

# *Historical Trauma-Informed Practice and Advocacy during COVID-19 Crisis: Implications of the Historical Trauma Response and Coping Strategies*

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# Historical Trauma Definitions

- ***Historical trauma*** (HT)- Cumulative emotional and psychological wounding from massive group trauma across generations, including lifespan
- ***Historical trauma response*** (HTR) - is a constellation of features in reaction to massive group trauma, includes ***historical unresolved grief*** (similar to Child of Survivors Complex re: Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants, Indigenous Peoples of the Americas, other massively traumatized groups)  
(Brave Heart, 1998, 1999, 2000)

# American Indian Genocide – Some Examples

- General Sherman: *First clear off the buffalo, then clear off the Indian. We must act with vindictive earnest against the Sioux even to their total extermination – men, women, and children.*
- Patrick Cudmore, Oglala Lakota College – *Never before in the whole of human history has the near extermination of a race been so total and complete as it was in the United States.*
- Historian Helen Tanner – U.S. never intended the long term survival of the Lakota but treaties became a cheaper alternative to war.
- Other examples of genocide: Trail of Tears (Choctaw, Cherokee, Seminole, etc); Long Walk Dine' (Navajo),

# American Indian Genocide continued

- Onate cutting off one foot and lower leg of Pueblo men; other atrocities perpetrated by Spanish conquistadors such as raping of Hopi women
- Treatment of AIANs: “ They are to go...to said reservations and to have no alternative but to choose between this policy of the government and extermination... wards of the government ...controlled and managed at its discretion (Senate Miscellaneous Document....)
- Smallpox infected blankets deliberately traded to tribes; tuberculosis and sanatoriums
- Removal to abusive boarding schools: isolation from family and culture, fueling grief and traumatic loss responses

# Historical and Modern Triggers

- 9/11: media reports of “largest massacre ever” and “first attack on US soil except for Pearl Harbor” – discounts American Indian and Alaska Native experiences and loss of lives
- Anthrax scare and return of smallpox scare – tribal leader asked for vaccinations for American Indians first
- Stigma of testing positive; tuberculosis stigma and devastation

# Re-enactment or fears of previous traumas

- When ceremonies are discouraged, it is reminiscent of past when ceremonies were outlawed, could mean incarceration for violation of this, and ongoing restrictions
- Despite resilience and strength, it can make you catch your breath and wonder if previous genocide is happening again
- Multiple layers of trauma with multiple layers of triggers (collective trauma)

# Ongoing Cumulative, Multiple Losses and Trauma Exposure

- Intergenerational parental trauma traced back to legacy of negative boarding school experiences
- Constant trauma exposure related to deaths from alcohol-related incidents, suicides, heart disease, diabetes, cancer, and military service (highest rate of enlistment)
- Cumulative trauma exposure – current and lifespan trauma superimposed on collective massive group trauma
- Increased risk of trauma exposure throughout life
- Microaggressions – invisibility and implications of few media reports about the Native experience during this time of crisis

# Compounding of stressors due to COVID-19

- Many family members are experiencing additional financial stressors
  - Healthcare workers continue to work even harder and longer hours but family members may be going through very different experiences with loss of financial stability and employment
- Already emotionally compromised by health disparities, inadequate resources, overcrowded housing and geographic distances



# **Prolonged/Complicated Grief Risks and Historical and Cultural Features**

- **Federal prohibition of Native spiritual practices limited bereavement**
- **Implication of social distancing for traditional practices such as purification lodges, pow-wows, prayers within the kiva**
- **Dominant societal view of AIANs as “savage” and unfeeling – dehumanizing, invalidating grief**
- **Active relationship with ancestor spirits**
- **Native attachment, loss of close relative experienced as loss of part of self, may be exhibited by cutting the hair**

# Challenges for Social Distancing

- Oppression re: practice of traditional ceremonies which facilitated healthy culturally congruent grief and trauma resolution
- Burials of COVID-19 relatives are altered and may be painful for family members, prohibition of contact, risk of exposure to virus by healers performing burial practices even if cremation is conducted, fears of exposing family members to the virus
- Metaphors of **feeling like ghost, having cheated death**; microaggressions (see Chester Pierce, MD & Derald Wing Sue, PhD) and internalized oppression (see Paulo Freire)
- Challenges for traditional Native communities who are inter-dependent, can have large social networks and are not organized around nuclear families; **social distancing can feel like social isolation – association with abandonment, very emotionally painful**

# Some Historical Trauma Response Features

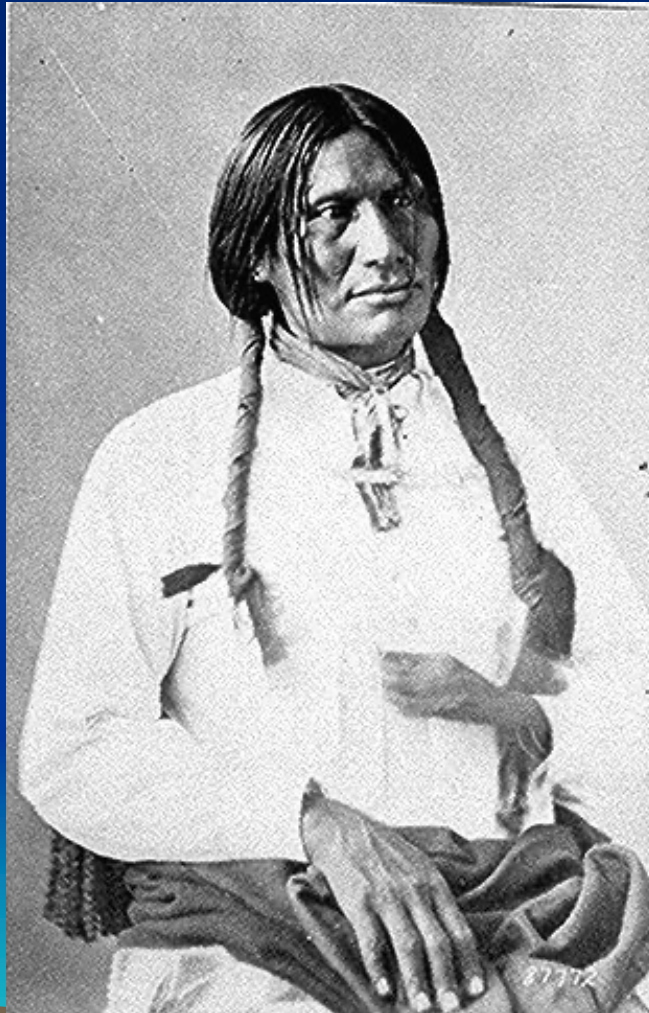
- ***Survivor guilt***
- **Depression**
- **PTSD symptoms**
- ***Hypervigilance***
- ***Psychic numbing***
- ***Fixation to trauma***
- **Somatic symptoms**
- **Self-destructive behavior**
- **Suicidal ideation**
- ***Compensatory fantasies***
- **Death identity – fantasies of reunification with the deceased; cheated death**
- **Preoccupation with trauma, with death**
- ***Loyalty to the deceased and internalization of ancestral suffering***
- ***Vitality in own life seen as betrayal to ancestors who suffered so much***
- ***Trauma response is activated***

# Historical Trauma & Unresolved Grief Tribal Best Practice (HTUG) Four Components:

## *Return to the Sacred Path*



*Tatanka Iyotake & Sitanka Wokiksuye*  
Sitting Bull Memorial & Bigfoot Memorial Ride  
1990



Sitanka (Bigfoot)



*Tatanka Iyotake & Sitanka Wokiksuye*  
Sitting Bull Memorial & Bigfoot Memorial Ride 1990



Sitanka (Bigfoot)

# *Wakiksuyapi* (Memorial People): Culturally Informed Self-Knowledge and One's Own Trauma

- Takini Network/Institute as *Wakiksuyapi*, carrying the historical trauma but working on healing for tribal communities through therapeutic work, research, publication and community education, grounded in our traditional spirituality; wounded healers.
- For the Lakota, specific *tiospaye* (extended kinship network) or bands may carry the trauma for the Nation, i.e. those most impacted by Wounded Knee Massacre
- We are descendants of traditional warriors and survivors, including 1890 Wounded Knee Massacre descendants; we are children of World War II Marine, Army, and Navy veterans; Takini includes Vietnam veterans and involving Korean War, OEF/OIF veterans





Tunkasila Tatanka Iyotake, Mother Her  
Holy Door, Daughter, and Grandchild



A sepia-toned photograph of three Native American men, likely from the Plains region, dressed in traditional regalia. They are seated and looking towards the camera. The man on the left has a feathered headdress and a beaded necklace. The man in the center has a feathered headdress and a beaded necklace. The man on the right has a feathered headdress and a beaded necklace. The text is overlaid on the image.

# **Wiping the Tears of the Wounded Healer: HT-informed clinical practice**

## Wounded Healer

- Compassion fatigue, secondary, and vicarious trauma; caregivers often strongest in their families
- Wounded healers in tribal communities – healers go to other healers for help
- Spiritual and cultural commitments to helping can present challenges for self-care – we sometimes carry the trauma of our tribal communities and ancestors
- Ceremonies may have been a source of strength and support – need to find new ways of replenishing during this time
- Example: **more phone contacts, HEALTHY SOCIAL MEDIA CONNECTIONS; recognizing that altruism and helping others can be helpful to the helpers and healers as they have a higher purpose and it can fuel resilience**

# Additional stressors for healthcare workers, DV staff

- Worry about family being exposed
- Decisions about whether to isolate from family while working
- Social isolation – Cheyenne quote “to be isolated is worse than death” due to importance of interdependency and connections
- Need to continue even more work than usual without being nourished
- More limited access to ceremonies and usual traditional practices

# Self care during this crisis

- Worry about own family being exposed if you are a healthcare provider, service worker, DV counselor, traditional healer and involvement with burials, etc. and still have in vivo contact with others
- Isolating from family to protect them
- Information can be empowering but media saturation can increase anxiety
- Finding alternative routines; being forgiving and patient with yourself

# Importance of asking for help during this time: the Wounded Healer Concept

- Can be very difficult to ask others for help if you are a service provider, helper, healer – remembering the sacredness of humility will help; think about how to reach out when needing support from others
- Noticing if we are losing compassion for ourselves and others
- “Practice what we preach”: it is always important for providers to seek therapy and healing
- We always need to work on healing ourselves to provide care to others

# Current efforts to address

- Social distance pow-wows; online prayer and church services
- Native traditions and practices have survived a millennia and will be here to support us when we can return to them in full.
- Lakota healers carry *pejuta* (medicine) for the People – they need to go to another healer for their own healing
- Similar to psychodynamic clinical training – one has to go through their own therapy as part of their training; makes one a better therapist; peer support workers are similar in addressing own trauma



# NIMH Pilot Clinical Trial 2013-2017



Tunkasila Tatanka Iyotake, Mother Her  
Holy Door, Daughter, and Grandchild

***Iwankapiya (Healing) Study NIMH R34MH097834***  
**(Brave Heart & Chase, Pls): Model for integrating EBPs  
with Indigenous Practices**

- ***Purpose*** –to reduce emotional suffering among American Indians by developing an intervention model that improves treatment for depression, unresolved grief, and co-occurring PTSD
- ***Overall Design*** – Randomized assignment of AIs 18 years old and over to group Interpersonal Psychotherapy (IPT) combined with the *Historical Trauma and Unresolved Grief Intervention* (HTUG) vs IPT Only in outpatient behavioral health clinics at two tribal sites
- Select models that have cultural congruence such as IPT which emphasizes importance of interpersonal relationships in triggering depression



# Indigenous Peoples Survey/Interview (NIMH study *R34MH097834 (Brave Heart, PI)*)

- Culturally Adapted Inventory of Complicated Grief
- Trauma History Inventory based on Harvard Trauma Questionnaire
- PTSD Checklist-Civilian Version & Military Version
- Historical Loss Scale & Historical Loss and Associated Symptoms Scale (Whitbeck, based on Brave Heart)
- Center for Epidemiologic Studies Depression Scale
- Duke-UNC Functional Social Support Questionnaire
- Items from the Lakota Grief Experience Questionnaire (Experimental) and the *Return to the Sacred Path* Study (Brave Heart, 1995, 1998); items on experiences of racism and discrimination; identity

# Themes and Preliminary Findings

- **Group Engagement scores significantly higher for HTUG+IPT** – group bonding and retention
- Traditional tribal culture as protective factors
- Participants' perceived response to interventions: not having opportunity to address HT before
- Providers prefer HTUG
- Prior work indicated that HTUG facilitates: (1) not being alone in depression; (2) reduction of stigma through the emphasis on the collective context (3) decrease in depression; GEM outcomes may be congruent with these earlier findings

A sepia-toned photograph of three Native American men, likely from the Plains, standing side-by-side. They are wearing traditional clothing, including fringed robes and beaded necklaces. The man in the center has a feather in his hair. The image is faded and serves as a background for the text.

# **Wiping the Tears of the Wounded Healer: HT-informed clinical practice**

## Wiping the Tears of the Wounded Healer:

- Original HTUG version in 1992 was a *healing of the healers & training of the trainers*
- Compassion fatigue, secondary, and vicarious trauma; caregivers often strongest in their families
- Wounded healer psychotherapist; wounded healers in tribal communities – healers go to other healers for help
- Traumatized communities – vulnerability to anxiety, depression, and suicide
- Spiritual and cultural commitments to helping can present challenges for self-care – we sometimes carry the trauma of our tribal communities and ancestors **in inipi lots of cathartic release and acceptance of the emotion; in HTUG processing and cathartic release – people feel like they will fall apart and realize they won't**
- **WK is as if it happened yesterday**

# Wiping the Tears of the Wounded Healer: HT-informed clinical practice

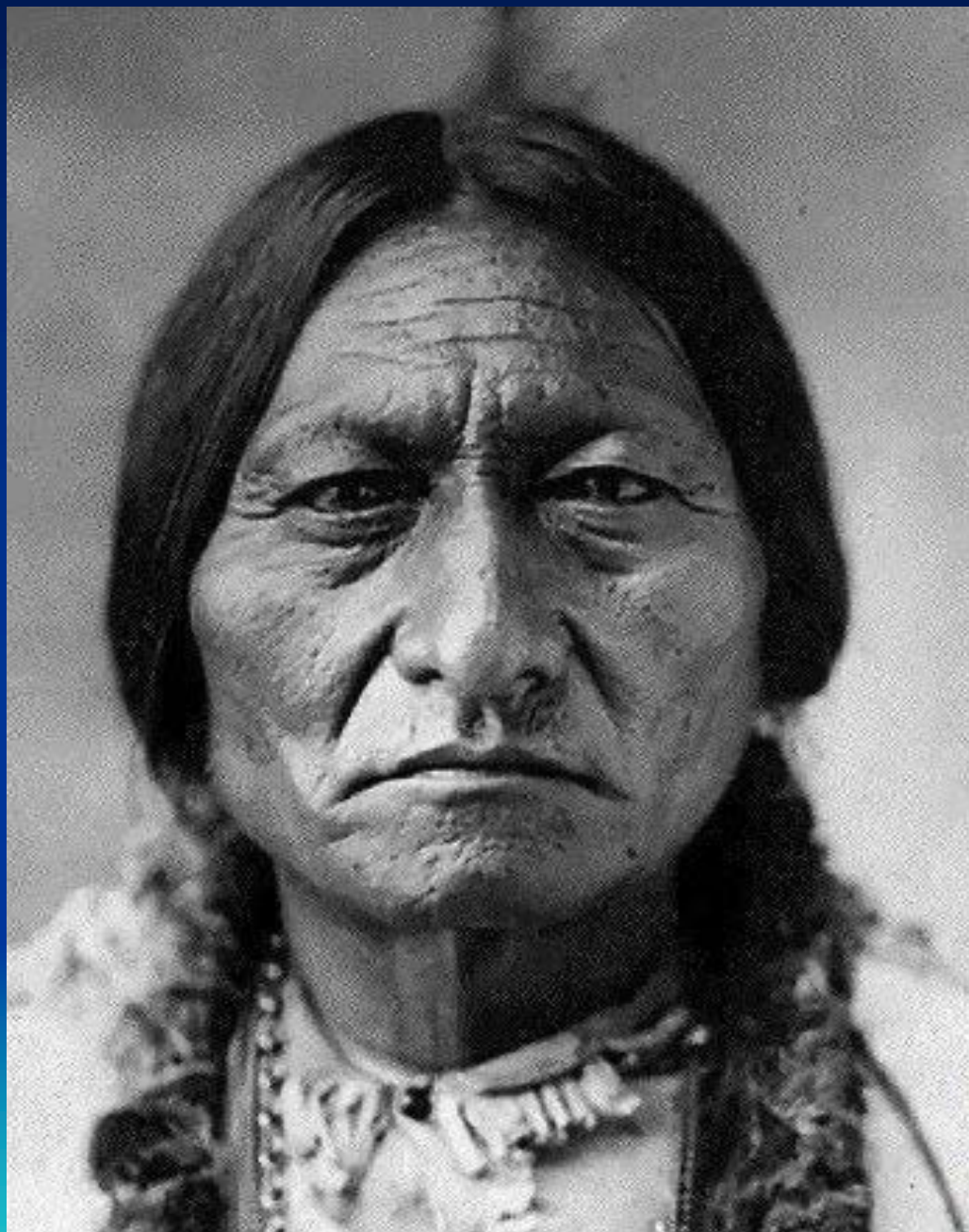
- Psychoanalytic training requires therapist being in own therapy; required in the past for graduate training at Columbia, Smith, & other clinical schools
- *You cannot take someone any further than you have gone yourself* (psychodynamic principle) – congruent with concept of *ikce wicasa*, humility, and compassion
- Recognizing pitfalls, countertransference reactions, triggers, and how can one ask others to face their woundedness and not do that themselves
- Spiritual and cultural commitments to helping can present challenges for self-care – we sometimes carry the trauma of our tribal communities and ancestors

Wiping the Tears of the Wounded Healer:  
HT-informed clinical practice

*I sacrificed to wipe the tears of  
the people but until today, no  
one had wiped my tears.*

*Sitanka Wokiksuye* (Bigfoot Memorial) Rider  
Sylvan Lake, Black Hills South Dakota,  
September, 1992





“Warriors are not what you think of as warriors. The warrior is not someone who fights, because no one has the right to take another life. The warrior, for us, is one who sacrifices himself for the good of others.

His task is to take care of the elderly, the defenseless, those who can not provide for themselves, and above all, the children, the future of humanity.”

~Sitting Bull

# Culturally Sensitive Diagnosis: the DSM IV, 5 Cultural Formulation

## Overall cultural assessment for diagnosis and care

- Discussion of how cultural considerations specifically influence comprehensive diagnosis and care

## Reference:

Lewis-Fernandez, R. and Diaz, N. The Cultural Formulation: A method for assessing cultural factors affecting the clinical encounter. *Psychiatric Quarterly*, 2002, 73(4): 271-295. (Table 1, p. 275)

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



# Culturally Sensitive Diagnosis: the DSM IV & 5

## Cultural Formulation

### Cultural Identity

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

### Cultural Explanations of Illness

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

# Culturally & Historically Responsive Assessment

- Generational boarding school history, tribal traumatic events
- Degree of involvement in traditional culture; explore tribal relocations, migration, language
- Cultural explanation of symptoms, preferences for sources of care, including traditional healing – using HTR
- Role of spiritual practices & kinship networks in providing support
- Other issues: skin color (potential for increased risk for discrimination and race-related trauma exposure), traditional mourning practices, unemployment rates, housing availability
- Individual differences in culture & social status between the individual & clinician and potential impact upon care

*Utilize DSM Cultural Formulation in ALL behavioral health assessments*



*Let a hundred drums gather. It must be a time of celebration, of living, of rebuilding, and of moving on. Our warriors will sing a new song, a song of a new beginning, a song of victory.*

*Let our warriors sing clear and loud so the heartbeat of our people will be heard by Sitting Bull and all our ancestors in the Spirit World....Let us send to our great chief a new song to sing when he rides around the people in the Spirit World:*

*Look at our children, They're going to live again, They're going to live again. Sitting Bull says this as he rides.*

*Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)*

***TAKINI-REBIRTH:  
HOPE THROUGH HTUG***



# Celebration of Survival

