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ORIGINAL ARTICLE

# American Indian Historical Trauma: Community Perspectives from Two Great Plains Medicine Men

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**Abstract** The field of community psychology has long been interested in the relations between how community problems are defined, what interventions are developed in response, and to what degree power is distributed as a result. Tensions around these issues have come to the fore in debates over the influence of *historical trauma* (HT) in American Indian (AI) communities. After interviewing the two most influential medicine men on a Great Plains reservation to investigate how these tensions were being resolved, we found that both respondents were engaging with their own unique elaboration of HT theory. The first, George, engaged in a therapeutic discourse that reconfigured HT as a recognizable but malleable term that could help to communicate his "spiritual perspective" on distress and the need for *healing* in the reservation community. The second, Henry, engaged in a nation-building discourse that shifted attention away from past colonial military violence toward ongoing systemic oppression and the need for *sociostructural change*. These two interviews located HT at the heart of important tensions between globalization and indigeneity while opening the door for constructive but critical reflection within AI communities, as well as dialogue with allied social scientists, to consider how emerging discourses surrounding behavioral health disparities might be helpful for promoting healing and/or sociostructural change.

**Keywords** American Indians · Historical trauma · Mental health disparities · Nation-building · Traditional healing

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## Introduction

Issues surrounding the politics of problem definition, intervention development, and community empowerment have been central to community psychology since the field's founding in 1965. Following early works that aimed to accentuate attention to social problems beyond the confines of standard clinical engagement (e.g., Goodstein and Sandler 1978), community psychologists have generated a wealth of knowledge about the nature of social problems and methods for addressing the complex interplay between individuals and their social environments (Caughy et al. 1999; for an overview see Trickett 2009). In embracing the political nature of how such problems are defined and addressed, concerns about power and empowerment have also featured prominently in the community psychology literature (e.g., Maton 2008; Rappaport 1981; Zimmerman 2000). Interestingly, in the context of American Indian (AI) populations, many of these tensions have come into focus with the rise in popularity of the discourse of AI *historical trauma* (HT), and its potential for reframing various community problems. Given their general commitments to contextualizing social issues, community psychologists might have something of value to contribute to discussions within AI communities regarding how best to conceptualize and address some of their most pressing problems.

AI HT is described by its most influential advocacy group, the Takini Network, as "the collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide" (Brave Heart and Daw, n.d.). Pioneered by Hunkpapa–Oglala Lakota social work researcher Maria Yellow Horse Brave Heart, the concept of HT developed as a novel composite of *psychological trauma* and *historical*

*oppression* with intentions of escaping the narrow confines of western psychiatry and person-centered diagnoses that all too often succumb to pernicious processes of "victim blaming." In short, its purpose was to historicize current suffering in AI communities in light of past atrocities endured through European and Euro-American colonization. Importantly, this movement toward contextualism was largely advanced by Indigenous behavioral health (BH) clinicians drawing from their clinical experiences in AI communities and a therapeutic frame steeped in psychological theories of trauma and trauma treatment (see Archibald 2006; Brave Heart and DeBruyn 1998; Duran and Duran 1995; Walters et al. 2002). As a result, descriptions of HT often employ the psychiatric construct of Posttraumatic Stress Disorder (PTSD) as a point of departure, explaining, for example, that "[o]ur ability to understand the full impacts of these traumatic events and develop appropriate and effective treatments is constrained by conceptual and empirical limitations within current models of trauma and traumatic response… such as post-traumatic stress disorder" (Evans-Campbell 2008, p. 317). However, unlike the individual diagnosis of PTSD for maladaptive reactions to lifetime trauma, HT brings into consideration how experiences with colonization—such as loss of land, language, and cultural practices—contribute in important ways to current psychological distress (Brave Heart 1998, 1999, 2003; Brave Heart and DeBruyn 1998).

Although conceptual clarity continues to be a problem for the HT concept (Gone 2014; Kirmayer et al. 2014), four key components characterize the concept's distinctive merging of psychological trauma and historical oppression as described by its most influential proponents: *Colonial injury* to Indigenous people as a consequence of experiences with conquest, subjugation, and dispossession by European and Euro-American settlers is the basis of the concept; *Collective experience* of these injuries by entire Indigenous communities or collectivities whose identities, ideals, and social lives were impaired as a result is highlighted; *Cumulative effects* of these injuries from continued oppression that have accumulated or "snowballed" over time through extended histories of harm by dominant settler-colonial society is accentuated; and *Cross-generational impacts* result from these injuries as they are transmitted to subsequent generations in unremitting fashion in the form of legacies of risk and vulnerability to BH problems until healing has occurred. We will refer to these four central features, identified by all key proponents of HT theory (i.e., Archibald 2006; Brave Heart and DeBruyn 1998; Duran and Duran 1995; Evans-Campbell 2008; Brave Heart and Daw, n.d.; Walters et al. 2002), as the *Four Cs* of Indigenous HT.

While the Four Cs also resonate with some of the international HT literature (e.g., Sotero 2006), here we focus on HT discourse as it has been engaged by researchers in AI communities. Importantly, however, this original formulation has witnessed two important re-articulations in the recent literature that merit mention. One re-articulation by Whitbeck et al. (2004) described HT as *contemporary, distressing reminders of historical loss*, while a second re-articulation by Mohatt et al. (2014) described HT as a form of *public narrative*. In both of these cases, however, key features of Indigenous HT have been altered in important ways. More specifically, by surveying thoughts about historical losses (and accompanying psychological distress) in post hoc, self-reported fashion, Whitbeck and his colleagues made no distinction between past colonial injuries as *original causes* of contemporary AI dysfunction on one hand (i.e., as an intergenerational causal account) or past colonial injuries as *compelling explanations* for contemporary AI dysfunction on the other hand (i.e., as a current form of historical meaning-making). This causal ambiguity contrasts sharply with the primary concerns of the earliest and most widely-cited Indigenous proponents of HT who emphasized the literal causal importance of colonial injury, which helps to explain the interest in its purportedly cumulative and intergenerational impacts. Moving even further afield, Mohatt and colleagues deliberately sought to transcend the concern with original causality and therefore did not even require that colonial injury factor into HT at all, observing that a community's response to a devastating earthquake could take the form of a public narrative framed as HT. Thus, while these re-articulations may reflect HT discourse in other contexts and may represent promising alternative directions for thinking about the role of history in shaping modern lives in AI communities, both depart in important ways from HT as originally conceptualized and defined by its Indigenous proponents (as reflected in the Four Cs).

Although this alteration and expansion of HT theory has added complexity to the concept, HT as promoted by Indigenous advocacy groups like the Takini Network has attained significant resonance throughout "Indian Country." Although not an entirely Indigenous concept due to its roots in the psychoanalytic treatment of descendants of Jewish Holocaust survivors, HT has been described by Gone (2014) as a "populist explanatory model" for making sense of the pronounced behavioral health disparities found in many AI communities today. Similarly, Evans-Campbell (2008) pointed to HT's "popularity" as evidence that it "resonates with those to whom it is meant to apply and suggests that it is capturing an important part of their individual and communal experience that other models miss" (p. 317). Beyond the AI context, the discourse of HT has also been taken up in other Indigenous populations within settler-colonial states around the world (e.g., Maori of New Zealand; for international examples of HT discourse see Archibald 2006 and Danieli 1998).

In addition to its local resonance and its pull toward contextualism, HT has also been used to argue for addressing health disparities in AI communities (see Gone and Trimble 2012) via extra-clinical interventions focused on cultural revitalization (e.g., ceremonial participation; see Brave Heart and DeBruyn 1998). Often, this process of cultural revitalization is framed as "decolonization." For example, a publication by Canada's Aboriginal Healing Foundation explained that being colonized:

> involves loss—of culture, language, land, resources, political autonomy, religious freedom and, often, personal autonomy. These losses may have a direct relationship to the poor health, social and economic status of Indigenous people…. from this perspective… healing… combines the sociopolitical work involved in decolonization with the more personal, therapeutic healing journey. (Archibald 2006, p. v)

In this way, tying current suffering back to colonization and loss of traditional Indigenous cultures makes the case for including "sociopolitical work" toward "decolonization" in addition to standard clinical practices. Cultural revitalization and decolonization are described as involving restorative processes that directly address losses experienced through subjugation and dispossession (i.e., restoring culture, language, land, resources, political autonomy, religious freedom, and individual autonomy), and proponents of HT argue that these forms of sociostructural change can be advanced through adoption of the HT concept.

In contrast to this image of a populist discourse that pulls for contextualism and extra-clinical intervention in addressing behavioral health disparities, arguments have also been made that the discourse of HT functions as a harmful top-down narrative template that oversimplifies personal and collective experiences as marked by complex social and historical factors. For example, Waldram (2004) emphasized caution in adopting the concept of HT as it can facilitate a homogenization of life experiences, particularly experiences of suffering, in ways that promote essentialized notions of "traumatized Indians." He claimed that HT does this by forcing Native peoples' otherwise varied life experiences and tribal histories into a restrictive narrative template that results in the marginalization of Indigenous experiences that fall beyond its bounds. Likewise, Kopetski (2000) responded to an article by a leading proponent of HT (Weaver 1998), accusing her of promoting a "destructive philosophy of victimology": "Instead of examining interactions (between people and between groups of people) in all their complicated forms, social workers too often simply classify some people as victims…, powerless, helpless, innocent, and devoid of free will" (p. 95). In both cases, these scholars have raised concerns regarding the roles ascribed to AIs who are presumed to suffer from HT.

Gone (2014) raised additional concerns regarding the use of HT to account for social problems. Although HT interventions often encourage extra-clinical work toward cultural revitalization (e.g., participation in a sweat lodge ceremony), he described the HT construct as firmly rooted in a clinical paradigm of person-centered diagnosis. As such, he cautioned that its use in understanding social problems may risk displacing attention from unjust social conditions to the "deficient individual." Thus, although many of the original proponents of HT hoped to avoid "victim blaming" by expanding the clinical template for PTSD to encompass histories of colonization and resultant cultural loss, Gone argued that HT's anchor in the health sciences has resulted in the opposite effect: The reduction of larger social issues to individual problems by interpreting and diagnosing individuals' experiences of distress according to the practices of modern biomedicine. For example, as treatment for the effects of colonization, Brave Heart (1998) described and endorsed a "four-day psychoeducational intervention designed to initiate a grief and trauma resolution process" (p. 292). It follows that if such person-centered, therapy-like approaches depend on psychoeducation to achieve grief and trauma resolution, then these remedies for HT emphasize "psychological trauma" more so than "historical oppression" in ways that clearly limit their scope and effectiveness. This potentially worrisome precedent, identified among clinical professionals as a tendency to interpret social problems through the lens of their clinical training, has been termed the "medicalization of the social" (for more on the medicalization of social problems, see Conrad 1992).

Considering these opposing perspectives on AI HT in the literature, a marked tension has emerged surrounding whether HT is functioning as an extra-clinical contextualizing discourse that might drive sociostructural change via cultural revitalization and "decolonization" efforts, or as a clinically-entangled medicalizing discourse that might drive an essentialist form of person-centered "diagnosis" with an accompanying emphasis on the need for "healing." It seems that these divergent accounts hinge on the differential degrees of emphasis placed on the respective components of HT, psychological trauma and historical oppression, and their associated intervention strategies: "experiential healing" and "sociostructural change." Given that published discussion of HT stands as a rarified debate among academics, it could be illuminating to investigate this issue on the ground in a community setting from a grass-roots perspective. Such a bottom-up (or "emic") approach to understanding how HT is functioning within AI communities could be vital to resolving

academic debates and informing AI decision-makers about the impact of HT discourse on their communities.

The present study is part of a community-embedded and open-ended endeavor to develop a ground-up understanding of how the discourse of HT is operating to shape broader concepts of culture, personhood, health, healing, and history on a Great Plains reservation. Here we offer an analysis of interviews with two exceedingly influential medicine men. Arguably the two strongest centers of gravity shaping the cultural landscape of this reservation, the ways in which George and Henry (pseudonyms) engaged with HT discourse bear great influence on local understandings of HT and related concepts. As such, understanding how these two influential figures make sense of HT serves as an important step toward understanding how this concept is operating on this reservation and (quite possibly) among AIs more broadly.

## Method

### Project Background

The present work is part of a larger ethnographically-informed project on a Great Plains reservation. The Great Plains region was chosen as a setting for this work because it was where the HT concept was initially formulated and promoted by the Takini Network, where many of the concept's most adamant supporters were tribal members, and where many popular portrayals of HT take place. Moreover, in comparing awareness of history and perceptions of its importance or impact today between members of two Great Plains tribes and a Southwest tribe, Jervis et al. (2006) found greater historical consciousness among Great Plains tribal members. They also found that this greater historical consciousness varied less in the Great Plains as a result of degree of knowledge about tribal history and ancestor involvement in events often referred to as generating HT. Thus, a reservation in the Great Plains was selected for its centrality in the emergence of HT discourse as well as findings by Jervis et al. suggesting relatively greater historical consciousness in this region.

The goal of this larger project was to develop a ground-up understanding of how the discourse of HT was functioning on an influential reservation. To do so, the first author invested 3 months to develop a familiarity with local manners and mores surrounding related issues of interest (i.e., culture, personhood, health, healing, and history) prior to gathering interview data. Trickett (2010) described this process of learning about the culture of a community prior to undertaking action/research as "a fundamental premise of ecological community psychology" (p. 62). During this time the first author made observations and took field notes at open community events (e.g., graduation events) and daily encounters, and gradually began concentrating his interactions within key sites on the reservation through which ideas about HT were being circulated: the tribal college, health and human services, and the network of traditional healers. Interactions were also concentrated among tribal elders, but the first author found his lack of fluency in the tribal language to be an insurmountable barrier to further exploration of how elders engaged with and influenced HT discourse on the reservation.

### Participants

The first author conducted interviews with two extremely well-regarded medicine men, George and Henry. Their range of influence set them apart from other medicine men and traditional healers on the reservation and served as the basis for their inclusion in this analysis. Both medicine men used sacred herbs indicated by spirit helpers along with prayer and song to cure illnesses, and their interviews were reflective and speckled with good humor, which indicated, we think, a certain level of mutual respect, trust, and comfort.

George was revered as a healer, an educator on cultural traditions, and the epitome of his tribe's "traditional" culture. In addition to coming from a long line of respected medicine men, he had earned the respect of youth and elders for his ability to communicate with the spirits and his many contributions to revitalizing traditional spiritual practices, cultural knowledge, and the tribe's language on the reservation. He described his current roles in the community to include "healing, counseling, and conducting ceremonies." Similarly, Henry had earned his reputation within his community as a powerful medicine man descended from a long line of respected medicine men. He had previously worked as a "case manager and social worker," as well as a counselor in the local school system, offering sweat lodge ceremonies for the community youth at school. Henry had gained additional experience in program development, working with various tribal agencies and foundations to offer "spiritual guidance" as a "cultural consultant" for tribal programs and community projects aimed at improving conditions on the reservation.

The interviewer, a co-participant in the interview process, was a White male doctoral candidate in clinical psychology. He developed a relationship with George over 5 days of participation in didactic sessions, social activities, and ceremony associated with a community event supporting the revival of traditional spirituality on the reservation before his interview and met Henry the day prior to his interview. In both cases, interviews were requested with a traditional offering of tobacco, framing

each interview within local cultural scripts of seeking help from older, respected community members. Although accustomed to communicating across cultural divides within and beyond the reservation community, the interviewer's identities as a White outsider and a clinician-in-training likely shaped the interview interactions in important ways. For example, in speaking to a White mental health researcher, George and Henry could have felt the need to engage with biomedical discourse around suffering to a greater extent than while conversing with a non-clinician from the community. At the same time, the interviewer's experiences in suicide prevention, an issue of concern to both respondents, likely aided in the development of trust and good rapport.

### Measure

Utilizing local knowledge (e.g., the roles of each constituent group in the community; local protocols surrounding discussion of relevant issues; local terminology) developed over 3 months of participant-observation that preceded these interviews, the first author developed a semi-structured interview guide (see "Appendix"). The guide begins with general open-ended questions about respondent relationships to the reservation community and their understanding of relations between history and the lives of community members today. This was particularly important to avoid the top-down imposition of exogenous frameworks for understanding history and its connection to community life today in favor of obtaining local, emic perspectives. Given the freedom to discuss history and community issues today within their own, personal frameworks of understanding, only later in the interview were participants explicitly asked to consider the discourse of HT with specific questions aimed to ascertain how HT either did or did not factor into their understanding of these concepts. The interview guide also allowed for unplanned prompts following interview responses to allow for exploration of incomplete thoughts, clarification of unclear ideas, and maintenance of a conversational tone.

### Procedure

All aspects of this project were approved by the local governing tribal research review board and the University of Michigan Institutional Review Board. Prior to engaging in interviews, George and Henry were handed written consent forms and oriented to the general nature of the project, including the usual relevant details and our interest in history but excluding mention of HT. Both interviews were recorded in August, 2012, and subsequently transcribed and analyzed. The qualitative data analysis program *NVivo* (version 10) was utilized in the coding process (Bazeley 2007). Coding involved carefully reading through interview transcripts to identify themes (or codes) that spoke to each medicine man's understanding of HT, community problems, and promising solutions, as well as the relations between these three content domains. As such, this analysis assumed a directed approach to content analysis (Hsieh and Shannon 2005), which is ideal for limiting the scope of transcript review to information relevant for key content domains linking how community problems were conceptualized and the resultant strategies for intervention. The coding process yielded a simple structure with ten codes for George and six for Henry. Using a hierarchy within the coding structure to represent relations between content domains, both medicine men were assigned top level codes of "problem frame" and "problem solution," and beneath each top level code fell the remainder of secondary codes that were descriptive of how George and Henry framed community problems and proposed to solve them. Additionally, both participants were offered the opportunity to provide feedback on this manuscript, and George chose to do so. His feedback affirmed the analysis and interpretation of his perspective as represented here.

## Results

### Interview Road Map

Both interviews closely followed the semi-structured interview guide. For George, this resulted in 54 min of audio recording that translated into 20 double-spaced pages of transcript, and for Henry 46 min of audio recording that translated into 14 double-spaced pages of transcript. The analysis to be presented will offer a sequential presentation of each medicine man's understanding of HT, first George and then Henry, attending to the meanings, uses, and functions they ascribed to HT.

### George

#### *Definition*

Although HT was introduced by the first author as planned nearly 15 min into the interview after discussing initial questions about history and its place in the lives of community members today, an intimate acquaintance with the concept was demonstrated by George prior to the interview. For example, in getting to know George, the interviewer heard him speak in nuance on the subject of HT during a community event supporting the revival of the tribe's traditional culture on the reservation by teaching about traditional healing practices. In his interview, as at the event, George described broaching the topic of HT with

community members by asking, "'Did you lose a relative at [the massacre site]' or 'Did you lose a relative in some way like that, through trauma or through…the Indian Wars?'" He encouraged community members to investigate the involvement of ancestors in these violent colonial military encounters because, for him, HT was at the heart of much suffering in the lives of reservation residents today. He explained:

> I think we as [tribal] people know that we are still feeling the effects of it…. Every [tribal] person has their share of trauma. See? Personal trauma…. But [HT] is something that has a snowballing effect. It comes down in generations, and it escalates…a lot of times. I mean, as recently as two days ago, I went and prayed with a young boy who committed suicide [by hanging] here in the community…. They just got done cutting him down. So I made a prayer with him. But the connection is [there].

In distinguishing HT from "personal" or lifetime trauma, George's description of HT fit well with the HT literature. All key elements of HT are present in his definition: colonial injury, collective experience centered on the tribe, cross-generational impacts compared to lifetime trauma and reaching reservation youth today, and cumulative "snowballing" effects leading to behavioral health problems (e.g., youth suicide). With regard to collective suffering in particular, although George pushed community members to reflect on the involvement of their particular ancestors in instances of colonial violence, he also made clear that HT was a condition shared by *all* community members and that "we… are still feeling the effects of it." This notion that all tribal members have ancestors who experienced traumatic colonial violence and therefore bear the negative effects of HT both reflects predominant discussions about HT in the literature and contrasts with Henry's less sweeping description of the collective experience of HT.

*Elaboration*

Interestingly, although George defined HT in close accordance with the Four Cs, he also described five mechanisms of "HT" that revealed a distinct elaboration on HT theory unique to George himself. One mechanism involved the transmission of harm between generations within a family resulting from the absence of "spiritual cleansing" after "committing murder." A second involved the transmission of characteristics—both desirable ("ability to grasp a lot of things about our culture") and undesirable ("PTSD")—from individuals present at the moment of birth to a newborn. A third mechanism involved "reincarnation." George joked that the interviewer "could have been here before as a cavalry soldier! [laughs]" to convey how community members today have inherited a part of their souls from tribal ancestors who suffered and died at the hands of US cavalry soldiers. A fourth highlighted the role of "oral tradition" within the reservation community as a practice that transmits cultural understandings and shared memories—specifically memories of violence—within and between generations. For George, listening to first and second hand accounts of massacres while growing up resulted in experiencing colonial military violence as "not that long ago." A fifth, standing apart from the previous four, was tentatively stated and cited external authorities (e.g., "research has proven") to describe the effects of inheriting "genetic memory" from a history of violence and trauma. He made reference to "a gene that is passed…. That is part of PTSD. So…things we experienced…back…in Indian Wars when our people were…running for their lives…, that was transmitted down." Through the inheritance of this gene, George understood reservation residents to suffer from a "[neuro]chemical imbalance" that "comes out" in various "health problems" and forms of "mental illness."

Each mechanism was described within a therapeutic frame–apparent from the clinical language of "trauma" and "PTSD" that George used to causally explain contemporary "pain," "mental illness," "health conditions," and the need for "healing" among community members—linking experiences in the lives of ancestors to suffering in the present. A closer reading of these mechanisms, however, revealed important discrepancies that suggest that, despite his use of the term HT, George was describing five distinctive phenomena. For example, the precedent of "murder" as a source of HT stands in sharp contrast to predominant narratives of HT emerging from victimization. In fact, in stock accounts of HT, any mention of murder would be expected only if committed by a member of settler-colonial society. Moreover, if the murderer were her- or himself to be an AI, it should follow that the descendants of the victim would suffer, not those of the murderer. In George's description, neither of these was the case.

Alternatively, this example bears striking resemblance to ethnographic descriptions of traditional beliefs and protocols in George's tribe for the prevention of spiritual contamination following the morally reprehensible act of murder. Hassrick (1964), for example, wrote "By taking a sweat bath the murderer could hope to purge himself of the crime. If he failed to do so and should eat with his family, he and they too would be liable to serious sickness and even death." Closely paralleling George's statements describing murder, the need for spiritual "purification" in the "sweat," and the potential for harmful consequences, this Indigenous notion of spiritual contamination seems

deeply rooted in the tribe's spiritual traditions. Similar processes of using the concept of HT as a vehicle to communicate ideas rooted in local traditional spirituality were evident in four of George's five mechanisms (i.e., murder, birthing ceremony, reincarnation, and oral tradition), while his descriptions of "genetic memory" seemed to pull from a blend of biomedical discourse, including epigenetics (for an overview see Toyokawa et al. 2012) and Jungian notions of racial memory and a collective unconscious (see Jung 1959). Thus, revealed in each mechanism is a process by which George overlaid the HT concept onto an idea that could be stretched and deployed to communicate his "spiritual perspective," which involved personal knowledge of his tribe's spiritual traditions and an openness to exogenous ideas that similarly bucked a-historical notions of trauma and distress.

*Intervention*

George made side comments throughout his interview that offered social, economic, and political critiques of reservation conditions today (e.g., implicating broken treaties and governmental dishonesty as "one of the biggest culprits in what's happening today"), but nevertheless placed HT at the center of his "spiritual perspective" on suffering among reservation residents. Indeed, George's discussion of intervention was channeled in two directions focused on the *healing* of HT. The first, not unlike traditional protocols for mitigating spiritual pollution after breaking a moral taboo (e.g., murder), emphasized therapeutic talk within the context of a sweat lodge ceremony. George explained that "a lot of people still to this day push [HT] aside because it is too painful. But I think, like the Jewish people, you need to go back and talk about it in order to heal." In clarifying what he meant by "talk about it," he explained:

> We have always had what the dominant society coined… 'talk therapy'…. So…if you encountered some type of trauma, you go into the sacred sweat lodge…and you talk about it. And it helps you to heal in that sense…. Not only [from] personal trauma, but the historical trauma also.

Comparing the Euro-American colonization of North America to the Jewish Holocaust, George identified the verbal expression of one's experiences of trauma and HT within the context of a sweat lodge ceremony as an important route forward in addressing the impacts of HT on the reservation. He later elaborated that community members often "don't want to go back to the soldiers…. But until they get past their own trauma, if they ever will, then they can talk about their HT. And I think that's what's happening in our community today." Thus, although talking about lifetime trauma is healing, George pegged HT as the underlying locus of dysfunction in community members' lives today, even if unrecognized by the individual sufferer.

The second direction for intervention involved ceremony participation and targeted larger social trends of disengagement from the tribe's traditional belief system.

> When I started… conducting the Sun Dance, I had these men about my age helping me…. We all quit alcohol. We all quit drugs. And we went into that Sun Dance circle. And then the next generation, which is their sons and daughters… never touched alcohol. Never touched drugs… because of the influence of their parents…. So…now they are having children and those children know no other way…. So, to me, that's really a big positive thing…. Kind of like the renaissance of the traditional ways.

In addition to therapeutic talk in the sweat lodge, George also understood that involvement in the tribe's spiritual traditions could be important for healing. Among local spiritual traditions George singled out the Sun Dance as key to mitigating the impact of HT among reservation residents. Importantly, while discussion of ceremonial life extended to sociocultural concerns for the "renaissance of the traditional ways" and the "spiritual survival" of his tribe (i.e., the perpetuation of "language," "ceremony," and "the spiritual laws"), George introduced this topic within the therapeutic frame of "addressing the effects of HT." As a result, participation in the Sun Dance was framed as a means of helping individuals (and groups) "quit alcohol" and "drugs," emphasizing the therapeutic application of ceremony participation (e.g., suicide prevention) over any desirable sociocultural changes to which individual healing might contribute.

*Illustration*

For George, suicide among "young people" represented a, if not *the*, most salient community problem today. He drew upon the example of murder to explain this phenomenon.

> Say, two generations back, maybe your grandfather committed murder and he didn't go through any type of spiritual cleansing. So then it went to his son, which would be your father…. So your father picked that up…. And then he has his own trauma… Maybe he went to Vietnam, or maybe he went to Desert Storm, and…killed people. And he saw all the horrors of war…. So that's…on him, too…. Because they weren't handled in a spiritual way…. It's passed to the next generation…, [to] these young people you see walking. But, again, they have their own personal trauma also…. It's just more from a spiritual

> perspective. The grandfather should have gone into the sweat lodge and wiped himself with sage. But grandfather didn't do that. So…now grandson inherits those traumas, plus his own trauma. See?… It's almost like…a several layered bubble, and inside is the individual, the young person. So we wonder why they attempt and commit suicide. See? Because of those things.

In this illustration George identified a causal link between committing murder—in civilian and military contexts—without "spiritual cleansing" and a kind of "trauma" being passed between generations in a manner that compounds personal or lifetime trauma. For George, then, the language of inheriting "trauma" from "HT" was used to communicate local notions of spiritual contamination, which he understood to be an important contributing factor to the salient community problem of suicide among young people.

In sum, George was aware of problematic social, economic, and political conditions on the reservation, but he chose to engage HT primarily within a therapeutic framework to convey his "spiritual perspective" on suffering among its residents. He described HT as a collective experience of colonial injury with cumulative effects "snowballing" across generations to compound lifetime traumas and, in some cases, to result in suicide. This closely mirrors descriptions of AI HT in the literature. However, in offering five illustrative mechanisms of HT, it became clear that he deployed the term to encompass distinct explanatory models of the intergenerational transmission of harm. In all but one case, these explanatory models drew from local traditional spiritual beliefs. Regardless, to mitigate these harms, George advocated for therapeutic talk within a sweat lodge and ceremony participation to facilitate healing and the revival of traditional spiritual beliefs on the reservation.

### Henry

#### *Definition*

After discussing initial questions about history and its place in the lives of community members today for nearly 13 min, the first author introduced HT into the interview. Henry offered the following definition and example:

> Historical trauma is things that happened to our people a long time ago that traumatized…the generation that was alive…. It affected them and it affected generation after generation…where there was a lack of healing at that time. After the war…, a group of people were arrested and taken to [the massacre site]…. Violence erupted and a number of people died…. They were all buried like animals. And…there was a large period [when] it affected the people from those relatives…, descendants of that particular tribal band. So that's a good example. No healing ceremony…. They didn't have time to grieve…. So that affected so many generations that some people in later years turned to alcohol and turned to a lot of dysfunctions and hardship.

In Henry's description of HT, like George's, we can identify all Four Cs of HT theory and the anticipated therapeutic frame of trauma and healing. This includes an origin in colonial injury via violent military encounters, a collective experience centered on tribal bands, cross-generational impacts, and the suggestion of cumulative effects that led "people in later years" to develop BH problems (i.e., "alcohol," and "a lot of dysfunctions and hardship"). Interestingly, Henry utilized traditional extended families or "bands" as the unit of analysis in discussing the collective experience of HT. This is consistent with HT theory, but uncommon in the literature, which typically focuses on larger units of analysis (e.g., tribes, AIs, or Indigenous peoples broadly).

#### *Elaboration*

Interestingly, despite his apparent familiarity with the HT literature, Henry proceeded to elaborate a distinct form of engagement with HT discourse that channeled attention away from violent colonial military encounters toward ongoing systemic oppression. He began by describing the impact of violent colonial military encounters as "put to rest" following the initiation of a "memorial healing ride." He explained: "They rode horses following the same trail… a number of times and the healing process started to roll… I think things got better…. knowing that a ceremony took place, I think younger people put things to rest." For Henry, then, colonial military violence incited "hardship" among some reservation residents for roughly a century, originating in the late 1800s with the onset of violent victimization by the US military and continuing to the late 1900s until the introduction of "a memorial healing ride." With colonial military violence and the need for healing no longer an issue, Henry then abandoned the HT concept—and to a large degree its therapeutic frame—in order to turn attention in the interview toward a different form of colonial violence defined by ongoing systemic oppression.

> After the war became officially over…there were violations done…. Breaking the treaty. So another one was entered…. And all these…historical traumatic events happened afterwards. And it wasn't because our people wanted to go to war. They just wanted simply to live their life free, hunt, and do

> ceremonies. The government failed to fulfill their obligations by living up to what's in the treaty…, dishonest results from the [treaty] agreements. And that's the direct result of why things are the way they are today.

Thus, rather than resulting from the intergenerational transmission of psychological injury or vulnerability following colonial military violence, community issues today are best understood as the "dishonest results" from ongoing oppressive governmental practices and policies around making and breaking treaties.

Henry struggled to label this emerging framework he was contrasting with his earlier definition and example of HT. After some consideration he ascribed the term "HT" to the "resolved" impact of military violence and adopted the term "post-traumatic era" to frame "what we are dealing with today" as an ongoing and systemic issue.

> I can only speak for our people here… maybe a little bit of that has something to do with the historical trauma, but that… is something that our people dealt with and now they are moving forward. The present trauma, not historical… is the biggest challenge that we face today: Why people are harming themselves…. Living conditions on the reservation must improve… there's not enough resources.

Here Henry distinguished between "present" and "historical" trauma, contending that it was not the historical but the contemporary that leads to people "harming themselves" today. Importantly, in distinguishing HT from military violence and present trauma from harsh "conditions on the reservation," Henry shifted from a clinical to a colloquial use of the trauma term to dramatize and underscore the gravity of resource scarcity and poor living conditions on the reservation today. In doing so, he moved from talking about "healing" trauma in quasi-clinical fashion to intervening in the reservation environment in more systemic terms, clearly conveying his interest in the present rather than the past. These emphases stand in sharp contrast to the ideas of the original HT advocates.

Henry then situated this problematic reservation environment as the result of systems of oppression installed to make life on the reservation untenable. He explained:

> For the longest period of time the government and the non-Indian world, their main goal is to drive the Indians off the reservation so they can take the land. So by doing so they really [steamrolled] any kind of opportunities [on] the reservation to make a good place to live…. That's the main problem.

In addition to the steamrolling of opportunities "to make a good place to live" on the reservation—"the main problem," in his view—Henry described additional efforts made to separate tribal members from "the land."

> During the 1950s the government had a relocation program by the Bureau of Indian Affairs [BIA]. They strongly encouraged the Native families to leave the reservation and make a home in the urban areas…. And then those ones that are still here, they strongly encouraged them to not use their land but let the non-Indian community use the land and relocate into isolated community villages in town where there's nothing to do…. A lot of young people kind of hang around the houses. Very seldom do they come out here to… experience what the land really means to the people. So it's sad, but… that's a perfect example of how our system has discouraged for opportunities to come up…. Something has to be seriously revisited when it comes to living in a post-traumatic era here.

Settling on the concept of a "post-traumatic era," Henry identified "the biggest challenge we face today" as the inheritance of a "system" that discourages opportunities to live well on the reservation. This system, installed and maintained as part of federal efforts toward land dispossession, has fueled social problems ("drug use, alcohol use, broken homes, broken relationships"), estranged many community members from "what the land really means to the people," and resulted in "why people are harming themselves."

### *Intervention*

Surprisingly, despite being a medicine man with a primary expertise in healing through ceremony, discussion of healing was limited to resolving the HT problem in the past and returning to traditional life ways in the present (e.g., reestablishing relationships across generations and with the land). Importantly though, through engagement in the framework of a "post-traumatic era," mention of healing was strongly eclipsed in Henry's interview by calls for sociostructural change. He explained, "Sure, a lot of people blame [it on] HT, but today the biggest challenge for our people is dealing with the post-traumatic era, you know, the social system." Then, speaking directly to his interviewer, he began by critiquing non-Native community involvement.

> They still want the Indian culture, but they don't want the Indian.… The post-traumatic era is that 90 % of all the participants in the Sundance ceremonies are all non-Indian people… it's usually the Native people that are sitting on the audience side…. I'm not saying that's wrong… it's just to show you that… these non-Indian people, non-Indian relatives are seeking help

> and guidance from the Native ceremonies, which has some good points to it…. But it's got to be more than that! It's got to be more!

Adopting the compassionate term of "non-Indian relatives," Henry located well-meaning non-Natives within this post-traumatic era. Rather than simply participate and benefit from local ceremonies, Henry emphatically asserted that "it's got to be more than that!"

> You just can't come in here and Sundance for a few days and leave the Indians and go back. You've got to roll up your sleeves and participate in some of their restructuring and reshaping of the social life of these Indian people…. The rest of the 365 days there are young people and some families that are struggling out here. We need opportunity. We need industries to come out here to set down and provide jobs. People want jobs. They don't want handouts…. They want their pride back. Something to do.

Here Henry offered a critique of ceremony participation by non-Natives and local tribal members alike, identifying the Sun Dance as an important source of "help and guidance" in the post-traumatic era. Speaking to non-Natives, Henry explained that involvement in change efforts should take the form of supporting local economies with jobs and supporting community efforts aimed at "restructuring and reshaping" social life on the reservation. Later, speaking to non-Natives alongside researchers, like his interviewer, Henry added they "should at least try to stay around here and do a needs assessments of what the community really wants." Notably, all three constructive roles described by Henry for non-Natives in the post-traumatic era privileged local understandings, needs, and efforts over external initiatives.

Turning his attention toward reservation community members, Henry problematized relations between economic stagnation and political ineptitude while calling for structural change.

> These are villages of people… looking for an opportunity to raise a family, have a job. So on the reservation why can't there be a Walmart run by [and] subsidized by the tribe? Why can't there be a good restaurant where people can work and earn a living? A lot of assembly plants that can be industries?

For Henry, the cause of this economic constraint was clear.

> Those are possibilities but the system that it's set up under wouldn't allow it. The BIA is still the Great White Father, and regulations after regulations, businesses are really discouraged to come on the reservation. We have a few stores… but they are usually operated by non-Indian people, and nothing comes back to the Native grassroots people.

Henry described these problems of stifling economic regulations and the encroachment of self-interested non-Native entrepreneurs as having become all the more entrenched due to the replacement of traditional forms of community leadership and decision-making by a democratically elected tribal government mandated by the 1934 Indian Reorganization Act.

> The tribal government is the only functioning government here, but it's really a weak system. It's a branch of the United States government as well. So there's not… a real Indian council on the reservation yet…. So the work for the betterment of the people is very limited. It's almost like sitting on a corporation table.

Henry saw this system as unworkable and suggested drastic political and social reorganization: "We need to rebuild a true native [tribal] government… maybe not so much of a government but a social system that would help our people to overcome this post traumatic era." Thus, Henry stated unequivocally that "dealing with the post-traumatic era" demands sociostructural change, inviting well-meaning non-Natives to engage in various supportive roles while "we" (reservation residents) were assigned lead roles in "rebuilding" the reservation's social, economic, and political systems. Of greatest interest for Henry was establishing a social system that would better represent the interests of the "Native grassroots people" and allow for economic development on the reservation.

### *Illustration*

Henry, like George, recognized suicide among young people as an important community problem, and he explained it within his post-traumatic era framework.

> We're still struggling with some of the dishonesty and lack of responsibility from the government to take care of our people…. Every time a young person suicides, the hand points directly back to the government because the suicide rate is high on the reservation. But it's… not just Indian people. It's everywhere. In America young people are taking themselves out because the oppression that we live under from the Great White Father…. If you analyze every one of these suicides, especially young people, it's usually the result of drug use, alcohol use, broken homes, you know, broken relationships. Not enough opportunities [to reach out], seek help, and properly

> guiding young people or any people today in terms of coping with what we are dealing with today.

For Henry, then, suicide on the reservation today was neither the result of psychological trauma from past colonial military violence nor did it involve processes unique to this reservation. Rather, suicide among young people was a consequence of social problems (e.g., broken homes), which had developed on this reservation as a result of historically-rooted, but ongoing, systemic oppression. Among oppressive practices, Henry emphasized the federal government's continued "failure" to "live up to what's in the treaty."

In sum, although Henry described HT in ways that fit well with the literature (i.e., the Four Cs), he understood any colonial injury incurred via encounters with colonial military violence to have been "dealt with" through memorial healing rides. In place of explaining community problems today within a therapeutic frame dedicated to *healing* as part of HT, Henry drew attention to ongoing systemic forms of oppression that have squelched opportunities to live well on the reservation. He referred to this situation as the "post-traumatic era" and outlined potential roles for non-Natives and community members to bring about *sociostructural change*.

## Discussion

Interestingly, both medicine men were familiar with AI HT discourse, and when asked, each offered descriptions that closely mirrored the original HT concept found in the literature. This included the use of HT to causally connect experiences with colonization to present suffering via a collective colonial injury with cross-generational impacts and cumulative effects that have predisposed subsequent generations to BH problems. However, neither medicine man employed this concept without significant personal elaboration. George, for one, blended components of HT theory with five concepts drawn in all but one case from his tribe's traditional spirituality. This demonstrated an elaboration of the concept that reconfigured HT into a recognizable, but malleable, term that could help to communicate his "spiritual perspective" on distress and the need for *healing* in the reservation community. Henry, in comparison, elaborated on HT theory in a way that refocused discussions of past colonial violence from the intergenerational harm that resulted from colonial military violence to ongoing systemic oppression. In reframing individual distress as symptomatic of social, political, and economic problems, Henry made clear that rehabilitating these systems would require *sociostructural change*.

Given these elaborations of HT theory through notably divergent frameworks for understanding and addressing distress on this Great Plains reservation today, what can be said about the future of HT discourse in this community (and perhaps more broadly for Indigenous peoples)? Having grappled with problem definitions, resultant targets for intervention, and issues of empowerment, all of which lie at the center of an emergent tension in these perspectives around *healing versus sociostructural change*, a community psychology perspective could prove informative for local discussions within this reservation setting. Building off the two interview analyses presented, exploration of this tension could potentiate several distinct scenarios for meaning making about histories of colonization and community problems today.

### A Therapeutic Discourse

One possible direction forward elaborated by George could involve flexible engagement with AI HT as a therapeutic discourse utilizing the clinical terminology of trauma, grief, and loss to diagnose HT and prescribe various forms of healing. Embodying the therapeutic ethos characteristic of his role as an ethnomedical practitioner, George offered a glimpse of how such a person-centered approach might function to diagnose individual dysfunction and prescribe healing while anchored in and conversant with the tribe's traditional spiritual belief system.

In this scenario, community empowerment could be pursued through collaborations between traditional healers and BH services, made possible by mutual engagement in the therapeutic discourse of healing from HT. Witnessed by George's prior successes in advocating for the availability of traditional cultural activities within BH settings (e.g., substance abuse treatment facilities and juvenile detention centers), engagement with the discourse of HT could harness BH resources for cultural revitalization. Resources for BH services are generally understood to be guaranteed through treaty rights negotiated with the US federal government (see Pevar 2012), and, although scant, far exceed federal funding available for cultural revitalization efforts not aimed to address BH problems.

At the same time, however, a therapeutic discourse of HT promulgated by BH specialists may potentiate the disempowerment of community members by constraining understandings of history in ways that promote self-defeating victim narratives and distract away from many of the social, economic, and political problems Henry thought most important. In this alternative scenario, efforts to contextualize current suffering historically may be limited by their clinical framings. For example, the extension of trauma templates (e.g., PTSD) from lifetime experiences of an individual to the history of a people would likely encourage oversimplified historical accounts of colonization as a finite traumatic event rather than a complex,

unfolding set of processes or structures within US settler-colonial society (for more on the shortcomings of understanding colonization as an event, see Wolfe 2006).

### A Nation-Building Discourse

An alternative direction forward elaborated by Henry could involve abandoning HT altogether, along with its use of psychological trauma as an explanatory model for the impacts of colonization on AIs today, in favor of a more inclusive discourse of nation-building that advocates for sociostructural change in the face of ongoing systemic oppression (for more on nation-building, see Cornell and Kalt 1998). Perhaps drawing on his experience in program development, Henry's comments offer insight into how a framework like the "post-traumatic era" might be adopted to step outside the confines of therapeutic paradigms to instigate grassroots, community-led efforts to challenge systems of oppression and "rebuild" their Indigenous nation.

Promotion of such a change in discourse could prove empowering for both the tribe and its members. Perhaps most notable about this nation-building discourse is its pull for context-rich explanatory models that resituate problems within systems and reconstitute *patients* as *agents*. Whereas the therapeutic discourse of HT designated community members as patients in need of treatment by credentialed BH professionals and traditional healers, the post-traumatic era encouraged community members to become active change agents, each employing their particular skill set toward addressing systemic problems on the reservation. This emphasis on agency was reinforced by this framework's "post-traumatic" wording, which Henry used to temporally distance the current generation from an era when some members of this tribe suffered violent colonial military clashes and were in need of healing for lifetime and historical trauma.

Alternatively, abandoning HT for a nation-building discourse aimed at sociostructural change could result in reduced financial resources, a loss of community support, and accompanying internal political strife. Unlike HT, for which proponents have managed to draw upon institutionalized resources allocated for "health programming" to offer interventions that combine therapeutic talk and ceremony, efforts toward a more inclusive discourse of sociostructural change would likely fall out of reach for similar sources of support. Moreover, as a broader framework lacking any prescribed solutions, efforts at sociostructural change would also be challenged to identify and maintain a clear focus while systematically accruing evidence of intervention effectiveness. Finally, investing in a discourse of social, economic, and political change places the political nature of change efforts front and center. Given the complicated nature of reservation affairs, competing visions for facilitating sociostructural change and difficult decisions about the kinds of services that could best help the community to "overcome the post-traumatic era" could become entangled with the politics of extended family loyalties and influential personalities. Thus, the effectiveness of such an approach would hinge on strong tribal leadership with an inspiring vision for nation-building that reservation residents can rally behind.

### Recent Re-Articulations of HT

Although George and Henry both engaged with HT as a conceptual synthesis of psychological trauma and historical oppression, as elaborated by the Four Cs, it is important to consider how their perspectives might also speak to recent re-articulations of HT that depart in interesting ways from this original theorization. Most notably, Whitbeck et al. (2004) and Mohatt et al. (2014) have each offered suggestions for advancing HT theory by selectively attending to or actively reconfiguring some of the concept's key features. In revisiting the perspectives shared by each medicine man, their comments highlight important promises and problems for broader engagement with HT as *contemporary reminders of historical loss* and *public narrative*.

Whitbeck et al.'s (2004) treatment of HT as contemporary reminders of historical loss could be read as compatible with Henry's perspective on the need for sociostructural change. His emphasis on the removal of systems of oppression to improve conditions on the reservation could be mapped onto the removal of contemporary reminders of historical loss. Insofar as Whitbeck et al. appear to be agnostic about the purported intergenerational causal commitments espoused by the Indigenous proponents of HT, however, Henry offered a less ambiguous account. In sum, according to Henry: yes, HT did cause intergenerational distress across a few generations, but no, it no longer does so because that causal legacy has been healed during the past couple decades. As a consequence, contemporary distress since this period of healing is attributable to ongoing subjugation and oppression, and the correct remedy for such problems is *not* healing per se but rather organized efforts to achieve sociostructural transformation. In short, Henry's understanding of HT is more fully committed and elaborated than Whitbeck et al.'s account on the fundamental question of intergenerational causal transmission of harm.

Similarly, the rearticulation of HT as public narrative by Mohatt et al. (2014) appears to resonate to some degree with George's emphasis on needing to "talk about it in order to heal." Indeed, George identified oral tradition as a key mechanism of harm transmission and described a

sweat lodge ceremony as a local form of "talk therapy," which might suggest that engaging with HT as public narrative could serve as a promising alternative route to healing and community empowerment free of the intergenerational causal commitments of the Indigenous HT concept. We might imagine, for example, that the sweat lodge could serve as a setting in which public and personal narratives of suffering and resilience might be shared with therapeutic or empowering effects. However, oral tradition was only one of five mechanisms of harm transmission identified by George, and notions of public narrative fall far short of capturing the deep ontological roots of his "spiritual perspective" on harm transmission. For example, the sweat lodge purification ritual prescribed by George and documented in the anthropological literature as a protocol to stymie spiritual contamination following moral transgressions like murder is embedded within a distinct cultural worldview in which harm transmission is not merely reducible to the individual and shared meanings made of such events. Thus, while engaging with HT as public narrative holds promise for describing the discursive features of this concept as taken up by AI communities, the emic perspective obtained from George in this study emphasized various forms of harm transmission that appear to emerge from the tribe's traditional spirituality (e.g., child birth, reincarnation). Certainly, for George, HT "meant" a great deal more than public narrative, and failure to honor the distinctive contours of such ethnomedical elaborations could function to undermine the "spiritual survival" of Indigenous peoples.

## Limitations and Future Directions

This study holds at least two significant limitations worth considering. First, although all words and expressions given in the local tribal language were translated into English by the respondents, the interviewer's lack of fluency in the tribal language stood as a communicative barrier. This was less of an issue for Henry, but George frequently used the tribal language to convey concepts surrounding the spiritual transmission of harm. As such, it is likely that in the process of translation important nuances in the meaning of spiritual concepts was lost. However, the discourse of HT circulates in English within this reservation community (and the literature), and, as a result, these English translations were part and parcel the discourse of HT familiar to George, Henry, and their reservation community. Moreover, as influential medicine men serving a predominantly monolingual English-speaking community, adeptness at translating, describing, and discussing concepts related to local spirituality—including ideas about HT—has certainly been central to their growth in reputation and influence. Therefore, there is little reason to think that issues of translation significantly impacted the intended message of either medicine man.

Second, our commitment to the emic construal of each concept has led us to paint a picture defined by disjunction between AI HT and the post-traumatic era, but possibilities for integrating the two frameworks have not yet been explored. Moreover, neither medicine man was given the opportunity to situate his understanding of HT and community problems in relation to the comments of the other. It is important to acknowledge, then, that in addition to the ways in which these two frameworks seemed to stand in opposition to one another, there were also important and significant areas of overlap (e.g., reintroducing traditional cultural activities into community life as important for resolving community problems). A more flexible framework like those described by Whitbeck et al. (2004) and Mohatt et al. (2014) could be helpful in such an endeavor. Alternatively, Gone (2007) described a framework used by a Northern Plains traditionalist from a different AI reservation that captured many of the concerns expressed by these medicine men without engaging in a discourse of psychological trauma at all. Thus, resolving whether or not, or to what degree, these two frameworks can be reconciled through dialogue among community members stands as an important future direction for this line of inquiry.

Additional future directions for this work include exploration of how HT and nation-building concepts like the post-traumatic era are engaged with by other constituent groups in this reservation, other AI populations, and national and transnational Indigenous organizations. Data from additional traditional healers—including both medicine men and medicine women—working in tandem and in conflict with formal BH services, prominent cultural figures (e.g., respected elders), as well as individuals in health and human service settings, tribal education systems, and other influential AI community contexts would all be valuable contributions to the HT literature. Future works like these will be important for developing a better understanding of how HT and competing frameworks function to influence concepts of history, health, healing, culture, and identity, which are often essential to wellness promotion efforts in AI communities.

Finally, these perspectives invite constructive criticism regarding the connections made between past injustices and present suffering, as well as the functions served by such connections within AI communities. Counter to concerns expressed by some community members on this reservation, constructive interrogation of the adequacy and usefulness of HT (or any discourse) in accounting for important disparities among AI populations is not inherently a project aimed at decontextualizing or de-historicizing present day suffering. Nor is it necessarily a project aimed at disempowering AI communities. Rather, this

work captures an instructive moment in which two influential cultural figures were caught negotiating a globalized discourse of trauma (see Fassin and Rechtman 2009) alongside commitments to promoting and representing traditional local worldviews. Importantly, at the center of these tensions between globalization and indigeneity was HT, and the resultant set of understandings about history, health, healing, culture, and identity was neither entirely local nor entirely global. Instead, they were hybrid (Burke 2009; Kraidy 2005). Thus, these perspectives open the door for critical reflection within AI communities—and perhaps an open dialogue with community psychologists—as to how helpful HT and emerging discourses surrounding BH disparities can be for bringing about healing and/or sociostructural change. Additionally, in the context of Indigenous communities, these analyses help to illuminate how debates common to community psychology about problem definitions and solutions can also be debates about "culture" and its function in everyday life.

## Conclusion

The field of community psychology has long been interested in the relations between definitions of community problems, what interventions are developed in response, and to what degree power is distributed as a result. Tensions around these issues have come to the fore in debates over the influence of the concept of HT on understanding culture, personhood, health, healing, and history in AI communities. After interviewing the two most influential medicine men on a Great Plains reservation to investigate how these tensions were being resolved, it was found that both were engaging with their own unique elaboration of HT theory. The first, George, blended components of HT theory with five concepts drawn in all but one case from his tribe's traditional spirituality. This demonstrated an elaboration on HT theory that reconfigured HT to a recognizable but malleable term that could help to communicate his "spiritual perspective" on distress and the need for *healing* in the reservation community. The second, Henry, elaborated on HT theory in a way that refocused discussions of colonial violence from the intergenerational harm that resulted from colonial military violence to ongoing systemic oppression. In reframing individual distress as symptomatic of social, political, and economic problems, Henry made clear that rehabilitating these systems would require *sociostructural change*. Extrapolating from each interview, two directions forward were considered, one a therapeutic discourse of HT anchored in local traditional spirituality and the other a nation-building discourse that challenges ongoing systemic oppression on the reservation. Additionally, in bringing each medicine man's perspective to bear on recent re-articulations of the HT concept, tensions between promising overlap and the potential for displacing Indigenous subjectivities were highlighted. Although the future of AI HT discourse may be unclear, analysis of these two interviews locates HT at the heart of important tensions between globalization and indigeneity, and opens the door for constructive but critical reflection within AI communities, as well as dialogue with allied social scientists, to consider how emerging discourses surrounding BH disparities might be harnessed for promoting healing and/or sociostructural change.

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## Appendix

Medicine Man Interview Guide

1. ID#: _____
2. Date of Interview: _____
3. Location of Interview:
    1. Place of work
    2. Interviewee's home
    3. Other: _____
4. Age: _____
5. Gender: M F T-S Other
6. How would you describe your cultural background?
7. Could you describe some of the roles you play in this community?
8. How does the history of your people matter for your community today?
9. How does history continue to influence the lives of community members today [for better or worse]?
10. [Ask whenever convenient] What does the term "historical trauma" mean to you?
11. How could these negative effects of history on the present generation best be addressed?
12. How does the concept of historical trauma relate your understanding of what it means to be [tribe]?

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