss": through culture and unresolved grief.

Loss- Culture

One broad theme I commonly saw among the working groups was that there is an issue surrounding the loss of culture that community members associate historical trauma with. The loss of Native culture has been experienced in many forms: language, practices, rituals, healing, knowledge, food, etc.… The phrase "taken" or "taken away" was simultaneously used among a few of the working groups when they described HT; legacies of HT took culture away from Native people.

One prominent topic for discussion was food and how the loss of Native cultural knowledge has negatively impacted Native health. One working group spoke about "not

knowing Indian ways" (e.g. not knowing traditional uses of cactus). Similarly, another working group talked about how they could not think of a traditional Cahuilla dish. This cultural loss, as seen through HT's effect on Native foods and knowledge of food, was caused by various colonial policies. The loss of access to traditional food sources can be explained by the fact that Native peoples were moved from their homelands and forced onto reservations, where they no longer had traditional knowledge of the area they were sent to. The federal government's method to "remedy" the lack of food resources on reservations was through commodity foods, which is one of the main categories on the working group interview sheets. Native food practices and dishes were discouraged and altered through the introduction of commodities. Community members not only talked about how commodity foods transformed Native community diets, but also about how it changed their relationship to food. Quite a few of the working groups shared their experiences of being dependent on commodity foods, rather than being able to continue traditional food gathering and preparations.

The loss of traditional uses of food, as well as access to and knowledge of food sources is just one way Native communities have experienced cultural loss. The working groups also discussed the loss of their language, practices, and rituals. One community member shared how their grandfather wouldn't teach them their Native language despite her actively showing an interest in learning how to speak it; another community member shared how they were punished for speaking their Native language, as well as discouraged from participating in other cultural practices such as pow-wows. Through boarding schools especially, loss of culture is attributed to experiences of trauma, persecution, and the systematic disruption of Native knowledge. As described by community members, many vital aspects of Native culture (although it has adapted, survived, and is being revitalized) has been lost or taken away as a result of HT.

Loss- The manifestation of unresolved grief

Based on discussions among each of the working groups, *unresolved grief* presented itself through three *languages of trauma*: anger, fear, and shame. These feelings were expressed by community members in numerous ways, as they shared having experiences of negative self- and group-identity. Some shared that they did not necessarily know why they were having such feelings. One community member described HT as this:

> Historical trauma is an energy that has somehow embedded in our DNA and it gets transferred from the womb into you. It is in our DNA, I don't know for sure what happened to my grandpa when he was taken and put into the boarding home, but my grandpa does not talk about it… but I know the pain is there.

This gives an important example of how community members feel the pain of their family and ancestors, even though they have not necessarily shared that person's experience. I think that is a good way to begin a discussion on what community members had to say about the emotions they associate HT with. Oftentimes, community members expressed that they experience these emotions regularly, although not necessarily knowing why.

Anger: There are numerous examples of anger felt throughout community members in most of the working groups. One community member expressed that she had always felt like being angry was the normal way to be: "I used to think that was the way to be, angry". Community members expressed consistently feeling angry but not knowing how to release the anger. Another community member opened up about how her grandma had drunk herself to death. This community member also shared how she felt anger towards those who fostered

enough pain within her grandma to where she would drink so much. To continue their experiences of alcoholism and anger, a working group member expressed the pain of having their childhood taken away from them due to alcoholism in the family; this experience made them feel anger. To sum it up, HT was described by community members as a "poison": "HT is like a poison and it affects your health, makes you angry".

Fear: Throughout conversations in the working groups, there is a shared fear of cars driving around on the reservation. Many times, community members expressed that they have never really understood why they feel that fear, but they always feel the need to hide anyways; they just felt fear and had been taught to avoid strangers. Another fear shared among community members is the fear of letting others inside of their home. This fear, as well as the fear of cars, is seeded in the history of Native children being forcibly taken away from their families and communities by CPS and boarding schools. A community member expressed that she was reliving the trauma her parents felt when she was taken away and sent to a boarding school; she relives this trauma now when she experiences fear of people coming to or in her home.

Shame: Lastly, there are different variations of how shame has been experienced throughout the community members. One community member described their shame as "a deep pain and shame inside from the Trail of Tears"; another community member expressed shame about their family, self, and being from the reservation. There was also a community member who expressed reluctance/ shame in telling others of their heritage because they were mixed with both white and Native American; they felt ashamed while they were off the reservation for being Native American, and also felt ashamed for sharing white ancestry while they were on the reservation. Other working group members also expressed their reluctance to tell others they are Native American. Also, the community members shared that they felt shame in their peoples'

constant struggle with fleeing from persecution. One community member furthered this notion by speaking about the United States' history with policies of termination against Native peoples. Not only does persecution foster shame among Native individuals but it also fuels negative stereotypes that become held by society. In turn, these negative stereotypes imply negative consequences for healthcare and validation that Native peoples are credited. Due to this, HT is often seen as an excuse for the poor mental and physical health of Native peoples. Also, Native patients are not taken seriously or believed when the issue of historical trauma is brought up is highlighted; HT is often seen as an excuse for Native health, social, and socioeconomic disparities.

It's important to listen to community members' experiences of fear, shame, and anger and how it relates to the overarching theme of loss because those feelings of unresolved grief are a direct link that shows how historical trauma has affected the consciousness and subconscious, as well as the physical wellness of Native community members.

Discussion: *How has loss affected Native community members' health?*

The mental and physical health of Native community members rely on one another. Wellness in one area results in wellness in the other; suffering in one area implies suffering in the other area. Psychological consequences of HT carry over into the physical health of Native patients, and vice versa. Listening to the experiences of how Native community members and their loved ones have been affected by HT is key to understanding how HT-caused loss affects their health. Each aspect included in the category of "cultural loss", as well as unhealthy emotions resulting from unresolved grief, all tie together to form persistent health problems.

As I showed previously, many of the working group members shared their experiences of feeling unresolved grief such as shame, fear, and anger: not wanting to tell people that they're Native American, fear of cars driving by on the reservation and not knowing why there was the instinct to hide, the fear of children being taken away, fleeing from Native identity to escape persecution, HT being seen as an excuse for disparities within Native communities; the list goes on. Native culture has been subject to constant persecution and denigration throughout history; experiences of loss have huge implications for the health of Native communities. A few working groups had conversations about how they experienced the discontinuation of their culture's language, practices, and knowledge. Cultural loss began during Colonialism. Colonialism resulted in forced assimilation, genocide, generational gaps in knowledge (e.g. due to the deaths of elders, boarding schools, etc.). Cultural genocide, which has been executed through institutional racism, forced removals and relocation, and the denigration of Native culture and knowledge, has made it extremely difficult for Native communities to continue cultural practices and knowledge. Stereotypes of Native peoples have been seared into American society through institutionalized processes and social stigmas, all of which have influence among the dominant ideology of today's mainstream society, as well as the current psyche of Native individuals. Through HT, unresolved grief continues to negatively affect the way Native individuals and communities embrace their Native identities. In turn, emotions of shame, anger, and fear affect whether Native cultural knowledge is passed on. When you consider the psychological and physical toll that loss has taken on the wellness of Native communities, it opens the door to a new understanding of how and why certain health disparities are being experienced in Native communities.

The loss of traditional healing practices through historical trauma and how historically related loss affects the community members' health all ties together in the end. Poor health is rooted in the loss of traditional practices (healing practices, knowledge of culture, food, etc.…). The loss of knowledge and/ or access to traditional uses of food and plant resources has damaged both the physical and mental health of Native communities. For one, commodity foods that have been provided to Native communities are not healthy. These unhealthy foods and non-traditional eating practices have led to physical health complications such as diabetes and premature deaths; these issues were consistently recognized by each working group. Some community members spoke specifically on issues of diabetes, while others connected diabetes and premature deaths to one another. Some working group members shared how relatives have died prematurely from diabetes. Some also talked about how the change in foods has been a cause of obesity within their community. The working groups also attributed high rates of substance abuse, domestic violence, and other psychological disorders to HT. These health issues are all deeply rooted in the concept of HT.

Conclusion

Two broad forms of understanding HT should come from this project. One, is that HT is not just something from the past; it is an ongoing process. Furthermore, the health consequences of loss are a direct result of HT. The psychological, physical, and spiritual health consequences that come from within cultural loss and unresolved grief are a result of HT.

Through reading literature and listening to both the working group's and the steering committee's conversations throughout this project, understanding that the experiences of Native

Peoples is unique to each state, community, and individual is crucial and should not be forgotten, especially when engaging with Native communities. One of the most refreshing things about this project has been that its goal has been to truly understand the causes of health disparities among Native communities; the project aims to acknowledge and give a voice to both the unique and similar experiences of HT. To do this, the input of the community, the ones who are directly experiencing and suffering from HT are being heard and included in the path to their healing. Oftentimes, I think that the voice of community members is overlooked, when it should be the voice that drives our communities, institutions, and care.

Although the topic of HT is a heavy one, normalizing conversations that raise awareness of and build knowledge about it are necessary steps that will aid in removing the blinders from both mainstream society and institutions. The more that people become aware of HT, the better. Disparities cannot be understood through a biased lense, a lense that only sees poor Native health as a stereotype and/ or flaw in the Native community. Not only that but these conversations about HT will facilitate healing among Native individuals and communities.

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