Psychological-Mindedness & American Indian Historical Trauma: Interviews with Service Providers from a Great Plains Reservation

William E. Hartmann & Joseph P. Gone
University of Michigan

Author Note

William E. Hartmann and Joseph P. Gone, Department of Psychology, University of Michigan.

This research was supported by a Lemelson/Society for Psychological Anthropology Pre-Dissertation Award to the first author, made possible by a generous donation from The Robert Lemelson Foundation. This article was completed during the second author's tenure as the Katz Family Endowed Chair in Native American Studies at Montana State University. Additionally, the second author wishes to express his gratitude to the John Simon Guggenheim Memorial Foundation for fellowship support during the completion of this article.

Correspondence concerning this article should be sent to William E. Hartmann, Department of Psychology, University of Michigan, 2245 East Hall, 530 Church St. Ann Arbor, MI 48109-1043. Email: williaha@umich.edu.

Received Date: 07-Oct-2015
Revised Date: 14-Jan-2016
Accepted Date: 14-Jan-2016
Article Type: Original Article

Abstract

The concept of historical trauma (HT) was developed to explain clinical distress among descendants of Jewish Holocaust survivors and has since been ascribed new meanings to account for suffering in diverse contexts. In American Indian (AI) communities, the concept of AI HT has been tailored and promoted as an expanded notion of trauma that combines psychological injury with historical oppression to causally connect experiences with Euro-American colonization to contemporary behavioral health disparities. However, rather than clinical formulations emphasizing psychological injury, a focused content analysis of interviews with 23 AI health and human service providers (SPs) on a Great Plains reservation demonstrated strong preferences for socio-cultural accounts of oppression. Reflective of a local worldview associated with minimal psychological-mindedness, this study illustrates how cultural assumptions embedded within health discourses like HT can conflict with diverse cultural forms and promote "psychologized" perspectives on suffering that may limit attention to social, economic, and political determinants of health.

Key Words: American Indians, historical trauma, oppression, colonialism, disparities, psychological-mindedness

Psychological-Mindedness & American Indian Historical Trauma: Interviews with Service Providers from a Great Plains Reservation

The concept of historical trauma (HT) was first developed to explain clinical distress among descendants of survivors of the Jewish Holocaust who were theorized to suffer from the intergenerational transmission of a collective and complex psychological trauma experienced by many European Jews during the Second World War (Kellermann, 2001). Importantly, ideas of trauma—particularly Posttraumatic Stress Disorder (PTSD)—have been central to the development of HT theory (Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). As these ideas have evolved and proliferated under the influences of

globalization (see Fassin & Rechtman, 2009; Young, 1995), HT has been ascribed new meanings to account for suffering in diverse contexts. While for many theorists the Jewish Holocaust has functioned as an archetype for the kinds of violent events and processes that give rise to HT (i.e., discrete periods of large-scale human-initiated violence perpetrated against a specific ethnoreligious or cultural group), many HT proponents have pushed for broader application of the HT concept, challenging the need for a pre-existing group identity among sufferers (e.g., survivors of torture in Sweden; Baker & Gippenreiter, 1998), the need for a discrete period of time with clearly identified causal events (e.g., the colonization of North America; Brave Heart & DeBruyn, 1998), or the need for suffering to result from human-initiated actions (e.g., natural disasters; Mohatt, Thompson, Thai, and Tebes, 2014). As uses of the HT concept continue to multiply and diversify across the globe, inquiry into the meanings, functions, and effects of engagement with HT becomes increasingly context-dependent. One particularly promising context from which much might be learned about the increasingly globalized discourses of HT is Native North America, where much of the HT literature is based, where the concept has achieved immense popularity, and where many indigenous communities around the world look for conceptual tools to navigate similar postcolonial predicaments.

A Psychologically-Minded Construct

The concept of American Indian (AI) HT was developed in the late 1980s and 1990s to promote a distinct health discourse aimed at contextualizing current behavioral health disparities in AI populations with historical reference to past atrocities associated with European and Euro-American colonization (Gone, 2014; Maxwell, 2014; Prussing, 2014; Waldram, 2004). According to the concept's leading advocacy group, the Takini Network, AI HT is "the collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide" (Brave Heart and Daw, n.d., italics added). This "history of genocide," alternatively described as "massive group trauma experiences" (Brave Heart, 2003, p. 7), refers to the colonization of North America. In this way, AI HT proponents have used the language of "trauma" to assert a novel causal relationship between two familiar concepts, historical oppression and psychological injury [Hartmann & Gone, 2014a], to explain individual suffering and population-level health disparities among contemporary AIs as, at least in part, the direct consequence of historical experiences with colonization (Kirmayer, Gone, & Moses, 2014).

Key to bridging historical oppression and psychological injury has been the invocation of an expanded notion of trauma, modeled on PTSD but inclusive of additional sources of suffering (i.e., loss of land, language, and culture) thought to better capture AI experiences with colonization (Brave Heart, 1999; 2003; Brave Heart & DeBruyn, 1998; Duran & Duran, 1995; Duran & Walters, 2004; Evans-Campbell, 2008; Walters, Simoni, & Evans-Campbell, 2002; Wesley-Esquimaux & Smolewski, 2004). However, embedded in the concept of trauma are important cultural assumptions of psychological-mindedness that reflect the concept's development within the discourses of the Western "psy-" disciplines and their implicit values of Euro-American individualism (Rose, 1996). Elaborated within multiple traditions of psychotherapy, most notably psychoanalysis, psychological-mindedness describes an individual's ability and interest in reflecting on the psychological processes that structure experiences of self and others (see Appelbaum, 1973; Coltart, 1988; Hall, 1992). Institutionalized within the psy- disciplines, psychological-mindedness shifts the focus away from factors external to the individual and instead toward the psyche (and even to one's biophysiology; see Kirmayer, 2007). These effects of psychological-mindedness are evident in the seminal works of leading AI theorists—many of whom are clinicians themselves (e.g., Brave Heart & DeBruyn, 1998; Duran & Duran, 1995)—that characterize AI HT as psychological dysfunction due to the intergenerational transmission of risk or vulnerability from ancestors to descendants stemming from historically traumatic experiences with colonization (see Archibald, 2006; Brave Heart, 1999; 2003; Brave Heart & DeBruyn, 1998; Duran & Duran, 1995; Evans-Campbell, 2008; Walters, Simoni, & Evans-Campbell, 2002; Wesley-Esquimaux & Smolewski, 2004).

A Spectrum of Psychological-Mindedness

In setting an important precedent for the field, Brave Heart (1999) emphasized the "historical trauma response," a condition among contemporary AIs that presents as "depression and self-destructive behavior, substance abuse, identification with ancestral pain, fixation to trauma, somatic symptoms, anxiety, guilt, and chronic bereavement" (p. 111). She clarified that "self-destructive behavior," like "substance abuse," is an attempt "to numb the pain associated with the [ancestral] trauma" (Brave Heart, 2003, pp. 7-8). For Brave Heart, this condition of "internalized ancestral trauma" (2003, p. 17) has resulted from "the psychological transfer of trauma response across generations" (1999, p. 111). Thus, in developing and promoting the AI

HT concept, Brave Heart and her colleagues have largely retained clinically-familiar assumptions about psychological-mindedness that are embedded in trauma discourse more broadly. This psychological-mindedness is evidenced in locating dysfunction within the individual psyches of contemporary AIs (i.e., internalized trauma), embracing the inherently individualistic nature of psychological indicators that characterize the historical trauma response (e.g., depression), expanding the influence of psychological trauma as a multigenerational process, and (especially) foregrounding the psychological and emotional dysfunction in the lives of contemporary AIs (e.g., emotional pain, maladaptive coping behaviors).

In contrast to the work of Brave Heart and her colleagues, [Gone, 2007] detailed the account of Traveling Thunder—an AI traditionalist (i.e., a practitioner of indigenous cultural and spiritual ways) from the Northern Plains—who demonstrated minimal psychological-mindedness in connecting colonization to suffering among contemporary AIs. Asked to explain behavioral health disparities on his reservation, Traveling Thunder identified a collective "demoralization" and "loss of identity" as the psychological mediators of behavioral health problems (e.g., depression, addiction, suicide) (p. 293) stemming principally from the colonial suppression and disruption of indigenous ceremonial traditions. In this way, Traveling Thunder emphasized the destruction of an "old Indian system" (i.e., barter system economics, living off the land, but especially scared traditions and ritual practices) and imposition of "foreign ways" through the "modern Whiteman system" (p. 293) as the true origin of community distress. Additionally, in describing the processes and consequences of colonization, Traveling Thunder denounced local behavioral health authorities as part of the modern Whiteman system who were engaged in "forcing the Whiteman's ways" on AIs (p. 293).

Rather than behavioral health services, then, Traveling Thunder explained that a return to indigenous ceremonial tradition and practice were the preferred means for combating behavioral health problems in the community. Reflecting on this local explanatory model of contemporary behavioral health disparities, [Gone, 2007] highlighted how "the most striking aspect of Traveling Thunder's discourse of distress is its reliance upon observations, inferences, and insights, not at the professionally-familiar psychological and bio/genetic levels of analysis, but at the sociohistorical and spiritual levels of analysis" (p. 295). Thus, Traveling Thunder 's account expressed comparably limited psychological-mindedness, locating the origins of and solutions to dysfunction outside of the contemporary AI psyche but within historically suppressed and

recently revitalized indigenous spiritual practices, and explicating behavioral health problems with relatively minimal reference to the lived psychological realities of contemporary AIs (i.e., with almost no elaboration of individual dysfunction conveyed in psychological terms).

Thus, ranging between the formulations of Brave Heart and Traveling Thunder lies a spectrum of psychological-mindedness for marking how distress among contemporary AIs has been explained relative to historical experiences with colonization. Given this spectrum, and keeping in mind that Traveling Thunder understood his perspective to be in competition with those promoted within the behavioral health professions, an investigation into the degree of psychological-mindedness as it features in postcolonial distress among key community constituencies should prove illuminating.

Psychological-Mindedness Among Reservation Service Providers

To this end, we began our investigation at the epicenter of AI HT theory—within the Great Plains region—where the concept's most outspoken advocacy group, the Takini Network, is located and where many of the concept's most influential proponents are tribal members. At the outset, we reasoned that among the many reservation community constituencies that could contribute to this project, health and human service providers (SPs)—those most responsible for interpreting and translating formal health knowledge for the communities they serve—would be ideally situated as potential representatives of the spectrum of psychological-mindedness between an AI traditionalist and the clinical scholars who feature in the AI HT literature. Our study was designed to answer the following research question: Based on their stated conceptions of HT, where do SPs who work on a Great Plains reservation fall along this spectrum of psychological-mindedness? Given their location in this region and their professional training and employment in the health and human services sector, we expected to find that these SPs would recognize AI HT as a term within a broader AI health discourse, deploy the concept as a link between ancestral experiences of colonial oppression and current behavioral health problems in the community (in keeping with the original purpose of the concept as formulated by its proponents), and describe AI HT with a comparably high degree of psychological-mindedness (i.e., toward the Brave Heart end of the spectrum with its emphasis on psychological injury). Thus, with reference to psychological mindedness proper, we expected SPs to emphasize several stock features of HT as described by its scholarly proponents when discussing this concept, such

as explicit mention of psychological dysfunction, maladaptive coping, emotional pain, grief and loss, distressing memories, etc.

Method

Project Background

This work is part of a larger, community-embedded and open-ended endeavor to develop a ground-up understanding of how different forms of engagement with HT function to shape concepts of culture, personhood, health, healing, and history on a Great Plains AI reservation (for more detail see [Hartmann & Gone, 2014a]). In addition to hosting the Takini Network, the Great Plains region is also where many well-known events that have been invoked by proponents of AI HT have taken place (e.g., the Wounded Knee Massacre). Thus, for these reasons, the Great Plains region was identified as the epicenter of AI HT discourse where AIs would presumably be most familiar with the concept, and as a result, this project was undertaken on a reservation in the region. With the goal of developing a ground-up understanding of HT discourse in this setting, the first author invested three months during the summer of 2012 residing on and around the reservation to familiarize himself with local communicative norms and patterns related to issues of interest (e.g., culture, personhood, health, healing, history) prior to interviewing participants.

Participants

The first author conducted interviews with 23 health and human SPs (20 women; M_{age} = 53.4 years; SD = 10.9 years), a local category of employment activity supported by a combination of federal, treaty-guaranteed funds, and additional grant monies funneled through the reservation's tribal government. As a result, many health and human service agencies depended upon federal funding initiatives of limited duration, and operations were tied to grant cycles. In this fluid health and human service environment, SPs typically accrued diverse employment experiences in a range of tribal programs, and therefore are best understood to represent a cohort of health and human SPs with a wealth of diverse training and employment experiences. Additionally, most SPs had received either an associate's or bachelor's degree (e.g., in social work, addictions counseling) from the tribal college or a state university in the Great Plains region. Master's degrees in tribal leadership, available at the tribal college, were also common. All but one SP identified as members of the same tribal ethnic group that resides on this reservation.

The first author and on-site interviewer was a 26-year-old White male doctoral candidate in clinical psychology, while the second author is an established AI research psychologist with extensive personal and professional experience in reservation communities in the Great Plains region (including prior research experience on this reservation) who served as his faculty research mentor. In all but one case, the first author's interactions prior to conducting interviews were limited to announcing the study, soliciting interviews, and answering questions about the study at each place of work. Although initial engagement with the interviewer ranged from immediate enthusiasm to moderate circumspection, all interviewees gradually opened to the line of questioning and became sufficiently engaged in the interview (witnessed by efforts to accurately convey nuance in their understandings of history, HT, and their impacts in the lives of reservation residents today). Differences in initial engagement with the interviewer were likely due to his various identities. For example, being a White researcher seemed to elicit reticence in some respondents, whereas attention to shared experiences in suicide prevention and behavioral health practice seemed to elicit confidence and a willingness to trust from many.

Measure

Utilizing local knowledge developed over the three months of participant-observation that preceded interviews—consisting of living with a host family, attending daily community events, and building relationships with multiple community constituencies—the first author developed a semi-structured interview guide (see Appendix). The guide begins with broad open-ended questions to obtain local, emic perspectives and avoid the top-down imposition of exogenous conceptual frameworks. Only later in the interview, after allowing participants to bring their own personal understandings to the discussion of several topics—including the relations between history and the lives of community members today—were participants explicitly asked about HT. This approach afforded some insight into how HT did or did not factor into their understanding of these issues prior to ascertaining their understanding of the HT concept. Importantly, the interview guide was used flexibly, allowing for unplanned prompts to solicit elaboration and clarification when helpful, as well as a more conversational tone. Although field notes informed the interview guide, they were not used for this analysis; the interview guide was neither piloted before use, nor altered between interviews.

Procedure

All aspects of this project—including a draft of this manuscript—were reviewed by the local governing tribal research review board and the [University] Institutional Review Board. Participant recruitment involved the first author approaching all tribally-funded health and human service agencies within a 60-minute drive from his residence on this sizable reservation (comprising about half of this territory) to announce the project and solicit participation. The recruitment announcement oriented SPs in each setting to the general nature of the project, including our interest in history and contemporary hardship on the reservation but excluding any explicit mention of HT. Interviews were often conducted on the same day as the announcement, but scheduling interviews for a later date was also common. Thirteen agencies were approached, all but two (seemingly too busy and uninterested) welcomed the announcement, and at all eleven agencies where the announcement was made between one and three SPs volunteered to participate. The number of SP participants from each organization was capped at three to minimize potential biases tied to any specific organization. In this way, recruitment involved a purposeful and pragmatic sampling of SPs with the goal of representing the breadth of health and human services on this reservation. The final number of interviews was also limited by the first author's set period of data collection.

Prior to engaging in interviews, SPs were provided written consent forms that reiterated information provided during recruitment. All interviews were audio recorded in August, 2012, and subsequently transcribed and analyzed. The qualitative data analysis program NVivo (version 10) was utilized in the coding process (Bazeley, 2007). Coding involved the first author carefully reading through interview transcripts, sectioning off participant responses to the question "What does HT mean to you?" and distilling a definition of HT for each SP based on their responses to this question. When responses referenced earlier comments (e.g., "just what I was saying earlier…"), the referenced material was also included in the analysis. The transcript from the one SP who was unfamiliar with HT was excluded from this analysis. As a result, 33,370 of the total 126,280 words from 22 interviews were analyzed. This "directed" (or "focused") semantic approach to thematic analysis is ideal for limiting the scope of transcript review to information relevant to a key content area (e.g., talk about understandings of HT; see Braun & Clarke, 2006, and Hsieh & Shannon, 2005).

Through a process of induction, comments about HT were then distilled into a coherent definition espoused by each individual SP, accounting for all uses of the term. For example,

Mary (all SP names are pseudonyms) described HT by saying that "the [tribal] traditions, culture, and customs were all taken away," and implicated federal programs "called relocation [from the reservation]," "[coercive placement of youths in assimilative Christian] boarding schools," and the installation of cycles of violence, poverty, and alcohol abuse as instances of "being forced to live another culture's life." Applying our inductive process to these comments, we designated Mary's conception of HT to be the "displacement of traditional life ways" by contemporary American life ways, which fit within a broader pattern of defining HT as forced "socio-cultural change." Importantly, for Mary to be categorized as such, transcripts were rigorously reviewed to ensure no alternative uses of the HT term were present. While this was a fairly straightforward process for most SP transcripts, in three cases a second use of the HT term was found alongside a distinctive explanatory pattern and therefore assigned a second definition. These three SPs are represented in our results below as providing "dual definitions" of HT. Owing to resource constraints, we were unable to present these definitions to participants for their direct feedback (which was neither requested nor required by the controlling tribal research review board).

Results

Interviews with 23 health and human SPs on a Great Plains reservation revealed that all but one was familiar with the HT term. However, through analyzing interview transcripts from the remaining 22 SPs, we found that only 5 SPs engaged with HT in ways that reflected an awareness of the most distinctive and definitive feature of the concept as promoted by its scholarly advocates, namely, the linking of historical colonial oppression to modern behavioral health problems via the transmission of psychological risk or vulnerability from AI ancestors to descendants. This point is crucial for appreciating the analysis that follows and the results of this study: 17 of the 22 SPs appeared to have casually appropriated the term HT rather than adopting the fully theorized concept, recasting (or overlaying) the term to capture other ideas for communicating about the impacts of colonial oppression. As a result, prior to assessing the degree of psychological-mindedness reflected in SPs' engagement with HT, we must first attend to the varying ideas and concepts that were discussed by SPs under the rubric of HT to determine which were conceptually similar enough to afford subsequent analysis relative to psychological-mindedness.

Insert Table 1 about here

Descriptive Findings

Re-articulations of the HT term. Four SPs defined HT as a synonym for historical oppression, using the HT term to describe historical experiences with colonialism and resultant ancestral suffering as utterly separate and distinct from hardship today due to contemporary social and economic problems (see Table 1). Wilma, for example, commented:

> Maybe a long, long, long time ago people were traumatized from whatever… they experienced in the boarding schools…. Today, I personally haven't visited with anybody *who could say they're still traumatized by HT* [italics added]… I really think this HT that people talk about is probably for those who are maybe in their 80's… that age range. But still there is trauma going on in the schools…. That is modern day trauma… mainly the bullying and mainly the dropping out of school situations… like babies having babies, you know? I don't think that happened way back in the day.

Highlighted in this comment, and shared by all four SPs in this group, was a clear delineation between hardships experienced by earlier generations on one hand (e.g., trauma from boarding schools, which no longer function today in a baldy assimilative manner) and contemporary social and economic problems on the other (e.g., bullying, teen pregnancy, school dropout), which Wilma referred to as "modern day traumas" and characterized as the major sources of distress for reservation residents today. Importantly, rather than connecting ancestral traumas to modern day traumas, SPs in this group highlighted their differences and limited the effects of HT to community members in their 80s, or earlier ancestors, who directly experienced those events. Thus, these SPs conceptually reconstituted these experiences as personal rather than intergenerational traumas. Beyond this, as reflected in Wilma's comments, personal traumas were discussed with minimal psychological-mindedness through emphasis of observable problem behaviors more so than internal thoughts and feelings. As a result, reference to the psychological lives of contemporary reservation residents was limited to a relatively unelaborated acknowledgment of hardship associated with experiences of social problems (e.g., teen pregnancy).

Five SPs described HT as resulting from historically-rooted problems that persist into the present due to ongoing oppression. For example, Zoe emphasized the tribe's vulnerable position with regard to land ownership:

> HT… encompasses so much…. Number one, we don't trust the United States government. They lie. To this day they lie to us, they steal, and they cheat [italics added]…. This is our land… but we have been displaced so many times throughout our generations that… I would be foolish to think that I really do own any land…. If the United States decided they want that land, they are going to come in and take it—eminent domain…. So when you have to live like that, you have a beautiful home and you build your home up and you get so much cattle, then all of a sudden, you know they can come in and just take it at any point in time. That's no way for any human being to have to live.

Proceeding to highlight additional historical and lifetime examples of dishonesty and manipulation by the U.S. federal government, Zoe illustrated how the five SPs in this group understood the impact of HT to lay, not in horrific past events experienced by ancestors or the transmission of harm from ancestors to descendants, but rather in the present and ongoing maintenance of systems of oppression. Additional examples of systemic oppression from SPs in this group focused on entrenched poverty, underfunded health and human services, systemic racism and discrimination in reservation border towns, and the tribe's ongoing reliance on a boarding school system that separates children from their families. Thus, these SPs conceptually emphasized contemporary inequity and disadvantage, with deep historical roots to be sure, but without accentuating or privileging instances of historical oppression as especially influential or interesting per se (akin, perhaps, to contemporary professional interest in the social determinants of health). Finally, by emphasizing contemporary inequities, reference to the psychological lives of contemporary AIs was again limited to a relatively unelaborated acknowledgement of frustration and hardship in response to experiences of poverty, powerlessness, and injustice, reflecting minimal psychological-mindedness similar to the previous group of SPs.

Eight SPs defined HT as socio-cultural change, identifying local disruptions wrought by colonization as the primary source of community distress for reservation residents today:

> Everything from having to live in the community that we live based on the establishment of the reservation, the Allotment Act when we were granted parcels of land, to having to stay in one area when, in previous generations, our people were moving across the land based on the seasons and following the buffalo…. Plus having forced education, children being removed from their families…. they no longer have access to the deep knowledge and the language and… all of the attitudes and behaviors that come from living with…

> your extended family on a daily basis…. So that whole process… of disruption of our traditional lifestyle, has really contributed to a lot of negative impacts…. [HT] is the response and the reaction to the events that created [the] disruption.

Here, Sarah emphasized "a process… of disruption" that has changed "attitudes and behaviors" in the community, resulting in "negative impacts." Sarah then went on to underscore how culture change contributed to entrenched "poverty," "family dysfunction," and "alcoholism and diabetes and cancer… due to stress." Thus, SPs in this group explain contemporary suffering and behavioral health problems as a result of the displacement of protective cultural traditions and the installment of overwhelming social and economic problems. Importantly, however, their account of devastating change included no reference to the intergenerational transmission of risk or vulnerability from traumatized ancestors to modern descendants. Instead, these SPs explained the proliferation of community-wide disadvantage as a function of culture loss, which undermined the repertoire of coping resources available to contemporary community members. By conceptualizing forced socio-cultural change within this coping framework, these SPs exhibited greater attention to psychological distress associated with the "negative consequences" of colonial disruption to "our traditional lifestyle." Importantly, however, none of the other indicators of psychological-mindedness found in the AI HT literature were observed in descriptions of HT by these eight SPs (e.g., locating dysfunction within the individual psyches of contemporary AIs, embracing clinical indicators in characterizing HT, expanding psychological trauma to include multigenerational processes). In sum, attention by these SPs to the psychological lives of contemporary AIs was modest at best.

Refractions of the HT concept. Unlike the previous 17 SPs, 5 SPs described HT in ways that did recognize a link between ancestral experiences of colonial oppression and contemporary behavioral health problems in ways that could potentially be characterized as psychological. In this regard, they invoked not just the HT label but also gestured in some fashion to the scholarly concept of AI HT.

Three SPs defined HT as both a sociological phenomenon defined by forced socio-cultural change and a psychological phenomenon defined by inherited "emotional pain." In all three cases, however, SPs shifted between these ideas in unintegrated fashion upon recalling alternative uses of the term (i.e., "I heard someone use the term…"; "someone on the radio was saying…") or a locally-salient cultural reference (i.e., "that song Floyd Westerman used to sing,

B.I.A. I'm not your Indian anymore."). For example, Barb began by highlighting emotional pain and, upon recalling the words of a professor at the tribal college, shifted to defining HT as socio-cultural change:

> [HT] actually has a real significant meaning to me, and it affects me every day because my grandmother…. Her family came here to [this reservation]… from Minnesota…. They were forced to leave their community there because of the mass hanging [of AIs following defeat in a war during the 1860s]… and so… growing up I've taken a Native American history class, and hearing all of the atrocities that Native American communities had to face in the past, not only here… but nationally, is just an emotional experience… although it's been hundreds of years, the pain is almost like it was yesterday. And that's what HT is. That being connected to traumatic events that happened hundreds of years ago…. I've heard someone use the term that we are all suffering from HT… just being here, forced to be on this reservation, is a traumatic event for our people because we used to be a free nation to follow the buffalo and we used to be able to go to [sacred place] and perform our ceremonies…. That's how people… today are connected to that HT… having to be here on this reservation…. When you're born into poverty, you're more than likely going to stay in poverty… [and] live your entire life here.

Above we can see how Barb, like the other two SPs in this group, offered dual definitions of HT, separated by a semantic shift between a painful "emotional experience" and socio-cultural changes forced upon the local tribe (i.e., sedentarization and entrenched poverty). Among the three SPs in this group, two shifted from emotional pain to oppression and socio-cultural change, and one shifted in the reverse direction upon recalling "someone on the radio" who talked about HT in a clinical manner. In each case, explicating suffering in terms of HT as emotional pain located dysfunction in the individual psyches of contemporary AIs, expanded the influence of psychological trauma as a multigenerational shared process impacting all Native Americans, and foregrounded emotional dysfunction to a much greater extent than previous groups of SPs. This high degree of psychological-mindedness—in many respects comparable to that among leading AI HT advocates—was not integrated with their discussions of HT as forced socio-cultural change, which alternately located dysfunction in shared experiences of oppression, the installment of social and economic problems, and suppression of indigenous ceremonial traditions. In the end, the key point is that these dual definitions of HT were not synchronized

into a coherent account of intergenerational transmission from ancestors to descendants, and thus once again did not address the HT concept as promoted by its advocates.

Another SP, Kim, defined HT as brain injury, detailing a process by which historical experiences of colonial violence have impacted the "brains" of community members:

> Scientifically… when babies are in the womb and there is a lot of trauma in the mother's life, those chemicals do flow to… the fetus…. If the emotional part is working all the time, the cognitive [part] isn't able to start firing…. I have read a couple articles about it and so I can see how it has affected us today because we don't have many critical thinkers. We have a lot of people who act on emotion…. That's why a lot of our kids end up in prison.

Here, Kim referenced the work of "Dr. Bruce Perry," an influential traumatologist (see Perry & Pollard, 1998), to implicate "trauma" in an extended and cumulative process by which the brains of tribal members have been incrementally damaged during in-utero development. For her, this explained a dearth of "critical thinkers," the presence of "a poverty mentality" on the reservation, and "why a lot of our kids end up in prison." For Kim, then, HT did in fact involve intergenerational transmission, albeit one that placed descendants at risk through disordered fetal development (a trauma-as-teratogen explanation). Thus, although Kim made reference to trauma as a multigenerational process, her invocation of brain injury effectively minimized the psychological component of psychological trauma. This again departs in significant ways from HT as conventionally theorized for AI communities, as we are not aware of any its proponents to have designated AI HT as a form of brain damage. In any case, such an account necessarily results in a minimal degree of psychological-mindedness.

Finally, one SP, Gene, defined HT as spirit harm, a phenomenon rooted in tribal members' spiritual and genetic connections to the experiences of ancestors. He explained:

> HT could be a hundred years ago or it could be yesterday… and it would affect you in the same way…. HT is something that harms your spirit…. Some of the traumatic things that have happened in life are carried through our DNA and so you don't even have to experience standing in a ration line with a blanket that probably had disease in it to maybe have an understanding of what that means…. This isn't trauma-based really, but… for as long as I can remember… I can hear a powwow drum. I can hear a ceremony drum. And the minute that I start hearing the beat happen, all the hair on the back of my neck

> stands up and I started getting sensations…. I must be connected to something… for it to have an effect on me like that…. And I think trauma things are based in that same place… something happens to you and your spirit recalls it. And then… physically or emotionally or spiritually or mentally it has an effect on you.

In this way, Gene defined HT as a spiritual phenomenon with ties to the DNA of tribal members. Although transparent about many uncertainties regarding this phenomenon, he was clear in equating the influence of past and present lifetime experiences in shaping the lives of reservation residents today. This was equally true of "good memories" and memories of "trauma," both of which could affect community members physically, emotionally, spiritually, or mentally. In Gene's description, then, HT operated by virtue of a posited shared transpersonal essence that linked ancestors and descendants in their collective experiences. Thus, although Gene described a multigenerational form of trauma with mental and emotional consequences, the referenced trauma was spiritual in nature (not psychological) and rather than further elaborate upon the psychological lives of contemporary AIs he used this concept of a shared transpersonal essence to emphasize positive and negative ways contemporary tribal members are spiritually connected to their ancestors. Once again, this account reflects only minimal psychological-mindedness.

Interpretive Findings

In this study, all but one of the 23 SPs working in tribally-sponsored health and human service agencies on this Great Plains reservation were familiar with HT, yet only 5 of the remaining 22 SPs described HT in ways that were at all consistent with the concept's most basic formulation as theorized by its AI proponents. Among the 17 SPs that adopted the HT term without invoking the most distinctive and definitive features of the actual concept, four recast it as a synonym for historical oppression, five as ongoing oppression, and eight as forced socio-cultural change, none of which explained behavioral health problems among contemporary AIs as a function of transmitted risk or vulnerability from ancestors to descendants. Rather, all 17 SPs emphasized the role of social and economic problems in causing distress on the reservation today, and eight of the 17 SPs also implicated a loss of protective cultural traditions in creating hardship for reservation residents. This latter group of respondents did in fact demonstrate a modest degree of psychological-mindedness by mentioning psychological suffering or emotional dysfunction in association with social and economic problems resulting from colonial oppression, but none explained behavioral health disparities as a function of problems in the

psyches of contemporary AIs, none emphasized individualistic clinical or psychological indicators of dysfunction (e.g., depression, shame), and none expanded psychological trauma to include multigenerational processes.

Regardless of these occasional expressions of psychological-mindedness, in the end none of these 17 SPs had referenced anything that closely resembled the HT concept found in the literature, neither in its most basic formulations (i.e., psychological injury) nor in its key features (e.g., cross-generational transmission). Rather, these SPs invoked the HT term primarily to talk about oppression. Thus, our analysis of psychological-mindedness in SP engagement with HT was only valid for the five SPs that did appear to invoke something akin to the full HT concept (rather than merely appropriating and recasting the label). In this regard, the expressed conceptual models of HT presented by these five SPs all included both emotional pain and socio-cultural change, although only two respondents offered unambiguous links between ancestral experiences of colonial oppression and anything like modern-day behavioral health disparities (featuring explanations based on trauma-as-teratogen or shared transpersonal essence, respectively).

For these two respondents, psychological-mindedness featured relatively minimally in their descriptions. Kim described a direct connection from historical oppression to contemporary distress by referencing the trauma literature to claim generations of violence exposure during pregnancy have cumulatively undermined the emotion regulation abilities of tribal members. Thus, we find a degree of psychological-mindedness in Kim's mention of impaired emotion regulation and critical thinking skills among tribal members as links between HT and social problems today (e.g., community violence, high incarceration rates). However, the psychological effects of HT were again described as ancillary, this time to a primary emphasis on a reductionist neurological model of brain injury. Not surprisingly, then, rather than further elaborate psychological suffering either from brain injury or living in a community plagued by social problems, Kim focused on detailing the neurochemical process of brain injury and making a case for its relevance in explicating salient social problems.

Alternatively, Gene described spiritual and genetic connections spanning multiple generations such that historical and contemporary experiences, including experiences of trauma, are "felt" in the "spirits" of contemporary tribal members through a transpersonal essence with physical, emotional, spiritual, and mental effects. Although his attention to individual

psychological suffering (i.e., emotional and mental effects of HT) reflects a notable degree of psychological-mindedness, Gene also described these effects as ancillary to community members' spiritual and genetic connections to ancestral trauma. As a result, rather than elaborate psychological dysfunction, maladaptive coping, bereavement, or emotional pain from ancestral trauma, Gene highlighted positive and negative ways the experiences of ancestors continue to shape the lives of contemporary tribal members.

Discussion

In setting out to assess psychological-mindedness in SP engagement with HT, we were surprised to find that only 5 of the 22 SPs familiar with the HT term defined it in ways that resembled the concept's most basic formulation, namely, historical oppression causing modern behavioral health problems via the transmission of psychological injury in ancestors to heightened risk for psychological distress in descendants. Rather than describe the fully theorized concept of HT, 17 SPs appropriated the HT term to talk about experiences with oppression (i.e., historical oppression, ongoing oppression, forced socio-cultural change). Furthermore, even among the 5 SPs that engaged with something akin to the HT concept as described in the health sciences literature, their expression of psychological-mindedness fell far short of that found in descriptions offered by Brave Heart and her colleagues. Although all five of these SP definitions could be read as featuring psychological injury—the unique contribution of the HT discourse to pre-existing and ongoing conversations in AI communities about the effects of colonization on AI peoples—two SP definitions emphasized minimally psychological ideas of spirit harm and brain injury, while the other 3 SPs offered dual but unintegrated definitions.

On our spectrum of psychological-mindedness, anchored at the high end by Brave Heart and low end by Traveling Thunder, it seems that definitions of spirit harm and brain injury fell along the low end while the three dual definitions could be located right in the middle by switching between a highly psychologically-minded definitions comparable to Brave Heart (1999, 2003) in focusing on emotional pain as the underlying cause of BH disparities and a definition of socio-cultural change leading to social and economic problems that reflected minimal psychological-mindedness. Although the remaining 17 SPs appropriated and recast the HT label to talk about oppression, and therefore were not engaged with the HT concept as such, it is worth noting that their definitions of HT would fall close to Traveling Thunder on the lower

end of our spectrum (with low to modest degrees of psychological-mindedness). Most notable about these findings, then, is the significant gulf between how AI HT has been defined in the literature—psychological dysfunction from trauma transmitted from ancestors to descendants—and how it has been interpreted and engaged with surprisingly minimal psychological-mindedness by reservation SPs.

We suspect that, like Traveling Thunder, SPs on this Great Plains reservation maintained cultural sensibilities that precluded articulation of the psychological-mindedness that features so heavily in the AI HT concept, leading to explanations grounded in socio-cultural narratives about contemporary behavioral health disparities in their community. Albeit surprising given their training in the health and human services (e.g., counseling, clinical social work) and geographic location at the epicenter of AI HT, this local pattern of historicizing contemporary experiences—including experiences of suffering—through narratives of socio-cultural change also facilitated discourses of oppression that divorced the HT term from the concept's origins in a person-centered, clinical framework modeled on PTSD. As a result, we found that SPs frequently deployed the trauma term colloquially to underscore the surreptitious and systemic nature of the Euro-American colonial project, and at the same time rendered talk about oppression relevant and recognizable within the clinic.

More than merely a semantic difference in terminology, SPs that used HT to talk about oppression consistently located "the problem" of HT outside the individual, whereas even modestly greater psychological-mindedness led to locating disorder in the spirits, DNA, brains, and emotions of contemporary tribal members. As such, this local cultural preference for socio-cultural narratives of oppression with minimal psychological-mindedness illustrates an alternative route toward historicizing contemporary suffering in light of ancestral experiences with colonization—the primary goal of early AI HT advocates (e.g., Brave Heart & DeBryun, 1998; Duran & Duran, 1995)—that effectively sidesteps the role of HT in homogenizing contemporary AI experiences of suffering (see Waldram, 2004) and "medicalizing" social problems (Gone, 2014). Furthermore, this finding also invites a shift in attention from the psycho-biological to the socio-political in work with AI peoples regarding connections between tribal histories and contemporary life. Such programs of research might consider either attempting to redefine and de-psychologize the HT concept (e.g., HT as "public narrative" [Mohatt, Thompson, Thai, & Tebes, 2014] or as "postcolonial distress" [Kirmayer, Gone, &

Moses, 2014]) or abandon HT in favor of a more amenable framework (e.g., "cultural continuity" by Chandler & Lalonde, 1998).

In certain respects, the creation of the AI HT concept, and the significant gulf identified between the AI HT literature on one hand and the local experience as represented by these Great Plains reservation SPs on the other, bear semblance to Young's (1995) account of the "invention" of PTSD. In this analysis, PTSD was promoted to legitimate suffering attributed in post hoc fashion to prior traumatic experiences as a reflection of political advocacy surrounding US culpability in prosecuting the unpopular and controversial Vietnam War. Additionally, Young observed for PTSD that it is routinely impossible for diagnosticians to determine whether current distress was truly caused by specific prior events, or alternately whether current interpretations of prior specific events instead provide compelling explanations for contemporary distress. Moreover, attempts to capture experiences of distress as PTSD have been challenged on grounds of reducing and homogenizing diversity in experience via an emphasis on shared psychological sequelae. The result for PTSD, as Young argued and as traumatologists continue to observe (see Rosen, Spitzer, & McHugh, 2008), has been a poor fit with the varied ways in which individuals respond to overwhelming life events. Each of these would appear to characterize the formulation of AI HT as well. Most significantly, the gulf in psychological-mindedness illustrated by our data suggests a parallel mismatch between the AI HT concept and local experience, at least in this AI community.

Implications for Globalized Medicine

As an empirical illustration of how cultural assumptions embedded in behavioral health constructs like HT can come into conflict with diverse cultural forms, our findings urge caution and more careful consideration for how the promotion of psychological-mindedness via behavioral health initiatives may work to undermine indigenous worldviews and subjectivities. Importantly, while SPs on this reservation were largely defined by resistance to the cultural assumptions of AI HT, there are many reasons to expect this tension to play out differently in other contexts. For one, this reservation is widely revered as a historical stronghold of indigenous resistance to Euro-American cultural impositions, affording reservation-based SPs privileged access to locally meaningful counter-narratives to the psychologically-minded HT literature. Additionally, SPs on this reservation typically maintained employment histories spanning multiple service sectors, complementing clinical experience with training in non-clinical settings

likely to be further removed from the cultural assumptions of the psy- disciplines (e.g., prevention centers). Finally, no SPs in this sample mentioned pressure from the tribe's health and human services administration or on the basis of involvement in other behavioral health initiatives to adopt stock HT narratives. The same may not hold for SPs involved in the numerous HT-focused community interventions and educational campaigns throughout "Indian Country" (e.g., Brave Heart & DeBryun, 1998; Brave Heart, Elkins, Tafoya, Bird, & Salvador, 2012; Garrett et al., 2014; Heckert & Eisenhauer, 2014) and around the globe (e.g., Beltrán & Begun, 2014), that often represent HT as an inherently indigenous framework for understanding and addressing distress in indigenous populations around the world. As such, this work adds psychological-mindedness to the growing list of cultural exports in the context of asymmetrical power relations between the local and the global within biomedicine and emerging movements for global mental health (see Collins et al., 2011; Kirmayer & Pedersen, 2014).

In addition to concerns for the displacement of local indigenous cultural forms, we also observed that the adoption of psychological-mindedness among SPs functioned to redirect attention from a socio-cultural lens on colonial oppression to a psychological lens on intra-personal injury. Fassin and Rechtman (2009) offered a historical analysis of how this highly political process of remaking "violence and oppression" into "suffering and trauma" has been central to the emergence and popularization of trauma concepts in Western psychiatry and public discourse. Here, we see this process playing out in how engagement with psychologically-minded clinical trauma concepts coincided with characterizing hardship on the reservation as a psychological or emotional issue, problem frames that too often exclude attention to the social, economic, and political conditions that are far more influential as determinants of population mental health (Lund et al., 2010; Wilkinson & Pickett, 2006). In this way, we find tensions around HT playing out globally in concerns common to trauma discourse and its role in medicalizing social, economic, and political problems (Conrad, 1992; Gone, 2014b), as well as locally in how HT might recast histories of colonial violence and oppression into more clinically familiar narratives of psychological suffering and trauma.

Limitations and Future Directions

This study is marked by at least two important limitations. First, our interview methodology is limited in that we can only speak to SPs' engagement with HT in the abstract. These data may not closely reflect if and how SPs incorporate HT into client encounters (e.g.,

therapy, social support services). We would expect some relation between the understandings of HT conveyed by SPs in this study and their engagement with the concept in clinical practice—perhaps especially so because interviews were conducted in their place of work—however, further investigation into the circulation of ideas about HT by SPs would benefit from a more in-depth and prolonged study of actual SP practices in multiple contexts (e.g., ethnography).

A second limitation of this work is the absence of feedback from SPs during the analytic process. As one might expect when asking people to speak about an abstract concept like HT, responses were not always well organized, making the distillation process challenging at times. However, this analysis aimed to capture and represent the patterned ways in which SPs engaged with the AI HT concept, which were fairly robust. The most difficult-to-interpret patterns pertained to the definitions of the three SPs that jumped from emotional pain to forced socio-cultural change, and vice-versa, in a disjointed fashion. Further exploration into the comprehensiveness, discreteness, and stability of these patterned ways of thinking about HT stands as another important future direction of this work.

With regard to the larger project of understanding how engagement with HT functioned to shape concepts of culture, personhood, health, healing, and history—of which this analysis is one part—an important next step will involve the presentation of findings to key community constituencies to obtain feedback and initiate dialogues regarding the roles of HT discourse on this reservation and across "Indian Country" more broadly. Concomitantly, future research on this topic might take a more refined look at specific types of health and human SPs (e.g., an in-depth look into a specific clinic) or refocus attention on other influential community constituencies. For example, several SPs referenced lessons about HT from coursework at the tribal college, which suggests the study of tribal education systems might be important. Globally, as a case example of how cultural difference can come into conflict with HT discourse, this work makes the case for future investigations into how the psychological-mindedness of AI HT may also be present in other applications of the trauma concept—and in behavioral health and human services more generally—possibly threatening to displace and homogenize diverse cultural forms in community settings around the world.

Finally, we believe our findings invite speculation and encourage future inquiry into the relations between gender and discourses of health and healing like AI HT. The helping professions, and the social and interpersonal roles and responsibilities therein, have traditionally

fallen to women in US society due to essentialized ideas of gender around which gender roles have been established and maintained by patriarchy (see Amott & Matthaei, 1996; Fisher, 1990; Kessler-Harris, 2001, Witz, 2013). Traditionally, in Indian Country gender has been further essentialized with even more pronounced gender role differences and women assuming most of the care-giving roles (see Bell, 2002 and Shoemaker, 1995), a hotly debated topic at the intersections of feminism and settler-colonial studies (see Allen, 1986; Deveaux, 2000; Leacock, 1981; Mihesuah, 2003; Rosaldo, 1974). Thus, it was by no accident that 20 of our 23 SPs were women, just as it is no coincidence that the AI HT literature and the Takini Network have consisted almost entirely of women. An important implication of these patterns is that the politics of competing discourses of health and oppression are playing out in gendered spaces and institutions where women must negotiate between local understandings and the global influences of biomedicine. Women in our sample navigated this predicament by co-opting the HT term while retaining local cultural preferences for socio-cultural analyses; however, we might expect different responses among women in settings with relatively fewer cultural resources and greater incentive or coercion. Additionally, with the growing influence of globalized medicine, we might expect to find similar tensions between psychologically-minded health discourses and local indigenous ways of understanding culture, personhood, health, healing, and history in diverse settings around the world. This certainly represents an important area for future inquiry.

Conclusion

Initially developed to explain distress among descendants of survivors of the Jewish Holocaust, HT has subsequently been applied to new and diverse contexts around the world. AI communities have been one particularly influential context in which the concept of HT has become immensely popular as a means of historicizing behavioral health disparities among contemporary AIs with reference to experiences with European and Euro-American colonization. To accomplish this goal of contextualizing contemporary community health disparities historically, a determined group of AI behavioral health clinicians and researchers have drawn upon psychologically-minded clinical notions of trauma to theorize connections between ancestral experiences of historical oppression and contemporary behavioral health problems via the transmission of psychological risk or vulnerability from ancestors to descendants.

Based on interviews with 23 health and human SPs on a Great Plains AI reservation, we found all but one to proclaim familiarity with HT. However, only 5 of the 22 SPs engaged with

the HT concept as reflected in its most basic formulation (i.e., psychological injury) and features (e.g., cross-generational transmission). Three of these 5 SPs switched between unintegrated definitions of HT as emotional pain and forced socio-cultural change, suggesting that for them neither definition alone was sufficient in explicating behavioral health disparities on their reservation. The remaining 17 SPs appropriated and recast the HT label to talk about various forms of oppression. Surprisingly, none of the 22 SPs familiar with the HT concept consistently demonstrated psychological-mindedness comparable to the formulations by Brave Heart and her colleagues, and only the three SPs that switched between dual definitions registered above the lower end of our spectrum of low to modest psychological-mindedness, falling right at the midpoint. Apparent in these results is a strong preference for socio-cultural accounts of oppression for explaining colonization's impact on contemporary reservation residents, which, we suggest, reflects a local cultural worldview and subjective experience of comparably minimal psychological-mindedness. This contrasts sharply with the bulk of the AI HT literature that promotes deeply psychological understandings of history, violence, and oppression that, on this reservation, appeared to promote "psychologized" perspectives on behavioral health disparities that threatened to exclude attention to social, economic, and political influences on health.

Although few SPs in this study reflected anything close to the psychologically-minded concept of AI HT found in the health sciences literature, this study serves as an empirical example of how the cultural assumptions embedded within behavioral health concepts like HT can come into conflict with diverse cultural forms and work to medicalize or psychologize social, economic, and political problems. As a result, we include psychological-mindedness on the growing list of cultural exports that raise concern about the promotion of biomedicine via emerging movements for global mental health in an increasingly culturally homogenous world.

References

Allen, P. G. (1986). The Sacred Hoop: Recovering the feminine in American Indian traditions. Boston, MA: Beacon Press.

Amott, T. L. (1996). Race, Gender, and Work: A Multi-Cultural Economic History of Women in the United States. Boston, MA: South End Press.

Appelbaum, S. A. (1973). Psychological-mindedness: Word, concept and essence. The International Journal of Psychoanalysis, 54, 35–46.

Archibald, L. (2006). Decolonization and Healing: Indigenous experiences in the United States, New Zealand, Australia and Greenland. Aboriginal Healing Foundation.

Baker, K. G., & Gippenreiter, J. B. (1998). Stalin's Purge and Its Impact on Russian Families. In Y. Danieli (Ed.), International Handbook of Multigenerational Legacies of Trauma (pp. 403–434). New York, NY: Plenum Press.

Baranowsky, A. B., Young, M., Johnson-Douglas, S., Williams-Keeler, L., & McCarrey, M. (1998). PTSD transmission: A review of secondary traumatization in Holocaust survivor families. Canadian Psychology/Psychologie Canadienne, 39, 247–256. doi:10.1037/h0086816

Bazeley, P. (2007). Qualitative data analysis with NVivo. London [UK]: Sage Publications Ltd.

Bell, B. (2002). Gender in Native America. In P. Deloria and N. Salisbery (Eds.), A Companion to American Indian history (307-320). Oxford, UK: Blackwell Publishers.

Beltrán, R., & Begun, S. (2014). "It is Medicine" Narratives of Healing from the Aotearoa Digital Storytelling as Indigenous Media Project (ADSIMP). Psychology & Developing Societies, 26, 155–179. doi:10.1177/0971333614549137

Braun V. & Clarke, V. (2006). Using thematic analysis in psychology, Qualitative Research in Psychology, 3, 77-101.

Brave Heart, M. Y. H. (1999). Oyate Ptayela: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. Journal of Human Behavior in the Social Environment, 2, 109–126.

Brave Heart, M. Y. H. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. Journal of Psychoactive Drugs, 35, 7–13. doi:10.1080/02791072.2003.10399988.

Brave Heart, M. Y. H., & Daw, R. (n.d). Welcome to Takini's Historical Trauma. http://www.historicaltrauma.com.

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. American Indian and Alaska Native Mental Health Research, 8, 60–82.

Brave Heart, M. Y. H., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). Wicasa Was'aka: Restoring the traditional strength of American Indian boys and men. American Journal of Public Health, 102 (Suppl 2), S177–S183. doi:10.2105/AJPH.2011.300511

Chandler, M . J. & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. Transcultural Psychiatry, 35, 191-219. doi:10.1177/136346159803500202

Collins, P. Y., Patel, V., Joestl, S. S., March, D., Insel, T. R., Daar, A. S., … Walport, M. (2011). Grand challenges in global mental health. Nature, 475, 27–30. doi:10.1038/475027a

Coltart, N. E. (1988). The assessment of psychological-mindedness in the diagnostic interview. The British Journal of Psychiatry, 153, 819–820.

Conrad, P. (1992). Medicalization and Social Control. Annual Review of Sociology, 18, 209–232. doi:10.1146/annurev.so.18.080192.001233

Deveaux, M. (2000). Conflicting equalities? Cultural group rights and sex equality. Political Studies, 48, 522-539. DOI: 10.1111/1467-9248.00273

Duran, E., & Duran, B. (1995). Native American postcolonial psychology. Albany, NY: State University of New York Press.

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. Journal of Interpersonal Violence, 23, 316–338. doi:10.1177/0886260507312290.

Fassin, D., & Rechtman, R. (2009). The Empire of trauma: An inquiry into the condition of victimhood. Princeton, NJ: Princeton University Press.

Fisher, B. (1990). Alice in the human services: A feminist analysis of women in the helping professions. In E. K. Abel and M. K. Nelson, Circles of care: Work and identity in women's lives. Albany, NY: SUNY Press.

Garrett, M. T., Parrish, M., Williams, C., Grayshield, L., Portman, T. A. A., Torres Rivera, E., & Maynard, E. (2014). Invited commentary: Fostering resilience among Native American youth through therapeutic intervention. Journal of Youth and Adolescence, 43, 470–490. doi:10.1007/s10964-013-0020-8

Gone, J. P. (2007). "We never was happy living like a Whiteman": Mental health disparities and the postcolonial predicament in American Indian communities. American Journal of Community Psychology, 40, 290-300.

Gone, J. P. (2014). Reconsidering American Indian historical trauma: Lessons from an early Gros Ventre war narrative. Transcultural Psychiatry, 51, 387-406.

Hall, J. A. (1992). Psychological-mindedness: A conceptual model. American Journal of Psychotherapy, 46, 131–140.

Hartmann, W. E., & Gone, J. P. (2014). American Indian historical trauma: Community perspectives from two Great Plains medicine men. American Journal of Community Psychology, 54, 274-288.

Heckert, W., & Eisenhauer, C. (2014). A case report of historical trauma among American Indians on a rural Northern Plains Reservation. Journal of Forensic Nursing, 10, 106–109. doi:10.1097/JFN.0000000000000028

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. Qualitative Health Research, 15, 1277–1288.

Kellermann, N. P. F. (2001). Transmission of Holocaust trauma—An integrative view. Psychiatry: Interpersonal and Biological Processes, 64, 256–267. doi:10.1521/psyc.64.3.256.18464

Kessler-Harris, A. (2001). In pursuit of equity: Women, men, and the quest for economic citizenship in 20th-century America. New York, NY: Oxford University Press.

Kirmayer, L. J. (2007). Psychotherapy and the cultural concept of the person. Transcultural Psychiatry, 44, 232–257.

Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. Transcultural Psychiatry, 51, 299–319.

Kirmayer, L. J., & Pedersen, D. (2014). Toward a new architecture for global mental health. Transcultural Psychiatry, 51, 759–776. doi:10.1177/1363461514557202

Leacock, E. B., (1981). Myths of Male Dominance: Collected Articles on Women Cross-Culturally. New York, NY: Monthly Review Press.

Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. Social Science & Medicine, 71, 517–528. doi:10.1016/j.socscimed.2010.04.027

Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the transgenerational transmission paradigm. Transcultural Psychiatry, 51, 407–435.

Mihesuah, D. A. (2003). Indigenous American women: Decolonization, empowerment, activism. Lincoln, NE: University of Nebraska Press.

Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. Social Science and Medicine, 106, 128–136. doi:10.1016/j.socscimed.2014.01.043.

Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. Child and Adolescent Psychiatric Clinics of North America, 7, 33–51.

Prussing, E. (2014). Historical trauma: Politics of a conceptual framework. Transcultural Psychiatry, 51, 436–458.

Rosaldo, M. Z. (1974). Women, culture, and society: A theoretical overview. In M. Z. Rosaldo and L. Lamphere (Eds.), Women, Culture, and Society (17-42). Stanford, CA: University of Stanford Press.

Rose, N. (1998). Inventing our selves: Psychology, power, and personhood. Cambridge, UK: Cambridge University Press.

Rosen, G. M., Spitzer, R. L., & McHugh P. R. (2008). Problems with the post-traumatic stress disorder diagnosis and its future in the DSM-V. British Journal of Psychiatry, 192, 3-4.

Shoemaker, N. (1995). Negotiators of change: Historical perspectives on Native American women. New York, NY: Routledge.

Waldram, J. B. (2004). Revenge of the Windigo: The construction of the mind and mental health of North American Aboriginal peoples. Toronto: University of Toronto Press.

Walters, K. L., Simoni, J. M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska natives: incorporating culture in an "indigenist" stress-coping paradigm. Public Health Reports, 117(Suppl 1), S104.

Wesley-Esquimaux, C. C., & Smolewski, M. (2004). Historic trauma and Aboriginal healing. Aboriginal Healing Foundation.

Wilkinson, R. G., & Pickett, K. E. (2006). Income inequality and population health: A review and explanation of the evidence. Social Science & Medicine, 62, 1768–1784. doi:10.1016/j.socscimed.2005.08.036

Witz, A. (2013). Professions and Patriarchy. New York, NY: Routledge.

Young, A. (1995). The harmony of illusions: Inventing post-traumatic stress disorder. Princeton, NJ: Princeton University Press.

Table 1

Service Provider Demographics and Definitions of Historical Trauma

Pseud	Gen	Age	Current position	Definition category	Definitions
Kim	F	57	Youth ed. program specialist	Historical	Near destruction of a people
Tess	F	38	Child welfare caseworker	Historical	Colonial military violence
Wilma	F	54	Adult counselor	Historical	Colonial military violence
Nadia	F	41	Shelter caseworker	Historical	Culture loss, racism, & discrimination
Cathy	F	59	Health ed. specialist	Ongoing oppression	Cycles of violence and victimization
Yasmin	F	48	Vocational rehab. counselor	Ongoing oppression	Forcing negative changes to life ways
Zoe	F	#	Vocational rehab. counselor	Ongoing oppression	Imposed hardships on tribal members
Danielle	F	#	Youth counselor	Ongoing oppression	Settler-colonial violence to tribe
Pam	F	50	Case manager	Ongoing oppression	Violence to individual and tribe
Mary	F	58	Shelter caseworker	Socio-cultural	Displacement of traditional life ways
Janis	F	#	Child welfare caseworker	Socio-cultural	Forced negative changes to life ways
Heather	F	62	Youth counselor	Socio-cultural	Sociopolitical marginalization of tribe
Olivia	F	65	Addictions counselor	Socio-cultural	Responses to forced culture change
Sarah	F	63	Child welfare caseworker	Socio-cultural	Responses to forced culture change
Aaron	M	66	Addictions counselor	Socio-cultural	Loss of protective cultural resources
Vonni	F	53	Diabetes prevention specialist	Socio-cultural	Existential crisis from culture loss
Fran	F	55	Maternal & child health	Socio-cultural	Inherited systems of oppression
Isabel	F	53	Child welfare caseworker	Dual definitions	Forced change to traditional life ways
					Emotional pain from hist. violence
Barb	F	30	Addictions counselor	Dual definitions	Emotional pain from hist. violence
					Forced culture change & econ. problems
Ruth	F	64	Early childhood health & ed.	Dual definitions	Forced culture change
					Buried emotions from trauma
Laura	F	43	Early childhood health & ed.	Brain injury	Trauma exposure during pregnancy
Gene	M	38	Vocational rehab. counselor	Spirit harm	Experiences harm spirit, mark DNA

Appendix

Service Provider Interview Guide

1. ID#: _____

2. Date of Interview: _____

3. Location of Interview:

    1. Place of work
    2. Interviewee's home
    3. Other: _____

4. Age: _____

5. Gender: M F T-S

6. How would you describe your cultural background?

7. Could you describe some of the roles you play in this community?

8. How does the history of your people matter for your community today?

9. How does history continue to influence the lives of community members today [for better or worse]?

10. [Ask after interviewee has sufficiently framed discussion of history's influence on lives of community members] What does the term "historical trauma" mean to you?

11. How could these negative effects of history on the present generation best be addressed?

12. How is this similar to and different from frameworks in Western mental health (like PTSD)?

13. How does the concept of historical trauma relate your understanding of what it means to be [tribe]?