THE AMERICAN INDIAN HOLOCAUST:
HEALING HISTORICAL UNRESOLVED GRIEF

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Abstract: American Indians experienced massive losses of lives, land, and culture from European contact and colonization resulting in a long legacy of chronic trauma and unresolved grief across generations. This phenomenon, labeled historical unresolved grief, contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems among American Indians. The present paper describes the concept of historical unresolved grief and historical trauma among American Indians, outlining the historical as well as present social and political forces which exacerbate it. The abundant literature on Jewish Holocaust survivors and their children is used to delineate the intergenerational transmission of trauma, grief, and the survivor's child complex. Interventions based on traditional American Indian ceremonies and modern western treatment modalities for grieving and healing of those losses are described.

American Indians and Alaska Natives are plagued by high rates of suicide, homicide, accidental deaths, domestic violence, child abuse, and alcoholism, as well as other social problems (Bachman, 1992; Berlin, 1986; Indian Health Service, 1995; May, 1987). Racism and oppression, including *internalized oppression* (Freire, 1968), are continuous forces which exacerbate these destructive behaviors. We suggest these social ills are primarily the product of a legacy of chronic trauma and unresolved grief across generations. It is proposed that this phenomenon, which we label *historical unresolved grief*, contributes to the current social pathology, originating from the loss of lives, land, and vital aspects of Native culture promulgated by the European conquest of the Americas.

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In this paper we outline the concepts of *historical unresolved grief* and *historical trauma* among American Indians. We each have over 20 years of experience providing mental health treatment, training, and prevention services to reservation and urban Lakota and Pueblo Indians as well as other tribes across the country and in Canada. One of us is a Lakota clinical social worker and the other is a French Canadian medical anthropologist. We came to these concerns separately, starting in the 1970s. We have collaborated for many years, however, and developed these terms in 1988 to explain the impact of one generation's trauma on subsequent generations. We offer evidence to suggest that major social problems challenging American Indians today can be better understood and resolved by incorporating the concepts of historical unresolved grief and historical trauma into any analysis of present social pathologies. We argue that unresolved grief and accompanying self-destructive behaviors have been passed from generation to generation.

We begin with an overview of the historical legacy, including the boarding school era and federal assimilation policies. We continue with a review of theoretical contributions from the Holocaust, trauma, and grief literature as well as examine the role of alcohol which support our concepts of historical trauma and unresolved grief; these include the survivor complex, disenfranchised grief, and intergenerational transmission. We then outline healing and clinical activist strategies for grieving these losses and recovering from the centuries' old legacy of trauma. Although we often use examples drawn from the Lakota experience of historical unresolved grief, it is our contention that other indigenous people throughout the world can trace social pathologies and internalized oppression to similar historical legacies. Much of the literature we cite and the concepts we advance in this paper are reviewed and further developed by Brave Heart-Jordan (1995).

Legters (1988) asserts that American Indians are victims of genocide much like victims of the Jewish Holocaust. He defines genocide according to the United Nations General Assembly's Convention on Genocide from 1948:

> Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group, and includes five types of criminal actions: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group. (p. 769)

Legters goes on to note growing attention to a less murderous form of genocide, sometimes labeled "cultural genocide that is taken to cover

actions that are threatening to the integrity and continuing viability of peoples and social groups" (p. 769). Legters (1988) argues further that settler colonies and the concomitant displacement, domination, and exploration increase the likelihood of genocide and outlines the consequences including:

> ...coerced abandonment of religious and cultural underpinnings of the subject society, preemption or destruction of resources necessary to native survival... transmittal of disease and addiction against which native populations have inadequate immunity, disruption of kinship and familial relations basic to the native social structure, treatment based on modes of definition that obliterate a group's identity, and finally, outright extermination of native populations. (pp. 771-772)

The Historical Legacy

Evidence of an American Indian holocaust is replete in the literature (Brown, 1970; Legters, 1988; Stannard, 1992; Tanner, 1982; Thornton, 1987). The clash of attitudes between Europeans and Natives is poignantly stated by Luther Standing Bear (1933/1978):

> We did not think of the great open plains, the beautiful rolling hills, and winding streams with tangled growth, as "wild". Only to the white man was nature a "wilderness" and only to him was the land "infested" with "wild" animals and "savage" people. To us it was tame. Earth was bountiful and we were surrounded with the blessings of the Great Mystery. Not until the hairy man from the east came and with brutal frenzy heaped injustices upon us and the families we loved, was it "wild" for us. When the very animals of the forest began fleeing from his approach, then it was that for us the "Wild West" began. (p. 13)

For Europeans, ownership of land is a dominant value. For American Indians, land, plants, and animals are considered sacred relatives, far beyond a concept of property. Their loss became a source of grief.

European contact brought decimation of the indigenous population, primarily through waves of disease, annihilation, military and colonialist expansionist policies. The forced social changes and bleak living conditions of the reservation system also contributed to the disruption of American Indian cultures. This painful legacy includes themes of encroachment based on the *manifest destiny* doctrine and betrayal of earlier agreements and treaties (Limmerick, 1987). Armed conflict and removal of tribes from traditional lands became the norm. Numerous tribes faced "long walks" where many, if not the majority, died from disease, fatigue, and starvation.

As the reservation system developed, tribal groups were often forced to live together in restricted areas. When lands were found to be valuable to the government and Whites, more often than not, ways were found to take them and resettle Natives elsewhere (Jacobs, 1972; Pearce, 1988; White, 1983).

The Boarding School Era

Established in 1824, the Office of Indian Affairs, later the Bureau of Indian Affairs (BIA), was part of the War Department and responsible for regulating tribes. In 1849 the BIA was moved to the Department of the Interior. The BIA assumed the function of providing education for American Indians under its "Civilization Division." Federally operated boarding schools were conceived as a solution to the "Indian problem," an enactment of forced assimilation (Hoxie, 1989; McDonald, 1990; Noriega, 1992; Prucha, 1984). In 1878 Hampton Institute, a school for freed African American slaves, accepted American Indian prisoners in an assimilation experiment. In 1879 the Carlisle Indian School, administered by the BIA and patterned after the military model for the American Indians at Hampton, opened its doors to American Indian children from all over the country. Mission schools, established as early as the late 1700s for some American Indian students, and BIA boarding schools like Carlisle were intended to teach American Indian children dominant cultural values, language and style of dress. Although children were to be sent voluntarily at first, the policy did not work as thoroughly as the government hoped. Consequently, by 1890, attendance was enforced through threats of cessation of rations and supplies and incarceration (McDonald, 1990; Noriega, 1992).

American Indian children were beaten for speaking their native languages, were removed from their families and communities, sometimes for many years (Noriega, 1992; Unger, 1977), and were subsequently raised— in essence—without the benefit of culturally normative role models. Some children never returned to their homes and many died from disease and homesickness while in boarding school. The destructive and shaming messages inherent in the boarding school system, whether BIA or mission schools, were that American Indian families are not capable of raising their own children and that American Indians are culturally and racially inferior. Luther Standing Bear (1928/1975), taken to Carlisle at about ten years of age, describes feeling that he would never come back alive or ever see his family again.

Boarding schools have had devastating consequences for American Indian families and communities; abusive behaviors—physical, sexual, emotional—were experienced (Beiser, 1974; Brave Heart-Jordan, 1995; Dlugokinski & Kramer, 1974; Irwin & Roll, 1995; Noriega, 1992; Tanner, 1982) and learned by American Indian children raised in these settings. Spiritually and emotionally, the children were bereft of culturally integrated behaviors

that led to positive self-esteem, a sense of belonging to family and community, and a solid American Indian identity. When these children became adults, they were ill-prepared for raising their own children in a traditional American Indian context.

Assimilation Policies

Federal legislation such as the 1887 Dawes Allotment Act significantly reduced the tribal land base which was held in trust by the United States government under the Department of the Interior (Prucha, 1984; Washburn, 1988). Land was divided into individual allotments and the remainder was open for White settlement. Subsequent assimilationist policies included the 1924 Indian Citizenship Act, the termination policy of the 1950s, and the Voluntary Relocation Program beginning in 1950. Responsibility for American Indian health services was transferred from the BIA, Department of the Interior, to the Public Health Service (PHS) in 1955 during the termination era. Initially, American Indian health services were provided through the Division of Indian Health under PHS. In 1968 the division was elevated to the Indian Health Service. The rationale was that, after tribal status had been terminated and American Indian health status was par with the general population, there would be no need for such a specialized agency (Federal Indian Law, 1958; Prucha, 1984).

During the Voluntary Relocation Program, administered by the BIA, American Indian men were moved into urban areas to live and work as assimilated citizens. Once in the urban area, American Indians faced racism and discrimination in employment and housing similar to other ethnic minority groups and became relegated to second class status, sometimes in urban ghettos. More than 100,000 American Indians were sent to major urban centers throughout the United States (Barse, 1994; Sorkin, 1978). Many who had responded to the program returned to their respective reservations within a very short period of time. Others remained in the cities, often developing a lifestyle of going back and forth to the home reservation. Some stayed, forced to develop new coping methods to survive (DeBruyn, 1978). Families were often separated for long periods of time to meet community obligations back on the reservation while at the same time trying to succeed with employment in the urban environment. This situation created additional stresses on American Indian families economically, socially, and spiritually. As of 1995, over half of all American Indians live in urban settings where they face a concerted lack of economic and health resources.

Theoretical Contributions of the Holocaust, Trauma and Grief Literature

The Holocaust survivor literature provides both a theoretical and applied body of knowledge relevant for our argument (Berger, 1988; Brave Heart-Jordan, 1995; Fogelman, 1991; Fogelman & Savran, 1980). Fogelman (1988a) outlines aspects of Jewish survivors relevant for many American Indians such as the difficulty in mourning a mass grave, the dynamics of collective grief, and the importance of community memorialization. A specific example is that of Lakota survivors and descendants of the Wounded Knee Massacre in 1890. This genocide was analogous to the Jewish Holocaust in that (a) it was fueled by religious persecution of Lakota Ghost Dancers and by federal policies of extermination (Brave Heart-Jordan, 1995; Brown, 1970; Prucha, 1984; Tanner, 1982); (b) the victims of the massacre were stripped and thrown into a mass grave "...like sardines in a pit" (Mattes, 1960, p. 4) similar to the mass graves of Jewish Holocaust victims; and (c) the suffering of the survivors and descendants chronicled in the literature (The Lakota Times, 1990; McDermott, 1990) and the challenges of mourning a massive group trauma bear resemblance to the challenges facing Jewish Holocaust victims and survivors.

For American Indians the United States *is* the perpetrator of our holocaust. Alice Kehoe (1989) notes: "Where was America for American Indians? No other country welcomed them as immigrants, no other country promised them what their native land had denied them" (p. 33). Fogelman addresses the challenges for Jews in European countries where Jews lived among the perpetrators of the Holocaust. We draw a comparison for America's Native people who live in a colonized country and suggest that similar patterns of grief have emerged. Fogelman (1988a) asserts that:

> Jews in Europe have not found an effective means of coping, integration, and adaptation. Most are in a stage of complete denial and stunted mourning of their losses.... They feel a great need to control their emotions, because they feared that if their intense emotions were given free reign, they might go insane.... Survivors feared the uncontrollable rage locked within them, they feared they would be devoured by thoughts of avenging the deaths of their loved ones. This repression results in... "psychic numbing". (pp. 93-94)

Fogelman distinguishes the healthier communal grief process of American Jews from the delayed and impaired grief of European Jews.

Although some question is raised regarding empirical evidence of a survivor syndrome (Solkoff, 1981, 1992), the bulk of the literature acknowledges the existence of special features among the clinical population

of survivors. The similar dynamics observed among the children of survivors and their descendants has been called a *survivor's-child complex* (Kestenberg, 1990).[1] Both the survivor syndrome (Niederland, 1968, 1981, 1988) and the survivor's child complex involve (a) anxiety and impulsivity, (b) intrusive Holocaust imagery including nightmares, (c) depression, (d) withdrawal and isolation, (e) guilt, (f) elevated mortality rates from cardiovascular diseases as well as suicide and other forms of violent death (Eitinger & Strom, 1973; Keehn, 1980; Nefzger, 1970; Sigal & Weinfeld, 1989), (g) a perceived obligation to share in ancestral pain as well as identification with the deceased ancestors, (h) compensatory fantasies, and (i) unresolved grief. Further, descendants of survivors feel responsible to undo the tragic pain of their ancestral past, often feeling overly protective of parents and grandparents, and are preoccupied with death and persecution. These features are congruent with those identified by Macgregor (1946/1975) and Erikson (1963) among Lakota children; the elevated mortality rates among Native people are well-documented (Indian Health Service, 1995).

Like the transfer of trauma to descendants from Holocaust survivors, the genocide of American Indians reverberates across generations. The survivor's child complex (Kestenberg, 1989; 1990) is evident in the following clinical vignette. A 15 year old Pueblo Indian girl, referred for a suicide attempt from an aspirin overdose, manifests a protective attitude toward the parents and a sense of guilt about her own pain.

> G: I just can't talk to my parents. I don't want to burden them with my problems and feelings. They have so much pain of their own. I just can't bring myself to do that, but I felt like I had no one to talk to. That's why I took those pills—I just felt so tired. I wish I could take away their pain. They have suffered so much themselves in boarding school. I'd like to go away to college but I can't leave them. I feel so guilty, like I have to take care of them.

G. stated that she did not want to kill herself but that she felt an overwhelming sadness that she could not comprehend or share with her parents who were boarding school survivors. G. manifested signs of the survivor's child complex in her depression and the suicide attempt, her guilt, and her fantasies of wanting to protect her parents and undo their pain.

Defining Historical Disenfranchised Grief

Disenfranchised grief is grief that persons experience when a loss cannot be openly acknowledged or publicly mourned (Doka, 1989). In the dominant United States culture, grief is recognized and considered legitimate only when the relationship to the deceased is an immediate kinship tie

(Doka, 1989). Characteristics of the grievers also impact disenfranchisement of their grief. If a person or, we add, a group of people, are socially defined as being incapable of grief, there is little recognition of their sense of loss, need to mourn, or ability to do so (Doka, 1989; Pine, 1972). We assert the historical view of American Indians as being stoic and savage contributed to a dominant societal belief that American Indian people were incapable of having feelings. This conviction intimates that American Indians had no capacity to mourn and, subsequently, no need or right to grieve. Thus, American Indians experienced disenfranchised grief.

Disenfranchised grief results in an intensification of normative emotional reactions such as anger, guilt, sadness, and helplessness. Rituals and funeral rites permit the bereaved to adjust to the death, publicly display emotion with social support, and permit the community to reaffirm social values (Pine, 1989). Guilt, which often accompanies a death, is relieved through rituals and the mourning period is limited by societal practices and expectations (Doka, 1989; Pine, 1989). The absence of rituals to facilitate the mourning process can severely limit the resolution of the grief. The lack of understood social expectations and rituals for mourning foster pathological reactions to bereavement (Parkes, 1974).

When a society disenfranchises the legitimacy of grief among any group, the resulting intrapsychic function that inhibits the experience and expression of the grief affects, that is, sadness and anger, is shame. Subsequently, there can be a lack of recognition of grief and inhibition of the mourning process. Grief covered by shame negatively impacts relationships with self and others and one's realization of the sacredness within oneself and one's community (Kaufman, 1989). Associated feelings are helplessness, powerlessness, feelings of inferiority, and disorders in the identification of the self (Kaufman, 1989).

We suggest the concept of disenfranchised grief facilitates the explanation of historical unresolved grief among American Indians. The historical legacy denied cultural grieving practices, resulting in multigenerational unresolved grief. Grief from traumatic deaths following the Wounded Knee Massacre and boarding school placement, for example, may have been inhibited both intrapsychically with shame as well as societally disenfranchised through the prohibition of ceremonial grieving practices. Further, European American culture legitimizes grief only for immediate nuclear family in the current generation. This may also serve to disenfranchise the grief of Native people over the loss of ancestors and extended kin as well as animal relatives and traditional language, songs, and dances.

Intergenerational Trauma: The Unresolved Grief Legacy

Kaufman (1989) notes that another source of disenfranchised grief is the persistence of a previous experience of unsanctioned grief. The concept of unsanctioned grief introduces the idea of historical unresolved grief that is passed on for generations. Kestenberg (1989) posits the concept of *transposition* which she defines as "an organization of the self" transferred along with culture as well as "a mechanism, used by a person living in the present and in the past" which "transcends identification, as it serves the perpetuation of the influence of major historical events through generations" (p. 70).

Transposition goes beyond our earlier concepts of intergenerational Post Traumatic Stress Disorder (PTSD) (Brave Heart-Jordan, 1985; Brave Heart-Jordan, DeBruyn, & Tafoya, 1988) and mirrors our more contemporary construct of historical unresolved grief. We have suggested that the first generations of American Indians who directly faced these losses suffered from PTSD. Symptoms of PTSD include depression, hypervigilance, anxiety, and may include substance abuse (Flynn & Teguis, 1984; American Psychiatric Association, 1994; Herman, 1992; Peck, 1984). The concept of intergenerational PTSD has also been suggested by Duran, Guillory, and Tingley (1992) and Duran and Duran (1995).

We argue that subsequent generations of American Indians suffer from a response we entitle historical unresolved grief. Like children of Jewish Holocaust survivors, subsequent generations of American Indians also have a pervasive sense of pain from what happened to their ancestors and incomplete mourning of those losses. Despite their Eurocentric bias, early personality studies among the Lakota (Erikson, 1963; Macgregor, 1946/ 1975) provide evidence to support generational trauma response features similar to the survivor's-child complex. Closer examination of suicide studies reveals implicit unresolved, fixated, or anticipatory grief about perceived abandonment as well as affiliated cultural disruption (see Berlin, 1987; Claymore, 1988; May, 1973; Maynard & Twiss, 1970; Mindell & Stuart, 1968; Shore, Manson, Bloom, Keepers, & Neligh, 1987). O'Nell (1996) found that traumatic history and racism play a significant role in depression among the Flathead. The discrepancy between intellectual capacity and performance along with the decline in achievement among Lakota children (Sack, Beiser, Clark, & Redshirt, 1987) may be explained by Krystal's (1984) observation that cognitive performance deteriorates over time in traumatized individuals and further suggests the possibility of trauma features.

Present generations of American Indians face repeated traumatic losses of relatives and community members through alcohol-related accidents, homicide, and suicide. Domestic violence and child abuse are major concerns among American Indian communities throughout the country. Many times deaths occur frequently, leaving people numb from the last loss as they face the most recent one. These layers of present losses in addition

to the major traumas of the past fuel the anguish, psychological numbing, and destructive coping mechanisms related to disenfranchised grief and historical trauma. While a number of clinical studies addressed the impact of repeated losses in children's lives (Long, 1983), few have made the connection with losses of past generations that have not been grieved. One study has validated the existence of a Lakota trauma response (Brave Heart-Jordan, 1995; Brave Heart, 1998).

American Indians still face oppression as well as spiritual persecution. We believe that the current proliferation of "New Age" imitations of traditional American Indian spiritual practices is genocidal. Insensitive and opportunistic non-Indian "healers" corrupt and attempt to profit from stereotypic distortions of traditional ceremonies. Such attitudes towards the "possession" of sacred pipes and ceremonies, for example, are reminiscent of the entitlement and subsequent aggressive actions inherent in the doctrine of manifest destiny. It is our opinion that these behaviors are an assault on Native people who do not separate spiritual traditions from the self.

The Impact and Role of Alcohol

The effects of alcohol have been devastating for American Indian people (Shkilnyk, 1985). National Indian Health Service (IHS) statistics reveal that the age-adjusted alcoholism death rate is 5.5 times the national average (IHS, 1995). Relatively little known prior to European contact, alcohol was used as a bargaining tool on the American frontier, with inferior quality alcohol given to tribes prior to treaty negotiations (DeRosier, 1970) or fur trading (MacAndrew & Edgerton, 1969). Role models for drinking behavior were usually pathological and associated with violence, not a necessary correlation among societies (Levinson, 1989). Drunken comportment became a learned behavior for American Indians (MacAndrew & Edgerton, 1969).

Tolerance levels for alcohol consumption were low for American Indians, as most Natives had limited prior experience with alcohol or mind-altering substances. Even for those who did, such experience was usually in a ceremonial context. Controversial theories about metabolic deficiencies among indigenous Americans as well as theories about the search for religious experiences have been used to explain alcoholism among American Indians (Hoxie, 1989). Such theories have not been demonstrated to have empirical validity (May, 1992) and fail to interpret American Indian alcoholism as a feature of generational unresolved trauma and grief.

Despite arguments regarding the origins of alcoholism among American Indians, alcohol has had devastating effects on the health and morale of American Indian people. With the introduction of the reservation system, a colonized people lost control of their land, culture, and way of life. We could explain American Indian alcohol abuse—a self-destructive act

often associated with depression—as an outcome of internalized aggression, internalized oppression, and unresolved grief and trauma. In this view, anger and oppression are acted out upon oneself and others like the self, i.e., members of one's group. Freire (1968) speaks of the internalization of self-hatred as an outcome of oppression and the danger of direct expression of anger toward the dominant culture. Also helpful in understanding this phenomenon is the concept of *identification with the aggressor* which addresses anxiety in response to critical authority figures (Freud, 1966). An individual incorporates the harshness of the aggressive authority figure, which may be projected onto others with ensuing hostility. The individual may further internalize the aggressor which can lead to guilt, self-blame, self-criticism, and depression (Freud, 1966). We contend that the high rates of depression (Shore, et al., 1987), suicide, homicide, domestic violence, and child abuse among American Indians can also be attributed to these processes of internalized oppression and identification with the aggressor induced by historical forces. There are precedents for our assertions that traumatic history influences psychosocial pathology among the Lakota specifically (Erikson, 1959, 1963; Macgregor, 1946/1975, 1970; May, 1973) and among American Indians in general (Zentner, 1963).

Implications for Healing Historical Unresolved Grief

Clinical Activist Strategies

We present a model for facilitating the resolution of historical unresolved grief through an integration of both clinical and traditional American Indian interventions. We contend that the model is a catalyst for stimulating the process of grieving historical trauma. Individuals can continue the healing process through individual, group, and family therapy as well as attending to their own spiritual development. American Indian tribes will need to facilitate communal grief rituals, incorporating traditional practices. Some tribal programs are incorporating elders and teaching storytelling skills about tribal history to youth which further serve to heighten historical awareness, germane to our model of healing.

Our underlying premise in this healing model rests on the importance of extended kin networks which support identity formation, a sense of belonging, recognition of a shared history, and survival of the group. Clinicians must be trained specifically in the concept of historical unresolved grief as well as address their own unresolved grief issues. Fogelman (1988a; 1988b), in her work with Jewish Holocaust survivors, suggests intervention strategies similar to those we incorporate into our model. She emphasizes the importance of groups oriented around the theme of generational trauma to aid in lifting the taboo against expressing painful feelings about the Jewish Holocaust. Although the groups are short-term in duration, a mourning

process is stimulated. Fogelman (1988a) observes the need to develop specialized treatment interventions aimed at facilitating the resolution of the communal grief of Jewish Holocaust survivors and developed specific training for mental health practitioners working with survivors. She contends that communal support, strength, identity, and the maintenance or replacement of extended family networks as well as communal responses facilitate healing from unresolved grief.

We strongly advocate the development of similar groups for American Indian survivors and clinicians working with American Indians. The group process involves heightening awareness of historical trauma and stimulates the experience of associated grief through the use of audiovisual materials depicting traumas such as the Wounded Knee Massacre and early boarding school ordeals. The emotional expression of pain is encouraged through small and large group processing and cathartic exercises. In one exercise, participants diagram a lifeline of their traumatic experiences and share these with partners and in small groups. Facilitators trained in historical trauma work with the small groups. The entire four day process involves daily prayer, an *inipi* (Lakota purification ceremony), and concludes with *wasiglaki istamniyanpi wicakcepakintapi*—wiping the tears of the mourners (B. Kills Straight, personal communication, February 13, 1995)—a traditional Lakota grief resolution ceremony. Through this ceremony participants become, in essence, part of an extended family to facilitate continued contact and support. Further, our model stimulates a re-attachment to traditional Native values. The effectiveness of this model, demonstrated in the Black Hills in September 1992, resulted in the development of the Takini Network: Lakota Holocaust Survivors' Association; this group provides training on historical trauma among American Indians (Brave Heart-Jordan, 1995).

For clinicians to integrate interventions addressing historical trauma, we suggest developing cultural or ethnic competence which requires therapeutic congruence with the client's culture (see Cross, 1989; Green, 1982; Iglehart & Becerra, 1995). Such an approach includes creating awareness of one's cultural limitations (Green, 1982) as well as an appreciation for one's own cultural background. We offer specific guidelines for modifying one's behavior to achieve congruence with American Indian clients. In addition, we address issues of transference and countertransference which incorporate therapeutic handling of historical grief and survivor guilt on the part of both client and therapist (Brave Heart-Jordan & DeBruyn, 1995).

Our training model emphasizes the development of cultural competence, self-awareness, and management of transposition and grief. For example, in a facilitator group training on historical unresolved grief comprised primarily of Lakota human service providers and spiritual leaders, we confronted powerful feelings and anxiety about coping with intergenerational trauma. Transposition was evident in this comment by one of the facilitators during the training:

> V: When I was driving up here [to the Black Hills], I felt angry. I
> looked at the beauty of the land, of the Black Hills. I thought,
> "where are the Indians?" I wasn't going to say anything about this
> but, I had a dream the other day. It was kind of scary. I got up
> shaking [starting to cry]. I saw people carrying guns and shooting
> people [American Indians] in the Black Hills again. It was a hard
> dream. That's what I saw.

The facilitator shared persecutory fears, intrusive Lakota Holocaust imagery,
and identification with ancestral suffering, all typical of the survivor's child
complex and the phenomenon of transposition. The manner in which the
dream was shared showed hesitancy and fears about being thought crazy
for having such a dream. Another facilitator expressed his anxiety:

> S: I think we're going to open up Pandora's Box here and I think
> we're going to have to be prepared to deal with all these feelings. I
> don't know if I'm ready for that.

In the group process, overwhelming anxiety and other features of the
survivor's child complex including transposition are identified and normalized,
permitting more open expression of affect.
    Group discussion about the connection between present day
oppression and historical grief was fraught with concomitant heaviness and
depression. The following quotes illustrate this cognizance of the cumulative
generational trauma as well as the identification with ancestral grief, again
components of transposition and the survivor's child complex.

> I: We are just continuing to be victimized. It's fine for us to process
> all of this here. But when we leave here we have to deal with this
> again. It's just so overwhelming. I feel like I've been carrying a
> weight around that I've inherited. If I knew how to let it go, I would.
> That's what I want to do here, because it gets in my way. I have
> this theory that grief is passed on genetically because it's there and
> I never knew where it came from. I think we're all inhibited by the
> sense of responsibility and the sense of guilt. . . we blame ourselves
> for our loss of tradition. I feel a sense of responsibility to undo the
> pain of the past. I can't separate myself from the past, the history
> and the trauma. It [the history] has been paralyzing to us as a
> group [American Indian people].

> A: I consider my parents like a second generation. They knew exactly what happened—they were told. My grandfather had scars that were seen [from the Wounded Knee Massacre] and [my parents] lived through that life [the aftermath of the Massacre]. Three of the eleven brothers [in my grandfather's family] survived; the others were killed. We still have that grief… we are traumatized.

In addition to carrying generational grief, the facilitators also addressed the impact of historical trauma in the development of internalized oppression and identification with aggressor:

> K: The rage and the anger is still there in all of us… there ain't no cavalry running around here! We're doing it to ourselves. I've never been in a boarding school. I wished I was [had] because all of the abuse we've talked about happened in my home. If it had happened by strangers, it wouldn't have been so bad—the sexual abuse, the neglect. Then I could blame it all on another race. [Pause]. I don't think I've ever bonded with any parental figures in my home. Physically, they were there. But that's all. And yes, *they* went to boarding school.

Even for these facilitators who were spiritually developed, had years of their own treatment and recovery as well as years of clinical experience, it was evident that the power of the partially repressed and unresolved historical grief was challenging and, at times, overwhelming. However, facilitators and the participants in the 1992 study experienced a cathartic release through the process, a reduction of perceived grief affects, an increase in joy, and a decrease in guilt (Brave Heart-Jordan, 1995; Brave Heart, 1998). One of the facilitators commented on his own grief resolution at the end of the group process, particularly poignant as he has been a traditional leader and has focused on community healing for others:

> I've done a lot for the *Oyate* [the Lakota Nation], to wipe their tears; I've been on the [Bigfoot Memorial] Ride for five years—four years of preparation and the final fifth year. I've fasted and ridden in 50 below zero weather. But until today, no one has ever wiped my tears!

Lakota parents who went through historical trauma healing imbedded in a parent training curriculum attested to the powerful impact this had upon their own perceptions of their healing and parenting (Brave Heart, in press). One parent shared,

> I find there's a bonding between me and my kids now, just from
> what I've learned…. I'm starting to put my kids first…. We became
> a family here. I think that was part of the magic that developed in
> the training, we became empowered….

Spiritual Empowerment: The Wisdom of Traditional Ceremonies

Tribes have utilized traditional healing ceremonies which have a natural therapeutic and cathartic effect. The *inipi*, for example, is spiritually, physically, and emotionally healing. Participants are able to share their pain and pray for the good of others as well as their own individual healing. Many individuals maintain sobriety only after they resume or begin regular involvement in traditional spiritual practices. Silver and Wilson (1988), for example, describe the therapeutic psychological effects of the *inipi* for Vietnam veterans with PTSD. Among the Lakota, we have a traditional ceremony to keep the spirit after the death which gives the family time to accept the loss and go through a mourning process. After that period of time, usually one year, we release the spirit and then wipe the tears of the mourners which facilitate grief resolution.

Tribes need to conduct specific grief ceremonies, not only for current deaths, but for historical traumas: the loss of land, the loss of the right in the past to raise our children in culturally normative ways at home, and mourning for the human remains of ancestors and sacred objects being repatriated. What we advocate is the development of a spirituality that does not serve as a defense against experiencing painful affects. Rather, a healthy spirituality embraces the range of one's feelings—grief, shame and pain to joy, pride, and resolve to maintain balance—in order to regain personal wellness and the power of community self-determination.

Brave Heart-Jordan (1995) quotes the Hunkpapa Traditional Elders' Council announcement of the 1990 Sitting Bull Memorial (Blackcloud, 1990) which underscores the concept of historical unresolved grief and community healing. The Sitting Bull/Bigfoot Memorial Ride, honoring the memory of those slain at the Grand River (the site of Sitting Bull's murder) and at the Wounded Knee Massacre in December 1890, was a prayer for the next seven generations:

It is our way to mourn for one year when one of our relations enters the Spirit World.... Tradition is to suffer with the remembering of our lost one, and to give away much of what we own, and to cut our hair short.... Sitting Bull was more than a relation... he represented an entire people: our freedom, our way of life—all that we were. And for one hundred years we as a people have mourned our great leader.... We have suffered remembering our great Chief and have given away much of what was ours.... During this time the heartbeat of our people has been weak, and our life style has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism, and suicide in the country.... Let a hundred drums gather. It must be a time of celebration, of living, of rebuilding, and of moving on. Our warriors will sing a new song, a song of a new beginning, a song of victory. Let our warriors sing clear and loud so that the heartbeat of our people will be heard by Sitting Bill and all our ancestors in the Spirit World, and our two worlds will become one again. (Blackcloud, 1990)

In our view, community healing along with individual and family healing are necessary to thoroughly address historical unresolved grief and its present manifestations. The process is not quick nor is it easy. However, without such a commitment to healing the past, we will not be able to address the resultant trauma and prevent the continuation of such atrocities in the present. Nor will we be able to provide the positive and healthy community activism needed to stop and prevent the social pathologies of suicide, homicide, domestic violence, child abuse, and alcoholism so prevalent in American Indian communities—as in society at large—today.

Conclusion

In this paper we have presented arguments for the existence of historical unresolved grief among American Indians. We have outlined the historical legacy that has created intergenerational trauma and suggested healing strategies that include modern and traditional approaches to healing at all levels—individual, family, and community.

The crux of our argument has far reaching implications for other colonized, oppressed peoples throughout history and those being oppressed, as we write, that are obvious to us. Wherever peoples are being decimated and destroyed, subsequent generations will suffer. We need only heed the traditional American Indian wisdom that, in decisions made today, we must consider the impact upon the next seven generations.

The concept of historical unresolved grief has powerful implications not only for healing from our past but for giving us the strength and commitment to save ourselves and future generations. The American Indian

Holocaust is unfortunately not unique to present world events, which themselves continue the pattern of oppression and genocide. The connectedness of past to present to future remains a circle of lessons and insights that can give us both the consciousness and the conscience to heal ourselves. Understanding the interrelationship with our past and how it shapes our present world will also give us the courage to initiate healing. These clinical activist strategies are vital to insure the future connectedness of indigenous people all over the world and our responsibility to and for each other. We dedicate our healing work to the next seven generations in honor of *Tatanka Iyotake* (Sitting Bull), *hecel lena oyate kin nipi kte*—that the people may live!

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Notes

1.   Addressing criticisms of the survivor syndrome, Fogelman (1988a) asserts that, although more empirical studies are needed, the pain and psychological impairment of survivors is not captured by standardized personality tests. Further, differences between children of Holocaust survivors and control groups, supporting the concept of the survivor's-child complex, were found by numerous studies (i.e., Felsen & Erlich, 1990; Rose & Garske, 1987; Solomon, Weisenberg, Schwerzwald, & Mikulincer, 1987).

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