

# **“IT RUNS IN THE FAMILY”: INTERGENERATIONAL TRANSMISSION OF HISTORICAL TRAUMA AMONG URBAN AMERICAN INDIANS AND ALASKA NATIVES IN CULTURALLY SPECIFIC SOBRIETY MAINTENANCE PROGRAMS**

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*Abstract: The aim of this exploratory study, which was informed by ethnographic principles, was to better understand the intergenerational transmission of historical trauma among urban American Indians/Alaska Natives (AI/ANs) in culturally specific sobriety maintenance programs. The results of the study were organized into 3 overarching categories, which included 10 themes that emerged contextually in relation to participants' lived experience of historical and associated traumas, substance abuse, and current involvement in a culturally specific sobriety maintenance program.*

This exploratory study was conducted to understand the relationship between the intergenerational transmission of historical trauma and sobriety maintenance among urban American Indians and Alaska Natives (AI/ANs), in order to inform substance abuse and sobriety maintenance programs. According to data collected over the past decade, AI/ANs are in greater need of treatment for substance use disorders than are members of other racial/ethnic groups (National Survey on Drug Use and Health [NSDUH], 2010). Between 2002 and 2005, AI/ANs over the age of 12 were more likely than members of other racial/ethnic groups to report an alcohol (10.7 vs. 7.6%) or illicit drug (5% vs. 2.9%) use disorder in the past year (NSDUH, 2007). According to data collected between 2004 and 2008, although the use of alcohol over the course of a month was lower among AI/ANs than other racial/ethnic groups, the rate of binge drinking among AI/ANs between the ages of 26 and 49 was higher than the national average (NSDUH, 2010). Likewise, illicit drug use among AI/ANs age 18 to 25 was higher than the national average (NSDUH, 2010).

Substance abuse has been linked to lower health status among AI/ANs when compared with other Americans (Indian Health Services [IHS], 2009a), and has also been linked to health disparities (Walters, Simoni, & Evans-Campbell, 2002). AI/ANs have a unique relationship with the Federal government due to historic conflicts and subsequent treaties; thus, members of Federally recognized

tribes receive health services provided by the Federal government (Centers for Disease Control and Prevention [CDC], 2010). IHS was established to serve the health needs of AI/ANs who reside on Federally recognized tribal reservations; however, according to the 2000 U.S. Census, 60% of the 4 million AI/ANs in the U.S. reside in urban communities (CDC, 2010; IHS, 2009b). For a variety of reasons related to lack of access, socioeconomic factors, and distrust, AI/ANs in both rural and urban areas have poorer health status than other Americans (CDC, 2010; IHS 2009a, NSDUH, 2010).

The Federal government and states have the unified goal of reducing health disparities and reforming health care; thus, because of the relationship that exists between health and substance abuse, it is important to understand substance abuse and treatment needs among AI/ANs (NSDUH, 2010). Of all AI/ANs admitted to treatment in 2000, those who entered treatment in urban settings were almost three times more likely to report daily use of alcohol as compared to those in rural settings (Drug and Alcohol Services Information System [DASIS], 2003). Urban AI/ANs are seeking treatment at higher rates than in the past, perhaps due to easier access to and availability of culturally specific treatment programs. However, many culturally specific treatment approaches lack funding to conduct evaluation research, and information dissemination regarding their effectiveness continues to be a problem (Beauvais, 1998; Duran & Duran, 1995; Legaspi & Orr, 2007; Novins et al., 2011). Furthermore, debate continues over the cultural appropriateness and adaption of evidence-based treatment programs with AI/ANs (Novins et al., 2011).

Substance abuse has been linked to historical trauma in AI/AN families, but the relationship between them is not fully understood (Brave Heart, 2003; Morgan & Freeman, 2009; Walters et al., 2002), and causality has not been established. Historical trauma is commonly defined as the collective emotional and psychological injury over an individual's lifetime and across generations (Brave Heart, 2003). Culturally specific risk and resiliency factors pertaining to alcohol and substance misuse need further evaluation (Whitbeck, Chen, Hoyt, & Adams, 2004). Most salient to this study, researchers have recommended assessment of historical trauma response and its relationship to substance abuse, and the transfer of maladaptive and/or resilient patterns to the next generations (Brave Heart, 2003; Morgan & Freeman, 2009). Historical trauma response is a cluster of symptoms or behaviors, such as "depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions" (Brave Heart, 2003, p. 7).

The following research questions guided this study:

1. What is the relationship between substance abuse and historical trauma?
2. How is historical trauma transmitted to descendants?
3. What can we learn about historical trauma to inform substance abuse treatment programs and sobriety maintenance programs?

## Historical Trauma

The complete meaning of historical trauma continues to unfold. Despite the fact that most, if not all, AI/AN communities have been touched to some extent by historical trauma, the degree to which individuals suffer from it, and the number of those affected, is unknown. The types of trauma events suffered vary across AI/AN communities and time. The ethnic genocide and forced assimilation endured by AI/ANs date back to early interactions with the first settlers. Government-run boarding schools were put in place in the 1800s to assimilate AI/AN children by removing them from their families and forbidding them to speak their native tongue or practice their traditional ways (Weaver, 1998). AI/ANs were unable to legally practice traditional religion until 1978 (Deloria, 1988; Weaver, 1998). These restrictions disrupted cultural transmission patterns and resulted in cultural loss for subsequent generations, ultimately creating vulnerabilities among AI/AN families and communities (Stamm, Stamm, Hudnall, & Higson-Smith, 2004).

Historical trauma continues to affect AI/ANs' perceptions and impinges on their psychological and physical health (Whitbeck, Adams, et al., 2004). Thoughts about historical trauma are associated with emotional distress, including anger, anxiety, and depression (Whitbeck, Adams, et al., 2004). Brave Heart and DeBruyn (1998), who have contributed greatly to the theoretical literature on historical unresolved grief and historical trauma, assert that "understanding the interrelationship with our past and how it shapes our present world will also give us the courage to initiate healing" (p. 76). There is a need for culturally specific interventions and for theory to be specific to AI/ANs (Duran & Duran, 1995; Novins, 2011), shifting paradigms from targeting pathology to supporting spiritual healing (Duran, 2006).

## Indigenist Stress-Coping Model

This study was guided by the Indigenist stress-coping model, which is a decolonizing paradigm developed by Walters et al. (2002), as many theories fail to account for the impact of ongoing traumatic stress related to oppressed group status and discrimination on psychological and emotional health. Traumatic stress includes historical trauma as well as microaggressions, e.g., subtle forms of racism (Evans-Campbell, 2008; Walters et al., 2002). Like historical trauma, the effects of racism have led to a deep sense of grief and loss among AI/AN families and continue to impact subsequent generations (Brave Heart, 2003; Okazaki, 2009; Walters, 2009).

The complex relationship between substance abuse and traumatic stress is often explained solely by the limited self-medicating hypothesis, which focuses on personality pathology rather than sociopolitical and historical factors (Duran, 2006; Morgan & Freeman; Walters et al., 2002) that can increase vulnerability to substance abuse (e.g., out-of-home placements, loss of cultural

practices). According to the Indigenist stress-coping model, the association between stressors and intergenerational substance abuse patterns is moderated by cultural buffers such as family and community, spirituality and traditional healing practices, and AI/AN identity (Walters et al., 2002).

## METHODOLOGY

This exploratory ethnographic study was conducted to understand the relationship between the intergenerational transmission of historical trauma and sobriety maintenance among urban AI/ANs, in order to inform substance abuse and sobriety maintenance programs for AI/ANs. This qualitative approach allowed for focus on contextual issues (e.g., socioeconomic status) as well as openness to multiple, interacting influences (Al Rubaie, 2002). The aim was not to test existing hypotheses (Hammersley & Atkinson, 1995), but rather to better understand the intergenerational transmission of historical trauma among urban AI/ANs engaged in culturally specific sobriety maintenance programs.

The Principal Investigator (PI) is an AI therapist in the local AI community, and had existing relationships that informed the research design and process. In the ethnographic tradition, the research process and data collection begin long before interviews are conducted; thus, an established reflexive process (including self-reference, divulging values and interests in the research, and willingness to receive critique) is essential (Hammersley & Atkinson, 1995). The PI utilized a reflective journal to document the research process, from decision making for study development, through changes in protocol, to how themes emerged and were selected or excluded.

Purposive sampling was used, and participants were recruited from four AI/AN culturally specific sobriety maintenance programs in Minneapolis. Two of the program sites were sober residential facilities; the other two were agencies that offered various services, including sobriety maintenance groups. Recruitment strategies included invitation fliers and brief presentations about the study at sobriety maintenance group meetings. During these presentations, the PI provided psychoeducation on historical trauma and facilitated group discussions. The University of Minnesota's Institutional Review Board approved the research.

Because participants were considered to be members of a vulnerable population due to substance abuse issues, the PI took special care to ensure safety and confidentiality (e.g., pseudonyms were used). Participants were made aware that participation was voluntary and would not influence their relationship with their sobriety maintenance program or other involved agencies, and all were provided with a resource list of AI/AN-specific service providers and agencies. A \$10 gift card was provided as a modest incentive for participating. Qualitative data were collected through loosely structured, open-ended, face-to-face interviews, approximately 2 hours in length. Interviews were

conducted by the PI, and were carried out at a centrally located AI/AN agency that was not one of the recruitment sites. Consistent with ethnographic research, one aim of the interviews was to obtain narrative data or life stories. Visual aids, including an “Intergenerational Transmission of Historical Trauma and Loss” map (Appendix A), were used to facilitate discussion of intergenerational family patterns and experiences of historical trauma. Once saturation was achieved, evidenced by repetition or parallel nature of stories, the interviews were halted (Bowen, 2008; Kvale, 1996).

The study was not intended to be a pure ethnographic study; however, the PI primarily used ethnographic methods to collect and analyze narrative data in order to elicit and interpret individual, family, and cultural meanings (Hammersley & Atkinson, 1995), and to furnish meaning to historical events and current life experiences (Hammersley & Atkinson, 2007).

Thirteen participants (six women and seven men) identified with intergenerational transmission of historical trauma and self-selected to participate. Participants had varying lengths of sobriety, ranging from one month to 15 years. The age range of participants was 23-64: Two participants were in their 20s; two, in their 30s; four, in their 40s; three, in their 50s; and two, in their 60s. All 13 participants were AIs residing in the Twin Cities metro area, and all but one participant had lived on a reservation at some point. The participants represented nine different tribal communities in the Upper Midwest, and one from a Northwestern state.

## Data Analysis

The interviews were audio-taped and transcribed verbatim for analysis. The standards in the qualitative paradigm to ensure trustworthiness are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), and verification strategies were used to ensure the standards of rigor were achieved. These included keeping the reflective journal described earlier, member checking, employing an auditor, and using triangulation. During the consent process, participants decided whether they would permit the PI to contact them post-interview if data needed to be verified. The consenting participants were mailed a copy of their transcript for review (i.e., member checking; Creswell & Miller, 2000), which provided an opportunity to clarify their narratives as needed. All but two participants requested a transcript; however, none followed up to clarify any responses. The PI made follow-up phone calls to a few participants when clarification or further explanation was needed.

A supporting researcher served as an auditor to substantiate interpretive work. The auditor reviewed 6 of 13 audio recordings and transcripts, as well as the PI’s reflective journal. The verification strategy triangulation was used: The findings were evaluated against existing literature and were also critiqued by the auditor (Creswell & Miller, 2000; Lincoln & Guba, 1985). The PI and auditor discussed interpretations of the data until they arrived at a consensus.

The narrative interview data were analyzed utilizing ethnographic analytic steps (Hammersley & Atkinson, 1995; 2007). In ethnography, data analysis is not a distinct phase in the research process; rather, it is embodied in the initial ideas, hunches, and pre-field work in the PI's reflective journal (Hammersley & Atkinson, 1995). The analysis began with careful reading and re-reading of the narratives and transcripts until patterns began to emerge. The PI also took notes in the reflective journal of general impressions, exceptions, and inconsistencies. The analysis became progressively more focused as the PI gradually uncovered what the research was "really about" (p. 206), seeking to understand the personal identity, lifestyle, culture, and historical context of the urban AI/AN participants. Once themes were identified, they were tracked from beginning to end within and across the narratives by reading separately and repeatedly for each theme. Themes were then clustered into categories based on a shared premise, such as mutual plight or developmental issues (Hammersley & Atkinson, 2007).

## RESULTS

The findings of the study were organized into 3 categories and 10 themes that emerged contextually in relation to the research questions: (1) What is the relationship between substance abuse and historical trauma? (2) How is historical trauma transmitted to descendants? (3) What can we learn about historical trauma to inform substance abuse treatment programs and sobriety maintenance programs? Some of the quotations used were double coded, as much of the data were highly interconnected, but the selected quotations were used to depict an instance of the overall theme therein.

### Category I. Development of Cultural Self

In this category, participants discussed growing up and learning about what it means to be AI—often through experiences of racism—and how this knowledge impacted their sense of self and belonging, as well as their decision to use substances and ultimately to seek healing. Some felt like they were not members of, or were apart from, society at large, and others talked about identity confusion.

#### I.1. I'm Indian?

All but one participant spent portions of their childhood in White foster families, and struggled with the knowledge that they were different and with hearing negative stereotypes about AIs. Participants often experienced negative feelings, such as shame and disappointment upon learning they were AI, as they had learned only negative things about what it meant to be AI. Evelyn spoke about some of the negative messages that she received as child: "I couldn't wear a white shirt



because it made me look too dark. There was that kind of negative stuff in the foster homes, but from my family there wasn't anything negative about being Indian; people were happy with who they were." Beverly recounted how she reacted when she learned she was Indian from her foster family:

I truly didn't believe I was a Native American, because I didn't want to be. When my [foster] brother told me that I was an Indian... the only things about Indians I would learn in the school that Indians were bad people. And when I heard that I went and sat down by my brother's car and it was that really fine white dust on it. I took it and rub it all over my face, hair and everything. I went to my brother and told him 'I am not an Indian, I am just like you.' I ran to my sister's cabin and found baby powder and poured all over myself and went outside crying telling him 'I am not an Indian.' Believe me I wasn't an Indian.

Wilma explained, "I used to be scared of Indians until I went back to Montana. My aunt told me that I was an Indian myself, so she said, 'You're scared of yourself, huh?' I was shocked. I didn't even know what that was either [to be Indian]. All that time I thought I was White." For Wilma, part of her cultural trauma was being groomed to fear her own people and feeling confused when she discovered that she was part of the group she feared.

## **I.2. This world in which I live is not my world**

Several participants felt that they did not fit into society. They noted that their ongoing experiences of microaggressions and daily hassles related to their minority status reinforced feelings of being different or not accepted. Henry talked about how he did not feel that he was part of society:

Something down deep inside me says that I was born too late. I was supposed to be out there hunting and fishing and making babies. I'm not supposed to be jumping on a bus, battling the circus that it is, rolling down the street, which is why I ride a bike all the time now. It rises up in me, you know—that rebelliousness, that defiance of the society. I just experienced the other day—I walked into a restaurant, a coffee shop; I like to have an afternoon cup of coffee and sit and read my book. I walk in and these two people right away turn their heads toward the door. I've actually walked into restaurants where everybody in the place turned their head toward the door when I walk in. So, anyway, racism is alive and well. I just think that my alcoholism can be linked to the notion that this society that we live in here is not my society; it's not my culture.

### **I.3. Racism is the reason why I drank**

All but one participant connected their drinking or other substance abuse to their desire to numb themselves from cumulative stress related to historical trauma, as well as to ongoing racism and discrimination. The participants talked about how these experiences impacted their beliefs about their access—or lack thereof—to opportunities and various life paths. Participants also experienced negative feelings about AI identity, often based on elders' stories about historical trauma and about being treated as “less than.” Marjorie described how her identity formation was impacted by the racism she faced, which led to her decision to drink:

... White people saying that ‘Natives are nothing but alcoholics, drunks; they’ll never amount to nothing, they’ll never do nothing,’ things like that really hits me hard because I really truly believe that’s a lot of the reason why our people stay drunk is because of things that we have to listen to and go through. I used to hear things like that when I was growing up. It affected me; it had a real big impact on me to have to listen to that. I had to grow up thinking that I was dirty and was never going to be nothing. It hurt.

## **Category II. The Legacy of Loss Continues**

All participants talked about their loss, and that of their family members, continuing in various forms today. Most common were poor health and early deaths, out-of-home placements and struggles to parent, and fear of further loss.

### **II.1. The new genocide is poor health**

All participants talked about the impact of poor health in their own and their family members' lives. Many spoke of early deaths due to poor health status, linking them to the loss of family ties, family history, and cultural practices. Henry stated, “The new genocide is nutrition and health. Our people are dying off because of these diseases: alcoholism, diabetes, cancer, heart disease.” Many participants linked their poor health to their substance abuse. Bernadine talked about her failing health and the deaths of multiple siblings:

I’m sober because of my health. I’ve got health issues and if I don’t stop my alcohol, I’ll probably end up dying, so I have to take care of my health. My brothers and sisters—one sister, she doesn’t drink and the other one is deceased. Some of my brothers are deceased and a couple of my brothers don’t drink; probably three or four of them don’t drink. One is really into alcohol.



The loss of family due to early death has led to feelings of isolation and lack of support. Evelyn talked about her loss of family due to early deaths:

My mother died from alcoholism and my dad died from heart disease; they were both alcoholics; she never stopped drinking. And then because everybody is dead who's older than me and my siblings, there's no extended family for them [children] to belong to; people died so young because of alcoholism and health stuff, cancer and alcohol seem to be the main things. So there wasn't anybody else, so there's a loss; a feeling of loss.

## **II.2. Parenting impeded by childhood experiences**

All but one participant experienced adoption and/or spent some time in foster care. While in out-of-home placement, most reported experiencing significant abuse and hearing negative messages about their families, including that their parents were bad, were drunks, or didn't love them. Despite the problems for which they had been removed from their biological families, often related to substance abuse or poverty, many participants returned home either as runaways during childhood or after coming of age, seeking answers and a sense of family. Some participants' return home was a positive experience; for others, it was a painful reinforcement of negative stories they had heard. One participant talked about how, after early life separations, long-lost family members reconnect yearly for family reunions. The participants linked their disrupted childhoods to their later struggles with parenting.

After spending much of her childhood in abusive foster homes, Evelyn returned to her family of origin, only to be disappointed to find more dysfunction. She made the decision to create a family of fictive kin in order to provide her children with the family she never had, but not before going through her own battle with substance abuse. Some participants connected their early abandonment experiences or lack of positive attachment figures to their parenting struggles and to a lack of faith in their own parenting skills. Participants found themselves resorting to substance abuse early in their lives, which may have, for some, contributed to a self-fulfilling prophecy about their ability to parent. As adults, several participants found themselves involved with child protective services (CPS) and lost contact with their own children, either temporarily or permanently.

## **II.3. Fear of further trauma and loss**

Participants linked the impact of elders' stories of historical trauma and loss, and their own traumatic experiences, to intrusive thoughts about these ordeals and to fear that trauma will continue for future generations. Some noted that they had internalized feelings of fear engendered by elders' stories. Some talked about their fear that the racism faced by elders will recur, and acknowledged

that, to a degree, racism continues. Marjorie talked about her fear of being judged or persecuted for practicing her spirituality:

For me it has to do with old people, old places, the thought of what we had to go through back then kind of makes me think like it's going to come back; like the old historical things that we had to go through then might happen sometime; it might come back, it might resurface. I feel that being at [culturally based sober housing facility], starting to do sweats... it makes me feel like I don't want to do it because of how [White people are] thinking or what they're saying. I'm new to [practicing my traditions]; that is why I feel so uncomfortable and also I tend to worry about what the White people will think or how they will treat somebody trying to practice our culture, since we've been kind of stripped of it. It just brings me back to years back when our elders had to live with mean words by the White man. The White people hated us so much that like I said, we weren't nothing and just sitting at the liquor store all the time and wanted to be drunk. It hurt them [elders] just as much as it does anybody today, the things the elders had to go through—that we're going through. Sometimes I don't know if it will ever stop; it'll just keep going.

Similarly, Evelyn struggled to make sense of a community-wide fear of death:

For many of us there's a little recording of 'I should be dead'. And whether that's 'I want to kill myself' or 'I should be dead' or 'it doesn't matter if I'm alive,' I think that's a piece of the historical trauma. I think this is an actual recording that gets passed on from generation to generation without us even knowing it...

### **Category III. It Runs in the Family**

This category represents challenge and triumph. Having learned problematic behaviors and beliefs about themselves, participants faced the challenge of breaking negative intergenerational cycles in their own families. The participants also told of the pride and understanding they have for their elders, who had survived a great deal of suffering.

#### **III.1. “Monkey see, monkey do”**

All participants talked about the problems that plagued their families for generations. The participants believed that historical trauma was central to their elders' patterns of substance abuse and maladaptive behaviors. As Wilma said, “monkey see, monkey do,” referring to following her family's pattern of substance abuse and being in abusive relationships. Emma talked about how, during childhood, she endured abuse and witnessed family fights and substance abuse, which she linked to her grandmother being harshly punished while in boarding school.

I can remember all the times [grandma and mom] fought and my mom would come back all bloody. They were a good mother and daughter; they didn't fight or argue or nothing, just when [mom] was drunk. My grandma was sober when she was beating us. She's been sober for almost for 40 years. She went to a halfway house [chemical dependency treatment], she did have [CPS] involved, but she more or less did it for herself and for us kids. I think it was the impact of the boarding schools that did it, because maybe the way they saw it was 'oh they did something wrong, so let's beat them,' so that's the way she was, the only way she knew how to handle it was with beatings.

Although Emma was not abusive to her children, she did repeat her pattern of involvement with CPS due to substance abuse. Henry explained his decision not to be a part of his daughter's life due to fear he wouldn't be a good example:

I have a daughter; she's 17 now. I've seen her twice since she was born. That's a source of a lot of pain and grief, but hopefully—I'm in touch with her mother and we're at least e-mailing each other back and forth, so that's something. I can imagine that there will be something down the road if not already [substance abuse]; just because of the fact that it runs in our family although her mother is a staunch Norwegian and will do everything in her power to see that it doesn't happen. That's kind of one of [the] reasons that I'm not connected to her; in the back of my mind I always knew that I was going to be drunk and I knew that her mother would take better care of her than I would.

### **III.2. Stopping the cycle**

The participants talked about their areas of growth and their decision not to continue the negative patterns, frequently associated with substance abuse, which they witnessed in their families. They connected their disrupted childhoods to family members' traumatic experiences and learned behaviors, and wanted to change. For example, Emma, whose children are currently in foster care, described her decision to stop the cycle of substance abuse and violence in her family:

I was in foster care until I was seven and then after my grandma sobered up, we went home with her. You know like in the boarding schools when they abused her, my grandma started doing that to us. She started beating us and she finally stopped

after we started fighting back. Basically the way I feel about it is because of what I went through, I wouldn't want to put my kids through that; I wouldn't want them to be hit, because I know how it feels. I would rather have them have a better life than what I had.

Curtis also talked about wanting to raise his young children differently than he had been raised. His father had been through boarding school, but Curtis barely knew him.

I knew him but not really; he was very abusive. He was one of those drunks that didn't care about the family. I don't ever want to be like that. I grew up in foster homes and when I got out of foster homes, I went home for like maybe two weeks and ended up getting locked up until I was eighteen. I just basically try to lead [my kids] on the right path; if they have questions, I answer them to the best of my ability; what to do and not do and let them live their life... hopefully they'll do better than me.

Participants whose children were already adults talked about repairing relationships with them and cherishing their relationships with their grandchildren. Beverly stated:

I talk openly with my kids. I talk very honestly with them. I love my kids, but at the time it was their fault that I couldn't go to the bar. Me and Nicole talked about it for about 4 hours where she yelled and screamed at me, called me all kinds of nasty names, and I sat there listening. Now, back if I would have been using, that would have never happen [sic], never. But I had to understand, I had to realize that this is what I put my kids through. Finally being able to connect with my son is one of the biggest things in my life. I have to make things right with my family, I need them to understand.

### **III.3. Pride in our elders**

Many talked about their admiration for the strength and fortitude shown by elders despite the difficult circumstances they endured. This topic was particularly emotional for participants; some cried and others became angry while describing the pride and grief they felt for their elders. Many were motivated by the resiliency that they witnessed. Marjorie was thankful to elders for paving the way for others: "I do believe they had more of a struggle than we do now, truly believe that. It was way harder on them then than it is on us today, because today we have a lot more laws and things to protect us..." Curtis admired the grace with which elders have endured oppression:

I see that the [elders] went through a lot of hardships and they still are and some of them can't let it go, especially the older generations. I think it is too much pain for them, otherwise just things they don't want to remember. Some of them I feel they use it as a teaching tool; they coped with it and dealt with it. The past generations [had] courage and pride to make it through. I don't see how they could; honestly don't see how they had the courage or the strength to do it, because I wouldn't have. I would have never made it; I would probably be in prison.

Henry stated:

In the larger picture, given the nature of the genocide that has been perpetrated over the last two hundred years, I feel extremely joyful and blessed that I see that our people are strong enough to survive anything that has been thrown our way... brings up a lot of emotions. It's amazing to me that [my father] didn't end up in prison really, truth be told, if that had been me, I would have been so angry.

#### **III.4. Healing journey**

Several participants discussed the significance of spirituality and the role that knowledge of their culture and language played in their ability to maintain sobriety and stop negative cycles within their families (e.g., shame). Their family healing included the restoration of cultural traditions, and the creation of new and more functional relationships with common efforts toward sobriety. Marjorie talked about how she is learning her traditional ways now that she is sober.

I'm trying to be more traditional than before, now that I'm sober, because I know that traditional ways can't be practiced while you're using; you know it's very disrespectful. Mom also never practiced traditional ways. We were born and raised in [the metro]. She was born and raised on the reservation but the whole time we were growing up, we didn't practice our ways at all. Just recently I talked with a couple pipe carriers to learn more about our ways. I just recently gave tobacco and got an Indian name.

Gordon noted that his past attempts at sobriety failed due to what his brother called "white-knuckling it," or working at sobriety with no support. Gordon believed that spirituality was the key factor that had been missing:

I go to powwows all the time. I dance once in a great while. I'm going to try to get out there more often this summer. My oldest brother gave me a feather about six years ago and I only took it to a powwow once, so I'd like to get that feather out to powwows more often. Because a friend of mine who's kind of a spiritual guy said that I need to take that feather out and dance with it. The spirituality part I think was missing from my past attempts at sobriety, but in recent years, I've just been thinking that the only way I'm going to change is by believing in a power greater than myself.

Thelma told of the significance of reconnecting with her traditionalism:

It's impacted, especially in the traditional way, has impacted so much, so fast; it's like I rely on it, like the traditional talking circle, the smudging, putting out tobacco, being able to speak some of my language and just remembering how my paternal grandparents used to do the camps, like the sugar camp and the wild rice camp. [I am] just proud to be a Native. I feel that I've been able to let go of a lot of shame and regret, but mostly shame. If the shame was still there I think I'd still be using and that's self-hatred; I think that's really decreased.

With excitement, Henry shared his views about culture and family being restored.

...there's been plenty of loss, plenty of grief, plenty of tragedy, but we're still here and we're still surviving. We still have a lot of children to love and people that love us. We laugh, we joke, and we have a good time despite all the genocide and all of the madness that goes on around us. We still somehow manage to hang on to those things that mean the most to us. We still go dance around a drum, we still sing, we're starting to relearn the languages. All the ceremonies are not totally gone and disappeared; we hang on to those that we need and the culture is as vital as it has been in a hundred years.

## DISCUSSION

This study explored the intergenerational transmission of historical trauma and its relationship with substance abuse in order to inform AI/AN substance abuse treatment and sobriety maintenance. The participants in this study reported that they continue to contend with traumatic stress from historical trauma, intrafamilial trauma, ongoing racism, and other daily life stressors (e.g., poor



health, poverty). For many participants, substance abuse was a surrender to what they understood, since their youth, to be their fate, and also signified to them their defeat by the dominant culture. Substance abuse was strongly connected to the negative impacts of historical trauma, intrafamilial trauma, and personal experiences with microaggressions. These negative experiences caused confusion and inner turmoil, diminished participants' sense of self-efficacy, impacted their parenting skills, and influenced their substance abuse patterns. Thus, participants faced the task of overcoming both substance abuse and long-standing negative self-images. There are several lessons that can be drawn from the experiences shared by the participants in this study.

Many participants first encountered negative stereotypes in their formative years. Many also experienced firsthand the trauma of out-of-home placements and, later, struggles parenting their own children. Prevention and intervention programs should address the loss of traditional parenting practices due to historical trauma, as well as encourage the restoration of these values as much as possible. Emphasizing early anti-alcohol and anti-drug messages, coupled with traditional values, is essential to protecting future generations of AI/ANs against substance abuse. There is also a need for culturally appropriate therapeutic services for parents that address historical trauma and substance abuse, in order to ensure that AI/AN children stay with their families, learn their culture, and participate in traditional practices without fear or shame.

Participants noted that family connections were important to them, even after years of being apart; this finding indicates a need for providers to facilitate making the home a safe place for healing to occur for all family members in order to keep families together. Family connections were key to many participants' success in recovery, as a source of motivation and support. Others benefited from creating a new family of fictive kin and, for some, "family" included people in their tight-knit sobriety maintenance programs. It is important to keep in mind that the wellness of a family system is influenced by that of all members, and is not easily teased apart. For some AI/AN families, especially those which are highly interconnected, healing the family wound may be an appropriate treatment goal.

There was a common thread of fear or doom among the participants regarding their own death and the death of loved ones, and about the possibility of experiencing further oppression and related trauma (e.g., victimization). Similarly, Jervis (2009) found disillusionment to be prevalent among AIs who have experienced cultural traumatization. Fear itself after trauma is not exclusive to AI/ANs; however, the participants related their fear to historical trauma they had heard about from elders and to their personal experiences of racism and discrimination. This fear may be an example of historical trauma response (Brave Heart, 2003). The complexity and compounding effects of experiencing both historical and ongoing trauma may compromise mental health and trauma treatment. It is not clear whether existing treatments would be useful for the treatment of historical

trauma, whether adaption would be appropriate, or whether new treatments must be developed; further research is needed.

Many participants reported feeling as though they do not belong or fit into society at large due to their experiences of historical trauma, racism, and/or oppression. Spicer (1998) also found that AI respondents viewed themselves as outsiders in society, and the consequence was often substance abuse. As part of their recovery, a number of participants were learning AI/AN cultural and spiritual practices for the first time and/or were making efforts to reconnect with family members, some of whom resided on reservations; these new activities and experiences may have exacerbated feelings of being different or being an impostor. This is an important finding, as “I don’t belong” or “I’m different” are common but unhelpful cognitions; while normalizing the occurrence of these thoughts after negative experiences is appropriate, it is equally important to emphasize the strength in diversity of views and experiences. Historically, “different” has meant “less than” or “bad” to many AI/ANs; thus, clinicians should work with clients to identify a more affirming narrative or meaning for experiences, perhaps one of strength, resiliency, and healing.

The category “It runs in the family” revealed a paradox that is worth discussing. Each participant mentioned having witnessed or experienced intrafamilial trauma; however, they still had a strong sense of pride in their elders. Perhaps participants were able to understand and identify with their elders’ suffering and trauma, and to see them as survivors rather than perpetrators of abuse. This was a highly emotional topic, revealing both grief about the experiences elders have gone through as well as pride in their ability to endure those difficulties. This phenomenon seems to embody forgiveness and acceptance rather than denial or avoidance; however, it is not fully understood, and further research should be done to see if other AI/ANs in substance abuse treatment mention similar feelings and to clarify this ambiguity. Perhaps this pride in coming from an ancestral line of survivors/fighters has been and can continue to be a source of strength and motivation for AI/ANs’ sobriety.

Participants emphasized the importance of engaging in traditional activities, often of a spiritual nature, during their recovery. For many participants, family activities were also centered around their spirituality and culture. They noted that, out of respect for their culture and elders, they did not participate in their traditional practices during periods of non-sobriety. Most are now learning their culture and language, and exploring spirituality for the first time, though not completely without question or self-doubt. Ambiguity about participating while one is in recovery, lack of knowledge, and negative self-image are barriers to engaging in traditional cultural practices. Interventions that target negative cognitions and affect should also emphasize the importance of engaging in cultural activities and spending time with people that reinforce or promote positive thoughts and feelings. Prevention and intervention efforts should also focus on revitalization of

culture by teaching and strengthening traditions among AI/AN families and communities, as culture is known to be a protective factor against substance abuse (Stamm et al., 2004; Whitbeck, 2006; Whitbeck, Chen et al., 2004).

A few participants were not familiar with the term “historical trauma,” but were able to relate to the idea when it was explained. It is possible that this finding may be observed among other AI/ANs seeking substance abuse treatment; thus, providers should be prepared to introduce the concept, and also explain the compounding nature of related traumas (e.g., intrafamilial). Although using the term “historical trauma” may be helpful for giving a name to an experience or validating a client’s experience, it is always advisable to work within the client’s language and realities. Visual aids such the one used in this study (i.e., Intergenerational Transmission of Historical Trauma and Loss map in Appendix A) will not only help guide discussions about the impact of historical trauma and other related traumas across generations, but also provide safety and permission to talk about sensitive issues such as racism and discrimination.

It is also important to bear in mind that talking about historical trauma and substance abuse is not easy, especially for those whose voices historically have been silenced. Normalizing reactions such as fear, shame, guilt, and anger as a part of the process of healing from historical trauma and substance abuse could be valuable. Participation in culturally specific sobriety maintenance programming, especially in a group format, may help foster readiness for clients to talk about these issues in therapy, as exposure to others’ stories can be a validating experience. The participants in this study valued their involvement with culturally based sobriety maintenance programs, all of which were run in a group format, and benefited from sharing and hearing others’ stories and experiencing the sense of community and kinship that ensued. Furthermore, culturally specific programming may act as a buffer against substance abuse by reinforcing positive identity attitudes and encouraging the use of traditional cultural and spiritual practices.

As they transitioned from substance abuse to spirituality and traditional practices, many participants talked about seeking to end intergenerational shame that they felt was passed on similarly to historical trauma. Shame is analogous to existential death for many AI/ANs (Duran & Duran, 1995)—an important idea to keep in mind when working with AI/ANs in recovery, as they begin to understand the intergenerational processes that have impacted their substance abuse. This finding could also affect the helpfulness of treatment programs that encourage clients to accept an identity of “addict” and “alcoholic.” Such an identity might contribute to negative cognitions and foster further hopelessness and a sense of defeat. For participants in this study, no matter the length of sobriety, it was important that they were empowered to overcome their negative identity formation,

to find a new, more positive view of themselves, and to assign meaning to the past. Perhaps finding a new approach that moves away from assignment of an addict/alcoholic identity and emphasizes healing and wellness, and reclaiming that which has been stripped, would be helpful.

Brave Heart (2003) suggests that true healing can only come after there has been recognition and accountability taken by the government for the pain imposed historically on AIs. Reviving culture, family connections, language, and spirituality is also essential for such healing to take place (Brave Heart, 2003). In addition, there is a need to educate people of all racial/ethnic groups about the historical trauma AI/ANs have experienced, in order to dispel myths about AI/AN history and end societal cycles of discrimination. This education should focus on the resiliency of AI/AN people to overcome oppression and reflect the pride that the participants in this study have for their elders. Such efforts could help AI/AN children develop a healthy cultural identity so they do not to fall prey to substance abuse at the same rates as previous generations.

Participants noted that substance abuse served as a way to cope with historical trauma, as they had observed previous generations do. By identifying and working to eradicate internalized negative beliefs and intergenerational family patterns, participants made significant gains toward sobriety and spiritual wellness, including restoration of family and healing of intergenerational patterns. Sobriety, therefore, was their victory of sorts. Participants in this study agreed that their own healing was initiated by their readiness to change and feeling a sense of urgency about ending negative intergenerational family patterns. As one participant stated, “to heal from historical trauma is to heal from substance abuse... one and the same.”

## Limitations

Although intergenerational studies may be adequately conducted solely from the perspective of one generation (Katz et al., 2005), this approach may miss the nuances of generation-specific beliefs among AI/ANs, and the potential for a more rich description of how historical trauma and substance abuse patterns are transferred. Interviews with multiple generations of a family are important for this research, as one person’s response, of course, captures only his or her version of an experience. Therefore, the second research question, “How is historical trauma transmitted to descendants?” may have been more easily explored with an intergenerational sample. Although the PI attempted to interview participants who represented multiple generational cohorts, the sample size of this study is too small to draw conclusions about generational patterns or intergenerational issues at an adequate depth. Future researchers should take special care to recruit multigenerational family sample or a larger sample in order to better understand generational nuances.

The interviews were approximately 2 hours in length, which is short for ethnographic work, and may not have been sufficient to obtain the depth of information that was sought. Future research should allow for multiple interviews with participants. It is important to note that recruiting participants from culturally specific sobriety maintenance programs can influence findings, as such participants tend to be active in cultural and spiritual practices. Future researchers may consider recruiting a comparison group from sobriety maintenance groups that are not culturally specific, in order to distinguish the significance of the cultural and spiritual facet.

When screening potential research participants, it is important to be aware of the increased probability of cognitive impairments resulting from substance abuse and trauma exposure. In some cases it may be inappropriate to permit interested persons into the study due to vulnerability and questionable ability to consent. Impairments may be difficult to assess in a group setting or by telephone; therefore, in future studies, a first meeting to screen might be beneficial. Similarly, some of the participants in this study had unusual communication styles (e.g., strong reliance on non-verbal communication) or deficits (e.g., difficulty formulating thoughts or recalling words), which added to the complexity of data collection and analysis; however, important information was still conveyed. Careful and detailed note taking during the interviews assisted in this process. Additionally, researchers should be aware of the high likelihood of learning about childhood physical and sexual abuse during research in some AI/AN communities (as was found in this study), and should be knowledgeable about statutes of limitations for reporting and the need to make reports as mandated. This information is particularly important for research with vulnerable groups, for whom reporting timelines may be extended.

## CONCLUSION

The participants in this study talked about historical trauma as an ongoing problem that is at the root of substance abuse issues in their families and communities. Further, the participants believed their experiences to be shared or common among other AI families and communities. Feelings about historical trauma among the participants, their families, and/or their communities included disbelief that these events could have happened, sadness, and fear that such events could recur; however, there also were messages about strength and survival. It is recommended that clinicians help to empower AI/AN families and communities to draw on these cultural strengths in order to reinforce this more affirming legacy. Substance abuse was not a part of AI/ANs' traditional way of life, and this maladaptive intergenerational pattern can stop with the current generation.

Although the participants in this study have endured trauma, they have overcome numerous barriers to wellness and are resilient and proud, which has allowed for healing to begin taking place in their lives and in their families. The participants have various lengths of sobriety and are at various stages of the life cycle; however, they share a unique story of rising above what they believed to be a predetermined fate involving substance abuse and related dysfunctional family patterns. The participants in this study all chose culturally specific programs, which utilized traditional cultural practices and spirituality for sobriety maintenance, as they felt that these factors were necessary for their healing and would be effective for them. Although it is counterproductive to assume that one intervention or treatment will work for all AI/ANs, clinical interventions and treatment programs should acknowledge the impact of historical trauma on AI/AN families and support the use of traditional healing practices for clients who might benefit from them.

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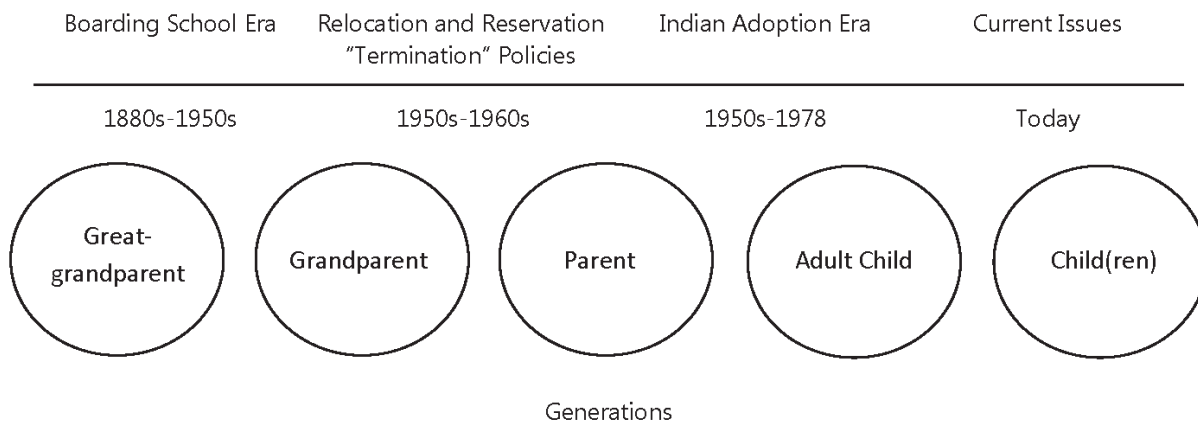
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Appendix A

Intergenerational Transmission of Historical Trauma and Loss Map



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