From Intergenerational Trauma to Intergenerational Healing
A teaching about how it works and how we can heal

Laughter is Good Medicine!
Conference participants take part in a connectedness exercise led by Beverly Watts-Davis of CSAP (Center for Substance Abuse Prevention)
I’m going to focus on healing and what we are trying to do in terms of healing the historical trauma and to describe to you some of the healing work we are doing in the Takini Network. I’m starting with a quote because this quote really describes historical trauma. It’s from a traditional Hunkpapa Elders council booklet from the 1990 Sitting Bull Memorial and the Big Foot Memorial Ride. It says, “It is our way to mourn for one year when one of our relations enters the spirit world. Tradition is to wear black when mourning our lost one. Tradition is to not be happy, not to sing and dance and enjoy life’s beauties during mourning time. Tradition is to suffer with the remembering of our lost ones and to give away much of what we own and to cut our hair short. Chief Sitting Bull was more than a...
White Bison Speaks

From Intergenerational Trauma to Intergenerational Healing

relation. He represented an entire people, our freedom, our way of life, all that we were. For 100 years, we as a people have mourned our great leader. We have followed tradition in our mourning. We have not been happy, have not enjoyed life’s beauty, have not danced or sung as a proud nation. We have suffered, remembering our great chief, and have given away much of what was ours. Blackness has been around us for one-hundred years. During this time the heartbeat of our people has been weak and our lifestyle has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism and suicide in this country.”

Blackcloud, 1990

That really describes what we are talking about when we talk about historical trauma and historical unresolved grief.

This next quote we have permission to use from a Lakota parent who is in recovery. It really talks about the intergenerational trauma which goes back to the original genocide of our people. The quote says,

“I’ve never bonded with any parental figures in my home. At seven years old I could be gone for days at a time and no one would look for me. I’ve never been to a boarding school. All the abuse we talk about happened in my home. Maybe if it had happened by strangers it wouldn’t have been so bad—the sexual abuse, the neglect. Then I could blame it all on another race.”

He added that his parents went to boarding school and that’s where they learned the abuse that they then passed on to him. It’s like stepping stones in a pecking order.

WHAT IS HISTORICAL TRAUMA?

I want to talk about the development of historical trauma theory and interventions with Native people and a little about the historical trauma response features, and then give a few recommendations. We formed as the Takini Network in 1992. Takini is a Lakota word that means “survivor” or “to come back to life.” We are a Native non-profit organization. We focus on trying to help our people heal from this historical trauma. The origins of the work go back before 1992. The work really goes back to 1976. In 1985 we came up with the term “historical trauma,” and “historical unresolved grief,” and “historical trauma response.” We had a conference in December, 2004 called Models for Healing: Indigenous Survivors of Historical Trauma. This conference series started in 2001 and we’ve held it for the last several years.

First, about the need for historical trauma theory. Why do we need that when there is a lot of stuff in the literature about post traumatic stress disorder (PTSD)? Well, it doesn’t really quite fit for our people because the theory of post traumatic stress disorder doesn’t capture not only chronic trauma in one’s lifetime, but trauma across generations. There are more theories that are starting to emerge, like complex trauma, which does deal with multiple traumas in one’s lifetime. But still it doesn’t really address generational trauma and it doesn’t talk about massive group trauma. The group of literature and body of work that is most relevant in the United States to our people is actually the Jewish Holocaust literature because it is addressing trauma for a group of people. It addresses a massive group trauma and genocide. That was what I started to look at and it was very helpful and informed some of our thinking and some of our ideas. We are survivors of genocide. We may have a higher trauma threshold due to our severe chronic trauma so we may not fit the PTSD (post traumatic stress disorder) criteria. Even with that said, our PTSD rates nationally are higher than the national norms. I think it’s like 28% now for us, and the national norm is much lower. Ours
from Intergenerational Trauma to Intergenerational Healing

is much higher even though it is probably not as high as it should be on these assessment instruments, which are culturally biased. Perhaps we have had so much trauma that it doesn’t register as much on our people. So, for example, 2/3 of American Indian youth have had multiple traumas in their lifetime but yet they don’t meet the criteria for post traumatic stress disorder as measured by the assessments.

We are survivors of intergenerational trauma, not just traumas within our lifespan. Our culture and history also influence the way we show our symptoms and the way in which we manifest our symptoms. Our grief is different from the dominant culture’s grief. One reason why I say that is true is because the way we mourn in our traditional cultures is a little different. All cultures have their ways of mourning, but in our culture we maintain a connection with the spirit world. The way that we mourned and buried our dead was taken away from us. We have some of that back but we don’t have it fully back. We can’t bury our dead the way that some tribes did. Some tribes did not bury their dead in the ground. That’s not possible for our people any more. Then we just got hit with so many things happening to us in history that we didn’t have time to heal from one loss, before another occurred. We have a lot of wisdom in our culture and we have a lot of traditional healing practices. We have traditional grief ceremonies, we have spirit keeping, and spirit releasing ceremonies. We have ways of dealing with death and loss and grief and trauma and purification, when warriors would come back from war.

The historical trauma response is a group of features that is similar to what’s written about in the Jewish Holocaust literature, which they call the survivor’s child complex. It is a group of features that people tend to have in reaction to the trauma. It’s also been written about in the Japanese-American internment camp literature about the survivors and descendents. I understand that it takes place in Australia as well, in the Aboriginal population. There are other groups of people that are writing about and looking at the same kinds of issues.

In our 2001 Takini Network conference we brought together other massively traumatized groups to share with us about what they did and how they healed. We found that we have a lot of things in common. We thought if
we kind of joined with other traumatized populations that we could do some cross-fertilization or cross pollenization in terms of healing ideas and in help and support for one another.

**INTERVENTIONS TO HEAL HISTORICAL TRAUMA**

We developed an intervention in 1992 having four major components. It grew out of work that we were doing in the mid 80’s and we refined it into an actual four-day intensive psycho-educational intervention. We did that in the Black Hills in 1992. The main components of that are to 1) **confront our trauma and embrace our history**; 2) **understand that trauma**; 3) **release the pain**; and then 4) **transcend the trauma**. Transcend is kind of like healing and moving beyond it so that you no longer define yourself in terms of the trauma. Even the word “survivor” is better than “victim.” You move from “victim” to “survivor.” But even as a survivor you are still defining yourself in terms of the trauma. We want to move beyond that. We are still at the survivor level right now, I think, collectively as a group. Some of us are still at the victim stage. There are a few people who have maybe transcended, who no longer define themselves even as survivors. They’ve gone beyond that. That’s our goal, the healing that we want to do. I’ll talk about a couple of these now.

**Confront our trauma and embrace our history**

I want to go into some of the intervention components and tell you a little of what we do. Dr. Eva Fogleman is a colleague and friend. She is a Jewish Holocaust therapist and a child of Holocaust survivors from New York City. In her writing she talks about confrontation with the past. (please see the book Conscience and Courage: Rescuers of Jews During the Holocaust by Eva Fogelman) That’s what she does with children of survivors. That’s what we were already doing—to look at our history, to look at what happened to us, to educate our people about our history. It’s amazing how many of our own people really don’t know our history that well. It never ceases to amaze me. Sometimes we get feedback in communities. People say, “I didn’t know this was happening… I didn’t know all this went on for our people.” It’s important to know our history because we are carrying it. We feel that knowledge is power. The more we know about it the more control we have over how it affects us.

It’s amazing how many of our own people really don’t know our history that well. It’s important to know our history because we are carrying it. We feel that knowledge is power. The more we know about it the more control we have over how it affects us.

kind of like healing and moving beyond it so that you no longer define yourself in terms of the trauma. Even the word “survivor” is better than “victim.” You move from “victim” to “survivor.” But even as a survivor you are still defining yourself in terms of the trauma. We want to move beyond that. We are still at the survivor level right now, I think, collectively as a group. Some of us are still at the victim stage. There are a few people who have maybe transcended, who no longer define themselves even as survivors. They’ve gone beyond that. That’s our goal, the healing that we want to do. I’ll talk about a couple of these now.

Confront our trauma and embrace our history

I want to go into some of the intervention components and tell you a little of what we do. Dr. Eva Fogleman is a colleague and friend. She is a Jewish Holocaust therapist and a child of Holocaust survivors from New York City. In her writing she talks about confrontation with the past. (please see the book Conscience and Courage: Rescuers of Jews During the Holocaust by Eva Fogelman) That’s what she does with children of survivors. That’s what we were already doing—to look at our history, to look at what happened to us, to educate our people about our history. It’s amazing how many of our own people really don’t know our history that well. It never ceases to amaze me. Sometimes we get feedback in communities. People say, “I didn’t know this was happening… I didn’t know all this went on for our people.” It’s important to know our history because we are carrying it. We feel that knowledge is power. The more we know about it the more control we have over how it affects us.

Our people’s history meets the United Nations 1948 Geneva Convention definition on genocide. If you look in the Congressional record you find all kinds of genocidal language in resolutions that were passed. There was one that spoke of no further recognition to our rights over the land over which we roamed. Another said we were to go upon said reservations and choose between this policy of the government or extermination. The genocidal language is right there. Others say we are to be placed on said reservations controlled and managed at the discretion of the government. The Bureau of Indian Affairs (BIA) Education Division used to be called the Civilization
White Bison Speaks

From Intergenerational Trauma to Intergenerational Healing

Division. The Bureau of Indian Affairs used to be under the War Department. We have an historical legacy. IHS (Indian Health Service) evolved out of the BIA and then was switched to HHS (Health and Human Services). So it also has that legacy of evolving from the War Department. I think that historical legacy affects us unconsciously. Congressional policy was clear that it was for separation of children from family and tribe. There was a lot of militaristic influence in the boarding schools. In our conferences we show videos and we have small and large group discussions that go on around the historical aspect of this.

Understand the trauma

The second component is understanding the trauma.

We all parent the way we were parented unless something happens to enlighten us in a different way or help us to learn a different way of being with our kids. I was a better mother when I was working on writing a parenting curriculum because it kept me on my toes. I liked to do that work because it kept me on track much better with my daughter.

We talk about the trauma response features and we talk about cultural context for our own mourning and our own grief resolution. We talk about how outlawing our ceremonies also impaired the release of our grief. So we have to go back and do that. That was part of the purpose of the Bigfoot Memorial Ride in 1990 commemorating and healing from the Wounded Knee Massacre of 1890. The dominant society’s view of Native people as savage also enters here. Any time you think of someone as not being quite human then you don’t have to take them seriously. You can do things to them and you think they don’t really have feelings about it. You don’t really have guilt. It enables you to go to war against a people. So it is a very dangerous kind of thinking to think of someone as being inhuman or subhuman, or less than or savage. These were the ideas that our people had.

Some of the historical trauma response features include survivor guilt. We are all survivors in this room, but a lot of our relatives and ancestors are not here with us. So we feel guilt about that. That is true about a lot of trauma survivors. It was talked about at 9/11 and at the Oklahoma City bombing. Those who survived as well as the rescue workers can go through this intense guilt at surviving.

Depression and psychic numbing is another trauma response feature. You shut down all feeling because you are trying to avoid the pain. It helps you get through the immediate crisis and the trauma. But if they persist, if they go on for a long time, they become a problem and you don’t feel much of anything. You numbed yourself from the pain but you stunted your feelings, your warmth and your joy.

Fixation to trauma is another feature. There is more research now showing that there is an emotional fixation to trauma. Trauma is a way of life, and comfortable, so you sort of get attached to it and you unconsciously recreate it. The research shows you also remain loyal to the suffering community that you come from. New biological research shows that certain kinds of hormones get released in the body, like cortisol, which is a stress hormone, and other things that keep you kind of stuck in a physical way in terms of having a trauma response. The adrenaline keeps going and that affects the physical symptoms you have,
including Type II diabetes. There is a physician, Dr. Anne Bullock, at Cherokee, North Carolina who has been looking at historical trauma’s relationship to Type II diabetes. Cortisol interferes with the body’s use of insulin. It also causes weight gain, which affects diabetes. There are direct and indirect ways that trauma affects us physically.  

**Low self esteem, victim identity, anger, self-destructive behavior, and substance abuse** are also a ways of trying to numb that pain.

**Hypervigilance** is talked about in adult children of alcoholics meetings. It’s basically staying on guard and waiting for the other shoe to drop. The best example is a kid coming into an alcoholic home after school trying to size up whether they are going to be safe or not or how they are going to keep themselves safe and what they are going to do. So the adrenaline starts going and the cortisol is released. They start having racing thoughts trying to figure out what they need to do to be safe—who is going to be there, who is going to be drunk, who is not, who is going to hit them, where should they go, and so forth. That’s a good example of hypervigilance. When you are chronically traumatized, you start reacting to everything in that way. You start staying on guard in all kinds of situations.

**Compensatory fantasies** is another trauma response feature that is written about in the Holocaust literature. It basically means to compensate for, to try to make up for. Children of Holocaust survivors want to make up for the Holocaust, the past. So they live out their lives trying to undo the trauma they had nothing to do with, that they have no control over. There is simply no way they can undo it. When I read that I thought—this is our people too! I think a lot of our people are trying to do that so we kind of sacrifice ourselves and live our lives in ways that we think might undo this trauma that is not ours to undo. We can’t undo it—it happened. We can heal from it. It is interesting to look at how you are living out your own life and whether you are sort of fixated to the trauma and stuck in it and just trying to make up for it somehow.

**Preoccupation with death, death identity, and loyalty to the ancestral suffering and to the deceased** are other features. That loyalty will cause you to create suffering in your own life. It is not a conscious process. It’s something Eva Fogleman talks about. We pass this trauma on because parents have been traumatized and the children often pass trauma response patterns to their children. We all parent the way we were parented unless something happens to enlighten us in a different way or help us to learn a different way of being with our kids. I was a better mother when I was working on writing a parenting curriculum because it kept me on my toes. I liked to do that work because it kept me on track much better with my daughter.

**Internalization of ancestral suffering** we are carrying the suffering with us. We carry it inside of us. It becomes part of us. Vitality in one’s own life is seen as a betrayal of ancestors who suffered so much. It’s hard for us to be joyful in our own lives and really free and happy.
That’s what we want to get back to. That’s part of transcending the trauma and the healing process.

Rachel Yehuda is a Jewish Holocaust researcher who is beginning to find some hard core evidence of the effect of the parents on the children by measuring cortisol levels in the children of Holocaust survivors. She is finding differences between them and children who didn’t have Holocaust parents. What’s exciting is that it supports what we’ve been saying for years in NANACOA and in other movements: intergenerational trauma is affecting our people!

Internalized oppression is a trauma response feature especially talked about by Paulo Freire, who is a Brazilian sociologist. Anna Freud speaks about it as identification with the aggressor. We identify with the perpetrators of our abuse, people who harm us as children. It’s kind of a natural thing that happens. As adults we get into situations where we continue to be abused or we become abusers ourselves. Through internalized oppression, we hate ourselves because of we have been told. It is not necessarily conscious. Then we start to hate others like us. We subject others to that understanding and we have a lot of violence in our own community. There is more that we can learn about through the Takini Network.

FUTURE OPPORTUNITIES
Someone asked me if we were going to have more of the four-day intensive training-of-the-trainers or healing-of-the healers intervention conferences. We do that but we are dependent on the tribes to bring us in and to pay for those events. We wanted to have it set up so that we would be able to just go out and cover all those expenses but we’ve not been able to achieve that goal. We have gone to several different tribes in different parts of the country and worked with them. They are getting things going now on historical trauma work in their own communities. It dovetails with other work that’s already being done and had been done. Several of these communities have also done GONA (Gathering of Native Americans). Some of the people here at this White Bison conference, like Theda New Breast and others have all done this work for a long time with healing and with NANACOA (National Association of Native American Children of Alcoholics)

Thank you so much for your time and attention! ❧

Want to know more and receive a list of recent references about this subject? Download Chapter 3: Native American Children by the Takini Network from the White Bison website at Wellbriety! V6, #6

Dr. Maria Yellow Horse Brave Heart is the president and director cofounder of the Takini Network of Rapid City South Dakota and an associate research professor at the University of Denver Graduate school of social work. In addition to teaching clinical courses, Dr. Braveheart’s research interests focus on psycho-educational historical trauma, intervention, and incorporating this model into parenting intervention, prevention curricula.

We wish to thank the cofounders of the Takini Network and all those who participated in the film shown at the Conference.

For more information, and to participate in the work of the Takini Network contact the Network at takininet@aol.com or call Dr. Braveheart at (303) 759-0975