In this phenomenological study 11 Native American elders addressed three research questions: (a) the effect of historical trauma on self, family, and community; (b) how historical trauma currently affects Native people and their communities; and (c) what they would recommend that counselors and therapists do in addressing issues of historical trauma for Native and tribal people. All participants spoke of historical trauma in terms of loss of tribal language and culture. They seemed to speak directly to Native people themselves as having the answers to healing and wellness for their own people; however, recommendations for nontribal people who work with Native people and communities were discussed.

The Indigenous population in the United States fell by an estimated 95% shortly after the arrival of European colonists (Barkan, 2003). The American Indian Tribes that survived continued to suffer drastic changes through forcible removal and relocation of entire tribal communities from ancestral lands onto reservations, banning of religious practices, and imposed assimilation through systematic placement of Native children into boarding schools, where they were prohibited from practicing their tribal language and customs (Barkan, 2003; BigFoot & Braden, 2007; Fryberg & Markus, 2003; Galliher, Jones, & Dahl, 2011; Kenyon & Carter, 2011). There remains a continued intergenerational impact that has caused an array of social, physical, and mental health disparities; such collective experience of trauma is referred to in the literature as historical trauma (HT; Brave Heart & DeBruyn, 1998).

In 1988 the U.S. Bureau of Indian Affairs legally defined an American Indian as any enrolled or registered person of a tribe, or any person genealog-
ically derived from American Indian ancestry with a blood quantum of one-fourth or more. As of 2012 the U.S. Census Bureau found that less than 2% of the U.S. population identifies as American Indian; as a population these are younger than the general population, with 30% under 18 (U.S. Census Bureau, 2011; U.S. Department of Health and Human Services, 2014). For purposes of this study the terms American Indian, Native American, and Indigenous people may be used interchangeably.

**Historical Trauma**

Historical trauma is defined as an unresolved trauma resulting in grief that continues to impact the lives of survivors and subsequent generations (Brave Heart & DeBruyn, 1998; Duran, Duran, & Brave Heart, 1998). HT can be characterized as patterns of thoughts, emotions, and behaviors that negatively affect the physical, psychological, and social well-being of an individual or group in successive generations (Brave Heart, 2003). The residual influences of HT on the lives of Native American people today have been well-documented (Brave Heart, 2003; Duran et al., 1998; Cavalieri, 2013; de Coteau, Hope, & Anderson, 2003; Gone & Alcantara, 2005; Iwasaki & Byrd, 2010; LaFromboise, Medoff, Lee, & Harris, 2007; Roman, Jervis, & Manson, 2012; Weaver & Brave Heart, 1999). Its impact is evidenced by the prevalence in Native American communities of such negative physical and mental health conditions as depression, substance abuse, and youth suicide (e.g. Hartmann & Gone, 2014; Whitbeck, Adams, Hoyt, & Chen, 2004; Brave Heart & DeBruyn, 1998). It is further documented that Indian boarding schools were purposely utilized to strip away Native languages, customs, traditions, and spirituality—to force assimilation into Western European and Christian value structures—resulting in HT (e.g. Brave Heart & DeBruyn, 1998; Robbins et al., 2006) or cultural soul wounds (Duran, Firehammer, & Gonzalez, 2008).

Hartmann and Gone (2014) found in interviews with two prominent Great Plains Native American medicine men that, in their opinion, HT is currently affecting their communities; both were particularly concerned about youth suicide. The development of an empirically measurable construct for assessing historical loss and the associated emotional distress has furthered conceptual study of HT (Whitbeck et al., 2004) and helped to validate its previously identified impact (Duran et al., 2008). For example, research using the historical loss scale has identified a correlation between HT and PTSD symptoms, depression, and substance use (Brave Heart, Chase, Elkins, & Altschul, 2011).

**Examining Elders about Healing HT**

The perspectives of elders were sought to more fully conceptualize the interrelationship of HT with past and present generations as a basis for the creation of effective treatment approaches (Gone, 2014). Because many of today’s elders have survived attempts at their forced assimilation into the dominant society and the loss of language, culture, spirituality, and identity (Roman et al., 2012), it is important
to begin to re-conceptualize by consulting people who have directly experienced
the trauma. The purpose of this study was to initiate dialogue about HT among
Native American elders because as elders they are acknowledged to be bearers
of wisdom and are respected within their tribal communities (Roman et al., 2012).

Research on healing HT has largely been discussed by Native American
mental health professionals (see Duran 2006; Braveheart & DeBruyn, 1998)
but as multicultural competence is becoming the primary paradigm for con­
ducting research and working with diverse populations, it is important that
researchers give voice to the people themselves. Native American elders serve
as grandparents, role models, and ceremonial leaders. Because they hold his­
torical memory for the tribe, their knowledge is of major importance to our
understanding of how to provide culturally competent and ethical services to
Native people in Native communities. Understanding the perspective of the
elders is crucial for development of culturally sensitive treatment approaches to
healing HT. Academics have theorized about HT and attempted to measure it,
but the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does
not yet consider HT to be a psychological disorder. Only one previous study
was discovered that specifically gives voice to the perspectives on HT of Native
American elders; it dealt with a single tribe from the upper Midwest (Whitbeck
et al., 2004). The Native American elders asked to speak on HT identified loss
of land, loss of language, impact of boarding schools, and substance use as neg­
avely impacting tribal communities. The current study expands the findings
by giving voice to participants from six different tribes.

Research Questions
This study sought to understand the experiences of Native American elders
with respect to three questions: (a) What were their experiences and understand­
ing of HT? (b) How is HT affecting their families and communities today? and
(c) What recommendations did they have about how to help heal HT?

METHOD

Philosophical Paradigm
This study operated from two interpretive frameworks, Indigenous Ways
of Knowing (IWOK; Grayshield & Mihecoby, 2010) and Tribal Critical Race
Theory (TribalCrit; Brayboy, 2005). IWOK is an emerging paradigm in coun­
seling and psychology that may be considered a viable and practical avenue to
achieving balance, harmony, and sustainability in an individual’s personal life
and producing a positive impact on the lives of others (Grayshield & Mihecoby,
2010). Indigenous knowledge has been defined as a multidimensional body of
lived experiences that informs and sustains people who make their homes in
a given area; it also takes into account the current sociopolitical power dimen­
sions of the Western world (Denzin & Tuihawai Smith, 2008). Authors who
have studied IWOK identify three central features of Indigenous knowledge
that have both political and curricular implications: many tribal cultures (a)
related harmoniously to their environment; (b) experienced colonization; and
(c) provided an understanding of human experience that differs from that of Western empirical science. Numerous forms of knowledge construction by Indigenous groups have allowed them to maintain their existence in a specific locale over time by combining epistemologies, ontologies, and cosmologies that construct ways of being in relationship to their physical surroundings (Kincheloe & Steinberg, 2008).

TribalCrit acknowledges the pervasiveness of colonization and the sequelae that still affect Native Americans (Brayboy, 2005). Brayboy (2005) sets out nine tenets of TribalCrit, three of which are especially important for this study: (a) Tribal knowledge is essential to understanding the lived experiences of Indigenous peoples. (b) Because stories highlight theory, they are relevant sources of data. (c) Praxis is critical in creating social change, which researchers must work toward.

Research Design

This study used a phenomenological qualitative research design. Phenomenological research seeks to understand how individuals make sense of a particular shared experience (Patton, 2002). It has been used in mental health research with Native American participants on the theory that it is compatible with traditional ways of knowing because the data come directly from participants' descriptions of their experience (Crazy Bull, 1997). Previous research has also argued that qualitative inquiry is considered a decolonizing methodology in research with Native American elders (Braun, Browne, Ka'opua, Kim, & Mokuau, 2014) because the research design recognizes the importance of individual experience.

This research was guided by the seminal work of Moustakas (1994), who provided systematic procedures for conducting a psychological phenomenological study. The steps are:

a. Determine if the research problem is best suited for phenomenological inquiry.

b. Determine if the phenomenon can be clearly identified.

c. Acknowledge philosophical assumptions.

d. Collect data from individuals who have experienced the phenomenon.

e. Use open-ended questions to assess the individual's experience of the phenomenon and the contexts that influence it.

The university institutional review board approved this research.

Researcher Placement

Creswell (2013) stated that researcher reflexivity is an important aspect of conducting and writing qualitative research. Reflexivity is defined as the researchers discussing their background, experience, and biases related to the research topic. The first author is a Native American woman raised in her tribal homelands,
which she left almost 10 years ago to work as a professor in a university counseling psychology program. She is an avid proponent of IWOK as a viable and practical paradigm for the teaching, research, and practice of counseling. The second author is an Anglo man born and raised in a Western state that has numerous and prominent Native American tribal reservations. His interest in IWOK is derived from his respect for Indigenous peoples and their epistemologies. The third author is a Mexican-American woman born and raised in California with strong ties to Mexican culture and a passion for social change for indigenous populations. The fourth author is a member of the Numunu (Comanche) tribe and a Chicana. For her as a Comanche Tribal Member practicing counseling psychology, IWOK is a psychology of liberation for the communities she represents. The fifth author is a Xicana, raised Catholic in San Bernardino California; her mother is Mexican and her father Chicano. She has been practicing IWOK as a way of life and continues to learn how to be in balance and harmony with the earth and beyond.

Participants
To protect the confidentiality of participants, no identifying information was used. Of the 8 male and 3 female Native American elders who participated, all were between the ages of 54 and 90 and were members of recognized tribal groups in the United States. They represented six different tribal affiliations and were from Western, Southwestern, and upper Midwest tribes. Their knowledge and use of their tribal language varied: some knew only a few words, others were fluent. Each described having been involved in numerous ways within their tribal communities, from tribal council positions to odd jobs within the community, cultural and language revitalization, ceremonial leadership, and activism. Education ranged from less than a high school diploma to a Ph.D.

To identify potential participants, the researchers used criterion sampling (Patton, 2002) and also previous experience with Indigenous individuals through social networks. The criteria for participation were that (a) the individuals must self-identify as having Native American ancestry; (b) they must be considered elders in their nation and community; and (c) they must live or have lived most of their lives in a tribal community to ensure that they had significant experience with HT. After potential participants showed interest, the researchers gave them an informational letter and an informed consent form to read and sign; after they had done so, individual interviews and one focus group were scheduled.

Sources of Data
Individual interviews. Data were collected in four individual in-depth semi-structured interviews ranging from 45 minutes to three hours. This gave the participants ample time to elaborate on their experiences and understanding of HT. Because it is considered disrespectful to interrupt or redirect an elder's commentary, extra time for listening was necessary; it also allowed the researchers to develop thick descriptions as themes emerged. These interviews were conducted in person or over the phone, depending on where the participant was located. Interviews were conducted in English.
**Focus group.** The study also used one focus group to gather data. The focus group arose naturally through the process of the research as a number of elders in one tribe indicated that they would be more comfortable sharing their experiences in a group format. Creswell (2013) has encouraged this type of emergent design in qualitative methodology. Thus, the first author traveled to tribal lands and audio-recorded the group in a respected elder's home. The group had seven participants and lasted nearly five hours. Two researchers listened to the interview via conference call to assist with transcriptions. Although the focus group was conducted in English, words in the tribal language were used throughout to discuss concepts that were best expressed in the Native language. The Native words were translated by the participants who had used them.

**Reflective memos and research team meetings.** Each researcher wrote brief reflective memos throughout the study to identify reactions to the research process (e.g., reviewing literature; conducting interviews). The researchers also met weekly for the final three months of the study to discuss reactions to readings, interviews, and the study design.

**Data Analysis**

The analysis was guided by the recommendations of Moustakas (1994) for analyzing phenomenological data but also followed the recommendation of Markle, West, and Rich (2011) to analyze the data in its original form, the audio recordings; because transcription of data into text may not fully capture the nuances of language and communication that occur during interviews, it is suggested that qualitative researchers analyze and re-analyze the data in its original form. Each researcher in this study analyzed three to four participant data sets independent of the other researchers before the final thematic cross-analysis by the entire team. We listened to the interview recordings to get a sense of the data as a whole. During this process we identified themes and recorded supporting quotations for comparison in the weekly meetings. This procedure was guided by the recommendation of Moustakas (1994) for the first step in data analysis.

Broad categories of meaning were classified into clusters (Moustakas, 1994). To accomplish this we listened to the significant statements again, transcribed specific meaningful quotations, and organized the quotations by similarity of meaning. Each cluster of similar quotations was given a label by the researcher analyzing the data. Our final step of analysis was to meet as a team, discuss our individual findings and clusters of meaning, and cross-analyze each participant's data to derive the final themes. Participants were sent a copy of the draft manuscript to check our findings (Morrow, 2005).

**RESULTS**

**Question 1: Understanding Historical Trauma**

Participants had clearly spent significant time pondering the assaults and insults that continue to impact their lives and those of their families and communities. The following three themes emerged for understanding HT: (a)
Healing Historical Trauma

Traumatic historical events. All participants cited traumatic events. P5 described “thousands of alien people” coming in and disrespecting the earth, “digging everything up, tearing the trees down, muddying the waters...and shooting everything...putting fences up.” P7 elaborated on the anger experienced in simply learning about the traumatic histories of the people: “Your mind, your body, and your spirit don’t know what to do with it. So you dwell on it. And to relieve that, you go to alcohol or some kind of addiction. As you do it, you destroy yourself and your whole being.” P8 discussed the impact of past traumas in terms of a “genetic memory component,” stating that “our genetics actually hold a part of that and it is passed on to successive generations . . . the main impact is on the family.”

The impact of boarding schools. All the participants discussed the impact of boarding schools, especially in terms of cultural loss. P7 spoke of the experience of Bureau of Indian Affairs (BIA) boarding schools as difficult and humiliating: “I remember they would have us stand on a little box, and we had this sign on us that they put around our neck. I guess it said ‘I’m a dumb Indian, because I can’t speak English’.” P2 summed it up with a familiar adage coined at the time when boarding schools were intended to civilize the Indian: “Kill the Indian and save the man. That’s what these boarding schools were made for.”

Internalization of oppression. P2 described interactions with teachers in school: “I always thought I was bad, lazy, even dirty.” P5 clearly made the connection between imposed value structures (Catholicism) in instilling fear as a reflection of internalized oppression later in life while watching a Catholic-based film titled The Exorcist.

I stood up and a ball of fear came out of my insides, my gut and just went through my whole body. Fear! And I got up and I was almost gonna start to run.... I said where did this come from? And the only place I figured where that came from ... from the stuff that the devil being put in me ... the fear of going to hell, sin, guilt, all those things. So I made a promise to myself that I would never do this to my children.

Question II: Current Impact of Historical Trauma

The following four themes emerged regarding the current impact of HT: (a) alcoholism and other substance abuse, including food; (b) loss of culture and language; (c) community discord as a symptom of historical trauma; and (d) technology and the younger generation.

Alcoholism and other substance abuse, including food. Many participants discussed the devastating effects of alcohol and other substances, including the impact of Western food sources, on themselves, their families, youth, and their communities. P7 described experience with the presence of alcoholism from childhood: “That’s all I remember in my younger youth, nothing but violence, sexual abuse, all those things that go with alcoholism.” P10 discussed drug use among the younger generations, “They’re not only
drinking, they’re doing drugs, and out here they’re even making those things. It’s everywhere.” P10 shared concerns for the younger generations: “They’re fat because they don’t use up their energy by running around. They’re just sitting there eating something and drinking pop . . . . When the kids start liking the White man’s food you’re gonna get the White man’s diseases. And that’s really true.” P4 remembered hearing from older generations about their health and diet habits: “Everything they ate was natural, there was no chemical in there, and they got a lot of exercise and they prayed for it and they gave thanks for it.”

**Loss of culture and language.** The loss of culture due to forced assimilation troubled many of the participants. P2 said, “Our language now is a dying breed. Once our language dies, we die.” P9 said that

[With respect to the government’s attempts to] Christianize and civilize and assimilate our people, we lost a lot. There’s some generations where some of our people weren’t able to learn the language, weren’t able to learn a lot of things about who we were, our traditional ways . . . . That’s where we lost many of our values and cultural ways . . . pretty much forced into the assimilation.

**Community discord as a symptom of HT.** A number of the participants discussed violence and fighting among individuals in the community as a result of HT. P10 said, “People are not as happy as they used to be because of all the things that are going on, like fighting over water, people wanting this, and some people don’t want this, some people want this. I don’t know. It’s just awful how we live today.” P3 discussed tribal government as an institution that perpetuates the discord derived from HT: “I think that’s the power of some negativity also, and within our tribe, and I understand it’s within other tribes as well; it’s the political atmosphere, you know.” P2 added, “People used to have to get along to survive, but now everyone is jealous of everyone else, because some have things and some don’t.”

**Technology and the younger generation.** Many of the participants spoke of technology as having a negative impact on the younger generations. P6 discussed the current manifestation of HT in Native American youth and their use of social media, “What you see today is what they call bullying, cyber bullying . . . then that turns around into being violent because it may cause somebody’s suicide.” P10 shared frustration with technology’s impact on young Native Americans

The old ways are being lost . . . so even if you tell a young person how we lived, they’re not gonna want to live like that, cause everything is easy. All these things, new technology, they just taking over everybody’s life. All they want to do is always sit down to the TV.

**Question III: Recommendations for Healing**

Four themes emerged regarding participant recommendations for healing HT: (a) focus on the positive; (b) awareness and education; (c) return to cultural and spiritual ways of life, and (d) language learning.
Focus on the positive. P7 discussed a message he received from a medicine man: "All the things you learned before you came here [were] all negative. Now you have to learn the right way. You gotta learn how to love life. Not fear life." P9 stated that when he learned, through a community survey, that 30% of 25-year-olds in his community were abusing alcohol he thought, "Well, geez that's high. But wait a minute there's 70% that are not . . . it made us realize we're focusing on the problem here and sometimes it makes you feel worse, of course." This may be particularly impactful in relation to HT because the negative public narratives may be perpetuating it among Native Americans.

Awareness and education. P9 encouraged dialogue to help Native Americans become aware of the origins of difficulty, "Well, Paulo Freire's methodology is dialogue. And that's part of the therapeutic process too, it's about dialogue. We make it real by talking about it." P9 further contended, "It's about awareness and education. We can't change what we don't know." P9 suggested that internalized oppression resulting from HT is healed by Native Americans learning about such concepts as internalized racism.

A return to cultural and spiritual ways of life. P8 said,

Reconnection to the creator, to our traditions, to our spiritual way . . . we start with building a strong sense of spirit, a strong sense of spirituality . . . In ceremony that is exactly what happens, right? We are bringing spiritual help in, but we're also tapping into the spiritual foundations of the person requesting help.

P8 added that "We have thousands of years of generational experience on how to be healthy. Once we can tap into that . . . life becomes a whole lot easier."

Language learning. P2 described a concern over the loss of traditional native language: "Through our language we learn our customs, all of our social events . . . what we used to do a long time ago, what we ate, where we went." P1 suggested that learning the language should be a top priority of the tribe in an effort to "bring the languages back, to keep them strong."

P7 discussed language learning in terms of healing: "Relearning [language]. That's what more or less healed me. Seeing a different part of myself. I'm not this real bad labeled person from the dominant society. You know, I'm not out to hurt anybody. I want to get along."

DISCUSSION

The goal of this study was to further understanding of HT with a Native American sample. The study also sought qualitative data from elder Native American participants to help therapists and counselors working with Native American clients. Current conceptualizations of historical trauma are primarily derived from those coming from a privileged point of view (e.g., academicians, researchers, mental health practitioners); they have rarely drawn upon the expertise of individuals who may not have access to current literature on HT (see Brave Heart & DeBruyn, 1998; Duran, 2006; Whitbeck et al., 2004). Thus an additional purpose of this study was to promote a culturally-derived
understanding of HT. The research questions were structured to account for nonlinearity in Indigenous epistemology—namely, that the past, present and future are interconnected in a way that affects current understanding (McCabe, 2007) of, in this case, historical trauma.

Their responses suggest that participants have an intimate understanding of HT. All of them connected historical traumatic occurrences with current community and individual difficulties and the intergenerational transmission of the traumatic sequelae, which is consistent with the findings of Hartmann and Gone (2014). For instance, many of the participants cited the BIA policy of boarding schools and the significant negative impact it had on the children who attended them. Participants discussed a pattern of cultural and spiritual degradation and forced assimilation to Western ideals of consumerism and Christianity. These results are echoed in the literature (Robbins et al., 2006; Whitbeck et al., 2004), which suggests that the boarding schools have been a significant source of cultural imposition.

As one participant noted, the boarding school philosophy was “Kill the Indian and save the man”—a message that instilled and perpetuated internalized oppression (i.e., the degrading messages that one receives from oppressive colonizers become part of one’s understanding of one’s own identity; Rosado, 2007). Internalized oppression was a recurrent theme in many participant stories; it is one area where Hartmann and Gone (2014) have suggested psychological intervention. Their research suggests that counselors ought to intervene at a systemic level to promote sociocultural change. An example provided by one of this study’s participants is that media can change the public discourse about Native Americans from a deficit model (e.g., alcoholism) to a strengths model (e.g., resilience). However, it is still important to acknowledge the current ramifications of HT for American Indian communities.

Participant discussions of the current effects of HT are consistent with factors identified by Martinez (2014), such as alcohol and drug abuse, disconnection with language and culture, anger problems, and depression. Interestingly, no study was discovered that addressed the connection of HT with technology, diet, and exercise—issues raised by participants in this study. The connection between HT and such current concerns is a likely avenue for future research.

Finally, participants shared their ideas of how to heal HT for current and future generations, which may serve as guidelines for mental health professionals.

**Implications for Practice**

The study participants suggested that focusing on the positive may be one way to help American Indians begin to heal from HT. One suggestion was for individuals to consider a resilience counter-narrative that promotes the strengths and positive qualities of American Indians. In this case counselors might intervene on a number of levels. On an individual level, counselors might guide the client in identifying personal strengths and how to use them with themselves and others. Counselors might also use such a counter-narrative to help families to identify and utilize their group strengths. At the structural level, counselors might
advocate for Native American rights and work to change the predominant social discourse from deficits to strengths. Strengths-based psychotherapy seeks to shift the focus of therapy from a deficit (e.g., disordered) model to a strengths model that can inform the interventions suggested (Smith, 2006).

As part of this, counselors might help clients to identify positive aspects of their spiritual and cultural traditions, since study participants identified a return to traditional practice as an avenue for healing historical trauma (Martinez, 2014). By returning to Indigenous traditions and ceremonies, clients might also re-engage with their native language, which participants identified as an important domain of healing. Since no studies were discovered that support this notion, this is also an avenue for future research. To facilitate the process of reengagement with traditional cultural practices, counselors need to be open to dialogue about spirituality. Both participants in the current study and the literature support an indigenous view of the person as a holistic being. Martinez (2014) suggested four directions of reparation when working with American Indian clients: spirituality, anger remediation, building personal strength, and cultural empowerment of healing.

Another avenue of intervention might be to help clients to deal with internalized oppression. Helping professionals can facilitate a client’s examination of thoughts, beliefs, values, and emotions and identify which are the result of have been socialized in a country that projects negative images of American Indians (Duran, 2006; Martinez, 2014; Rosado, 2007). This intervention is supported by current research findings that internalized oppression currently affects American Indians and that awareness and education help individuals to de-identify with negative cultural messages.

CONCLUSION

Elders are very important resources; we are honored that these took the time to talk to us and help mental health workers to understand what is important to Native and Indigenous people. Anyone wishing to work with Indigenous people and in Native communities ought to spend time consulting the local elders to determine the most effective avenues to help community residents reach wellness. It is apparent from this study that achieving wellness is intricately interwoven with the culture itself; any efforts to help must be initiated within the tribe. Historical trauma denotes loss on numerous levels. Thus, when addressing HT issues, the most salient information for healing can be found in the language of the people. The findings of this study may also be relevant to other marginalized/oppressed groups, particularly those who share similar histories or who may have been affected by HT. The process of allowing elder community members to generate definitions capturing their own experiences, provide recommendations for culturally appropriate interventions, and engage participants in the research process is socially just.

It is with great honor and respect that we report the findings of this research. Our utmost gratitude is given to all our participants, who are the experts on HT and how to heal it.
REFERENCES


