



**Intergenerational Trauma Annotated Bibliography**

**Gary W. Adams et al., *Conceptualizing and Measuring Historical Trauma Among American Indian People*, 33 AM. J. COMMUNITY PSYCHOL. 119 (2004).**

In this article, the authors argue that the Holocaust model of historical trauma is inadequate when applied to American Indian people because trauma experienced by American Indians is not the result of a single catastrophic historical period, but rather a cause of ongoing and present discrimination. The authors move on to measure historical trauma among elder American Indians and find that many experience a sense of guilt about the loss of their languages, experience daily reminders of their loss of land, and a loss of traditional family and community ties that has led to a loss of safety in their communities. Feelings of despair stemming from historical loss resulted in high substance abuse. Among study participants, the most common emotions associated with such loss were anger and depression. The study continues to measure the various degrees of anger, depression, and other emotions associated with historical trauma. The authors conclude that future studies need to examine the prevalence of historical trauma, the severity of symptoms associated with historical trauma, and the extent to which all of these can be applied to different American Indian cultures.

**Jacques P. Barber et al., *Anger, Guilt, & Intergenerational Communication of Trauma in the Interpersonal Narratives of Second Generation Holocaust Survivors*, 76 AM. J. ORTHOPSYCHIATRY 176 (2006).**

The authors examine the nature of the expression of anger and guilt in between survivors of the Holocaust and their sons and daughters. The authors study how the lack of clear expression of these emotions affects the quality of familial interpersonal communication. **Note:** This might not be relevant to Native Americans since the Holocaust was a defined period of history that ended, whereas Native Americans are affected by continuous trauma. In addition, the symptoms and expression or suppression of symptoms of trauma are markedly different than those discussed in the Adams article.

**Dolores Subia Bigfoot & Susan R. Schmidt, *Honoring Children, Mending the Circle: Cultural Adaptation of Trauma-Focused Cognitive-Behavioral Therapy for American Indian and Alaska Native Children*, 66 J. CLINICAL PSYCH. 847 (2010).**

In this article, Bigfoot and Schmidt seek to identify gaps in mental health services for American Indian and Alaska Native children. The authors argue that high rates of poverty and a general lack of education and resources in AI/AN communities are the direct result of federal policies and have caused high rates of depression and suicide among AI/AN youth. AI/AN youth are also exposed to abnormal rates of violence because such policies have also caused high rates of homicide, domestic violence, and child abuse within their families and communities. Effective mental health intervention models must make cultural adaptations and consider this experience of cumulative trauma when treating AI/AN youth. The authors then introduce "Honoring Children, Mending the Circle," a model of intervention that has been tested in AI/AN communities and incorporates



AI/AN concepts of well being. The model offers culturally competent therapeutic tools, is summarized in two different diagrams, and applied to some sample case studies.

**Maria Yellow Horse Brave Heart, *Gender Differences in the Historical Trauma Response Among the Lakota*, 10 J. HEALTH & SOC. POL'Y 1 (1999).**

Brave Heart writes that many American Indian youth do not exhibit all the symptoms of standard understandings of posttraumatic stress disorder (PTSD), and that PTSD fails to adequately explain the American Indian traumatic experience because of a possible cultural bias in the criteria and assessment of PTSD. Instead, Brave Heart argues that American Indians and the Lakota in particular exhibit *historical trauma response* with *historical unresolved grief* resulting from ongoing life-span traumatic experiences. In this study, Brave Heart finds that characteristics associated with Lakota historical trauma response are similar to characteristics of Holocaust descendants. Similarities include high mortality from health problems such as heart disease, hypertension, alcoholism, and depression. She also finds many gendered differences between men and women in their expression and experience of historical and lifespan trauma. Women felt a responsibility to undo historical pain, experienced more pain when remembering traumatic pasts, felt a higher level of anger, and found it more difficult to acculturate. Men experienced higher survivor guilt, avoided discussing boarding school experiences, and generally experienced historical trauma with more potency. Brave Heart concludes by suggesting that future examinations of Lakota historical trauma response must include a gendered analysis in order to adequately assess the affect of trauma on individuals.

**Maria Yellow Horse Brave Heart, *The American Indian Holocaust: Healing Historical Unresolved Grief*, 8 J. NAT'L CENTER 60 (1998).**

In this article, Brave Heart and DeBruyn suggest that current high rates of suicide, homicide, domestic violence, child abuse and substance abuse in American Indian and Alaska Native communities are the product of *unresolved historical grief*. Understanding that AI/AN communities continue to suffer from unresolved historical grief and *disenfranchised grief* will allow various service providers to better understand current social ills and help address them. The authors define disenfranchised grief as grief that results from a publicly unacknowledged tragedy. The authors suggest that broader American society places greater importance on recent tragedies, which delegitimizes historical trauma and affects the expression of grief among those who are members of communities who have experienced historical trauma. In order to aid AI/AN communities in completing their mourning cycle and healing their unresolved historical grief, the authors suggest that practitioners incorporate AI/AN elders and teach storytelling skills to simultaneously recognize a shared history and support communal strength and identity. They conclude that traditional healing ceremonies used along with clinical methods will have more complete therapeutic, spiritual, and cathartic results in treating historical unresolved grief.

**Barbara Chester et al., *Prevalence and Characteristics of Trauma and Posttraumatic Stress Disorder in a Southwestern American Indian Community*, 154 AM. J. PSYCHIATRY 1582 (1997).**



The authors highlight the lack of available research and data on the effects of nonfatal traumatic events on the lives of American Indians. This study seeks to measure the relationship between nonfatal traumatic events and PTSD in a Southwestern American Indian tribal community. The authors diagnose PTSD through a classification of a set of behavioral categories and emphasize empirical data rather than culturally specific consideration of diagnostics. The results of the study showed rates of PTSD comparable to rates of PTSD among those who had survived mass shootings and combat. They also found that American Indian women had experienced more nonfatal traumatic events throughout their lifetimes than American Indian men. Victims of sexual and child abuse were found to have a higher rate of lifetime PTSD than others.

**Eduardo Duran et al., *Liberation Psychology as the Path Toward Healing Cultural Soul Wounds*, 86 J. COUNSELING & DEV. 288 (2008).**

The authors propose that culture is part of the soul; therefore an oppressed culture creates oppressed souls. The authors believe that culturally incompetent mental health experts can intentionally or unintentionally contribute to this oppression by encouraging Native American clients to conform to social, economic, and political ideals upheld by dominant groups in the United States. This article explores three interrelated concepts deemed important in counseling Native American communities: psychological liberation, soul wound, and soul healing. Avoiding prior ethnocentric intervention models will not cause additional soul wounds and is crucial to the soul healing of Native American clients. The authors conclude that acknowledgement of these concepts and analysis of their effect on Native American communities will lead to more humane counseling practices.

**Joseph P. Gone, *A Community-Based Treatment for Native American Historical Trauma: Prospects for Evidence-Based Practice*, 77 J. CONSULTING AND CLINICAL PSYCHOL. 751 (2009).**

Gone begins by defining and explaining the differences between evidence-based practice (EBP), evidence-based treatment (EBT), and culturally sensitive therapies (CST). In this article, Gone asks whether gradually modifying EBTs will create a culturally competent intervention model in addressing culturally diverse populations. In order to answer this question, Gone leads a study analyzing the legacy of boarding schools in Canadian Aboriginal communities and exploring the meaning of healing to these communities. Gone discovers four primary themes of healing from interviews with Aboriginal participants: emotional burdens, cathartic disclosure, self-as-project reflexivity, and impact of colonization. All respondents agreed that each of these themes was part of the healing process and that client healing was not complete without enduring all four levels. Gone concludes that a truly culturally competent intervention model will add local concepts, interests, and needs to EBTs in order to adequately serve culturally diverse populations.

**Note:** While this article was useful because of its thorough analysis of the concept of healing within an indigenous community that had suffered historical trauma, it was probably not intended for use in basic training about intergenerational trauma.



**Peter Nien-chu Kiang et al., *Education as Catalyst for Intergenerational Refugee Family Communication About War and Trauma*, 30 COMM. DISORDERS Q. 195 (2008).**

The authors explain how socio-cultural trauma affects communication within families and argue that educators have a role in breaking the social silence surrounding certain historical genocides in order to empower younger generations who have survived genocide or are related to survivors to connect their identity, family, and community to a broader history, culture, and society. The article explains that students have a natural curiosity about their family's past and a responsible educator can enhance this curiosity through class research assignments, which may in turn encourage students to communicate with refugee parents who have survived historical trauma. Opening up these lines of communication will play a role in family healing and more effectively prepare children of refugee parents for integration into larger society.

**Note:** This article considers Asian cultural understandings of morality, respect, and family that may not be shared by Native Americans. Furthermore, the authors discuss the effects of refugee migration away from the original setting of trauma that may not be relevant to the Native American experience of trauma.

**Peter Menzies, *Developing an Aboriginal Healing Model for Intergenerational Trauma*, 46 INT'L J. HEALTH PROMOTION & EDUC. 41 (2008).**

Menzies offers intergenerational trauma as an explanation for poverty, poor housing conditions, higher rates of child welfare intervention and substance abuse, and homelessness among Aboriginal communities in Canada. The author summarizes his 2004 study aimed at linking intergenerational trauma to Aboriginal homelessness and examines Canadian social policies that may have exasperated social and welfare issues among Canadian Aborigines. Throughout his study, the author discovers that study participants exhibited indicators of intergenerational trauma at four different levels: the individual level, the family level, the community level, and the nation level. Menzies concludes that in order to develop effective services for this population, service providers must develop new, holistic models of intervention that address indicators of trauma at the these four levels. To counteract the bad effects of Canadian social policies, practitioners can draw from Aboriginal teachings and stories to simultaneously address problems and fill the historical and cultural knowledge gap that exists in these communities.

**Note:** While this study arrives at appropriate conclusions and advice for service providers, it does not address nor does it seek to address violence against women among the Aborigines and so it may be more useful in addressing substance abuse, housing and child welfare.