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"We're Still in a Struggle": Diné Resilience, Survival, Historical Trauma, and Healing

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Abstract

As part of a community/university collaborative effort to promote the mental health and well-being of Diné (Navajo) youth, we explored the relevance of addressing historical trauma and current structural stressors, and of building on individual and community strengths through healing and social transformation at multiple levels. Qualitative analyses of 74 ethnographic interviews with 37 Diné youth, parents, and grandparents suggested that a focus on historical trauma as a conceptual frame for behavioral health inequities, understood within the context of resilience and survival, is appropriate. Our findings also highlight the salience of current stressors such as poverty and violence exposure. We explore the fit of an historical trauma healing framework and present implications for intervention and transformation through revitalization of traditional knowledge, culturally based healing practices, intergenerational education, and social change strategies designed to eliminate social inequities.

Keywords

Aboriginal people, North America; adolescents / youth; healing; health and well-being; mental health and illness; resilience; stress / distress; suffering; trauma

The 2009 World Health Organization (WHO) *Report on Mental Health, Resilience & Inequalities* states: "Levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing" (Friedli, 2009, p. III). In the case of American Indians, many of the social injustices they have experienced began with first European contact and continue with postcolonial political, legal, economic, and social inequities today.

Given the effects of social injustice described in the WHO report, it is not surprising that American Indian adolescents have the highest rate of suicide among 15- to 24-year-olds in the United States (34 per 100,000, compared to 11 per 100,000 for the overall U.S. population), and that suicide has been the second leading cause of death for American Indian youth ages 15 to 24 for the past 20 years (U.S. Department of Health and Human Services, 2004). American Indian youth are also more likely to have substance abuse problems, including starting to drink at a younger age and experiencing negative consequences of using substances (Beauvais, 1992, 1996). However, as highlighted by the WHO report and numerous researchers, service providers, and community members who are addressing social determinants of health such as income, education, employment, and empowerment (Commission on Social Determinants of Health, 2008; Reutter & Kushner, 2010), we cannot effectively address behavioral health (mental health and substance use) inequities by focusing primarily on individual-level solutions. If social injustice is one of the root causes of distress, healing must be explicitly guided by transformative social change efforts that build on individual, family, and community strengths.

In this article, we first examine the concepts of historical trauma, healing, resilience, and survival from European American and American Indian (primarily Diné/Navajo) perspectives. Second, we explore the ways these specific ideas were expressed by Diné youth, parents, and elders in interviews in 2009. Third, we examine the possible implications these findings have for promoting positive

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well-being and eliminating behavioral health inequities through approaches that address social determinants of health and emphasize traditional healing practices. This article builds on the growing recognition that the strengths and participation of American Indian communities must be involved in promoting their mental health and well-being (Gone, 2004, 2007). There are limited efforts related to these processes documented in the literature; thus, we attempt to address this significant gap.

Resilience and Survival

Resilience is an important concept in the field of mental health. Researchers have generally defined it as the ability to overcome stress and regain mental health and well-being after experiencing adversity. Recently, researchers have recognized that resilience is a more widespread phenomenon than previously thought, emphasizing it as the outcome of developmentally linked regulatory processes (e.g., coping skills, social support) that promote positive adaptation not only in extreme circumstances of adversity, but also in normal, everyday stress and strain (Layne et al., 2007). Mental health researchers have also shifted to an increased focus on resilience, moving away from a narrow deficit-focused emphasis on posttraumatic stress disorder and other mental health disorders (Layne et al., 2009). Resilience is particularly relevant in discussions of American Indian mental health, given the 500-year history of colonization and genocide that American Indians have survived. Vizenor (2008) coined the word *survivance* (p. 1) to highlight Native people's individual and collective abilities to persist despite the enormous adversity imposed by colonialism. Survivance emphasizes the active presence and dynamic agency of Native peoples, in contrast to the current colonial lens of viewing American Indians in terms of absence, victimization, and powerlessness.

Researchers are increasingly recognizing the benefits of applying the concept of resilience to a broader community context. "'Community resilience' emphasizes how people overcome stress, trauma and other life challenges by drawing from the social and cultural networks and practices that constitute communities" (Kirmayer, Sehdev, Whitley, Dandaneau, & Issac, 2009, p. 62). A focus on community resilience moves beyond personal traits and abilities to emphasize systemic and structural issues that might be causes of or solutions to personal and community suffering. Examining community resilience is helpful in both recognizing the devastating effects of colonialism and genocide as well as recognizing the persistence and survival that American Indian communities embody today (Vizenor, 2008).

Taking into account positive community structures, relationships, and practices that are particular to groups and communities is an important aspect of recognizing and building on community resilience. Kirmayer and colleagues (2009) wrote about the importance of the historical context, extended family roles and relationships, oral traditions and narratives, the connection to land and the environment, traditional healing modalities, spirituality, and political activism when examining community resilience in indigenous contexts. Their ecological perspective conceptualized resilience as "the ongoing maintenance of balance. The system itself (family or community) is responsible for achieving balance in response to changing contexts" (p. 71). Highlighting this perspective elucidates the centrality of resilience in Diné oral teachings and ceremonies in which well-being is conceptualized as the recognition that people are always exposed to both negative and positive experiences, emotions, and contexts; thus, resilience consists of the ability to maintain balance not only within the person but also within family and community systems (Kahn-John, 2010). Thus, as Kirmayer and colleagues pointed out, resilience theory is a potential area where Western and indigenous knowledge, values, and perspectives overlap, and is essential when attempting to understand and address the social suffering that exists in American Indian communities.

Historical Trauma and Social Suffering

Researchers use behavioral health morbidity and mortality statistics that frame suicide and substance abuse as personal problems, which often lead researchers to emphasize individual interventions. Rather than highlighting individual measures of pain or trauma, Kleinman, Das, and Lock (1997) suggested that the more important consideration is "how such suffering is produced in societies and how acknowledgement of pain, as a cultural process, is given or withheld" (p. xiii). For example, physicians and psychologists cannot effectively address suicide and other behavioral health issues without understanding not only social suffering but also how narratives about trauma and social suffering are constructed, which requires anthropological, sociological, and humanities methodologies. This suggests that researchers from different fields need to cross disciplinary boundaries and borrow from diverse theoretical perspectives to develop effective approaches. In this article, we attempt to bridge some of these disciplinary boundaries and to consider how narratives can open up productive possibilities for healing.

Attempting to represent or even understand social suffering and trauma is a complex endeavor. As Farella (1993) suggested in his nontraditional ethnography of Diné people, both anthropological and biomedical approaches have reductionist tendencies that result in similar problems: "You are taking someone's experience and reducing it to

a level of abstraction that makes you think you have power over it. It makes very little difference whether the power sought is called treatment or understanding" (p. 147). Particularly when attempting to represent suffering and trauma, we try to make sense of that which cannot be rationalized or normalized. Representations of suffering must be grounded in people's experiences rather than attempting to understand them through general abstraction, categorization, and labeling (Farella).

In terms of American Indians and current substance use and mental health narratives, it is important to look at language and concepts that American Indians and others who work with them emphasize within their communities. Although there is certainly great variability across communities, tribes, and nations, two terms that are frequently discussed are *historical trauma* and *healing*. What is important about both of these concepts is that they are collective and multilayered rather than being solely centered on the individual. This is different from the typical Eurocentric perspective on illness and treatment, which tends to reduce suffering to discrete illnesses with individually based causes and solutions. In developing the concepts of historical trauma and healing, researchers also seek to recognize the root social and political causes of suffering while maintaining a focus on strengths and the positive potential for transformation.

It is clear that trauma and suffering often result from political, economic, and institutional forces. Many Native and non-Native researchers and health practitioners who work with Native Americans have examined links between U.S. and Canadian colonial oppression of American Indians and current suffering through explication of the concept of historical trauma. They have emphasized that when examining the high rates of violence exposure, mental health challenges, and health inequities faced by American Indian youth, it is important to understand the context from which these inequities have emerged. Alcántara and Gone (2007) explained:

> In many Native communities, the contemporary status of American Indian mental health remains significantly caught up in history, culture, identity, and (especially) spirituality, all within the devastating context of European American colonialism. . . . In such circumstances, the "medical model" for redressing the psychological problems of American Indians seems almost irrelevant, given that epidemic rates of distress and dysfunction that afflict too many reservation communities clearly originated in the historical moment of U.S. colonial conquest and domination. A clear question thus arises: are the solutions to these seemingly existential exigencies properly formulated in terms of health care interventions? (p. 461)

Lakota researcher Maria Yellow Horse Brave Heart first applied the historical trauma concept derived from studies of children of Holocaust survivors to the genocide and ethnic cleansing of American Indians. She independently developed the theoretical concepts of *historical unresolved grief, historical trauma*, and *historical trauma response* (Brave Heart, 1998, 1999; Brave Heart & DeBruyn, 1998). Brave Heart (1998) defined historical trauma as cumulative emotional and psychological wounding across generations, including the lifespan. She emphasized the importance of grounding understandings of current trauma responses in the collective traumatic past as a way to destigmatize these responses and avoid pathologizing individuals and communities. Many additional scholars and researchers have also emphasized that understanding American Indian history, and the resulting intergenerational transmission of trauma, is essential to healing for American Indian people (Duran, Duran, & Brave Heart, 1998; Evans-Campbell, 2008; Gone, 2009; Whitbeck, Adams, Hoyt, & Chen, 2004).

Whitbeck and his colleagues conducted research with American Indian tribes from two upper Midwest reservations to operationalize historical trauma with a set of two scales that measured the extent to which respondents thought about different historical losses and their impact on behavioral health symptoms, including anger, avoidance, depression, and alcohol use (Whitbeck, Adams, et al., 2004; Whitbeck, Chen, Hoyt, & Adams, 2004). Jervis and her colleagues engaged in a related effort to empirically assess historical consciousness among representative samples of two large tribes (one Northern Plains, one Southwestern). They found that most respondents thought at least sometimes about negative historical events and believed they were impacting their current lives and communities, although Northern Plains respondents were found to have higher levels of historical consciousness than Southwestern tribe respondents (Jervis, Beals, Croy, Klein, & Manson, 2006). These studies are important because their findings suggest that historical trauma and historical consciousness are measurable and relevant constructs among diverse American Indian tribes, and also that they might vary across tribes.

Although there is an important and developing literature on American Indians and historical trauma, there has been very little research published specifically related to Diné/Navajo people and historical trauma (however, see Duran, Duran, Woodis, & Woodis, 2008, and Kahn-John, 2010, for related discussion). The historian Jennifer Nez Denetdale (2007) wrote about her search to uncover narratives about *Hastiin Ch'ilhajiiní* (commonly known as Manuelito), the 19th-Century Diné leader, and his wife Juanita, of whom she is a maternal descendent:

> For me, the consequences of colonialism are the realities of my life, as they are for my parents and

> grandparents. The stories from grandparents make vivid the effects of colonialism, especially when they explained why they knew few, if any, stories about the Navajo past. (p. 160)

One of the turning points in Diné history was the Long Walk (1864–1868). During this period, more than 8,000 Diné were forcibly removed from their homeland and incarcerated at Bosque Redondo in southeastern New Mexico. The Long Walk exemplifies the measures that the U.S. government was prepared to take to control Native populations, and decisively interrupted and shaped Diné economic, family, and political processes from that time to the present day (Denetdale, 2008).

Goodkind and colleagues (2008) asked several Diné traditional practitioners to discuss the relevance of historical trauma for understanding and improving the mental health of Diné people. The traditional practitioners emphasized that bringing up past traumas is potentially harmful—like reopening an old wound—but also necessary, particularly because oppression is ongoing rather than only in the past:

> When historical trauma came up, a lot of wounds have been reopened and people have to go through processes again. But some traditional practitioners who deal with it are gone because people had specific ways to deal with it, so we're kind of in a limbo right now. If you're really educated in traditional ways, you can see that something is still there, and there is a process that we're still going through as a Nation and a clan. . . . It's like a crystal, they don't want it to be damaged or cracked again so they [traditional practitioners] are very cautious. And that crystal they didn't make themselves, it was given to them by the Holy People. That's why I said historical trauma has been taken care of, but then maybe there are more policies that are creating more trauma. You have to critically think about that. That's what we are dealing with. (p. 39)

Diné traditional practitioners also emphasized the importance of having appropriate supports and healing in place when historical trauma is discussed:

> A lot of people leave out how to deal with responses and healing. . . . The challenge is how to work out how to deal with the anger, sadness and confusion, which are the three main responses that come out when people begin to understand the things that happened from the past as a result of policies. I think when you prepare that way, then you have healing ready. That is a must. If we don't do that, and we go out and talk about the policies, trigger people's responses, and then leave, we create more harm. (p. 40)

Thus, Diné traditional practitioners emphasized the essential connection between historical trauma and healing.

Historical trauma as a concept seems to resonate with many community members and clinicians throughout Native North America because it emphasizes what has not been widely acknowledged among non-Native people, which is a legacy of suffering that has resulted from colonial oppression and its impact on individuals' mental health and well-being. It is also important to note, however, that clinicians and researchers have raised certain critiques. These include concerns that conceptualizations remain focused on historical trauma response as an individual disorder (albeit with social causes), when in fact the collective, social suffering that has occurred cannot and should not be conceived of in terms of individual pathology. In addition, there are empirical concerns related to difficulties in distinguishing trauma responses to events experienced in a person's own lifetime vs. prior to that, and to questions about whether historical trauma could really be a common, widespread phenomenon across North America because tribes have unique relationships/experiences in terms of specific past traumas.

We suggest the power of historical trauma as a concept is that it encourages the production of narratives about the relationship between current behavioral health inequities among many American Indian individuals, communities, tribes, and nations, and past and current oppressive policies perpetuated by the U.S. government, state governments, religious institutions, and other institutions in the United States. This understanding is essential because it suggests that intervention should be directed at the actual cause of problems—not just to "fix" individuals but to change social and economic policies and current distributions of power. It is important to note that individual and community healing also has to occur, but it must be within this contextual understanding and within an ecological framework that recognizes the impact of multiple levels of context (e.g., individual, family, community, work, and school; and tribal, state, and federal policies) on individual development and health (Bronfenbrenner, 1979).

Healing

Within Western medicine and psychology, healers have tended to focus on treating specific symptoms and/or eradicating disease, as opposed to holistic healing of a person within the context of his or her family and community, which is typically the emphasis within indigenous cultures (Frank, 1973). Although in some ways these

approaches stand in contrast to each other, many health researchers have noted that because the approaches are divergent, they can also be complementary (Davies, 2001; McCoy, 2008; Rappaport & Rappaport, 1981). Brave Heart (1998) argued that healing for indigenous people also requires that historical trauma be addressed through a process of acknowledgement of the effects of historical events, followed by producing a catharsis and processing grief in individual and collective settings. Although Diné cultural teachers caution against bringing up past suffering, there is evidence that understanding and transforming at the community/societal level are key aspects of traditional Diné healing.

Farella (1993) explained some of the social aspects of Diné traditional healing through a discussion of a particular case of an incest survivor:

> A true healing, resolution, would involve the past, a transition from being an incest victim to one who acknowledges control or responsibility for her life. . . . It would also involve the context being made well, the community getting together and putting the past aside to effect a cure. . . . When you mobilize and transform a society in this way, the healing has already occurred. The ceremony is simply the after-the-fact, public statement of what has taken place. (pp. 136-137).

Furthermore, Farella emphasized the centrality of acknowledgement in the healing process, which is also consistent with Brave Heart's (1998, 1999) approaches. According to Farella, the ceremony "transforms the patient back into a person" (p. 132). Beyond this personal transformation, Farella added that societal transformation must occur, and that both of these require participation from the patient and community members. In sum, recognizing that resilience, survivance, historical trauma, and healing are important concepts within research, practice, and theory on American Indian behavioral health, we wanted to explore their local relevance, meanings, and implications for behavioral health services within one particular tribal community.

Method

Setting, Research Team, and Approach

Over the past 6 years, we have worked with one Diné reservation community in the Southwest on their efforts to promote the positive well-being of their youth and to reduce violence and trauma exposure. The community has a total population of approximately 1,500 and a median household income of around $22,000.[1] The community, as part of a sovereign nation, has an independent government, including a court system, social services department, behavioral health system, senior center, school, and community health services. After a violent event occurred in 2003, many community members wanted to create an action team that could help people heal and to prevent additional violence. The University of New Mexico Department of Pediatrics has partnered with the community since 1983 to run a school-based health center in the community. We were asked by community members to join the community action team. Through collaboration, we developed a family program focusing on revitalizing traditional cultural teachings, strengthening relationships between parents and children, and promoting positive parenting practices and social skill building for youth. Several community members also wanted healing historical trauma to be a central part of the program.

After implementing the program for 2 years, the first author (Goodkind) assembled a research team to conduct a set of qualitative interviews as a preliminary step to improving the program. The team consisted of four women: a White community psychologist whose role was principal investigator (Goodkind); a Diné social worker who conducted the majority of the interviews and who was part of the data analysis team (Gorman); a White cultural anthropologist who led the qualitative data analysis (Hess); and a Hispanic/Acoma/Diné undergraduate student who was part of the data analysis team (Parker). Our goal was to gain a deeper understanding of community members' perspectives on mental health, historical trauma, current stressors, coping, and spirituality to provide the community action team with guidance on how best to improve the family program. We interviewed some program participants and some people who had not participated in the program about their ideas of mental health, well-being, community history, the impact of past events on their lives, and their experiences with services in the community. We conducted two interviews with each participant to build rapport and because the number and nature of the questions were too extensive to ask in one session.

The approach we took to collecting this information was informed by ethnographic approaches in at least three ways. First, we attempted to understand social worlds from an emic, or insider, perspective, including local social institutions that could promote participatory health research (Comaroff & Comaroff, 1992; Naanyu et al., 2011). In this way, the questions that guided the research were how community members conceptualized health, well-being, stress, and historical trauma, as well as the ways they addressed or did not address these in their everyday lives. Thus, we had specific research questions and interests that had arisen from our previous work in the community. Second, our approach was both inductive and deductive. Our research questions were derived from intensive collaboration with community members who

invited our participation in the development of a program to improve mental health outcomes.

Our aims were ethnographic in that delving into the particular experiences and perspectives (both geographically and historically) of this community, we might have something to say about addressing mental health and historical trauma for other indigenous communities. Third, implicit in our approach was the idea that through sustained inquiry into how a specific group of people suffering from substantial social inequities understands and experiences health, well-being, and social suffering, we would gain novel insight into how behavioral health interventions were perceived, as well as ways that traditional and/or Western approaches might be better implemented to address the health of indigenous people. Through exploration of marginalized perspectives, we intended to gain insight into dominant systems of thought and practice, such as Western biomedicine, that are too often considered natural or universal.

Ethical Issues

We obtained approval for this study from the local tribal chapter members and the school board in the community, as well as the University of New Mexico Human Research Review Committee and the Navajo Nation Human Research Review Board (NNHRRB). Researchers and community members agreed that data acquired through this study were owned by the community and the tribe, which was also a requirement of the NNHRRB. This represented an important structure for ensuring mutual decision making and for guaranteeing that data were available to the tribe for use to inform future services, policies, and funding proposals. The NNHRRB also requires approval for publications or presentations that result from research; this article was submitted to the NNHRRB for review prior to publication. We agreed to maintain confidentiality at the community level in all presentations, reports, or publications.

Our study was guided by a community-based participatory research (CBPR) orientation that emphasized the elimination of health inequities and the promotion of social justice through a research process that promotes equal relationships and mutual learning among researchers and local communities (Minkler & Wallerstein, 2008). CBPR involves research that is locally relevant to a community and that takes into account contextual factors that influence health. Our research was consistent with these principles. Our focus was on working with local community members to improve an intervention that built on community strengths, resources, and culture, and which was based on what the community identified as priorities. In addition, the research built on a 22-year relationship between the community and the university, which continued after the study ended.

Although a CBPR approach tends to more explicitly recognize and address ethical issues, several researchers have suggested that this assumption can be dangerous if it results in a false sense of having resolved issues related to power differentials in the research process. For example, Jones and Jenkins (2008) highlighted the importance of White researchers examining their desire to engage in research collaborations with indigenous communities as potentially reenacting colonialism. In addition, they suggested that White researchers need to recognize that they should not expect to control the terms of the relationship, and should not attempt to learn about indigenous peoples but rather from them and from the experience of difference. These considerations of power were continually reflected on and discussed among the research team and community advisory council. We also recognized that we were asking participants to discuss experiences, practices, and beliefs that were personal and could potentially be upsetting. The research questions were open-ended and designed to ensure that participants controlled how much they shared with respect to both stress and coping. Participants seemed to enjoy reflecting on their experiences; however, some participants shared mental health needs that needed to be addressed outside the scope of the interview component of the research project. In these instances, we followed a protocol to connect participants with appropriate mental health services.

Participants

We conducted 74 in-depth interviews (two per participant) with 14 youth, 15 parents/guardians, and 8 grandparents from 12 families who lived in the reservation community. Participants were recruited using a purposeful sampling strategy that emphasized selecting information-rich cases to study in depth, based on a combination of searching for maximum variation and specific criteria (Patton, 2002). Specifically, we interviewed 7 youth who had involvement with formal behavioral health services/treatment and 7 who did not. We recruited the youth through the tribal behavioral health services, the school-based health center at the community school, and community events held at the tribal community center. The first or third author briefly explained what we were doing and asked interested youth and their family members to give us their names and contact information. Then, the third author contacted each youth and family to arrange a time to explain the study in more depth.

All youth we invited agreed to participate. Based on our maximum-variation sampling strategy, our wide-reaching recruitment efforts, and lack of refusal, we believe the youth were typical of youth in the community in terms of diversity of backgrounds, experiences, and well-being. Of the participating youth, 8 were girls and 6 were boys;

they ranged in age from 12 to 17 years (M = 13.8). We invited all parents or guardians of the youth to participate in the study; grandparents of the youth were also asked to participate. We interviewed 15 parents/legal guardians, including 10 mothers, 2 fathers, 2 aunts and 1 uncle. The parents/guardians ranged in age from 24 to 49 years (M = 40.4). The 8 grandparents we interviewed were all women who ranged in age from 54 to 90 years (M = 68.5). Within this small community, many families were related, and thus 3 of the 8 grandmothers had 2 grandchildren (cousins) who participated in the interviews.

Interview Protocol and Procedure

We conducted two interviews with each person, ranging in length from 45 to 180 minutes; 56 were conducted by the third author. Thirteen parent interviews and one youth interview were conducted by the first author. Four youth were interviewed by a bilingual Diné man who was a research assistant on a different project. All of the elders and one of the parents were interviewed in the Diné language; the other parents and all of the youth were interviewed in English.

First interviews included questions about participants' backgrounds, identity, strengths, and challenges of their families and community, and the ways in which they understood and defined mental health and well-being. Second interviews were designed to explore the participants' own mental health and well-being, stressors and challenges they faced, the coping strategies they employed, their spiritual beliefs, and their experiences with formal and informal behavioral health services or healing. Because we were interested in generational perspectives on these topics, we created different interview guides for elders, parents, and youth. The core set of questions was similar for all groups. For the elder interviews, we added questions about daily life and the community in the past. For parents, we added questions about parenting. To facilitate youth engagement, we asked them to walk us through a typical weekday and weekend day in their life at home, at school, and in the community as a concrete starting point for understanding their experiences and perspectives on their lives. These kinds of questions are sometimes referred to as descriptive "grand tour" questions that promote the expression and identification of emic terms for discussing experiences (McCurdy, Spradley, & Shandy, 2005, pp. 37-38).

We did not use the terms *resilience, survival*, or *historical trauma* in our interviews because we were interested in eliciting terminology and expressions that would occur to participants in a context similar to everyday discussion. For example, we asked each participant, "Do you think the history of a group of people affects the well-being of a person today? If yes, can you give me an example of how Navajo or [the community's] history affected your well-being?" We created the interview guide with extensive consultation with the mental health counselor at the school-based health center in the community, the president of the community school board, and several community parents and youth. Interviews were conducted in participants' homes or at the school-based health center in the community, depending on participants' preferences. To compensate them for their time, participants received $20 for each interview. Interviews were digitally recorded, with participants' permission.

Data Analysis

English-language audio recordings were transcribed by a transcription service or the second author. For interviews conducted in Diné, this process involved listening to the recordings and translating from Diné to English during the transcription process. The third author and another bilingual Diné woman transcribed the Diné interviews. Transcripts were checked for accuracy and imported into the computer software application NVivo (QSR, 2008) for team analysis. Qualitative data analysis was conducted by all four authors in three stages (Richards, 2005). The first stage involved coding in NVivo according to the interview question. This process is automated in NVivo, and allows a comparison of all participant responses to each interview question. During the second phase of analysis, we developed a hierarchical coding structure that reflected initial interview questions as well as themes that emerged during analysis. Codes related to interview topics were created, such as coping, traditional beliefs, spirituality and religion, and history. Themes that emerged during the course of the research were coded as well, for example, the code "talking to people" in connection with coping and healing emerged from our analysis and appears in our results below. We used thematic analysis to code the data (Aronson, 1994). The coding structure as well as code definitions were discussed in team meetings and adjusted for accuracy until consensus was reached regarding definitions and coding procedure for the transcripts.

The third level of analysis included analytical memo writing that comprised a close analysis of themes to explore cooccurrence and linkages between themes, subthemes, and patterns across respondents and themes, and to generate additional queries for analysis based on patterns or lack of patterns (Corbin & Strauss, 1990). For example, the node "history, past" and the subtheme "intergenerational effects" were analyzed by the first author, who looked at responses of all participants to questions on historical events related to the community. She analyzed youth, adult, and elder responses separately, for each examining the range of responses. She wrote a memo based on these analyses, which formed the foundation for

the results section of this article. Although we do not report on every single node in this article, one important aspect of grounded theory that influenced our analysis was to make connections between nodes. Thus, we have attempted to present the ways in which our results related to historical trauma overlapped with participants' views of traditional beliefs, spirituality, and other important themes. Results were shared with the study's community advisory council at several stages of analysis, and the council provided guidance on interpretations and organization of the results.

Results

Not surprisingly, we found a diversity of responses related to resilience, survival, historical trauma, and healing. We found many themes that were consistent across the data; however, we also found clear distinctions when we compared the responses of elders, parents, and youth.

Historical Trauma

Youth. Most youth did not believe that historically traumatic events had any negative effects on their community or their own lives. For example, the following exchange occurred in an interview with a 12-year-old girl:

> Interviewer (I): Do you think a long time ago that the Navajo people, the Diné people, experienced and overcame any hard times?
> Youth (Y): When they had to haul water, or something.
> I: Or like back a long time ago. Have you heard anything about how the Navajo people were treated?
> Y: No.

Like this girl, youth tended to have fairly limited narratives about the past. For most youth, the past seemed remote: a time with no electricity, when people had to hunt their own food, and struggle for daily life. An interviewer had the following exchange with a 13-year-old girl:

> I: Getting back to the history, do you think like what the Navajos went through a long time ago, do you think it's affecting the way we're thinking, we're talking, we're treating each other, the way we're acting today?
> Y: I think it's different because us, we're like—we have electricity. We have water. We have clothes. We don't get—we don't starve that much like the way we used to a long time ago, and some of us forgot about our people a long time ago, too.

A few youth, however, did discuss how the history of their people affected their current lives. A 17-year-old girl mentioned the loss of traditional culture and traced this across multiple generations:

> I: Coming back to today, how do you think the hard times affect people today?
> Y: I don't really know how it affected them, but I think it affected them because we are losing our tradition. None of them, none of the kids today want to learn the tradition. And back then they used to know the tradition a lot.
> I: How has it affected you?
> Y: It affects me 'cause I don't know most of my tradition and . . . I get really upset sometimes that I can't even speak my own language. I can't speak it fluently.

Beyond loss of culture and tradition, other youth cited sadness, behavioral issues among children, and mistrust of White people as the results of intergenerational trauma. For example, a 14-year-old girl attributed anger and behavioral problems among small children in the community to historical trauma:

> I: Do you feel like maybe some of the things that happened in our history [are] affecting the way they're [people in the community] acting nowadays?
> Y: Yeah, it's affecting them. When you go out there and you see these little kids, and then when you compare the way these little kids act to the ones that you see in town, they act different. . . . Some of the little kids in [tribal community], they kind of act bad because they're like two, and they're already cussing, and stuff like that. When you see a little kid that's two years old in town, they just, like they're happy, and then the other one's all mad and stuff like that.

A 13-year-old girl provided an explanation for why there were limited narratives about past events in the community, emphasizing the pain involved in remembering them. At the same time, she made clear that she understood her ancestors suffered through these events:

> Y: Sometimes like when you lose somebody, the first couple of years are hard. . . . But they think about it for a couple months, couple years, and after a few years pass by, they'd forget about it. Then when someone brings it back to them, they have to go all the way back, and get depressed, and stressed, and mad, and sad again.
> I: When we think about our history, do you think it gets us sometimes, do you think as Navajo people,

it gets us stressed, and mad, and depressed to hear about our history?

Y: Yeah, and that some of us didn't know about it, and some of us stopped speaking about it, and that some of us don't want to talk about it because like maybe they lost a family that they knew. That's why I think when I hear about it, I always think that what if my, or maybe it is that my great, great grandpa, or somebody, great grandma, was in there dying and suffering in the Long Walk. I think that they were being bossed around, too, and look at us now, we're not doing nothing. We're not being forced into doing anything right now, but they were a long time ago.

Significantly, this young girl connected being "bossed around" to traumatic events in the past, but did not see herself, her family, or her community as subject to continued oppression through control by outsiders.

Parents. The majority of parents also did not think that historical events were affecting them or their families today. Some thought that current trauma and violence occurring in their communities was more salient. For example, a 49-year-old mother suggested,

> I think that's [events from the past] rarely on somebody's mind. It's mostly their family what's on their mind, what's going on now in the world, what's going on around them in their community, but I don't think the history. That's how I think about it.

The interviewer confirmed the previous statement, "Like, it's not really on your mind that much like [the community], or the Navajo people's history overall?" The participant responded, "No, no. It's mostly what's going on now: the violence, the health . . . [it is] a lot."

Others saw a connection between past events and current-day struggles in the community, but denied that historical trauma directly affected them. One 39-year-old woman said, "No, no, just thinking about me, probably not that much because someone, someone like me, I don't really know about the Long Walk, and then it happened so long ago." Another 31-year-old mother stated that she thought it affected elders, but not those of the younger generations: "Just like the elderlies. Maybe it's affecting them. But see, the younger now, the younger generations they probably don't know about the past that much, so they probably don't even bother to go back and think about that." A 32-year-old man who was the parent of a young child and guardian of youth in the study, stated,

> [I don't think really anything now], not really. Just sometime every now and then you will hear some people, like the ones I work with, maybe kind of hear them say some things about what happened a long time ago, and stuff like that.

As a follow-up question, the interviewer asked, "Do you think they really struggled?" The participant responded, "Yeah, it sounds like they did really struggle with everything, but the present day, now, seems like we're still in a struggle." This last statement reflected the idea that struggle was ongoing, and the idea that perhaps current-day struggles were more salient for many people. Another parent echoed the idea voiced by several elders who stated that the past was the past. A 32-year-old man reflecting on the Long Walk said, "That was just something I guess they just had to go through in life, but it was bad and nothing that we can change." Some parents, however, did mention the effects of past trauma. A 31-year-old woman who was the guardian of two youth participants reflected on her knowledge of historical trauma among Diné and other American Indians. She emphasized the anger and sadness that resulted:

> It was a lot because when I watch some of the movies, that every other Native American went through, not just us Navajos, but the Sioux and all that, it was like, "How can people do that?" To me, it's like they don't even have any heart. That's what I felt when I first saw this. Like, "Oh, my God. Why can they do this? They can't just do this to people that were here before they came or whatever." I think nowadays, for a Native American to see that, for the first time or hear about it, it would get them angry. Maybe be hateful to other people, and I've seen a lot of that. I think that we did go through a lot. . . . And it's just wrong how other people treat other people different just because they didn't like the way they live or they don't like the way, how many sheep they had, animals they had. They just had no right. It does, I wouldn't say gets me mad, but it's just crazy madness I guess. It's just awful. I'd say it was awful. . . . I would think that they [Native people] were trying to do their best, but back then, I think that the people that took them away was trying to tell them, it seems like they didn't have any rights. They weren't given any right to do, to speak up for themselves and say, "Why are you taking my kids away?" It just seems like they just made Native Americans feel like they were nothing. They weren't worth it . . . they didn't want to waste time on them. It was like they wanted to just take the kids. . . . All this stuff. I think it would have been very, very hard for the parents to lose a kid. It's like their kid dying, but they'd just been taken away, nowhere, that they

> don't know where they went or where they've taken them. I think it would be very hard, very hard. . . . It just makes me feel like, just sad to hear about it. I mean, sometimes I hear my brother say, "If it weren't for the White people, we wouldn't have been alcoholics." And he became one. Things like that. I think things like that, that I hear, my parents will talk about it. We learned about it in school. . . . It just makes me feel like, not angry, but more of it is just sad.

Similar to one youth who mentioned loss of language and traditional ways of life, one mother, aged 49, focused on this aspect of historical trauma:

> The loss of our language by the youth and younger generations bothers me. They only speak the "White people" way. A long time ago it was told to me by my elders that in the future our people would no longer be living traditionally, or may not be able to speak our language. Today, what they saw in the future is coming true today. What our elders saw about the way life would change, it has happened already. I often wonder and say, "How did they know this?"

More often, parents reflected on the impact of historical trauma in the context of the actual interviews themselves, when the interviewer described the events of the Long Walk for participants who said they had little knowledge of Diné history. A 36-year-old mother framed her answer in terms of the widespread use and effects of alcohol:

> Yeah. I think like, yeah, it is true, now I see so many Navajo people drinking, and when they are drinking often killing; or while drinking getting into trouble, doing bad things in life. They're not themselves. The people are starting to fight amongst each other, and some are even killing one another. This is what I hear.

Thus, many of the participants developed responses on the effects of historical trauma shortly after learning about historical events. Reactions included indignation, sadness, questioning, and intensive reflection on the pain and suffering that this must have caused. A 39-year-old mother spoke directly about the lack of intergenerational sharing of the narratives, and speculated on what the reasons might be:

> Then later on, then I was thinking back. Then I said maybe, because my grandparents, they never really said stuff about that. Maybe along the way, some of them forgot about it, and maybe they don't want to deal with it. That's why they just left it alone.

Grandparents/elders. Elders talked about several different effects of historical trauma, including high rates of diseases (e.g., diabetes, cancer), alcoholism and substance abuse, unhappiness, violence, premature death, and overall lack of health. In terms of poor physical health and alcoholism/substance abuse, elders seemed to view these trajectories as being caused by interaction with White people, which brought negative exposure to alcohol and drugs, and which eroded traditional healthful ways of life. Grandparents spoke with great sadness about changes in their community and the loss of traditional ways of life that had occurred within their lifetime. Changes mentioned included the observation that people had forgotten how to show their emotions for one another, the move away from herding and agriculture as a way of life, and the difficulty of eating healthily because of busy work schedules.

Another recurring theme among elders was the loss of traditional cultural knowledge, language, and oral and ceremonial teachings among the youth. Elders described how this negatively affected their own well-being not only because it made them sad and worried for their families and for the survival of their culture, but also because it contributed to generational rifts between elders and youth. Grandparents' narratives related to historical trauma were most evident in their discussion of community problems, particularly the widespread abuse of alcohol that they perceived. For example, one elder, a 56-year-old woman, relayed the following about the history and causes of alcohol abuse:

> I believe the people lived well long ago, and probably it was unheard of to hear about the stuff that goes on today. The people had a good life back then. Today, with the newer generations, they are involved in bad ways of life. . . . Many are living their lives in the worst ways, like using alcohol, and from it they are getting involved in bad ways of life, such as killing one another. Today it is like this, it is a different place in time, and I think back then people lived balanced and good lives. Today our people are being affected by diseases, viruses, or such things as diabetes, or kidney disease, or liver disease, or cancer; these are just some of the things affecting us today. . . . Well, if you think of the people who lived long ago, I think they talked to each other in a good manner, and visited one another; respected one another. They even took care of one another, from these things they thought clearly, they had good lives, and they felt good about themselves. The respect they had for their relations was important to them, so they spoke and

> related to one another in a respectful manner. Today, it is different. Even though the people live close to one another or even if they are relatives, they seem to be jealous of one another, and they do not talk to one another. Because of the past, this is probably why today our people are struggling or have really hard lives. . . . All those substances, they are from the White people; they have plagued us with it. This is what my maternal grandma used to tell me, that all those substances have afflicted us as a people. . . . I think all of the things that affect us today. It is a disease, passed down to us from the *Biliganas* [White people]. The alcohol is a disease that was put upon us by the Biliganas. A long time ago they probably did not make it like they do now; and our people did not engage in drinking. . . . I truly believe that all these things were introduced and put upon us by the Biliganas.

The way participants spoke about alcohol, its introduction into the community, the impact on traditional ways of life, family structures, and parenting practices might be seen almost as a stand-in for the disruption and effects of colonization, discrimination, and its continuing effects.

Elders also mentioned the traditional belief that it is better to leave difficult times from the past in the past, and not talk about them. This reflects a Diné healing or ceremonial perspective that cautions Diné that speaking, thinking, or sharing traumatic events, such as the Long Walk, is delving in negativity or disharmony, which can make the individual or family sick. The narratives reveal both an idealization of the past (elders stated that there were no diseases, hunger, or alcohol abuse in the past), but also the idea that "what is past is past." Therefore, elders did not hear details of historically traumatic events from their parents and grandparents, and did not share them with their own children. However, a few elders did share the unhappiness that they and others felt as a result of these events.

When viewed from this generational perspective, it is possible to delineate not only the specific local responses to the idea of historical trauma, but also to trace commonalities and differences in understanding and meaning across three generations. Although elders were more likely to make the connection between historical events and current difficulties, for parents and youth the connection was more tenuous. At the same time, however, parents and youth articulated why it might be that there had been a limited narrative, or alternatively, silence associated with past events. These various ideas—that it is better to keep the past in the past, that it is better to transcend negativity to more positively live in the present—seem to reflect a diversity of cultural, historical, and situational responses to conflict, violence, and loss, and to reinforce the relevance of the concept of survival to this tribal community.

Healing, Survival, and Resilience

We found that elders' and parents' discussions of healing were important with respect to the implications of historical trauma and its treatment in community settings. In the interviews, parents and elders were directly asked about their experiences with traditional Diné and Native American Church (NAC) healing methods, as well as their experiences with Christian traditions. Participants were also asked general questions about how they coped with stress in their lives. These questions thus elicited information about specific practices used by participants. These included traditional healing ceremonies, seeking a medicine man when someone was sick, the use of traditional herbal remedies, and using Christian practices such as reading the Bible, praying, and attending church. Slightly fewer than half of the elders mentioned traditional belief systems and practices that helped them heal. For example, a 67-year-old grandmother explained:

> In the traditional way or in the Diné traditional belief there are many teachings about life, and the medicine men are always teaching us how to go about life according to our prayers. . . . They teach about how to live life well, and they teach about how we became five-fingered beings. From all this there are just so many traditional teachings. Our family has a *Dził Łéézh* which protects, brings good to, or takes care of a home or a person or a family. . . . It [Dził Łéézh] sits strong spiritually for your family. This bundle which I am talking about belongs to our family. Before, it belonged to my mother and father; they had it made for them. It was then passed on to my eldest sister, and recently it was passed on to my youngest brother. When he became the caretaker of the bundle we had an all-night blessing ceremony for it.

Two elders mentioned NAC practices. A 59-year-old grandmother described how the NAC had helped her family:

> From 1974 on we attended the NAC meetings with my late husband, as well. We participated in the ceremonies because it helped my husband get sober. Before, he was an alcoholic. . . . It was a big part of our life as a family. However, after he passed on, and it was just myself and the children. I did not have a significant other to support me in the decision makings, so I decided to try the church.

This grandmother and several other elders mentioned Christianity as a source of strength that had helped them recover from alcohol abuse, improved communication with their family members, relieved stress, enabled them to cope and remain resilient during tough times, and served as a source of material (e.g., food, transportation, and clothing) and social support. Elders who mentioned Christianity also had traditional beliefs, and indicated that they did not agree with Christian religious leaders who spoke negatively about traditional beliefs. One elder explained how the church and traditional beliefs also helped her cope with stress:

> In church we are talked to, and through what we are told in church we remain strong; having better lives. I think it is the same having beliefs in both the traditional ways and believing in the church. They both help and make me strong.

Similar to the elders, some parents indicated that traditional beliefs helped them cope with daily struggles and stressors, and a few mentioned traditional ceremonies that had helped, including Enemy Way (a type of traditional Diné healing ceremony), Fire Dances, seasonal healing ceremonies such as *Yei bi chei/Na'a'kai* (no simple English equivalent exists for this term), a puberty rite for young women, and the use of corn pollen. Prayer was by far the most commonly mentioned coping mechanism of parents; it was discussed by 80% of parents and guardians. For example, a 31-year-old mother explained how prayer and traditional ceremony helped her heal emotionally from a traumatic experience:

> Parent (P): I think when I am getting emotionally stressed . . . I pray, which I never did before. . . . I went to church for a while, at certain times, but it wasn't helping me. And after the accident, I had a ceremony. And I think the ceremony worked for me. I felt like it helped me more. And the church, I don't know, I didn't feel good about it. Well, I'll just put it this way: After the ceremony was done for me, I felt like, you know, take a deep breath and like, phew, like that feeling. That's how I felt. It's hard to explain it.
>
> I: Was it with a Navajo medicine man?
>
> P: Yeah. I'd go in a church and everything. I'd feel like I was, like I still couldn't breathe, or like I was still feeling like I was still choking, like I couldn't take a deep breath. Or my lungs were filling up, and I couldn't breathe. After the ceremony, it felt like I could breathe again. And I can feel it, and I knew it, so I think that helped me more than anything. But now sometimes, ever since I had my ceremony, and I get up in the morning, and I then I go outside and I pray. I give thanks and stuff like that, which I never did before. Which I learned is a part of being in the Navajo culture, is getting up in the morning and offering your prayer, the offerings and thanking for what you have.

In contrast to the mother quoted above, many of the parents indicated that they viewed all religious beliefs as similar to the traditional Diné belief system. This was illustrated by the following statement from a 39-year-old mother who was explaining her understanding of *Hozho* (keeping harmony and balance in life):

> I would say I am probably in harmony because I try to teach my kids about the traditional and the other religions. I tell them that it's all the same, and we all pray to one person and one being. It doesn't matter whatever they chose. That I try to tell them . . . to keep balance with the earth and the beings, I guess, like the animals. . . . I always tell them they are—you have to respect everything that's alive here on earth, because they all have what we have. They have their own, I guess their own community, just like us. They have to survive; we survive. They have their leader; we have our leader. That's how I try to explain things to them. . . . So, they have to respect everything.

A few parents indicated that traditional beliefs helped them to recover from alcohol abuse. A 47-year-old mother explained:

> I didn't realize myself that I was drinking more than what I expect of myself. Then they had like traditional ceremony things, like prayers and with their cedar, what my grandfathers do. They always bless you with your cedar, pray, so that helped me out a lot. I felt I'm a new person, and then they told us, "Don't consider yourself as a drunk, but be proud of who you are, what you are. You're a human being. You're beautiful," and all that.

Several parents, however, also noted the lack of traditional medicine people in their community, which made it difficult to access this form of treatment or healing. Some parents felt that they had to figure out and learn about traditions for themselves; that intergenerational transmission of traditions had been interrupted. Parents mentioned other ways of coping, which included distraction mechanisms such as working and keeping busy, avoidance strategies, positive cognitive restructuring such as maintaining optimism and not focusing solely on the negative, and active strategies such as confronting problems directly.

Overall, youth described limited use of active coping strategies for dealing with stress. For example, several youth stated that they slept or did nothing when they felt sad or angry. However, many youth also emphasized that friends and family were important in helping them cope with stress and make themselves feel better. A 13-year-old girl explained:

> We'll [she and her sister] usually play in my grandma's room, pretend to wrestle and fight. We fight for—like my dad taught us this game. . . . We still do that, and we did it in there. Then we just be close to each other and ask each other what's going to happen in the future. We just talk, me and my sister.

Youth had less to say about spirituality (traditional, NAC, and/or Christian beliefs) and its relationship with healing and coping. A few youth talked about creation narratives (a fundamental component of the Diné traditional belief system), and several youth mentioned prayer. One youth talked about her mother burning cedar in the home to keep away evil or negative energies, and another mentioned the use of traditional herbal medicine. For example, a 15-year-old girl explained, "If they are sick, my dad usually gets sagebrush plant and he boils it for us, and we have to drink that too."

About one fourth of the youth indicated that they had participated in a traditional ceremony. Only one of the girls said she had participated in the puberty rite for young women. More than half of the youth were able to identify their first set of maternal and paternal clans, and some of the youth were able to identify their maternal and paternal grandparent clans. Most youth indicated that they did not know very much about traditional beliefs or practices. Almost half of the youth stated that their parents and/or grandparents did not teach them the traditional beliefs. In terms of learning from their elders, many youth explained that they could not communicate well with their grandparents because they did not speak the Diné language. Some youth believed the lack of teaching was because their parents did not know the traditional beliefs, and others suggested that their families' Christian beliefs precluded their involvement in traditional forms of spirituality. A few youth indicated that they were not interested in learning traditional beliefs or practices, but many said that they wanted to learn more about traditional belief systems and/or narratives. Two youth were frustrated that they did not know more, and believed that their lack of knowledge was related to negative historical influences. Several youth also mentioned Christianity as a source of coping and healing. For example, a 13-year-old girl said, "Then the preacher prayed for me, and that was when everything became okay for a while."

Family support was the most prominent form of coping used to address stress: participants mentioned family get-togethers and financial support, but primarily emphasized talking to family members who needed help. This was mentioned by youth, parents, and elders as a way of helping others. For example, a 56-year-old elder stated,

> Yes, we help one another, and I talk to my children to help them. Sometimes I talk them out of their problems, or just talk to them to help them. I also talk to others, not just my family members, if they need help.

Thus, "talking to" family members was associated with teaching traditional ways, teaching morals, and offering emotional support for those in need, as well as a corrective for those who had gone astray through drinking or other negative behavior. When discussing people who did and did not manage to rediscover balance in their lives, a 59-year-old grandmother said,

> Well, some people say they get tired of doing the things they do, or they say they do not want to do it anymore. Some people actually go through with getting better, and they do when they have family members talking to them. Others, they give up and get back on track with their life because they say they have no place to go. And again, if they have someone there telling them to stop doing what they are doing. So some people do not get better, and return to their unhealthy ways of life; however, others they get better, by doing what they are told by counselors and family members.

A 49-year-old mother also mentioned the importance of talking through difficult times:

> My daughter went through some difficult times recently, but I have helped her by talking to her, and making sure she was okay. . . . She was getting into trouble with different friends at school. She was starting not to listen and not doing good in school, and I had to really start talking to her again. Now she is doing better. I try to keep her away from bad influences, I want her to learn about the important things in life, and to keep her mind focused on what is right. I am always talking to my kids about what is right and what is wrong in life. I teach them about what I was told as a young child by my maternal grandmother.

Most youth also mentioned talking with friends or family as a primary method of coping. A 12-year-old girl explained it this way:

I: During this time that you guys were really having a hard time with the people that passed away, how did you guys stay strong? How did you guys deal with all of that stress and worrying, and just the sadness?
Y: We just talked to each other. Calm each other down, that stuff. Or either that, if we can't get it off our minds, we'll just go to the gravesite and we'll all put flowers on them.

Another important idea discussed in relation to healing was that "[y]ou have to believe, believe, believe." This idea was offered by a 32-year-old mother discussing her experience with various kinds of healing practices. The interviewer followed up by asking, "So, kind of whatever you believe in you think it can help?" The participant responded, "Yeah." In this way, participants echoed several important ideas with respect to healing: (a) multiple modalities were often used; (b) believing helped one heal, and people believe in what helped them heal; and (c) healing was a processual act that involved multiple levels of "healers," including the self, family, healing specialists (whether they were traditional, Christian, or biomedical), and "coming to an understanding" of the delicate balance of illness and health.

Several elders mentioned their community's resilience and strength in being able to survive. For instance, one elder said, "Sometimes I think about why our people were driven away like they were. I often think about how strong the people were, and how strong their traditional Diné prayers were for them to endure this time." The recognition of strength was crucial, as well as the role of spirituality in maintaining this strength to allow for endurance. Perhaps because of the longitudinal perspective aging provided, we found elders much more reflective on the past and its relationship to the present. This increased reflection might also have been related to the fact that this generation of elders was more likely to have attended boarding schools and thus might have more consciousness of the effects of historical trauma. A few parents mentioned a positive aspect of the consideration of historical trauma—the power of survival—such as a 44-year-old mother, who said, "So I think that what they endured a long time ago gives us the strength, and that even that despite all these things, we can still survive."

Youth declared much less knowledge about community history than elders or parents. However, when examining the data from youth with respect to community strengths and knowledge of history, it was clear that youth also had a perspective on history that emphasized survival. For example, a 13-year-old boy responded to questions about history:

I: How do you think the Navajo people from a long time ago, how do you think they got through all these hard times, all the times that I talked about? How do you think they made it this far, and now we're sitting here today?
Y: They just kept on going. Just keep on going at it, and yeah.
I: What do you think kept them going, though?
Y: Their family.

Youth viewed their families' survival as a testimony to people in the community working together and helping one another. Keeping tradition and history alive was also part of that process.

Discussion

Although we believe that the legacy of colonialism and current-day realities of American Indians are inextricably connected, reflecting on the narratives and sometimes absence of narratives from the participants, we had to critically examine the relevance of historical trauma. We wondered whether it was a helpful concept when working with elders who might not have wanted to bring it up, and parents and youth who had current pressing issues that were more salient, did not know much about the past, and/or were hesitant to consider how it might have been affecting their own lives. This study revealed deep but selective historical consciousness among many elders but limited historical narratives among most parents and youth. Thus, it is important to recognize that forgetting is also a part of collective social memory. We must see it as an active social practice rather than solely as absence or loss (Connerton, 1989; Halbwachs, 1992; Trouillot, 1995). In the case of the Long Walk, there might be specific Diné cultural practices at work, such as those that caution against talking about traumatic past events, and there are larger social forces in the United States that refuse to acknowledge genocidal practices of the government toward American Indians. So although we recognize the importance of the Long Walk as a collective social memory for the Diné, we are trying to elucidate if and how the Diné community members in this study related problems their community faces today with events of the past. In addition, we realize the impossibility of disentangling what are intergenerational effects of historically traumatic events vs. the effects of poverty and current oppression and trauma. For instance, one parent we spoke with was in boarding school for about 4 years. Near the end of that time, her father died because he froze while walking home while intoxicated. Were those historically traumatic events, current trauma, or both? Whether we can make that distinction might not be important. The key issue is that addressing problems arising from current trauma does nothing to prevent them from reoccurring if it does not change social injustices and underlying conditions.

Implications for Mental Health Treatment and Healing

What this suggests for American Indian youth and their current mental health is that we have to try to understand and address these issues in ways that are innovative and transformative. For instance, addressing poverty, racism, and other current social inequities is essential for promoting well-being. Engaging youth, families, and communities in these efforts can be challenging when their immediate needs are frequently pressing, and when traumatization has occurred across generations and is pervasive throughout a community or tribe, resulting in what Janoff-Bulman (1992) described as disruption of the positive but illusory beliefs that most people have about the benevolence of the world, meaningfulness of experiences, and intrinsic self-worth. Thus, engaging youth in social change efforts to achieve social justice is important both materially and in terms of their cognitions about themselves and the world. Educating youth about the past is also important. This helps youth begin to understand their parents and grandparents better, and might help them experience less shame and self-blame as a result of understanding current behavioral health problems in a historical context. Our findings also suggest that interventions and approaches to healing might need to be tailored according to age, and also that intergenerational approaches, which focus on strengthening communication and awareness across generations, might need to take place.

It is also important to emphasize that effective healing modalities already exist within American Indian communities. Traditional practices and ceremonies have been effective for thousands of years, but federal policies at different times have prohibited them, disregarded them, perpetuated questions about their credibility and validity, and resulted in their loss across generations in some communities (Goodkind et al., 2010). Consistent with the recognition of health as a cultural construct (Kleinman, 1981), particularly the relationship between religion and health (Yeha & Dutta, 2010), many scholars have emphasized the importance of multiple, concurrent belief systems when addressing Diné health, illness, and healing (see Begay & Maryboy, 2000; Csordas, 2000, 2002; Nelson, 2011). They argue that researchers should see Diné healing modalities as a synthesis of biomedical healing theory and practices, traditional Diné healing, Native American Church, and Christian healing traditions. Nelson cautioned against seeing the concurrent and overlapping use of these as a seamless synthesis, suggesting that the way these modalities are learned and deployed is unique and varied. The participants' narratives of suffering, resilience, healing, and well-being reflect the use of these various modalities; however, as Nelson suggested, the understanding and experience of these varies from person to person according to his or her own complex life histories.

Given the framework we introduced at the beginning of the article that highlighted the importance of recognizing social suffering, resilience, survival, and healing in collective rather than only or primarily in individual terms, how do our results inform the relationship of these concepts and the importance of the collective? In this particular community, narratives about events of the past, and how those relate to the present, appear to be limited. However, one of the greatest effects of historical trauma recognized by elders, parents, and youth was the breakdown in intergenerational communication and relationships. Therefore, it seems that bridging this intergenerational gap will contribute to increased intergenerational discussion of past events, allow "traditional" coping mechanisms to be more fully developed (e.g. "talking to people"), and thus promote collective healing. Therefore, interventions should be intergenerational; include teachings on traditional narratives, beliefs, and practices; address historical events in culturally appropriate ways; and facilitate communication and interaction between elders, parents, and youth about present and past conditions and family dynamics. In addition, a community-building, social-change component might be considered for interventions; for example, a community service project to be identified, planned, and carried out by the group.

The findings from this study corroborate what many Native peoples have recognized for hundreds of years: that Eurocentric notions of individual trauma and healing (as embodied by the medical model and Western medical/mental health systems) are being imposed on problems with roots in social injustice and on peoples whose understandings of suffering and ideas about healing are much broader. The challenge is trying to discuss (and fund) solutions based on the latter worldview, because we always have to justify our approaches in the terms of the former model. Although complex and contested, framing American Indian experiences of suffering through the concept of survival and historical trauma might be one way to resist individualized representations, and to articulate the sociopolitical foundations of suffering and potential multilayered, social, non-Western approaches to healing. Diné also have a concept that reflects this, *bikáá' háadiika',* which is a word that means to emerge from poor health or other difficulties by persevering together to achieve healing.

Thus, it seems that narratives about historical trauma and survival are related, and might have value because they both inherently and explicitly emphasize transcendence from past oppressive, genocidal, sociopolitical forces. This is important, because these concepts foreground U.S. government policies that intentionally attempted to destroy Native peoples and cultures, while

also emphasizing the resilience of those who survived. Furthermore, these narratives bring awareness about the impact of past atrocities on American Indian individuals, families, and communities in the present. Therefore, narratives that challenge this silence and that empower youth to work toward social justice are essential. Given that many of the respondents had limited narratives regarding historical injustices and current inequities, it might be important to support youth and their families in developing understandings regarding the root causes of their problems so that transformation can occur.

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1. These statistics were accessed from the United States Census Bureau (2000); however, no specific reference is provided, in keeping with our agreement with the tribe to not disclose the name of the study community.

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