

Historical trauma: Politics of a conceptual framework

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Abstract

The concept of historical trauma (HT) is compelling: Colonialism has set forth cumulative cycles of adversity that promote morbidity and mortality at personal and collective levels, with especially strong mental health impacts. Yet as ongoing community-based as well as scholarly discussions attest, lingering questions continue to surround HT as a framework for understanding the relationships between colonialism and indigenous mental health. Through an overview of 30 recent peer-reviewed publications that aim to clarify, define, measure, and interpret how HT impacts American Indian and Alaska Native (AIAN) mental health, this paper examines how the conceptual framework of HT has circulated in ways shaped by interactions among three prominent research approaches: evidence-based, culturally relevant, and decolonizing. All define current approaches to AIAN mental health research, but each sets forth different conceptualizations of the connections between colonialism and psychological distress. The unfolding trajectory of research about HT reflects persistent tensions in how these frameworks interact, but also possibilities for better integrating them. These considerations aim to advance conversations about the politics of producing knowledge about AIAN mental health, and support ongoing calls for greater political pluralism in mental health research.

Keywords

American Indian, cultural competence, decolonization, evidence-based, historical trauma

By the 1990s the concept of historical trauma (HT) was circulating widely in American Indian and Alaska Native (AIAN) communities, as well as amongst health activist and service organizations throughout North America

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(e.g., Coyhis & Simonelli, 2008; Wesley-Esquimaux & Smolewski, 2004). HT initially appeared in peer-reviewed scholarship about AIAN mental health through widely cited works such as *Brave Heart* (1998), *Brave Heart and DeBruyn* (1998), and E. Duran and Duran (1995). With different points of emphasis, these works collectively defined a multigenerational historical trauma response in which AIAN individuals and communities experience unresolved grief over distant historical events of colonial violence; and emphasized how direct experiences of more recent policies, such as boarding schools and urban relocation programs, can also provoke psychological distress. Current practices like nonindigenous denials of the full scope of violence in North American colonial history, appropriations of indigenous spirituality, and economic and educational discrimination further fuel these historically informed experiences of loss. As such, needed interventions include providing both clinical (E. Duran & Duran, 1995) and community-based (*Brave Heart & DeBruyn*, 1998) opportunities to alleviate HT-related symptoms, as well as to prevent their development by cultivating positive alternatives to prevalent North American cultural narratives about indigenous histories and identities.

These seminal works about HT were primarily authored by AIAN scholars engaged in community-based work in social work, psychology, and public health. The puzzles and prospects of this new framework soon attracted a variety of researchers. In this paper, I assess key lines of inquiry in 30 peer-reviewed studies published from 2004 to 2012 that aim to clarify, define, measure, and interpret HT among AIANs, in order to promote more discussion about how cultural and historical conditions at the turn of the 21st century have shaped the trajectory of HT research in North America. I specifically describe how efforts to empirically substantiate HT among AIAN have proliferated most rapidly, but to date have not fully addressed essential questions about how interpretations of past and present relate in AIAN psychological experiences, about the scope and reasons for diversity in AIAN responses to colonial histories and legacies, or about how conventional concepts and measures can have limited capacities to account for indigenous experiences. These questions have lingered despite the fact that researchers have recurrently posed them since the early 2000s.

I suggest here that the persistence of these questions stems in part from the broader context of indigenous mental health research at the turn of the 21st century, which has featured complex interactions among three major approaches: evidence-based, culturally relevant, and decolonizing. Existing works helpfully assess ongoing tensions and possibilities in the interactions between evidence-based and culturally relevant approaches in research about indigenous mental health in North America (e.g., Gone, 2009; Kirmayer, 2012). Here I explicitly add decolonization as a third distinctive approach shaping the field. Examining research about a specific topic, HT, serves to illustrate some of the political dynamics that have accompanied interactions between and among these three approaches.

Circulation in context: Historical trauma at the turn of the 21st century

HT emerged during an era of shifting public perceptions of trauma. Fassin and Rechtman describe the global rise of a “new condition of victimhood, established by the concept of trauma” (2009, p. 5), and argue that trauma has indeed come to serve as “one of the dominant modes of representing our relationship with the past” (2009, p. 15). They specifically argue that in the past several decades, public perceptions of psychological distress in the aftermath of violent and disruptive experiences have shifted from skepticism to greater compassion, and often support calls for reparations. Fassin and Rechtman further note that these shifting perceptions are not explained by scientific progress in psychiatry and psychology so much as by social and political history (see also Herman, 1997). Similarly, Young (1995) offers a compelling cultural and political history of the emergence of posttraumatic stress disorder (PTSD) in the late-20th-century US in response to the experiences of Vietnam war veterans; while Hacking (1998) assesses the conditions of possibility that enabled the late-20th-century focus on repressed memories of severe abuse to figure prominently in a proliferation of activity, discussion, and debate surrounding multiple personality disorder as a response to trauma.

Such analyses do not aim to minimize experiences of posttraumatic suffering as if these were “merely constructed,” but rather, to highlight that suffering is always apprehended through historically situated, culturally shaped frames that provide incomplete renderings of complex lived experiences. In so doing, they specifically highlight needs for reflexive, critical examinations of how researchers in medicine and psychology comprehend these experiences. This approach informs my analysis here, which aims to document how researchers are developing a knowledge base about HT that features some persistent, essential questions.

Lingering questions about HT

The promotion of HT as a framework for understanding AIAN mental health is best characterized as a grassroots movement that includes significant leadership by mental health professionals. As a non-Native medical anthropologist conducting an intensive ethnographic study of sobriety on a Northern Plains reservation in the 1990s and 2000s, for example, I encountered numerous references and occasionally heated discussions among community members about intergenerational, multigenerational, and historical trauma, as well as locally derived efforts to heal from historical experiences through new commemoration practices (see Prussing, 2011). Some community members endorsed the framework of HT wholeheartedly, applying it to their personal and collective experiences. Yet others questioned its relevance, noting that their people had not suffered the extensive cultural losses experienced by other groups. Still others felt that current problems with substance abuse, community violence, and economic stress directly undermined mental

health, and had unclear connections to the community's collective historical experiences.

Mental health researchers raised similar questions soon after HT's debut in published scholarship. Waldram (2004) expressed limited enthusiasm for HT when critically assessing E. Duran and Duran's (1995) formulation as prone to an overgeneralized view of AIAN historical experiences, and as overemphasizing victimization in the range of AIAN responses to colonialism. Around the same time, Walters and colleagues raised comparable concerns but actively supported continued research about HT (e.g., Walters & Simoni, 2002; Walters, Simoni, & Evans-Campbell, 2002). From a decolonizing perspective, Walters, Simoni, and Evans-Campbell specifically defined an "indigenist" approach to health research as one that "incorporates the devastating impact of historical trauma and ongoing oppression of AIs [American Indians]. The model emphasizes cultural strengths, such as the family and community, spirituality and traditional healing practices, and group identity attitudes" (2002, p. S104). By calling for substantive attention to survival and cultural vitality in HT research, they explicitly moved to counter unduly pathologizing and/or overgeneralizing approaches. As I will describe below, however, these early discussions and developments have figured unevenly in the trajectory of research about HT, which instead reflects powerful pressures to move forward with empirically documenting the nature and prevalence of HT-related symptoms. I suggest here that these pressures stem in part from the political dynamics of interactions among overlapping but distinct approaches to mental health research by the turn of the 21st century.

The politics of evidence-based, culturally relevant, and decolonizing approaches

Evidence-based practice (EBP) approaches aim to empirically test the validity of causal theories and the effectiveness of interventions, and came to wield widespread influence in health research by the late 20th century. By proposing connections between AIAN historical experiences and contemporary social inequalities in mental health, the framework of HT generated empirically testable hypotheses in ways consonant with EBP. Yet as Kirmayer (2012) specifies, in practice EBP research often construes evidence in ways that overlook the social and cultural shaping of psychological experience, as well as key political-economic influences on what researchers categorize as valid evidence. This lack of critical self-reflection has worked to reproduce the underrepresentation of minority groups, and to inhibit serious engagements with alternate forms of knowledge, in much EBP-oriented research. While not uncontested, EBP's legitimacy is powerfully underwritten by the widespread cultural esteem accorded to empirical science in contemporary North America, and EBP approaches remain culturally authoritative and politically prominent in mental health research.

To date, one of the major responses to EBP's limitations has emerged in calls to improve the cultural relevance of mental health therapies (Substance Abuse

& Mental Health Services Administration, 2001). These efforts have been supported by rising interest in reducing health disparities, and many have coalesced under the rubric of “cultural competency.” Numerous critiques of these efforts have emerged within anthropology, cultural psychology, and related fields (Kirmayer, 2012; Willen & Carpenter-Song, 2013), however, highlighting tendencies toward overly simplistic and generalized connotations of ethnicity with culture and toward overemphasizing clinician’s roles in promoting psychological well-being (e.g., Wendt & Gone, 2012). I therefore use the more inclusive (and less contested) term “cultural relevance” here, to describe a fuller range of research concerned with culturally contextualizing psychological experiences.

In moving to define culturally specific sources of AIAN psychological distress, the concept of HT resonated clearly with culturally relevant approaches to mental health research. Yet by focusing exclusively on indigenous experiences and explicitly identifying colonialism in the etiology of trauma, HT also clearly connected with rising calls by the late 20th century to indigenize and decolonize academic research, transforming both the production of knowledge and the provision of services by explicitly centering them on Native experiences, priorities, and perspectives (e.g., Smith, 1999; see also Mutua & Swadener, 2004; Wilson, 2009).

Decolonizing approaches place indigenous concerns with exercising self-determination and protecting cultural distinctiveness at the center of research and practice. Such approaches clearly draw upon culturally relevant perspectives and can certainly be used in EBP approaches, but their explicit concerns with promoting indigenous empowerment and social justice produce distinctive goals and standards for conducting and evaluating health research. Here conventional research practices and measures require critical scrutiny for how they might, by intention or not, work to obscure or marginalize indigenous priorities and perspectives. In recognizing significant needs for new concepts and methods to better apprehend indigenous experiences, decolonizing approaches often privilege transformation and innovation.

Evidence-based, culturally relevant, and decolonizing approaches overlap considerably in practice, all providing key discursive tools that researchers studying indigenous mental health use to persuasively communicate the legitimacy of their questions, methods, and interpretations of findings. Researchers studying AIAN mental health frequently weave together elements of two or all three of these approaches. Yet the goals and perspectives of each approach are distinct enough to enable analysis of how they interact within particular lines of inquiry, such as research regarding HT.

Tracing knowledge production: Notes on methods

To examine how mental health researchers have developed and discussed the concept of HT, I specifically focused this review on studies that offer either empirical investigation and/or conceptual development of the framework of HT. I first conducted searches with the keywords “historical trauma,” “American Indian,”

and “Native American” in two major databases for psychological and psychiatric research, PsycINFO and PubMed (MEDLINE). These initial searches yielded 78 journal articles, book chapters, and dissertation abstracts.

I excluded works identified by these keywords that did not concern the framework of HT (e.g., bioarchaeological studies of prehistoric violence). I then also excluded works that were not peer-reviewed. While recognizing that these forms of scholarship represent only a small part of the ongoing conversations among researchers and other stakeholders about a given topic, publication and peer review offer one of the clearest means of documenting the circulation of knowledge claims among a community of scholars.

I next excluded studies that focus exclusively on disseminating the concept of HT, such as introducing HT to new audiences and/or advising specific professionals (e.g., in nursing, psychology, social work) about how to use HT to inform their therapeutic practices (e.g., Barlowe & Thompson, 2009; McLeigh, 2010; Nebelkopf & Wright, 2011; Storck, Beal, Bacon, & Olsen, 2009; Struthers & Lowe, 2003; Whitesell, Beals, Crow, Mitchell, & Novins, 2012). These works emphasize the same versions of HT articulated in the seminal works discussed above. I also placed studies that describe interventions for HT, rather than evaluating or discussing the reasons or process of developing them, in this category (e.g., Brave Heart, Elkins, Tafoya, Bird, & Salvador, 2012).

For the remaining studies, I examined their works cited for additional possible sources that fit these review criteria. Finally, I used Google Scholar to identify works that cited the core group of studies identified through these four steps. This fifth and final step helped to track the circulation of HT forward as well as backward in time, as well as identifying additional sources not indexed in the original databases.

This iterative process yielded a grand total of 30 works, providing a fairly comprehensive overview of published scholarship that has worked to clarify, operationalize, and/or elaborate upon the ideas set forth in the seminal works about HT. These works clearly constitute an emergent field of inquiry: The earliest was published in 2004, and a full 40% (12 articles) have appeared within the past 2 years of this writing. The analysis presented here therefore provides a snapshot of an unfolding process.

I first conducted a basic content analysis of these 30 studies to chart out the key themes in their research questions, methods, and findings. Working back through this analysis, I then considered not only what their authors say but how, focusing on how authors work within broader cultural frames of reference that legitimate or authorize the claims that they construct (Briggs, 2005). I specifically examined how key priorities and concerns characteristic of EBP, culturally relevant, and decolonizing approaches figure throughout these studies. In this reading, efforts that emphasize concerns with providing empirical evidence for the existence and workings of HT are significantly shaped by an EBP approach. Detailed efforts to examine the social and cultural shaping of psychological experience reflect core concerns of cultural relevance. Efforts to develop concepts and measures that better

represent indigenous experiences of colonialism, and/or to explicitly promote indigenous self-definition and self-determination, signal a decolonizing approach.

Peer-reviewed scholarship: Clarifying, extending, and measuring HT

The overwhelming majority of the 30 peer-reviewed studies analyzed here either provide empirical evidence for HT, and/or discuss needs for more evidence, in ways that underscore the prominence of EBP-related concerns in this field to date. Study authors recurrently express concerns about meeting conventional scientific standards for what constitutes evidence. Examples include commentary about how their cross-sectional designs cannot fully capture causal relationship between HT and mental health outcomes, for instance, and/or noting that their findings are based on sociodemographically, geographically, or numerically limited samples (e.g., Myhra, 2011; Cedar Project Partnership et al., 2008; Walters, Beltrán, Huh, & Evans-Campbell, 2011; Whitbeck, Chen, Hoyt, & Adams, 2004). In my reading, concerns about meeting such standards figure most visibly in studies that work to document the prevalence of HT and/or to relate HT to specific mental health outcomes, and have also shaped emergent efforts to explain HT's sociodemographic variation. Close readings of these lines of inquiry highlight the strengths and limitations of EBP approaches in practice, and ongoing needs to develop insights posed through culturally relevant and decolonizing approaches.

Efforts to document HT: Prevalence and outcomes

Since HT positions colonialism itself as a cause of psychological distress, high prevalence rates of mental health problems among AIAN offer crucial support for its validity. While a number of quantitative and qualitative studies do provide evidence that experiences of HT are prevalent and connected with adverse mental health outcomes, they continue to confront major questions about exactly how and among whom HT produces psychological distress.

Whitbeck, Adams, Hoyt, and Chen (2004) developed one of the most widely used measures of HT to date. They produced two scales from focus groups with elders in two Midwestern AIAN communities, one assessing frequency of thoughts about perceived historical losses (the Historical Loss Scale, HLS) and one assessing associated symptoms (the Historical Loss and Associated Symptoms Scale, HLAS).¹ They then administered these scales to a sample of adults with children aged 10–12 in four upper Midwest and southern Canadian AIAN communities. Results showed a high prevalence of thoughts about historical losses, but provided less evidence for direct connections between perceived losses and adverse emotional responses. Subsequent studies using the HLS and HLAS document variable but often higher mean scores in their samples compared to this original study (e.g., see Goodkind, LaNoue, Lee and Freeland, & Freund 2012; Rink et al., 2012; Wiechelt, Gryczynski, Johnson, & Caldwell, 2012).

Empirical evidence suggesting that HT is prevalent has also been provided by other quantitative measures. Balsam, Huang, Fieland, Simoni, and Walters (2004) developed a Historical Trauma Scale, composed of 13 adverse historical experiences. They asked approximately 200 AIANs in the New York City area to provide yes/no responses about whether they themselves or members of four previous generations within their families had experienced each, and specifically examined variations by sexual orientation. Findings indicate that HT experiences are not only prevalent in general, but also significantly higher among LGBT/two-spirit as compared with heterosexual AIANs.

Qualitative studies have provided further evidence for the prevalence and impact of HT among AIANs. Cross, Day, and Byers (2010) interviewed 31 AI grandparents in Michigan about why they had taken custody of their grandchildren. Grandparents explicitly referenced boarding schools in their explanations, noting how they wanted to protect their grandchildren from the separation, loss, and mistreatment that they or other family/community members had endured. Dodgson and Struthers (2005) conducted interviews with 57 Ojibwe, Cree, Winnebago, and Lakota women from urban and rural areas of the northern Midwest and south central Canada. Participants gave direct, unsolicited references linking an even wider range of historical events to current well-being in their families and communities, connecting forced lifestyle change to illness (historical experiences of smallpox were emblematic here, as well as more recent connections between dietary change, diabetes, and cancer), and linking forced cultural destruction to disruptions in traditional parenting and health promotion practices. Goodkind and colleagues were invited by a Diné (Navajo) community to examine causes of community distress (Goodkind, Hess, Gorman, & Parker, 2012), and conducted over 70 interviews about historical trauma with a sociodemographically diverse sample. Study participants connected troubling current problems in their community to the disruption of intergenerational transmission of cultural knowledge and practices.

Key studies have also connected HT to specific mental health outcomes. Studies using the HLS and HLAS scales positively correlate these scores with depression (Walls & Whitbeck, 2011, 2012; Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009), and substance abuse (Walls & Whitbeck, 2012; Whitbeck, Chen, et al., 2004; Wiechelt et al., 2012). Using their own Historical Trauma Scale (described above), Balsam et al. (2004) affirm links between HT and these mental health outcomes, as well as PTSD. In a cross-sectional study of HT among Aboriginal youth in two urban centers in British Columbia, Pearce et al. (2008) measured HT through two factors (having a parent who attended a residential school and/or experiencing removal from their biological parents), with findings that further support HT's connections to both substance abuse and suicide.²

This group of studies provides a growing body of empirical evidence that HT experiences are prevalent and bear some connection to adverse mental health outcomes among AIANs. The improvement of measures remains an important

priority in the field. Brave Heart, Chase, Elkins, and Altschul (2011), for example, describe the development of an Indigenous Peoples of the Americas Survey that will incorporate more measures of depression and PTSD, as well as more information about personal experiences of historical losses, in order to extend the scope of the popular HLS and HLAS measures.

Yet researchers studying HT continue to emphasize the difficulties of interpreting findings from such measures, with many noting that clearer conceptualizations of HT are needed. As Walters et al. (2011) especially note, the broad scope of HT has led it to figure in a confusing array of roles in mental health research, including as a cause, an outcome, and a mediator of relationships between other causes and outcomes. To date, few evidence-focused studies of HT have documented exactly how symptoms may develop in response to HT experiences.

Connecting past and present

A number of studies have worked to clarify how past and present connect in experiences of HT by more clearly conceptualizing the intergenerational mechanisms involved in its transmission (e.g., Campbell & Evans-Campbell, 2011; Myhra, 2011; Palacios & Portillo, 2009; Sotero, 2006). Many take cues from the well-established body of evidence from children of Holocaust survivors and Japanese survivors of U.S. internment camps during World War II, which documents how a traumatized parent may interact with children in ways that impact on their psychological and social functioning (Czyewski, 2011; Evans-Campbell, 2008; Palacios & Portillo, 2009), enhancing children's susceptibility or vulnerability to subsequent stressors (Evans-Campbell, 2008). As Sotero (2006) summarizes, plausible causal pathways here include the psychological impact of disrupted parenting, social dynamics of learned behavior, and biological consequences of maternal stress, depression, and malnutrition during pregnancy.

A few of these studies provide empirical evidence. Walls and Whitbeck, for example, use a variety of measures (including the HLS and HLAS) to demonstrate links between experiences of relocation and adverse mental health outcomes across generations. As they conclude, "erosion of intergenerational influences" (2012, p. 1289) resulted when segments of AIAN families moved to urban areas, limiting the teachings available from grandparents; individuals with these family histories then demonstrated more depressive symptoms and substance abuse, along with difficulties being parents themselves. Connecting a specific HT experience to intergenerational cycles of mental health outcomes offers a plausible characterization of a causal relationship. Walters, Mohammed, et al. (2011) elaborate that there are multiple potential causal pathways between HT and mental health outcomes, describing evidence that family disruption may be linked with depression while harm to bodies or sacred places may produce more symptoms of anxiety.

These intriguing findings warrant additional empirical study. Yet key questions continue to surround exactly how to conceptualize the connections between past

and present adversity in AIAN experiences. HT researchers frequently note that it is especially challenging to document how an accumulation of events from the distant past to the present produces adverse mental health outcomes (e.g., Campbell & Evans-Campbell, 2011; Goodkind, Hess, et al., 2012; Whitbeck, Adams, et al., 2004). Fuller conceptualizations of these connections have emerged through decolonizing approaches.

From an explicitly indigenist perspective, for example, Evans-Campbell and Walters theorize connections between past and present adversity in AIAN experiences by defining a “colonial trauma response” (2006, p. 275) that highlights how current experiences of microaggression can spark thoughts about historical losses and associated emotions. Chae and Walters define microaggression as “everyday encounters of discriminations based on race, including verbal, behavioral and environmental encounters that implicitly or explicitly invalidate, diminish, or assault racial heritage, identity, culture or experiences” (2009, p. S146). Evans-Campbell provides examples including “authenticity tests (e.g., a non-AIAN asking whether an AIAN person is a ‘real’ Indian), romanticized stereotypes of AIAN people and customs, presentations of AIAN people as if they were extinct, and the appropriation of indigenous ceremonies and sacred objects” (2008, p. 332). Walters, Beltrán, Huh, et al. (2011) support this line of inquiry with anecdotal evidence, describing how an AIAN activist involved in protests against National Park Service practices of culling buffalo herds explicitly related her contemporary experience to striking family stories of a massacre by the U.S. Army in 1855, in which some members of previous generations died to save others.

These important efforts to theorize how past and present are connected in HT reflect the growth and rising credibility of studies connecting discrimination and health over the past two decades (e.g., Krieger, 2011), as well as findings that ongoing adversity can intensify the impact of previous traumatic experiences (e.g., McNally, 2005; Pearlin, Schieman, Fazio, & Meersman, 2005). To date, however, these lines of inquiry have not yet been fully developed within empirical studies about HT. In their study of 401 AI families in the upper Midwest US and southern Canada, for example, Whitbeck, Chen, et al. (2004) found that HLS scores were a stronger predictor of alcohol abuse than discrimination. As they also conclude, additional empirical studies using more diverse samples and fuller measures of discrimination are needed to better assess the connections between discrimination and HT.

Studies of discrimination also confront broader questions about how perceptions and interpretations can shape the translation of experiences into health consequences. Assessing HT’s impact is complicated by the ways in which thoughts about loss can involve multiple meanings and health consequences. Brave Heart’s (1998) early distinction between experiencing historical trauma and developing the historical trauma response highlighted how interpretations of experience matter, for example, as does the HLS’ focus on frequency of thoughts as opposed to the HLAS’ separate assessment of associated symptoms. In introducing these measures,

Whitbeck, Adams, et al. suggested that a segment of “high impact” (2004, p. 128) individuals may be most susceptible to HT’s adverse psychological effects. To date, however, few evidence-focused studies of HT have fully addressed how or why the development of HT symptoms may vary, both within and across AIAN populations. More well-developed responses to these questions have emerged through studies oriented by concerns with cultural relevance and/or decolonization.

Comprehending diversity and resilience

Despite early and recurrent calls by researchers to further examine how pathological outcomes are not universal responses to HT among AIANs, studies providing evidence of sociodemographic variations in experiences of HT remain limited. Identification with Native heritage, gender, and sexuality figure prominently in these few and intriguing efforts to date (e.g., Balsam et al., 2004; Whitbeck, Chen, et al., 2004). Key recent reviews underscore ongoing needs for further work on this topic (e.g., Wiechelt & Gryczynski, 2011); and Brave Heart et al. (2011) highlight how one feature of their new measure of HT is that it will enable further exploration of community diversity in experiences of HT.

To date, a study by Jervis et al. (2006) stands out for adopting a largely EBP-oriented approach while also directly considering both individual and community variation in interpretations of shared historical experiences. In concert with several other studies, it demonstrates how EBP approaches can constructively connect with culturally relevant and decolonizing approaches to answer key questions about how and why HT-related symptoms vary among AIANs.

Jervis et al. (2006) specifically measured the frequency of individuals’ thoughts of historical loss, as well as their perceptions of community impacts of historical experiences and cultural losses, in a large sample of adults from two geographically and culturally distinct AIAN communities. They also assessed self-reported degrees of cultural identification, educational levels, and other sociodemographic variables. Their multivariate analyses document considerable prevalence of thoughts about adverse historical events—especially among those who identified personally with an ancestor who experienced them—and show intriguing links between these outcomes and community location (Northern Plains or Southwest), degrees of cultural identification, educational experiences, and age.

Jervis et al. (2006) conclude that “historical consciousness” varies both within and between AIAN communities³ in ways that need to be more fully understood before clear links can be drawn between historical trauma and adverse psychological outcomes. In their qualitative study of HT in a Dine community, Goodkind, Hess, et al. have recently elaborated:

This study revealed deep but selective historical consciousness among many elders but limited historical narratives among most parents and youth. Thus, it is important to recognize that forgetting is also a part of collective social memory. . . . In the case of

the Long Walk, there might be specific Diné cultural practices at work, such as those that caution against talking about traumatic past events, and there are larger social forces in the United States that refuse to acknowledge genocidal practices of the government toward American Indians. (2012, p. 1032)

Like Jervis et al. (2006), these findings connect EBP-oriented priorities of providing evidence about HT with core concerns within culturally relevant and decolonizing approaches, which emphasize close attention to how cultural processes and political conditions impact perceptions and interpretations of experience. Additional works develop these lines of inquiry further, but remain few in number and varied in scope.

In describing culturally specific sources of trauma among AIANs, some studies of HT have continued to focus on experiences that are widespread among AIANs. Walters, Beltrán, Huh, et al. (2011) offer a conceptual framework for considering how land loss, a universal experience among Native North Americans, can produce HT due to the cultural significance of ancestral burial sites, other sacred sites, and geographically localized sources of medicinal and food plants. The authors further connect this historical legacy to ongoing encroachments of industrial production and waste disposal into remaining AIAN lands. Such works underscore how culturally informed worldviews have shaped the psychological impact of colonial dispossession.

Other studies of HT emphasize localized variations in cultural context. Morgan and Freeman (2009), for example, situate a portrait of HT specifically within the 19th- and 20th-century experiences of Alaska Natives. An even smaller number of authors have linked localized cultural worlds of meaning to varied experiences of HT. Denham (2008), for example, offers an exceptionally rich description of local contexts for understanding and communicating about historical experience that explicitly highlights distinctions between positive cultural processes of historical memory and traumatic reactions.

In an intensive ethnographic study of multiple generations within one Coeur d'Alene family, Denham describes that while telling numerous stories of intensely traumatic events suffered within the family's history from the 19th century to the present, family members did not display symptoms of psychological distress but instead incorporated these events into a framework for interpreting experience and achieving current social goals. From naming children after selected ancestors, to "filling a circle" through specific narrative practices that enable adverse experiences to function in teaching others, the family has clearly experienced historical trauma but not associated symptoms. While noting that this family is not typical, Denham emphasizes how researchers' attention to HT should "consider the potential for alternative and potentially resilient expressions" (2008, p. 411). Such work offers one of the clearest responses to date to the calls to focus on resilience articulated by Walters and colleagues since the early 2000s (Balsam et al., 2004; Walters, Mohammed, et al., 2011; Walters & Simoni, 2002; Walters, Simoni, & Evans-Campbell, 2002).

In examining the cultural specificity of talk, Denham (2008) also highlights needs to distinguish between trauma-induced disruptions to communication and culturally appropriate communication styles, which may include indirect strategies and silence. Walters, Mohammed, et al. (2011) similarly note these complexities, which have implications for both understanding causal pathways for HT as well as appropriate interventions. As noted above, Goodkind, Hess, et al. (2012) found significant local cultural proscriptions against talking directly about negative past events in a Diné community, for example, since doing so can risk introducing disharmony.⁴

These efforts highlight how culturally relevant and decolonizing perspectives can foster detailed considerations of the locally specific ways in which AIANs may interpret, represent, and/or communicate about historical experiences. Decolonizing approaches have also informed a complementary line of inquiry, which also promotes attention to factors and forces beyond the individual, and which calls to better examine community-level variations in HT.

For example, Evans-Campbell and colleagues (Campbell & Evans-Campbell, 2011; Evans-Campbell, 2008; Walters, Mohammed, et al., 2011), along with Oetzel and Duran (2004), Sotero (2006), and Brave Heart et al. (2011), explicitly call for multilevel perspectives on HT. These works focus on community-level dimensions of HT such as cultural losses and disruptions of community ties; high rates of substance abuse, violence, and/or child abuse and neglect; losses of traditional supports for well-being such as rites of passage; high rates of health problems that diminish capacities for contributing to community; and breakdowns in trust and other foundations that support constructive social relationships (e.g., Dodgson & Struthers, 2005). Authors here often explain and support these frameworks with reference to the broader, emerging bodies of scholarship in psychology and public health; for example, Oetzel and Duran (2004), Sotero (2006), and Walters, Mohammed, et al. (2011) explicitly connect multilevel research to broader trends toward studying social and ecological determinants of health (i.e., “risks for the risk factors”; see also Wiechelt & Gryczynski, 2011).

Wiechelt and Gryczynski (2011) advance this line of inquiry by proposing a new schematic for HT, for example, that distinguishes types of events (mass trauma, structural violence, cultural destruction), generations directly impacted, and levels of ecological plus family plus individual impacts. In linking HT to intimate partner violence among AIAN, Oetzel and Duran (2004) describe how researchers can better conceptualize connections between five levels of factors (individual, interpersonal, institutional, community, and policy) that help to perpetuate or alleviate these problems. These factors can serve as conduits for transmitting the effects of HT, but also as potential resources for mitigating HT’s impact.

Whether by coincidence in researcher interests and/or through consonance with the critical and innovative priorities of decolonizing approaches, most of these studies explicitly articulate decolonizing priorities and perspectives as they call for multilevel approaches to HT. Yet as Evans-Campbell (2008) especially emphasizes, these multilevel connections have yet to receive detailed empirical study,

reflecting another way in which important theoretical and conceptual developments in HT research have not always been taken up by EBP-oriented approaches to date. Further studies of community-level factors hold the potential to connect works about localized cultural worlds of historical consciousness with efforts to clarify pathways and mechanisms involved in the production of HT-related symptoms, while also addressing long-standing questions about the scope and workings of factors that protect against the universal development of these symptoms among AIANs. Such work offers key opportunities to bridge concerns that have been highlighted within culturally relevant and decolonizing approaches to HT, and to address key questions that have not been fully engaged within EBP approaches.

Evaluating interventions

The significance but limitations of EBP approaches, and contributions of culturally relevant and especially decolonizing approaches, are perhaps most visible in researcher discussions of interventions for HT. Authors throughout the studies reviewed here frequently acknowledge and endorse ongoing cultural revitalization in AIAN communities as a therapeutic response to HT (e.g., Walls & Whitbeck, 2012; Weaver & Congress, 2010). Campbell and Evans-Campbell (2011) note examples like the revitalization of canoe journeys among Northwest Coast tribes, while Evans-Campbell (2008) lists additional examples of resurgence in local social and cultural practice, as well as local control of health and social services (see also Morgan & Freeman, 2009). Weaver and Congress (2010) provide numerous examples of grassroots commemoration practices, as well as activism to reconsecrate sacred sites disrupted by nonindigenous land use practices. Yet Oetzel and Duran (2004) note that evidence is lacking for the effectiveness of specific interventions for HT, as well as about what aspects of interventions might be generalizable across multiple AIAN communities.

Since cultural revitalization is a widespread, grassroots movement with multiple origins and variable features across AIAN communities, such interventions for HT do not fit conventional, researcher-driven modes of developing and testing mental health interventions. To date only a small number of studies have worked to evaluate interventions for HT in detail, with limited but intriguing findings.

Goodkind, LaNoue, et al. (2012) included HT as one element of an 6-month intervention with Diné parents, with the interesting finding that scores on HT measures increased over the course of the intervention before returning to baseline by 12 months. Gone (2009) conducted an ethnographic assessment of an Aboriginal healing center for residential school abuse in Canada, examining how staff and clients understood healing in that context. His concluding remarks emphasize how conventional psychological concepts and measures fail to capture the broad scope of Native healing, which extends beyond clinical parameters to include cultural revitalization and spiritual development as the foundations of living healthfully, with meaning and purpose. As such, Gone especially highlights the critical assessment of concepts and measures that is characteristic of

decolonizing approaches. Decolonizing agendas also figure prominently in other efforts to define interventions for HT. Building upon the conceptualization of a colonial trauma response (described above), articles by Czyzewski (2011) and Evans-Campbell (2008) advocate for greater recognition of how colonialism's material and symbolic practices result in a racialized social order that disenfranchises indigenous peoples. They note that the ongoing "public erasure" (Czyzewski, 2011, p. 4; see also Weaver & Congress, 2010) of these processes, past and present, figure as an important cause of contemporary AIAN mental health problems. Myhra (2011) makes a similar point in a small qualitative study with 13 AIAN clients of culturally relevant sobriety maintenance programs in Minneapolis, which focuses on intergenerational transmission of HT within families but ultimately also concludes that changes are needed in public education about U.S. colonial history in order to better address HT-related distress among AIANs.

Decolonization-oriented themes are also visible in other studies of HT that critically examine the cultural assumptions and political consequences of conventional psychotherapeutic interventions. Goodkind, Hess, et al. note that local cultural understandings of historical trauma and resources for supporting mental well-being are relevant in order to "articulate the sociopolitical foundations of suffering and potential multi-layered, social, non-Western approaches to healing" (2012, p. 1033). Czyzewski (2011) specifies the need to look beyond conventional egocentric views of the self that dominate Euro-American psychology and psychiatry in order to understand and improve indigenous well-being. Gone (2009) cautions that while locally controlled healing practices are central markers of decolonization, the fact that so many therapeutic interventions are drawn from or based upon Euro-American practices raises thorny questions about whether particular programs might be serving as tools of cultural assimilation rather than emancipation (see also Walls & Whitbeck, 2012).

While considering the political dimensions of interventions for HT, Gone's (2009) study offers some of the most explicit commentary to date about the politics of producing knowledge about HT. Czyzewski (2011) also responds to recurrent calls for attention to survival and resilience in HT research, specifying how the framework of HT is prone to misreadings that support racialized claims about the inherent pathologies of indigenous peoples, but suggesting that it can also be exercised strategically. Gone offers an even more detailed appraisal of HT's strategic value for promoting indigenous wellness by noting that when it was introduced, its "intended effect was to neutralize the paralysis experienced by community members by attributing individual distress to shared historical oppression rather than personal failure" (2009, p. 758). In my reading, this point underscores how HT was initially formulated through processes and for reasons that did not include fulfilling conventional criteria for mental health research. In practice, however, the push to provide evidence has dominated the field, and these efforts have relied predominantly on the formulations of HT that were first published rather than attending closely to the discussions and elaborations that followed.

A richer trajectory of HT research could involve critical and detailed reworking of prominent research practices and standards. In the same paper, Gone specifically identifies the conceptualization and measurement of outcomes as a site for better incorporating indigenous priorities and perspectives into mental health research. For instance, rather than discrete measures of recognized symptoms and disorders, social and cultural markers of well-being could be used: “the very preservation and practice of cultural and spiritual traditions might come to be venerated as valid therapeutic outcomes in their own right” (2009, p. 760). Advocating for such redefinitions of conventional mental health outcomes strategically recognizes the political power of empirical evidence in current mental health research, while also expanding the conceptualization of evidence in ways that recognize the importance of cultural contexts and promote indigenous self-determination. This line of inquiry offers a productive example of how decolonizing priorities can be integrated into EBP approaches.

Historical trauma and the politics of mental health research: Future directions

For nearly two decades now, the concept of historical trauma has attracted a range of researchers whose work weaves together elements from evidence-based, culturally relevant, and decolonizing approaches to studying mental health. The studies of HT in North America reviewed here offer intriguing empirical evidence that concerns about historical losses may be prevalent among some American Indian and Alaska Native peoples, and are linked with adverse mental health outcomes. These findings support the basic tenets of the conceptual framework of HT as it was originally proposed. However, as I have suggested here, closer reading of key themes and approaches within HT research also documents how a number of important theoretical and conceptual developments have yet to be fully incorporated into empirical research about HT. Vital questions have lingered about individual sociodemographic variations as well as community-level variations in how HT is being experienced and addressed. As a result, important ambiguities continue to surround key questions about the prevalence of HT among AIANs, the scope of risk and protective factors involved in HT, and whether and how past events inform current traumatic experiences, as well as about how to understand and evaluate the effectiveness of specific interventions.

In my reading, the relative proliferation of studies that work to chart potential pathways connecting HT to mental health outcomes, as well as the prominence of measures of HT based on its initial formulation rather than subsequent elaborations by additional researchers, reflect strong pressures to take up evidence-based approaches among researchers working in new lines of mental health research. EBP approaches offer essential benefits to the study of a new concept such as HT, including the key tasks of establishing its credibility and also, supporting social justice in mental health through protection from spurious theories and ineffectual interventions. Yet these strengths are accompanied by important

limitations that have helped to support the persistence of major questions about how HT is being experienced and addressed, both within and across different AIAN communities. Studies informed by culturally relevant and decolonizing approaches have offered essential insights for further HT research, such as better understanding the health impacts of discrimination as a historically informed experience, more fully examining community-level and other sociopolitical determinants of health, and more clearly investigating how sociocultural contexts shape the connection of past and present through memory, interpretation, and communication about personal and collective experiences of disruptive events. Such works also call for better recognizing localized cultural variations in these sociocultural processes, and for rethinking conventional measures of mental health outcomes to include cultural revitalization and self-determination as essential features of indigenous well-being.

Considering what questions to date have been more fully asked in HT research, and how, highlights wider-ranging questions about the politics of mental health research at the turn of the 21st century. As Kirmayer (2012) discusses, in practice EBP-oriented approaches do not tend to engage in critical self-reflection about such matters. Perhaps due to its prominence in orienting HT research to date, published scholarship about HT features recurrent concerns about meeting conventional standards of empirical evidence, but includes relatively little explicit discussion of the limitations of EBP approaches or the needs to better incorporate insights from alternative approaches.

Jervis et al. (2006), for example, specifically note that to best understand complex social phenomena like historical consciousness requires multiple research methods. They comment that ethnographic and ethnohistorical studies could provide richer information about historical consciousness as a dimension of the daily lives and perceptions of AIAN community members, as well as about the influences that shape individual knowledge and awareness of tribal histories. Similarly, Walters, Mohammed, et al. (2011) emphasize how, given the complexities of understanding the multifaceted connections set forth by HT, researchers need to integrate findings derived not only from quantitative but also qualitative and archival research. Yet neither of these works offers concrete examples of how to resolve the questions that will inevitably arise in such work (e.g., if archival sources depict different experiences than the stories of those events that circulate in the present community). Also, neither directly addresses how, largely by virtue of their methods, qualitative and ethnographic studies may not be viewed as fully legitimate in the evidence-based research world. A number of other works specifically describe the difficulties of, for example, placing localized ethnographic findings on the same footing as large-scale quantitative data (Kirmayer, 2012; Manson, 1997); reconciling pressures to develop universal and standardized measures with needs to incorporate local worlds of meaning (Csordas, Storck, & Strauss, 2008); and considering how indigenous experiences and forms of knowledge can shed critical light on prominent research trends (Kirmayer, 2012). Within HT research, Whitbeck, Chen, et al. have specifically noted that “culturally specific research” (2004,

p. 417) can face special challenges, including community access, language differences, and needs for specific measures that can raise its costs.

As Kirmayer concludes, “While seeking to ground practice in good evidence, we need to recognize different types of knowledge that address broader questions of efficacy and outcome” (2012, p. 254). What is needed is “political pluralism” (2012, p. 255), to better enable the circulation of diverse perspectives on what constitutes mental health and how to best comprehend and support well-being. HT research illustrates needs for further conversations about the political prominence of evidence-based approaches in mental health research, and associated assumptions about the nature of science and meaning of evidence, that will facilitate fuller inclusion of insights developed through culturally relevant and decolonizing approaches.

Evidence-based, culturally relevant, and decolonizing research approaches all offer valid and relevant insights for understanding AIAN mental health, and examples provided throughout this analysis illustrate how they can complement and enrich one another in studies of HT. Efforts to better integrate them will confront complex questions about needs for wider-ranging changes in research training and mentoring, improving support for methodological innovations, transforming current research funding and evaluation practices, and perhaps most fundamentally about how the goals of conducting good science and promoting social justice can fit together. But fuller conversations among researchers about whether, how, and why particular lines of inquiry that should feature political pluralism actually do so, offer a promising starting point for these wider-ranging discussions.

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Notes

1. The HLS includes 12 items measuring frequency of thoughts about selected historical experiences (e.g., boarding schools, land loss, language loss), while the HLAS assesses the frequency of selected emotional and behavioral reactions (e.g., sadness, mistrust, avoidance).
2. Cedar Project Partnership et al. (2008) conducted this study as part of an ongoing prospective cohort study of mental and sexual health outcomes among Aboriginal youth. They examine additional health risks such as engaging in survival sex, a clear risk factor for HIV and other sexually transmitted infections (see also Sotero, 2006). Studies focused on HIV/AIDS constitute an important body of work in HT research (e.g., B. Duran & Walters, 2004; Walters, Beltrán, Evans-Campbell, & Simoni, 2011). These works apply the concepts

articulated in the studies reviewed here into HIV/AIDS research. Other recent studies have examined how the psychological dimensions of HT may relate to additional sexual and reproductive health concerns. In a study of men's decisions about contraceptive use on the Fort Peck Reservation, Rink et al. (2012) used the HLS and HLAS scales plus a qualitative question: "When thinking about these feelings, do you think they influence decisions you make in your life about sex?" Study findings did not demonstrate clear links between HLS measures and decisions to use contraception, but found that higher scores on the HLAS were positively linked to men placing greater value on using contraception in their sexual lives. The authors conclude that complex emotional processes may be at work in these decisions that warrant further research.

3. A study by Simmons, Novins, and Allen (2004) that I do not review here given its focus on dissemination and description of HT, offers further evidence of geographic variations in community awareness of and/or interest in HT. It includes a table of different definitions of "serious emotional disturbance," produced by seven AIAN communities involved in a mental health intervention study. Two of these communities, both from the Northern Plains, explicitly used the terms "historical trauma" and "historical wounding" (2004, p. 63) in their definitions, while the others did not.
4. They document a variety of local perspectives on this belief, however: Some community members expressed how the needs to talk about traumatic historical events and connect them to current problems simply outweigh these risks, and focused instead on providing appropriate situations and supports for discussing such matters.

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