

Studying Native America

Problems and Prospects

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Russell Thornton

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validated our ideas. These data provide empirical evidence that intergenerational trauma exists and that its effects manifest themselves through present-day symptomatology. In addition, the study shows that some of the solutions we propose here have had positive results.² Particularly important is the fact that the hybrid form of treatment discussed below is remarkably more effective than any other treatment approach discussed in the literature.

Students of Native American studies should engage in critical thinking, and to do so they must have various literatures available to them. It is not acceptable to exclude consideration of some of the counterhegemonic thinking present in "Indian Country." Many conferences being held in the United States and Canada on Native American "healing" incorporate many of the general ideas presented here. Specifically, gatherings addressing alcoholism, suicide, and men's and women's issues have incorporated intergenerational trauma and its resolution.

Although Native American life worlds are not monolithic, many Native American peoples face similar challenges to their physical, spiritual and psychological health. Alcohol and other drug-related problems are particularly prevalent, contributing to more than 60 percent of the morbidity and mortality among Native American people.³ Many Native American families are plagued by the symptomatology of alcoholism, poverty, learned helplessness and dependence, violence, and the breakdown of values that correlate with healthy living.

Historical trauma or intergenerational trauma, then, is offered as a paradigm to explain, in part, problems that have plagued Native Americans for many generations. In addition to analyzing some present problems within a sociohistorical context, we also propose strategies to ameliorate the effects of trauma. Our strategies are derived from empirical research such as the study mentioned above, psychological and public health practice, and a close analysis of contemporary Native American discourses.

The terms "colonialism" and "colonized" have been used by scholars to signify similar processes and effects occurring in different historical times at different analytical levels: physical, social, cultural, and psychological. Edward Said, a leading postcolonial scholar, defines colonialism as an effect of imperialism that results in settlements in distant territories. Imperialism means the "practice, the theory, and the attitudes of a dominating metropolitan center."⁴ Most Native American populations in the United States have been subjected to all or a combination of these processes during the past five hundred years.

We are not advocating romanticized remembering of the past. Even without the devastation of colonialism, there would have been changes within Native American structures and systems over time. However, those changes would have taken place within the context of cultural change and development. We discuss here some of the subjugated knowledge of the events that led to the

3 Bonnie Duran, Eduardo Duran, and Maria Yellow Horse Brave Heart

Native Americans and the Trauma of History

We can affirm that for people so remote and lacking contact with polished Spanish lands there has been no people on earth, who lived in their paganism with such harmony, good organization, and social orders as this nation. . . . It is my opinion that, no matter how beastly, they practiced their religion and its precepts well.

Fray Diego Duran, *The History of the Indies of New Spain*

An extensive body of literature deals with the Native American life world—the everyday background knowledge that informs and guides our interpretations of reality and interactions in sociocultural and interpersonal spheres.¹ Much less, however, has been written about the effects of colonialism on that life world and the implications of postcolonialism for it. How have Native Americans reacted to the system of colonization? Here we offer a broad answer to that question and illustrate how understanding this history and the intergenerational trauma it produced is a vital part of the healing and regenerative process for Native American peoples today.

Although the construct of intergenerational trauma has long been known to healers and elders in Native American communities, and is known from clinical studies of Jewish Holocaust survivors, it is new to many disciplines. Similarly, postcolonial thinking is relatively new within the social sciences, but it is old and well known in many Native American communities. That Native Americans have often resisted an "academic colonial process" and the identities prescribed by academic institutions bears witness to an ongoing legacy of counterhegemonic ideology in Native American communities themselves.

We realize that some scholars have and will continue to have problems with particular themes discussed here, in part because of the scarcity of research supporting them. In response to a need for quantitative data, recently we completed a nine-year study of cases from an urban Indian clinic that repeatedly

present life world of Native Americans and their families. In the process we hope to provide space for reimagining the present—also an important component of Native American studies.

We realize that not all tribes or all Native American people were subjected to the same amount of trauma. Our purpose here is to illustrate the effects of trauma on the tribes and people who suffered as colonization occurred. The problems that our communities face today are a result, at least in part, of not being given the time and resources to resolve the trauma. When people attribute present symptomatology to deficiencies within the Native American community, this belief is itself a form of epistemic violence that only exacerbates the problem.

If a person is traumatized, the trauma must be resolved for the person to be psychologically healthy. Not resolving the trauma will typically result in psychological symptoms, particularly depression, anxiety, and psychosomatic disorders. Memories of the trauma do not have to be kept alive through conscious awareness. Some practitioners argue that it is best to “let things be” and not disturb memories of things that happened long ago. As many clinical studies of Jewish survivors of the Holocaust have shown, however, trauma is often passed on to subsequent generations whether it is a conscious memory or not.

The Historical Legacy

European contact decimated the indigenous populations of this hemisphere.⁵ The impact upon the Native American psyche may be understood as a “colonization of the life world.”⁶ Colonization of the life world occurs when the colonizers interfere with the mechanisms needed to reproduce the life world domains—culture, social integration, and socialization—of the colonized. Here, the creation and expansion of America produced an inevitable disintegration of the rationality of everyday Native American life. This disintegration is at the root of many present-day social and health problems.

The Trauma of Colonialism

The trauma of colonialism took various forms. The physical space of many tribes was systematically colonized, diseases were introduced, and military actions were frequent. Native American elders and the very young—depositories of cultural, spiritual, and medicinal knowledge and the hope for the future, respectively—were often disproportionate casualties of warfare and disease. The rapid succession of traumatic events sometimes prevented an adequate period of grieving and bereavement.⁷ Native American peoples and families suffered the loss of their subsistence economy. Loss of territory and game not only created physical hardship but also bankrupted many meaning structures that

informed identity and mechanisms of sociocultural reproduction and control. Life worlds were colonized by European rationality, engrossed as the colonizers were in economic and bureaucratic control over this hemisphere. The U.S. government sometimes carried out policies through military means; surviving Native American peoples and families were frequently removed from traditional homelands by force, suffering symptoms of refugee syndrome as they were displaced.

Traditional homelands provided familiar sources of sustenance for both physical and spiritual needs; relocation sites were often barren and harsh, and geographically based cultural and spiritual systems were difficult to maintain. Loss of relationship to a traditional environment was a severe spiritual and psychological injury. Many Native American familial and kinship systems were produced and reproduced in seasonal congregation, and language and ritual were closely tied to geography and the ability to move freely. The imposition of boundaries under the reservation system kept people from moving from one place to another and exacerbated what we call the “soul wound” (see below).

To further its “civilizing mission,” the U.S. government enacted policies systematically attacking the core of identity—language and the family system. Removal of Native American children from their parents and placing them in distant boarding schools became a widespread practice.⁸ This disruption of family life further eroded the production and reproduction of family systems and cultural mechanisms of social control. Socialized into neither the mainstream cultural system that devalued them and their potential nor the Native American systems from which they were physically distanced, Native American youths were often lost in no-man’s-land.

Just as Native American people were starting to catch their breath in the twentieth century, an additional encroachment into the family and tribe occurred. During the 1950s, many Native American people were recruited into urban relocation programs. They went to the cities with an already large accumulation of historical trauma, and the urban situation created additional stress—economic, social, and spiritual—on Native American families. The intent was to assimilate native people, particularly to wage labor, and many Native Americans expected to become fully functioning middle-class, “white” Americans. Facing a concerted lack of economic and health resources, many soon returned to their reservations; others remained based in the cities, often developing a lifestyle of going back and forth between the city and the home reservation.

Cultural Genocide

Genocide of Native Americans has taken different forms, and there is growing attention to cultural genocide. “Cultural genocide” refers to actions that

threaten the integrity and viability of social groups. Prohibition of religious freedom, for example, is a form of cultural genocide that continues to this day for Native Americans. Family and extended kinship rituals and ceremonies are a large part of religious life and ensure family cohesion and clan unity. It was only with Joint Senate Resolution 102 in 1978, the American Indian Religious Freedom Act (AIRFA), that Native American peoples were guaranteed the right to practice their religion without fear of reprisal by state and federal governments.⁹ However, colonization of the life world continues as Native American religious beliefs and practices are obstructed by concerns that take precedence over Native American religious issues.

The Soul Wound

For two decades, the idea of the "soul wound" has circulated within the mental health discourse of Native American and other colonized peoples. Current synonymous terms include "historical trauma," "historical legacy," "Native American holocaust," and "intergenerational posttraumatic stress disorder."¹⁰ Although these terms are new to the mental health literature, the concept has been an integral part of indigenous lay knowledge for generations. Many Native American people understand their problems in contemporary life by reference to traumatic events of the past.

The notion of the soul wound emerged when Native American people were asked about the problems plaguing them in central California in the late 1970s. Following a needs assessment study occurring over more than three years, a content analysis was done on the reported dreams of Native American community members. Though more than 800 themes were listed, the overwhelming message of the dreams was the hostility of the environment or the world. Many Native American people understood the effects of colonization as a spiritual injury, since spirituality remains a cornerstone of Native American cultures:

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. The problems that were manifested and verbalized were merely symptoms of a deeper wound—the soul wound.¹¹

Historical trauma and its effects are complex, multigenerational, and cumulative. A constellation of features that occur in reaction to multigenerational, collective, historical, and cumulative psychic wounding over time—over the lifespan and across generations—historical trauma is characterized as incomplete mourning and the resulting depression absorbed by children from birth onward.¹² Unresolved trauma is intergenerationally cumulative, thus compounding the mental health problems of succeeding generations.

These phenomena are not exclusive to Native American or even other indigenous populations. Evidence suggests that the depressive and emotional breakdowns of the descendants of survivors of the Holocaust of Nazi Germany are always linked to Holocaust experiences.¹³ The "survivor's child complex" is a constellation of features resulting from the intergenerational transmission of parental traumatic experiences and responses. Martin Bergman and Milton Jucovy conclude that, despite the possibility of adaptation and sublimation, the mental health of most children of survivors is at risk and that they are scarred by the psychic reality of the Jewish Holocaust.¹⁴ Cardinal themes of parental survival, persecution, and deaths of relatives, at times unconscious, were manifested in their analyses.¹⁵ Judith and Milton Kestenberg describe a "survivor's child complex" that includes the Holocaust's impact upon psychic structure, fantasies, and identification.¹⁶ The Kestenbergs regard post-Holocaust experiences of oppression as further affecting parental survivorship and quality of transmission to offspring. Features associated with the complex are depression, suicidal ideation and behavior, guilt and concern about betraying the ancestors by being excluded from their suffering, as well as internalized obligation to share in the ancestral pain. Other features include feeling obliged to take care of and be responsible for survivor parents, identification with parental suffering, and a compulsion to compensate for the genocidal legacy, persecutory and intrusive Holocaust memories and also grandiose fantasies, dreams, and images, and a perception of the world as dangerous. Many of these themes were also found in the dreams of the Native Americans recorded in the needs assessment referred to earlier.

The description of the survivor's child complex was congruent with features identified by Gordon Macgregor and Erik Erikson among the Lakota:¹⁷ 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, paranoia, apprehension, shame, withdrawal, grandiosity in daydreams, and anxiety about aggressive impulses.¹⁸

Historical trauma is a continuing process, maintained via the pressures of acculturative stress. "Acculturative stress" refers to anxiety produced through the process of acculturation, often resulting in depression, feelings of marginality and alienation, heightened psychosomatic symptoms, and identity confusion. Acculturative stress may undermine individuals' physical, psychological, and social health.¹⁹ While historical trauma includes acculturation stress, it goes much deeper and encompasses the aftereffects of racism, oppression, and genocide.

Although experts urge caution in the assertion of a "survivor syndrome," the mental health literature acknowledges the existence of special features among the clinical population of trauma survivors. Addressing criticisms of the survivors' syndrome, Eva Fogelman asserts that, although more empirical

studies are needed, the pain and psychological impairment of survivors are not captured by standardized personality tests.²⁰

Fogelman and Maria Brave Heart outline aspects of the experiences of Jewish survivors that are relevant for Native Americans. These include difficulty in mourning over a mass grave, the dynamics of collective grief, and the importance of community memorialization,²¹ all experienced by the Lakota descendants of the Wounded Knee Massacre in 1890. As Jews in European countries live "among the perpetrators and murderers of their families,"²² Native Americans live in a colonized country where similar patterns of grief have emerged. Fogelman asserts that

Jews in Europe have not found . . . effective means of coping, integration, and adaptation. Most are in a stage of complete denial and stunted mourning of their losses. . . . They feel a great need to control their emotions, because they feared that if their intense emotions were given free rein, they might go insane. . . . Survivors feared the uncontrollable rage locked within them, they feared they would be devoured by thoughts of avenging the deaths of their loved ones. These repressions result in psychic numbing.²³

Fogelman's research distinguishes the healthier communal grief process of American Jews from the delayed and impaired grief of European Jews. For Native Americans, the U.S. government is the perpetrator of their holocaust. Whereas other oppressed groups can emigrate to escape further psychic genocide, Native Americans have not had this option. "Where was America for American Indians?" Alice Beck Kehoe asks. "No other country welcomed them as immigrants, no other country promised them what their native land had denied them."²⁴

Problems brought on by the devastation of the Native American holocaust are further complicated by this lack of validation from the world community and its failure to offer an escape route. These dynamics require a repressed psychology that can only be expressed through symptoms. Native American people are aware of the conspiracy of silence that invalidates the pain they endured. It is yet another level of ongoing trauma that must be confronted.

Consider the example of a fifteen-year-old Pueblo girl referred for a suicide attempt from an aspirin overdose. She said that she did not want to kill herself but that she felt an overwhelming sadness that she could not share with her parents: "I just can't talk to my parents. I don't want to burden them with my problems and feelings. They have so much pain of their own. I just can't bring myself to do that, but I felt like I had no one to talk to."²⁵ In another case, a young man reported walking in his homeland and finding himself in the middle of a massacre, engulfed by horses and cavalry. He saw old Indian women and children huddled against the river bank and trying to shield themselves from the sabers and the bullets. When he shared this vision with some of the elders of his community, they informed him that a massacre had occurred over a hundred years ago on that very spot.²⁶

Such cases are common in clinical settings where Native American people are seen for treatment. Often clients completely deny or shut down their emotions, since their surfacing would elicit extreme anger. When that anger is manifested, externally or internally, the resulting need for anesthetic self-intervention behaviors such as alcohol abuse, drug abuse, domestic violence, or suicide makes psychological sense.

A Note on Pre-Columbian Family Systems

A tremendous diversity existed and exists in family and kinship systems in Indian Country. In this chapter we must generalize, without wanting to reduce the cultural richness of Native kinship systems. As Spero Manson states, "First, members aid and protect one another; their collective liability for the other's actions regulates individual behavior."²⁷ This collective liability speaks to tribal or collective behavioral sanctions that were in place to regulate the society.²⁸

In addition to strict behavior codes, Native American family and kinship were heavily influenced by a deep sense of relationship. Instead of breaking the family into role units, it would be more accurate to differentiate the family according to relationships. Robert Thomas makes this point: "Well, an Indian family is not a structure in a system of roles. It is a system of relationships, first, from which the activities emerge. It is not a role system. To see it as a role system is a distortion. Now there are activities there, but they emerge from the relationship. Indian families are first a system of personal, definitive relationships. By tradition there are activities connected with those relationships. That is what gives them a role-like appearance. That's not central. What is central is the relationship."²⁹

Native American peoples and families have always had human problems. The full spectrum of health and pathology existed in the pre-Columbian Native American family. The difference between then and now is that typically there were systems in place to deal with and resolve problems in a way that ensured the healthy functioning of the family and culture. Because of the holocaust suffered by Native Americans, these systems were broken down and replaced with foreign, dysfunctional ones, or not replaced at all. An early account reflects this breakdown:

Because neither do you understand us, nor do we understand you. And we do not know what it is that you want. You have deprived us of our good order and way of government, and the one with which you have replaced it we do not understand. Now all is confusion and without order and harmony. The Indians of Mexico have given themselves to fighting because you have brought it upon them. Those who are not in contact with you do not fight; they live in peace. And if during the time of our "paganism" there were fights and disputes, they were very few. And they were dealt with justly

and settled quickly because there used to be no difficulties in finding out which of the parties was right, nor were there any delays and cheating as there are now.³⁰

These words were recorded very soon after contact with colonialism. Even at this early stage, there is a clear understanding that many societal problems were direct effects of the colonial process. The speaker acknowledges that problems existed before colonial contact, as well as systemic solutions to the problems.

Particularly damaging has been the systematic destruction of the initiation ceremonies of many (though not all) tribes. Among the Apache, there were ceremonies for every step of child development, used to invoke the assistance of supernatural powers to protect the child.³¹ A lack of such ceremonies contributes to problems faced by contemporary Native American youth. Traditional initiation ceremonies have given way to other undifferentiated methods of initiation, conducted away from family and tribe and sometimes involving unhealthy activities. One of the major initiations for Native American youth has involved the use of alcohol, with devastating effects.

Healing Native Americans and Their Families

Western psychology and other forms of social service intervention are useful but not sufficient to provide a future for and to heal Native Americans. An intellectual colonization persists in the representations of Native Americans in some social science research and mental health literature. New approaches are needed.

Standard Psychotherapeutic Approaches

The sociocultural, behavioral, and disease theories that public and Indian Health Service officials apply to interpret and intervene in some problems affecting Native Americans,

however useful, are not neutral insights and assessments of Native [problems] but rather venture to explain and predict behavior based on a very historically and culturally specific mode of representation — realism — which erroneously assumes unity between the sensible and intelligible. Embedded within this Eurocentric mode of representation is a biased assessment of non-Western cultures. Behavioral theories decontextualize and individualize social problems and many socio-cultural theories continue European representations of native peoples that have origins in the politics of the colonial and early American era. Insofar as these approaches are cultural products — a form of literature — we can say that they are hegemonic. By this we mean that they partake in ideological/cultural domination by the assertion of universality and neutrality and by the disavowal of all other cultural forms or interpretations.³²

Researchers and practitioners using western methodologies fail to realize how incompletely their methods capture the truth of Native American tribal lives and pathology. Western methods infiltrate Native American life worlds as epistemic violence,³³ replacing Native American with foreign idioms, definitions, and understandings. Social scientists have been rewriting tribal rituals via anthropology and other disciplines for centuries and thereby have produced meanings that have changed and distorted tribal understandings or forced them underground. Western empirical research and theory are based on the illusion of objectivity with a transhistorical, transcultural orientation. It operates within an *a priori*, essentialist Cartesian model of a unified, rational, autonomous subject. Here, the objectification of Native American families deprives the Native American life world of its material history and context and so of a crucial aspect of its truth and potential.

Typically, clinical interventions attempting to relieve problems caused by historical trauma have been inadequate; low utilization rates are consistently found in studies of the mental health service delivery system. Most Native American people drop out of treatment before three sessions. In one study, the authors discuss how exposure to western therapy alone may be harmful to Native American people.³⁴ Although historical distrust, language,³⁵ and class barriers are important issues in the development of cultural competency, in many clinical settings they are nonexistent issues.³⁶

A recent attack on the Native American family has taken the form of extracultural adoption. Until the passage of the Indian Child Welfare Act in 1978, many religious organizations actively recruited Native American parents to give up their children for adoption.³⁷ This incursion had its roots in the assimilation/termination policies of the U.S. government from 1900 to 1960.³⁸ Adoption has had a devastating impact on individual children, families, and tribes.

Irving Berlin observes that Native American children adopted into white families are at higher risk for suicide or the emergence of other pathology during adolescence and young adulthood. These children feel rootless and often believe that as Native American people they are not valued by the dominant culture. When they become adolescents, he notes, they feel that they have no ties to either their own or the majority culture. He estimates that their suicide rate is twice that of the American Indian youth living on reservations.³⁹

So compelling was the evidence of the destructiveness of extracultural placement that in 1975 the American Academy of Child Psychiatry urged against placing American Indian children in white homes. Berlin warns that "what may be advantageous developmentally for the small child may rob him of his cultural heritage and be devastating to him in his later development. Judges must learn to recognize that loss of ties with their tribal customs and culture leaves these children without an identity and can result in an adult life of estrangement from both worlds."⁴⁰ Even with this strong warning, social

workers and judges continue to place Indian children away from their families and tribes. Currently, the Indian Child Welfare Act itself is threatened in Congress, marking a shift away from the ideals of cultural diversity.⁴¹

Although some progress has been made, there are still overtones of paternalism in the delivery of health services. While the Indian Health Service is responsible for providing health services to tribal and urban communities, Congress has inconsistently provided funds for appropriate levels of functioning.⁴²

Restoration of the Life World: Postcolonial Practice

And as I looked and wept, I saw that there stood on the north side of the starving camp a Sacred man who was painted red all over his body, and he held a spear as he walked into the center of his people, and there he laid down and rolled. And when he got up it was a fat bison standing there, and where the bison stood a Sacred herb sprang up right where the tree had been in the center of the nations' hoop. The herb grew and bore four blossoms on a single stem while I was looking—a blue, a white, a scarlet and a yellow—and the bright rays of these flashed to the heavens.—Black Elk

When the young Black Elk saw this vision, he understood it as the restoration of the nations' hoop—the healing of the Indian nations.⁴³ Black Elk also understood that the healing would take place seven generations after Wounded Knee—our generation today.

Many successful programs currently operating among Native American groups use Native American epistemology as the root metaphor for theoretical and clinical interventions. Postcolonial practice integrates indigenous knowledge and therapies with Euro-American models of therapy. Native American therapies need wider acceptance from mainstream sources, not only to expand availability and gain adequate funding, but also to adapt and grow in this postmodern cultural context.

Many present-day indigenous interventions have been recommended by our Native American ancestors for centuries and are still in use in individual treatment by medicine people. In addition, new therapies based on postcolonial thought have emerged. By "postcolonial thought" we mean a critical orientation to scholarship and practice that, first, recognizes a social criticism of the unequal process of representation by which the historical experience of the once colonized became framed by the colonizers and, second, incorporates the subjected knowledge of marginalized groups in developing posttraditional methods. These therapies based on postcolonial thought do not operate on the logic of equivalence (A.non-A) but rather on a logic of difference (A:B), thus celebrating diversity rather than comparing people to what they are not.

Two approaches to individual and community mental health practice may be highlighted.

Hybrid Therapy: The Community Clinic Model

The first approach, a hybrid or a community clinic model, uses staff who are trained in both western and Native American treatment and epistemological systems. Western-trained Native American and other psychotherapists work alongside traditional Native American healers. This bicultural approach accomplishes multiple goals: it allows a historically inclusive psychological approach that acknowledges the roots of betrayal and anger; it moves the patient toward a more acceptable cultural system of sanctions and rewards that prescribes appropriate behavior; and it focuses on issues of internalized oppression and adoption of negative stereotypes, thereby creating space for reimagining the self.

Healers from each side (western and Native American) must be sincerely respectful and appreciative of what the other has to offer. If the practitioners do not live a lifestyle that follows some traditional forms or genuinely believe in the healing powers of both traditional and western approaches, the interventions will be seen as offensive caricatures by the staff and clients and their families and communities.

A typical protocol for a family may be as follows:

1. The family is referred to or contacts either a traditional provider (an indigenous therapist) or a psychologist for intervention. Referrals are made by a full range of community agencies.
2. The traditional counselor or psychologist makes an assessment of the client and immediately has a conference with the other providers. Assessment includes mental health functioning, level of acculturation, spiritual functioning or problems, and general health.
3. The family then receives psychotherapy and participates in traditional ceremonies as appropriate. A client who needs help from a medicine person is referred to one from his or her traditional belief system if possible. In urban areas it is difficult to provide tribal-specific medicine people. It becomes imperative, then, that the medicine people available be able to generalize their interventions so that the client can participate in and make sense of the intervention. Education by the medicine people is an integral part of the intervention. The therapy is designed to help the client understand the process itself. Many Native American clients have been so acculturated that often one important focus of the therapy is to reconnect them to a traditional system of belief and make sense of their life world from a traditional perspective.
4. The family is evaluated and recommendations are made for ongoing therapy or participation in traditional ceremonies, or both.

Insight-oriented treatment has been a very effective modality in treating Native American people within urban and rural settings. Native American people utilize dream-oriented therapy, and frequently this insight-oriented intervention allows other modalities to be effective. Insight-oriented treatment, especially a hybrid model in which Jungian approaches are integrated with Native American therapeutic modalities, is successful in large part because this model validates many Native American psychological experiences.

Once the client has engaged in hybrid therapy, it becomes easier to implement other modalities. Common strategies that have been successful in this model include cognitive behavioral, behavioral, client-centered, psychoanalytic, and addictions treatment. The critical point is that these western therapies were made effective because the hybrid model is inclusive of both western and Native American strategies.

Healing Rituals

The second model incorporates healing rituals for the entire community. For example, the Lakota have brought back a traditional approach to individual, family, and community-wide healing of historical trauma and other mental suffering. They undertook a communal memorialization through the Tatanka Iyotake (Sitting Bull) and Wokiksuye (Bigfoot) Ride, which traced the path of the Hunkpapa and Miniconju massacred at Wounded Knee.⁴⁴ The Lakota intervention model includes catharsis, abreaction, group sharing, testimony, opportunities for expression of traditional culture and language, ritual, and communal mourning. Wounded Knee and the generational boarding school trauma cannot be forgotten.

Brave Heart found that education about the historical trauma leads to an increase in awareness of that trauma, its impact, and the grief-related effects. The process of sharing these effects with others of similar background and within a traditional Lakota context leads to a cathartic sense of relief. A healing and mourning process results in a reduction of grief effects, an experience of more positive group identity, and an increased commitment to continuing healing work on both an individual and a community level.⁴⁵

Brave Heart found that the Lakota intervention helped with everyone's grief resolution, and almost 75 percent found it very helpful in other aspects of their mental health. Ninety-seven percent felt that they could now make a constructive commitment to the memory of their ancestors. All respondents felt better about themselves after the intervention, with some 75 percent expressing high agreement that the intervention helped them overcome feelings of cultural shame.

Brave Heart's intervention model, culturally syntonic grief resolution and healing, identifies and incorporates features congruent with treatment for Nazi

Holocaust survivors and their descendants: (1) facilitating mourning as the primary task; (2) helping the patient tolerate effects that accompany the traumatic memories and the process of working through; (3) codification in self-and object representations as well as world representations; and (4) validation and normalization of the trauma response and techniques such as visualization and pseudohypnotic suggestibility. Other techniques involve exploration of pre-Holocaust family history.

Brave Heart describes her treatment as a group treatment model. The restorative factors incorporate sharing experiences, providing hope, collective mourning, and social support. Advantages of group treatment include bonding through sharing common traumatic experiences and mutual identification. Developing awareness of intergenerational transfer processes inhibits the transmission of psychopathology.⁴⁶

Conclusion

Both Native American self-determination and cultural revitalization are furthered by the study of and intervention in Native Americans and their family systems. Family- and community-based intervention programs based on participatory, postcolonial research capture prescriptions for healthy family roles and include them alongside mainstream socialization. In contrast to assimilation or segregationist alternatives, posttraditional visions are inherently hybrid and self-reflective. Through an awareness of both negative and positive representations that colonize and, in part, determine subjectivity, self-determination is enacted through Native Americans' choice of identity—those meanings, values, and social and cultural systems that constitute Native American ethnicity.

Western approaches that focus on illness and pathology do not consider community assets. Unless the strengths of Native American family structures are included in therapy and other forms of intervention, there will always be resistance to adopting a pathologized self. One important source of intervention is simply the education of Native Americans and others about this process, in Native American studies programs and elsewhere.

Notes

1. Jurgen Habermas, *The Theory of Communicative Action*, Vol. 1: *Reason and the Rationalization of Society*, Thomas McCarthy, trans. (Boston: Beacon Press, 1984).
2. The study data are available in an Indian Health Service (IHS) report of December 1996. The study was conducted by Eduardo Duran and Susan Yellowhorse-Davis. Also see other quantitative and qualitative data in Maria Yellow Horse Brave Heart, "The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota," *Smith College Studies in Social Work*, 68(1998), 287-305; Maria Yellow Horse Brave Heart, "Oyate Playela: Rebuilding the Lakota

Nation through addressing historical trauma among Lakota parents," in *Voices of First Nations People: Considerations for Human Services* (New York: Hawthorn Press, 1998); "Wakiksuyapi: Carrying the historical trauma of the Lakota," *Tulane Studies in Social Welfare* 11-12 (1998). See Brave Heart, 1998 and Maria Yellow Horse Brave Heart and Lemyra DeBruyn, "The American Indian Holocaust: Healing historical unresolved grief," *American Indian and Alaska Native Mental Health Research*, 8(1998), 56-78.

3. Everett Rhoades et al., "The Indian burden of illness and future health interventions," *Public Health Reports*, 102 (1987), 461-68.

4. Edward Said, *Culture and Imperialism* (New York: Knopf, 1993).

5. See Dee Brown, *Bury My Heart at Wounded Knee: An Indian History of the American West* (New York: Holt, Rinehart & Winston, 1971), for a popular account; for scholarly accounts, see Wilbur Jacobs, *Dispossessing the American Indian: Indians and Whites on the Colonial Frontier* (Norman: University of Oklahoma Press, 1972); Richard White, *The Roots of Dependency: Subsistence, Environment and Social Change Among the Choctaws, Pawnees, and Navajos* (Lincoln: University of Nebraska Press, 1983); Russell Thornton, *American Indian Holocaust and Survival: A Population History Since 1492* (Norman: University of Oklahoma Press, 1987); Patricia Limerick, *The Legacy of Conquest: The Unbroken Past of the American West* (New York: Norton, 1987); Roy Harvey Pearce, *Savagism and Civilization: A Study of the Indian and American Mind* (Berkeley: University of California Press, 1988); Lyman Legters, "The American genocide," *Policy Studies Journal*, 16 (1988), 768-77; David Stannard, *American Holocaust: Columbus and the Conquest of the New World* (New York: Oxford University Press, 1992); see also Maria BraveHeart-Jordan and LeMyra DeBruyn, "So she may walk in balance: Integrating the impact of historical trauma in the treatment of Native American women," in *Racism in the Lives of Women: Testimony, Theory, and Guides to Anti-Racist Practice*, Jeanne Adleman and Gloria Enguidanos, eds. (New York: Haworth Press, 1995).

6. Habermas, *Theory of Communicative Action*, 1: 25-50.

7. Clinical research has found that if trauma is not resolved, there will always be a movement from the person/family toward resolution. If ritualized healing or therapy is not available, individuals will resort to other ways of dealing with the injury. Often the approaches taken to resolve trauma exacerbate the problem at both the individual and the collective level, as when the impulse to anesthetize pain involves the use of alcohol. See Brave Heart and DeBruyn, 1998.

8. Brave Heart-Jordan's examination of traumatic boarding school experiences among the Lakota are generalizable to many other tribes. She finds that many boarding schools were operated like prison camps, with American Indian children being starved, chained, and beaten. Children were forbidden to speak Native American languages, practice Native American religions, or to convey or enact anything that might remotely resemble Native American lifestyles, beliefs, or customs. Children were taught that Native American cultures and religions were inferior, even evil, and were influenced to be ashamed of their parents, their family and kinship systems, their language, their way of worship, and other remaining facets of Native American identity. See Brave Heart and DeBruyn, 1998; Legters, Lyman, "The American genocide," *Policy Studies Journal*, 16(1988).

9. See Francis Paul Prucha, *The Great Father: The United States Government*

and the *American Indians*, abridged ed. (Lincoln: University of Nebraska Press, 1986 [1984]), 368-69. Prucha notes that "Indian religious rights were further recognized in the Archaeological Resources Protection Act of 1979." See Brave Heart and DeBruyn, 1998.

10. See Brave Heart-Jordan and DeBruyn, "So she may walk in balance"; Maria Brave Heart-Jordan, "The return to the sacred path: Healing from historical trauma and historical unresolved grief among the Lakota" (Ph.D. diss., Smith College, 1995); Eduardo Duran and Bonnie Duran, *Native American Postcolonial Psychology* (Albany: SUNY Press, 1995); Brave Heart, 1998. Reprints available through the Takimi Network c/o Maria Yellow Horse Brave Heart, University of Denver Graduate School of Social Work, 2148 S. High St., Denver, CO 80208.

11. Duran and Duran, *Postcolonial Psychology*, 26.

12. Brave Heart-Jordan, "Return to the sacred path"; Tamar Shoshan, "Mourning and longing from generation to generation," *American Journal of Psychotherapy*, 43 (1989), 193-207; Brave Heart, 1998.

13. Zahuva Solomon, Moshe Kotler, and Mario Mikulincer, "Combat related post-traumatic stress disorder among second-generation Holocaust survivors: Preliminary findings," *American Journal of Psychiatry*, 145 (1988), 865-68.

14. See Martin Bergman and Milton Jucovy, eds., *Generations of the Holocaust* (New York: Columbia University Press, 1990).

15. Judith Kestenberg and Milton Kestenberg, "The experience of survivor-parents," *ibid.* See also Danieli Yael, "Mourning in survivors and children of survivors of the Nazi Holocaust: The role of group and community modalities," in *The Problems of Loss and Mourning: Psychoanalytic Perspectives*, D. R. Dietrich and P. C. Shabad, eds. (Madison: International University Press, 1989).

16. Kestenberg and Kestenberg, "The experiences of survivor-parents."

17. Gordon Macgregor, *Warriors Without Weapons* (Chicago: University of Chicago Press, 1975); Erik H. Erikson, *Childhood and Society*, 2d ed., revised and enlarged (New York: Norton, 1963 [1950]), 114-65.

18. Carolyn Williams and John Berry, "Primary prevention of acculturative stress among refugees: Application of psychological theory and practice," *American Psychologist*, 46 (1991), 634; Brave Heart, 1998; Brave Heart-Jordan, 1995.

19. *Ibid.*

20. Eva Fogelman, "Mourning without graves," in *Storms and Rainbows: The Many Faces of Death*, A. Medvene, ed. (Washington, D.C.: Lewis Press, 1991).

21. *Ibid.*; Brave Heart-Jordan, "Return to the sacred path."

22. Fogelman, "Mourning without graves," 94; Brave Heart and DeBruyn, 1998.

23. *Ibid.*

24. Alice Beck Kehoe, *The Ghost Dance: Ethnohistory and Revitalization* (New York: Holt, Rinehart and Winston, 1989), 133.

25. Brave Heart and DeBruyn, 1998, 62.

26. Duran and Duran, *Postcolonial Psychology*.

27. Spero Manson, "Indian family and kinship systems: With special reference to the Northwest Coast," manuscript, White Cloud Center, 1979, 4.

28. *Ibid.*

29. Robert Thomas, "Alternative paradigms for research," in *The American Indian*

Family: Strengths and Stresses, Proceedings of the Conference on Research Issues, John Red Horse, August Shattuck, and Fred Hoffman, eds. (Isleta, N.Mex.: American Indian Social Research and Development Associates, n.d.), 96-97.

30. Alonso de Zurita. *Breve y sumaria relacion de documentos para la historia de Mexico*, vol. 3, Salvador Chavez Icazbalceta, ed. (Hayhoe, Mexico: 1941), 110.

31. See Bryce Boyer, *Childhood and Folklore: A Psychoanalytic Study of Apache Personality* (New York: Library of Psychological Anthropology, 1979).

32. Duran and Duran, *Postcolonial Psychology*, 110.

33. Guyatri Spivak, "Can the subaltern speak," in *Marxism and the Interpretation of Culture*, Cary Nelson and Lawrence Grossberg, eds. (Urbana: University of Illinois Press, 1988), 271-313.

34. T. D. LaFromboise and W. Rowe, "Skills training for bicultural competence: Rationale and application," *Journal of Counseling Psychology*, 30 (1983), 589-95.

35. Miguel Barrera, "Mexican American mental health service utilization: A critical examination of some proposed variables," *Community Mental Health Journal*, 4 (1978), 35-45.

36. Barbeta Lockart, "Historic distrust and the counseling of American Indian and Alaskan Natives," *White Cloud Journal*, 2 (1981), 31-34.

37. See David Fanshell, *Far from the Reservation: The Transracial Adoption of American Indian Children* (Metuchen, N.J.: Scarecrow Press, 1972); Beaver Pierce, "Protestant churches and the Indians," in *Handbook of North American Indians*, Vol. 4; *History of Indian-White Relations*, Wilcomb Washburn, ed. (Washington, D.C.: Smithsonian Institution, 1988), 430; John Price, "Mormon missions to the Indians," *ibid.*, 469.

38. William Cingolani, "Acculturating the Indian: Federal policies," *Social Work*, 18 (1973), 24-28.

39. Irving Berlin, "Effects of changing Native American cultures on child development," *Journal of Community Psychology*, 15 (1978), 218.

40. *Ibid.*, 214.

41. The authors thank Dr. Michael Villanueva for his help with this section on adoption.

42. Policy-makers appropriate funds based on their need to maintain bureaucratic systems without considering needs assessment data. These decisions have a direct impact on the delivery of mental health services that would address some of the trauma discussed in this chapter; in 1990, for example, a meager 2 percent of the Indian Health Service budget was devoted to mental health.

43. John G. Nelhardt, ed., *Black Elk Speaks* (New York: Simon and Schuster, 1959), 81.

44. Brave Heart-Jordan, "Return to the sacred path"; Brave Heart, 1998; Brave Heart and DeBruyn, 1998.

45. *Ibid.*

46. Yael Danieli, "The treatment and prevention of long term effects and intergenerational transmission of victimization: A lesson from Holocaust survivors and their children," in *Trauma and Its Wake*, Charles R. Figley, ed. (New York: Brunner/Mazel, 1985); Brave Heart, 1998; Brave Heart and DeBruyn, 1998.

PART 2

THE DEVELOPMENT OF NATIVE AMERICAN STUDIES