



Kill the Indian, Save the Man: Native American Historical Trauma in College Students

Noel Altaha

Sue Kraus

Psychology Department

Fort Lewis College

Abstract

There is clear evidence that past generations of Native Americans suffer significant effects from their history of trauma stemming from the loss of land and culture. The effects of historical trauma in Native Americans have been researched, but only within older generations. This study examined the effects of historical trauma in current Native American college students at a public liberal arts college in the southwest. Seventy Native American students from 28 tribes (56% identified Navajo as their primary tribal affiliation) were surveyed measuring depression, anxiety, resilience, coping abilities, compassion towards oneself and towards others, and historical trauma. We found that the current generation of Native American students continues to experience similar levels of historical trauma as older generations. Native American students who experience historical loss have higher levels of depression, anxiety, negative feelings toward oneself and lower levels of resilience. Interestingly, we found that historical trauma was not correlated with blood quantum, gender, SES or drug and alcohol use. Our findings suggest a need for more research on the effects and potential treatment to increase resilience and reduce the impact of historical trauma.

Keywords: historical loss, historical trauma, Native Americans, Alaskan Natives

Kill the Indian, Save the Man: Native American Historical Trauma in College

The present traumatized state of American Indian/Alaskan Native (AIAN) peoples seems normal, almost invisible, within families and communities but the consequences of their unresolved pain can be deadly. The experience of historical loss or historical trauma by the indigenous American (AIAN) populations is defined as the collective effects of trauma across the lifespan and generations due to unresolved grief (Cain, 2007; Brave Heart & DeBruyn, 1998). Within AIAN populations, the chronic and acute reactions to colonialism are referred to as a soul wound (Walters & Simoni, 2002). Historical trauma or soul wounds come from the loss of Native American lives, culture, beliefs, practices and land as a result of European invasion and colonization (Morgan & Freeman, 2009). The effects of unresolved grief resulted from centuries of targeted racism, through extermination by disease, violence, and warfare by colonists (Willmon-Haque & BigFoot, 2008). This unresolved grief gets passed down through generations who were affected by historical loss, and can continue to impact generations who did not personally witness the original trauma.

Historical traumatic symptoms include low self-esteem, victim identity, survivor guilt, PTSD-like symptoms, fixation to trauma, somatic symptoms, anger, suicidal ideation, hyper vigilance, intense fear, depression, poor affect, dissociation, self-destructive behavior, anxiety, internalization of ancestral suffering and others (Brave Heart & DeBruyn, 1998; Estrada, 2009). It is clear that persons affected by these symptoms will have significant impacts of trauma throughout their life.

Historical loss addresses the thoughts and feelings that are connected to the history of traumatic experience and loss of AIAN people (Cain, 2007; Whitbeck, Adams, Hoyt, & Chen, 2004). Acculturation is considered one contributing factor of historical loss. Acculturation is defined as the individual and social adjustments that happen when a minority population or people not of the majority must adapt to the dominant society and culture in order to survive (Cain, 2007). Hegemony Euro-Anglo colonists implemented methods of acculturation towards AIAN people including stripping away one's cultural and physical identity and replacing it with Christian, patriarchal views. Applying systems of hierarchy devalued women, children and the elderly among AIAN (Smith, 2005). Most tribes were matrilineal and each member had a respective role within their community, clan, and family. The loss of tradition, land and language all contribute to the ongoing psychological symptoms of historical trauma.

AIAN history consists of continual assaults through policies of extermination and assimilation which ultimately leads to effects of trauma due to oppression and unresolved grief. Initial attacks included encroachment covered by the Manifest Destiny doctrine, warfare, broken treaties, removal of tribes (i.e. Trail of Tears, Navajo Long Walk). Repeated acts of legislation attempted to first erase or exterminate, then later assimilate by manipulating and dominating over an entire race (Churchill, 2004). Repeated offenses by the US created an atmosphere of trauma and pain. The attitude of "kill the Indian, save the man" was prevalent and persistent and led to the boarding school era.

There may be no other greatest treachery used by the US military than that of the establishment of boarding schools. Although it originated in the 1700's, boarding schools had its greatest impact during the 1880s-1980s of assimilating AIAN children as young as five years old

into the dominant society. Entire Native communities were robbed of their children as military and BIA agents removed AIAN children and transported them far from home, some hundreds of miles. Many died from disease, starvation, and despair from these genocidal practices (Churchill, 2004). Trauma experienced by the victims and their families of the boarding school experiment included identity loss, physical abuse, sexual abuse, feelings of abandonment (Smith, 2005). Kill the Indian, Save the Man was the governmental objective, as expressed by the founder of the U.S. system, Richard Henry Pratt (Churchill, 2004). Practices like these grounded historic trauma and guaranteed the lasting psychological effects AIAN.

Tools of colonization used on Indigenous peoples globally include violence, particularly with AIAN through genocidal practices. Brave Heart (1998) states that American Indians are victims of genocide, similar to the victims of the Jewish Holocaust and AIAN peoples continue to suffer from this historical legacy due to the unresolved grief. The unresolved grief perpetuates a cycle continuing in every generation and the mental, behavioral, emotional and physical effects are detrimental. Ethnic cleansing methods included successful systematic programs that span over 400 years and historic trauma are only recently being measured within AIAN populations (Whitbeck, Adams, Hoyt, & Chen, 2004). There is an evident need to explore any evidence of current effects of historical trauma in AIAN populations and the implications of the unresolved grief.

Literature of historical trauma in AIAN populations has mainly focused on the effects of trauma as it relates to AIAN alcoholism in older generations. Researchers theorize substance and alcohol abuse is a dysfunctional coping strategy among AIAN populations (Cain, 2007). While alcohol abuse is a significant problem in AIAN populations, we hypothesize that the effects of historical trauma may be greater than this one issue, and may not be limited to older persons.

There is a lack of current research on historical trauma within present AIAN and particularly within the Southwestern US. The purpose of this study is to examine the effects of historical trauma within AIAN college students. This study is significant because it explores the traumatic effects associated with AIAN populations in a quite unique setting, academia. This group of individuals are may or may not carry the same impacts of trauma as older generations who were mainly studied in reservation settings.

Grounded in Native American historical trauma theory and Cain's (2007) work on historical loss thoughts and historical loss feelings, this study predicts the existence of historical trauma in present AIAN populations. Research goals include examining the extent to which historical trauma remains a concern for current Native American college students as well as analyzing the impact of historical trauma and its implications.

In this study, we tested levels of depression, anxiety, resilience, coping abilities, compassion towards oneself and towards others, alcohol use and thoughts and feelings of historical loss. We hypothesize that the impacts of historical trauma will extend beyond alcohol use, and higher levels of reported trauma will be associated with many psychological variables.

Method

Participants

Participants in this study were 70 self-identified American Indian/Alaskan Native undergraduate students attending Fort Lewis College. Fort Lewis College is a public liberal arts college in the southwest that has approximately 20% Native American students. Efforts were made for diversity within Native Americans tribes by recruiting students from Native American Indian Studies 100-level courses and from the Native American Center on campus. Twenty eight tribes were represented in our sample, and 55.7% listed Navajo as their primary tribal affiliation, with 11.4% Cherokee, and 7.1% Lakota. Figure 1 shows a complete listing of the first listed tribal affiliation for each participant. There were 36 female and 34 male participants. Ages ranged from 17 to 38 with a mean age of 22.16 (SD=4.52). Participation was voluntary.

Table 1: First tribe listed by participant

	First Tribe Listed	#	%
1.	Assiniboine	1	1.4
2.	Athabaskan	1	1.4
3.	Cherokee	8	11.4
4.	Choctaw	2	2.8
5.	Creek	2	2.8
6.	Curyung Tribal Council	1	1.4
7.	Lakota	5	7.1
8.	Lumbee	1	1.4
9.	Menominee	1	1.4
10	NA Canada/US Border	1	1.4
11	Navajo	39	55.7
12	Pojoaque Pueblo	1	1.4
13	Potawatomi	1	1.4
14	Pueblo Acoma	1	1.4
15	Swinomish	1	1.4
16	Tlingit	1	1.4
17	Yupik	2	2.8
18	Zuni	1	1.4
	TOTAL	70	99.4

Measures

Historic Trauma was measured using the two part 18 item Historical Loss Scale which measured the extent to which participants experience thoughts and feelings about historical losses such as loss of land or language with responses ranging from several times a day to never (Whitbeck, Adams, Hoyt, & Chen, 2004). Results from this study indicate high internal reliability. We measured emotional constructs using the 21 item Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988), and the 21 item Beck Depression Inventory (Beck, Steer, & Garbin, 1988). Other measures included Carver's (1997) 28-item scale of styles of coping with stress in daily life that examines both approach and avoidance coping styles, Connor and

Davidson's (2003) brief Resilience Scale and the 16-item SOFI scale was used as a measure of self and other compassion (Kraus & Sears, 2009).

Additional information included basic demographics (i.e. age, gender), self-identified Native American tribal affiliation, blood quantum, mothers and fathers education level as a measure of SES, experience at Fort Lewis College 1-10 scale (1-really negative to 10-really positive), and an adapted 8-item questionnaire from the Adolescent Alcohol and Drug Involvement Scale (Winters, Stinchfield, Henly & Schwartz, 1990).

Procedure

Prior to data collection, the researcher conducted a brief orientation to establish rapport and explain the purpose of the study, confidentiality, and allow time to respond to questions or concerns. Surveys were distributed to five classrooms at the beginning of class with permission from professors. AIAN students at the Native American Center on campus were also invited to complete the survey after the same orientation. The survey took approximately twenty minutes to complete.

Results

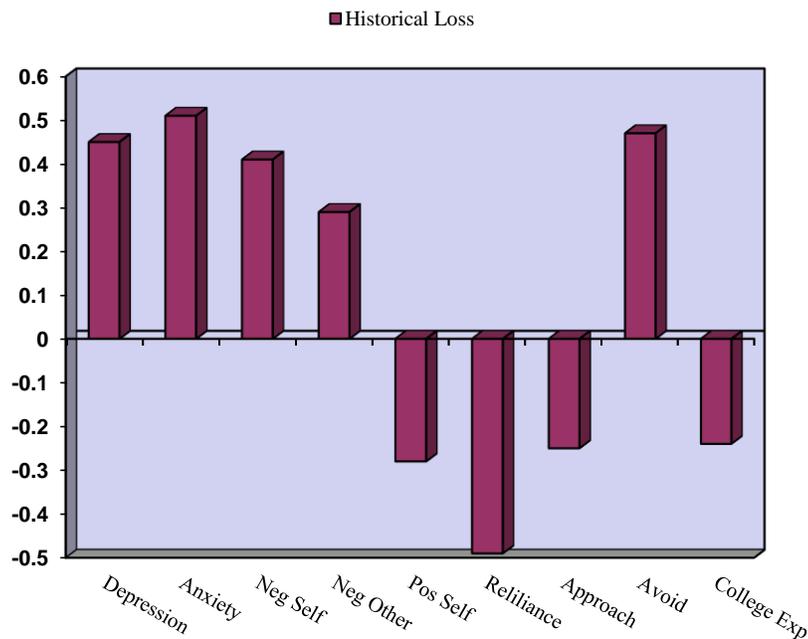
Findings support the literature that AIAN populations at Fort Lewis College continue to experience historical trauma. Our average on the Historic Loss Thoughts scale was 45.21 (SD=14.67) and the average age was 21 years old. These results are similar to Cain's findings from 2007, of 43.00 (SD=14.30) with adults averaging 41 years of age. This supports our hypothesis that current generations of Native Americans still experience impacts of historical trauma.

Using Pearson correlation coefficients, we found that higher levels of historical loss were associated with significantly higher levels of depression ($r=.45$, $p=.00$) and anxiety ($r=.51$, $p=.00$). Levels of historical loss are also related to an increase in negative feelings toward self ($r=.41$, $p=.001$) and others ($r=.29$, $p=.02$) and lower levels of positive compassion for self ($r=-.28$, $p=.02$) and lower levels of resilience ($r=-.49$, $p=.00$). Experiences of historical loss also related to coping styles. Higher levels of reported loss were associated with lower levels of approach coping ($r=-.25$, $p=.04$) and more avoidance coping ($r=.47$, $p=.000$). Students who experience stronger feelings of historical loss also have lower ratings of their college experience ($r=-.24$, $p=.04$). Figure 1 shows these correlations.

Interestingly, we found that historical loss was not correlated with blood quantum, SES or drug and alcohol use (all $p>.05$). Alcohol and drug use was very low in our sample, suggesting AIAN college students are coping in other ways.

An Independent t-test revealed no gender difference between men and women experiencing historical loss $t(60) = .04$, $p=.97$. However, Native American students who have lived and/or currently reside on an Indian reservation were shown to have higher levels of thinking about historical loss $t(60) = 2.795$, $p= .007$.

Figure 1. Correlations with historical loss



Discussion

The purpose of this study was to explore the existence of historical trauma within current AIAN college students and its effects. In summary, findings support research that historical trauma exist in current Native American/Alaskan Native populations. These findings are similar to Cain's (2007) work on historical loss in older generations. Our data support the idea that historical trauma is experienced during a lifespan and continues to be passed down across generations due to unresolved grief that perpetuates a cycle ensuring the continuance of trauma (Cain, 2007; Brave Heart, 1998). Historical Loss thoughts include consistent thoughts about the loss of one's culture, tribal language, spirituality, land, practices, and traditions (Cain, 2007). Symptoms can include depression, poor affect, anxiety, anger and low self-esteem (Brave Heart & DeBruyn, 1998; Estrada, 2009). Our study suggests that AIAN college students in this study experience thoughts and feelings of historical loss that are equivalent in nature to those of previous generations.

This study revealed the effects of historical trauma which include higher levels of depression, anxiety and negative feelings toward oneself and others. We found that AIAN students that think about historical loss more often have lower levels of resilience, lower self-compassion and use less approach oriented styles of coping. Those struggling with historic trauma also have less positive perceptions of their experiences in college. AIAN students that live or have lived on an Indian reservation think about historical loss more often. Analyses did not suggest significant differences in gender, or tribal blood quantum, or age. This may indicate that historical trauma, is a broad based problem for AIAN students. SES and drug/alcohol use was not correlated with historical loss, and overall levels of substance abuse were low for our sample. Coping without the abuse of substance or alcohol may be explained because the

participants were college educated, therefore possibly indicating a form of bicultural competence of coping in healthier ways, however this warrants further research.

While this study examined a unique population, the use of only college student is a limitation of our work. It may be that younger AIAN individuals who choose not to go to college have different coping styles and levels of trauma. Use of alcohol and other drugs may be higher among non-college populations, and other coping mechanisms may be found for this group. Native American college students have an additional struggle of needing to conform to American college culture as well as remaining true to their own cultural values. This struggle may intensify or ameliorate the effects of historical trauma, and should be investigated further.

Future studies may also include research surrounding social identity theories such as the dilemma of American Indian schemas and social representations of self theories by Fryberg (2010). The sociocultural and historical context of being alienated creates “the invisible Indian” and the psychological consequences are worth exploring because it further supports the research that historical trauma continues to exist.

Our work clearly shows that historical trauma remains a significant psychological problem for young AIAN people. This trauma has implications for functioning in many areas of life, such as self-compassion, resiliency and stress management. Further studies are necessary because of the lack of research from tribal perspectives, and cultural specific applicability of resistance skills. Indigenous perspectives particularly from medicine men and women or Native healers from the southwest have yet to be explored when addressing any soul wound. Future research should examine variables that help moderate the effects of historical trauma. Examining predictors in resilience may be the next step because of the lack of research within Native American populations, particularly younger generations. Perhaps a comparison of AIAN student in college and their AIAN counterparts that continue to live on reservations may lead to further findings of Native American Historical Trauma.

Findings from this study also suggest that counseling practices and practitioners need to acknowledge and address the possible existence of historic trauma when working with AIAN clients. Treatment of healing unresolved grief is limited in research. Any existence of historic trauma experienced differs between individuals, families, communities and tribes. Research is limited within American Indian psychology, which is precisely the reason for studies surrounding evidence of AIAN historic trauma and eventually healing and treatment.

References

- Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*(6), 893–897. doi: 10.1037/0022-006x.56.6893
- Beck, A.T., Steer, R.A., & Garbin, M.G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77–100.
- Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational

- group intervention. *Smith College Studies in Social Work*, 68(3), 287-305. Retrieved from <http://0-search.ebscohost.com.opac.fortlewis.edu/login.aspx?direct=true&db=sih&AN=24258718&site=ehost-live&scope=site>
- Brave Heart, M., Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 60-82. Retrieved from <http://0-search.ebscohost.com.opac.fortlewis.edu/login.aspx?direct=true&db=psyh&AN=2001-03444-004&login.asp&site=ehost-live>
- Cain, M. J. (2007). An examination of the psychological and cultural factors related to alcohol use in American Indian people. (Doctoral dissertation, Oklahoma State University).
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.
- Churchill, W. (2004). *Kill the Indian and save the man: The genocidal impact of American Indian residential schools*. San Francisco: City Lights.
- Connor, K. M., Davidson, J. R. T., (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CDRISC). *Depression and Anxiety*, 18, 76-82.
- Estrada, A. L. (2009). Mexican Americans and historical trauma theory: A theoretical perspective. *Journal of Ethnicity in Substance Abuse*, 8(3), 330-340. doi:10.1080/15332640903110500
- Fryberg, S. A., & Stephens, N. M. (2010). When the world is colorblind, American Indians are invisible: A diversity science approach. *Psychological Inquiry*, 21(2), 115-119
- Kraus, S., & Sears, S. (2009). Measuring the immeasurables: Development and initial validation of the self-other four immeasurables (SOFI) scale based on Buddhist teachings on loving kindness, compassion, joy, and equanimity. *Social Indicators Research*, 92(1), 169-181. doi:10.1007/s11205-008-9300-1
- Morgan, R., & Freeman, L. (2009). The healing of our people: Substance abuse and historical trauma. *Substance Use & Misuse*, 44(1), 84-98. doi:10.1080/10826080802525678
- Smith, A. (2005). *Conquest*. Cambridge: South End Press.
- Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing native women's health: An indigenist stress-coping model. *American Journal of Public Health*, 92(4), 520-524. Retrieved from: <http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790ec41ff49ba614c330331f62da53eb825d531167b9b1e1141e7b18a929c5aee3e1&fmt=HPDF>:
- Whitbeck L.B., Adams, G.W., Hoyt, D.R., & Chen, X. (2004). Conceptualization and Measuring historical trauma among American Indian people. *American Journal*

of Community Psychology, 33(3/4), 119-130.

Willmon-Haque, S., & BigFoot, D. S. (2008). Violence and the effects of trauma on American Indian and Alaska native populations. *Journal of Emotional Abuse*, 8(1-2), 51-66.
doi:10.1080/10926790801982410

Winters, K. C., Stinchfield, R. D., Henly, G. A. & Schwartz, R. H. (1990) Validity of adolescent self-report of alcohol and other drug involvement. *International Journal of Addictions*, 25, 1379–1395.