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## **Conceptualizing and Measuring Historical Trauma Among American Indian People**

**Les B. Whitbeck,<sup>1,2</sup> Gary W. Adams,<sup>1</sup> Dan R. Hoyt,<sup>1</sup> and Xiaojin Chen<sup>1</sup>**

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This article reports on the development of two measures relating to historical trauma among American Indian people: *The Historical Loss Scale* and *The Historical Loss Associated Symptoms Scale*. Measurement characteristics including frequencies, internal reliability, and confirmatory factor analyses were calculated based on 143 American Indian adult parents of children aged 10 through 12 years who are part of an ongoing longitudinal study of American Indian families in the upper Midwest. Results indicate both scales have high internal reliability. Frequencies indicate that the current generation of American Indian adults have frequent thoughts pertaining to historical losses and that they associate these losses with negative feelings. Two factors of the *Historical Loss Associated Symptoms Scale* indicate one anxiety/depression component and one anger/avoidance component. The results are discussed in terms of future research and theory pertaining to historical trauma among American Indian people.

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**KEY WORDS:** historical trauma; American Indians; historical grief.

Although conceptions of historical psychological distress among American Indian people have been discussed in various forms for decades (e.g., Duran & Duran, 1995; Jilek, 1981; Townsley & Goldstein, 1977), recently there has been increased focus on the concepts of “historical trauma” and “historical grief” among researchers, clinicians, and traditional healers who work with American Indians. Led by the seminal writings and intervention programs of Brave Heart and colleagues (Brave Heart, 1998; 1999a,b; Brave Heart & DeBruyn, 1998; Brave Heart-Jordan & DeBruyn, 1995), a grassroots movement is growing on reservations and among urban American Indians that seeks to understand the intergenerational psychological consequences of more than 400 years of genocide, “ethnic cleansing,” and forced acculturation. The concept has struck a chord among native people and healing programs are proliferating.

<sup>1</sup>Department of Sociology, University of Nebraska–Lincoln, Lincoln, Nebraska.

<sup>2</sup>To whom correspondence should be addressed at University of Nebraska–Lincoln, Department of Sociology, 739 Oldfather Hall, Lincoln, Nebraska 68588-0324; e-mail: lwhitbeck2@unl.edu.

As intuitive and appealing as the notions of historical trauma and historical grief are, there are numerous challenges to disentangling the interrelated components of the concepts and understanding what specific mechanisms are at work. The conceptual issues are basic and numerous. For example, there is the problem of teasing out proximal versus distal causes. Are we dealing with actual historical issues or more proximate grief and trauma from the daily lives of often economically disadvantaged people who live with constant overt and institutionalized discrimination, severe health issues, and high mortality rates? The current conditions may be attributed to historical causes, however, the origins of the symptoms may be contemporary experiences.

Second, to understand historical trauma, we need a better understanding of the mechanisms of transmission across generations. Although there are many elders living who experienced the boarding school catastrophe, most adult parents of today’s children have not been in boarding schools. Similarly, although these parents and children may experience constant discrimination, they are several generations away

from the overt and violent ethnic cleansing of the eighteenth, nineteenth and early twentieth centuries.

Third, we have no idea regarding the prevalence of historical trauma and historical grief. How widespread is it? Will it pass away with this generation of elders or does it affect today's parents and children? Finally, and perhaps most important, what exactly are the symptoms? Recent conceptualizations range from symptoms of posttraumatic stress disorder (including numbing, anger, rage) to symptoms of major depression, anxiety disorder, alcohol and drug abuse. How does a single syndrome encompass such a wide array of symptoms?

This report is an effort to begin a discussion of the conceptual and methodological issues surrounding these important concepts. First, we will provide an overview of previous work conceptualizing historical psychological distress among American Indians. Second, we will present a summary of qualitative data from elders on two American Indian reservations in the upper Midwest that was used to develop a measure of historical trauma. Third, we will describe measures of historical trauma and provide measurement characteristics and frequencies on the basis of a sample of 143 parents of children aged 10–12 years who are part of an ongoing longitudinal developmental study of American Indian children from four reservations in the upper Midwest and Ontario. The measures were developed for use in evaluating the prevalence of thoughts concerning historical loss among American Indian people and possible consequences for emotional distress. The measures we propose were developed in one American Indian culture. Although we believe that this sense of loss generalizes across all Native cultures, whether the measures do, in fact, tap a common theme across cultures is an empirical question.

## CONCEPTUALIZING HISTORICAL TRAUMA

### The Holocaust Model of Intergenerational Trauma

Most conceptualizations of historical trauma among American Indian are based on reports of persistent trauma among Holocaust survivors and their families following World War II. Much of this work on the persistence and transmission of traumatic Holocaust experiences originated in the 1960s and was written from a psychoanalytic perspective. These reports typically were based on clinical case studies with very small samples (see Steinberg, 1989

for a review). Studies evolved from documenting and enumerating symptoms of survivors (Bettlheim, 1943; Chodoff, 1969; Hoppe, 1962; 1966, 1971; Neiderland, 1968; 1981) to depicting symptoms among first generation offspring of survivors (Barocas & Barocas, 1973; Kestenberg, 1980; Nadler, Kav-Vaenaki, & Gleitman, 1985; Solkoff, 1981; Trossman, 1968). The earliest conceptualizations of "survivor syndrome" (Barocas, 1975; Neiderland, 1968; 1981) included symptoms of denial, depersonalization, isolation, somatization, memory loss, agitation, anxiety, guilt, depression, intrusive thoughts, nightmares, psychic numbing, and survivor guilt.

These symptoms were thought to impinge on parent effectiveness (Danieli, 1982; Kestenberg, 1980; Phillips, 1978; Trossman, 1968) resulting in symptomatic first generation offspring. Almost all of the evidence for impaired offspring is from psychoanalytic clinical case studies (e.g., Prince, 1985; Kestenberg, 1972; 1980). Results from the few empirical studies are mixed. Sigal, Silver, Rakoff, and Ellin (1973) reported significant differences between first generation children of Holocaust survivors and controls; Aleksandrowicz (1973) found no differences between children of war survivors and children of concentration camp survivors in the Soviet Union. Rose and Garske (1987) using a nonclinical sample, detected no differences between the children of Holocaust survivors and the general population.

Parents who were Holocaust survivors have been reported to have high expectations of their children (Klein, 1973; Sonneberg, 1974), difficulties rearing adolescent children because of their own adolescent experiences (Krell, 1982), problems with parent-child boundaries leading to overcontrol (Barocas & Barocas, 1980), problems with communication (Trossman, 1968), and problems expressing and moderating affect (Nadler, Kav-Vaenaki, & Gleitman, 1985). For their part, first generation offspring have been characterized as overdependent (Barocas & Barocas, 1980), having difficulty expressing emotion, particularly anger (Freyberg, 1980), depressed (Nadler, Kav-Vaenaki, & Gleitman, 1985), and experiencing themselves as different or damaged by their parents' experiences (Epstein, 1979).

Although on the surface, the analogy to research on the Holocaust is accurate, there are many important differences between the Jewish experiences of the 1930s and 1940s and that of American Indian people. The most important is the sense that the losses are not confined to a single catastrophic period. Rather they are ongoing and present.

### Historical Trauma and American Indians

Descriptions of the events and national policies of genocide and ethnic cleansing have been covered so eloquently by Brave Heart and others (see especially Duran & Duran, 1995), we need not repeat them in detail here. After military defeat, American Indians experienced one of the most systematic and successful programs of ethnic cleansing the world has seen. They were relocated to what amounted to penal colonies, starved, neglected, and forbidden to practice their religious beliefs. Their children were taken from them and reeducated so that their language, culture, and kinship patterns were lost to them. There are several aspects pertaining to the attempted continental decimation of numerous cultures over the period of 400 years that the analogy to the Holocaust may not sufficiently convey.

First, there was no safe place to return to or immigrate for American Indians. All were forced to relocate to areas that had no economic value to Europeans. Some were force-marched or loaded on trains and relocated to completely foreign areas of the continent. Reservations were initially very much like large concentration camps or penal colonies. The "more civilized" general population of Europeans often held the reservation people in disdain. Leaving the reservations was illegal. The residents were dependent on the government representatives for food, shelter, and health care. Second, traditional means of survival were eradicated and the people were forced to learn new ways of surviving (e.g., farming) that often were culturally distasteful or impossible given the quality of the lands they now occupied. Third, there was no specific end to the ethnic cleansing. It was ongoing and legally sanctioned. Practicing traditional religion became illegal, hunting off the reservation was illegal, and children were legally taken from parents and placed in boarding schools that broke up extended family systems and outlawed traditional language.

The important point here is that the ethnic cleansing did not end with military defeat and occupation of territory. Rather, it persisted for generations. This means that American Indian people are faced with daily reminders of loss: reservation living, encroachment of Europeans on even their reservation lands, loss of language, loss and confusion regarding traditional religious practices, loss of traditional family systems, and loss of traditional healing practices. We believe that these daily reminders of ethnic cleansing coupled with persistent discrimination are the keys

to understanding historical trauma among American Indian people. The losses are not "historical" in the sense that they are in the past and a new life has begun in a new land. Rather, the losses are ever present, represented by the economic conditions of reservation life, discrimination, and a sense of cultural loss. Furthermore, we believe that this is an empirical question, that we can measure the presence of this persistence sense of loss and begin to understand its prevalence and impact on the psychological well-being of American Indian people.

### Symptoms of Historical Trauma

In a groundbreaking series of articles Brave Heart (Brave Heart, 1998; 1999a,b; Brave-Heart & DeBruyn, 1988; Brave Heart-Jordan & DeBruyn, 1995), ties the American Indian genocide, ethnic cleansing, and policies of forced acculturation to the Holocaust experience and alludes to patterns of symptoms that correspond in many respects to those experienced by Holocaust survivors and their families. The symptoms identified by Brave Heart and colleagues run the gamut of those associated with post-traumatic stress disorder (i.e., Brave Heart's symptoms of "Historical Trauma" (Brave Heart, 1998, p. 288)) to symptoms of unresolved grief (p. 291). However, many of the symptoms overlap and their number encompasses almost the entire range of psychopathology.

Moreover, Brave Heart has, thus far, been limited to theoretically associating psychological symptoms and somatic problems identified among American Indian people indirectly to historical causes. Almost all of the studies identifying the symptoms to which she alludes refer to proximal causes. This leaves an empirical "missing link" actually connecting the symptoms to the proposed historical sources. Making this empirical connection is a two-stage process. First, we must establish that historical loss is part of the cognitive world of contemporary American Indians and how prevalent these perceptions are. Second, we must link perceptions of loss to symptoms.

## MEASURING HISTORICAL TRAUMA

### Focus Groups With Elders

To begin to identify components of historical trauma among American Indian people we went to

the people who possess the knowledge. With the permission of tribal governments, focus groups with American Indian elders were conducted on two reservations in the upper Midwest. Each focus group consisted of about eight American Indian elders (respected tribal members aged 55 years or older) and a total of three meetings (two on one reservation and one on the other reservation) were held. Group facilitators were tribal members who were trained in focus group procedures by university staff. No outsiders were part of the groups. Consent forms were signed by the elders and mental health professionals were present at the sessions for debriefing or referral if the process created discomfort. The elders were paid \$50 per group and a meal was provided. The conversations were audio-taped and transcribed. No identifying information other than reservation and gender was available in the transcriptions. There was concern regarding "revictimization" of elders on one of the reservations and the focus groups were stopped after one meeting. This concern, however, was not shared by the focus group elders who refused our offer of a healing ceremony or further debriefing. The elders told us that they appreciated the opportunity to share their experiences and wanted to continue to do so.

The goals of the sessions were to first identify the kinds of losses associated with historical trauma and second to identify the types of emotions these losses elicited from the elders. The losses they spoke of were numerous and poignantly stated. We cannot begin to present them all. Instead, we will provide some representative examples of what we were told. Foremost among the cultural losses mentioned was the loss of their language.

The loss of language that I find in myself is that my mom and dad use to talk Indian to each other. Then my dad died, my mom didn't have anyone to talk to. Then I had my grandma and grandpa to talk to. Then after they left, I didn't hear (the language)

I try to talk to my family and they don't speak (the language). They understand a little bit so I get emotional when I talk about it and pray for the people.

For some there was a sense of guilt that the language was not passed on:

And that is one of the griefs I have because my kids don't talk Indian at all... I am sorry that my kids were not taught Indian... It is a very disappointing grief in our family.

Loss of language was tied to the boarding school catastrophe:

Then one day a school teacher came and said that they had come to get me. They said come with us and we will bring you back tomorrow... They tricked me so I would go along with them. It took me a whole year to learn English... all I talk now is English.

I don't know how to speak Indian. When I was little, my mother and father didn't speak it to us because they were brought up in boarding schools and when they went to boarding schools they were forced to go. They were beaten for speaking their native language at boarding school. So they thought that we would be taken from home and forced to go to boarding school too. So they didn't want us to be brought up speaking our language and beaten if we talked our language. So they didn't teach it to us

There was a sense of hopelessness at regaining the language. It is a difficult task and the younger generations seem uninterested in making the effort.

It takes years to learn, probably two or three years. We could get all of that back, but nobody wants to put out the effort. Something has to change, otherwise we are going to break all of our spirit.

A major source of loss for the elders was the erosion of traditional family and community ties. They spoke of loss of a sense of safety in their communities and community caring for one another.

I wonder how we lose our relations. We don't visit each other. We don't communicate. I don't know why that is. I learned about some of my relatives. They used to come to our house and I didn't know they were relatives of mine. They used to come over and visit. We lost track of each other... my relatives are lost.

A long time ago, it used to be people visiting families. The kids would come along and they would play outside. But I don't see that anymore. Nobody visits. But people used to visit. That was a good feeling.

The loss of land and broken treaty promises were also present in their minds.

We lost to the English, to the white people. I always used to take notes for my grandparents and the old people. They were working on treaties. My grandpa used to go to Washington to get what they wanted like plows and horses, houses, money, something to eat... The old people used to say that the treaties are going to have to take care of us as long as that sun goes across our country and as long as that river flows. That is how long they are supposed to take care of us... We lost that. We lost something we should have had.

There was a strong sense of loss and even despair regarding alcohol and drug use.

When I see all these people doing drugs it makes me wonder when these people are going to wake up. When are they going to realize that they are dealing with a powerful thing. Drugs are a powerful thing. It is more powerful than our culture because our culture cannot even fight it. Our culture isn't strong enough to fight it now because we have lost so much.

Well to me historical grief is think back that a lot of our cultural systems is fading. Even to me it is hard. We are just having a hard time preserving it. Historically alcohol ruins a lot of families . . . it is just one of the abuses the white man introduced to our people. Historically, we started to pull away from what we were supposed to hang on to.

### Feelings Associated with Losses

The elders openly shared their feelings related to numerous losses. We believe that at least part of this openness was attributable to our "no outsiders" rule for the focus groups. All of the people in the room were tribal members and they knew and trusted one another. Two primary themes emerged: Anger and depression.

They stole our land, they stole a lot of land, and they killed a lot of people. So what do you expect us to do? Just stand there and take it?

You go to another town and a white person calls you names. It is shocking so when I see it happening to kids and I think about kids. That is what really triggers the animosity.

I am trying to teach him (grandchild) not to be angry. I am teaching myself not to be angry anymore, but I have a long way to go. That is the only emotion I felt was a lot of anger and it was so easy to lash out on someone or blame someone . . . As I got older, my kids saw that and it was just passed on . . .

Many expressed a deep and persistent depression related to losses.

A lot of seniors have passed on and they have been depressed. They just get sicker and sicker from the depression and upset from their young people, people they loved.

And I am still fighting to protect my family because that is the hardest part. I grieve, I think, I go out, I will talk to my maker with my tobacco. Sometimes I find myself wanting to leave and I always think about he is watching me, he going to take care of me. So he is. I believe that.

### A Measure of Historical Loss

On the basis of the focus groups with elders, conversations with reservation advisory boards, tribal members, and other individuals (especially Art Holmes, author of *The Grieving Indian*, 1988), we decided on a dual approach to assessing historical trauma. The first scale enumerates perceived losses and asks respondents how frequently these losses came to mind. Items for the scale were selected on the basis of the number of times we heard them mentioned in our discussions with the people. Any item included in the scale was mentioned on at least two occasions (e.g., relocation). Most were endorsed by everyone we spoke with (e.g., loss of land, loss of language, loss of culture). Finally, the elders approved of all of the scale items as appropriate. The purpose of the scale is to assess the prevalence and immediacy of thoughts pertaining to historical loss.

The second scale focuses on feelings pertaining to historical losses. Its purpose is to identify emotional responses that are triggered when reminders of historical losses or thoughts pertaining to historical loss come to mind. Most of the items associated with historical loss were emotionally charged. We wanted to tap those emotions and tie them directly to the sense of loss. Simply correlating indicators of historical loss with standard stress measures (e.g., measures of depression, anxiety, trauma) creates "noise" in that the symptoms may be the result of proximal rather than historical causes. Our intent was to determine the extent to which the respondent would associate emotional distress directly to historical losses. All of the distress items were mentioned by the people we spoke with and approved by the elder focus groups as appropriate.

The two scales were developed and then put before the elders in focus groups and tribal advisory boards for their comments and suggestions. The scales were revised based on their suggestions, and then included in the first wave of an ongoing longitudinal study of American Indian families with children aged 10 through 12 years on two reservations in the upper Midwestern U.S. and two Canadian reserves in Ontario. The scale characteristics reported here are based on the responses of 143 (32 males and 111 females) adult parents and caretakers of a target child aged 10 through 12 years. The respondents ranged in age from 28 to 59 years, with a mean age of 38.2 years for women and 41.7 years for men.

The *Historical Loss Scale* consists of 12 items each listing a type of loss identified by focus groups and others (Appendix, Table A1). The response categories were 1 = *several times a day*, 2 = *daily*, 3 = *weekly*, 4 = *monthly*, 5 = *yearly or at special times*, and 6 = *never*. The *Historical Loss Associated Symptoms Scale* was made up of 12 items each specifying a potential symptom identified by focus group participants, other tribal members, and Brave Heart and colleagues (Appendix, Table A2). Response categories ranged from 1 = *never* to 5 = *always*. Both scales had high internal reliability. The *Historical Loss Scale* had a Cronbach's alpha coefficient of .92; the *Historical Loss Associated Symptoms Scale* a Cronbach's alpha coefficient of .89.

### The Historical Loss Scale

It is important to note that the respondents on whom the scale characteristics are based were not part of the forced boarding school era and several generations past the worst atrocities of the ethnic cleansing. However, as Table I indicates, historical losses were much on their minds. Nearly one-fifth (18.2%) thought daily or several times a day regarding loss of land. An additional 10.1% had such thoughts weekly. More than one-third (36.3%) thought daily

or several times per day about loss of traditional language. Similarly, one-third thought daily or several times per day about loss of traditional spirituality. This increases to more than one-half (54.8%) when those who had such thoughts at least on a weekly basis are taken into consideration. Much fewer had recurrent thoughts of loss of family ties because of boarding schools (12.6% daily or more; 17.7% at least weekly) or relocation (9.5% daily or more; 15.8% at least weekly). Poor treatment by government officials was more recurrent with 22.2% thinking of this daily or more and 29% thinking of it at least weekly. Almost one-fourth (22.9%) thought daily or more regarding broken treaties. This increased to almost one-third (30.5%) when those who thought of broken treaties at least weekly were included. One-third (33.7%) thought daily or more about losing the culture; one-half (48.1%) thought of this at least weekly. Alcoholism was very much on everyone's mind. Only 7.5% "never" thought of it. Almost one-half (45.9%) thought of it daily or more, two-thirds (63.5%) thought of it at least weekly. Loss of respect for elders was also frequently thought of. Sixty-five percent of the respondents thought about this at least weekly; 37.5% daily or more. Loss because of early deaths was thought of daily or more by 33.2% of the respondents and at least weekly by 54.5% of the respondents. Finally, loss of respect by children

**Table I.** Percentage Frequency of Perceived Losses

	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a Day
Loss of our land	25.2	32.7	13.8	10.1	10.7	7.5
Loss of our language	11.9	21.3	15.0	15.6	27.5	8.8
Losing our traditional spiritual ways	11.3	18.9	15.1	21.4	25.2	8.2
The loss of our family ties because of boarding schools	44.3	26.6	11.4	5.1	8.2	4.4
The loss of families from the reservation to government relocation	52.2	23.3	8.8	6.3	5.7	3.8
The loss of self respect from poor treatment by government officials	29.1	22.2	19.6	7.0	14.6	7.6
The loss of trust in whites from broken treaties	28.7	28.7	12.1	7.6	15.3	7.6
Losing our culture	10.6	20.0	21.3	14.4	25.6	8.1
The losses from the effects of alcoholism on our people	7.5	13.2	15.7	17.6	30.2	15.7
Loss of respect by our children and grandchildren for elders	8.8	10.0	16.3	27.5	28.1	9.4
Loss of our people through early death	9.4	15.6	20.6	21.3	24.4	8.8
Loss of respect by our children for traditional ways	11.9	18.2	17.0	17.6	25.8	9.4

for traditional ways was thought of daily or more by 35.2% of the adults; and weekly or more by 52.8% of the adults.

These frequencies indicate that the current generation of American Indian parents is very much in touch with the historical losses of their people. In fact, from one-fifth to almost one-half of these parents of children aged 10 through 12 years thought daily or more about historical losses. Conversely, with the exception of loss of family ties because of boarding schools and forced relocation, those who reported “never” thinking of historical losses ranged from only 29–7.5%. That is, the majority of the current parent generation on these reservations had at least occasional thoughts regarding historical losses. About one-third had these thoughts daily or more.

**The Historical Loss Associated Symptoms Scale**

The *Historical Loss Associated Symptoms Scale* immediately followed the *Historical Loss Scale* in the questionnaire and referred back to it: “Now I would like to ask you about how you feel when you think about these losses.” The most frequent emotional responses to thoughts about historical loss were sadness and depression, anger, intrusiveness of the thoughts, discomfort around White people, and fearful and distrustful of intentions of White people (Table II). In general, the more severe the symptom (e.g., anger vs. rage) the less it was endorsed by the respondents.

Sixteen percent of the respondents reported always or often having feelings of sadness or depression when they had thoughts of historical losses, an additional 44% said that this was sometimes true. Almost one-fourth (23.8%) reported always or often having feelings of anger when thinking of historical loss with an additional 38.1% reporting that they sometimes had angry feelings in regards to historical loss. Nearly one-half (48.7%) reported that at least sometimes they had intrusive thoughts regarding historical losses (e.g., “remembering these losses when you don’t want to”). One-fifth (21.4%) often or always felt uncomfortable around White people because of historical losses. Forty-four percent felt this way at least sometimes. About one-third (34.6%) at least sometimes felt distrustful of the intentions of White people because of historical losses. Similarly, about one-third (32.4%) at least sometimes felt that policies that led to historical losses were “happening again.” It was noteworthy that nearly one-third (31%) at least sometimes avoided places or people that reminded them of historical losses.

A significant proportion of the respondents reported “never” having emotional responses to thoughts of historical grief. The range of “never” responses was from a low of 15.6% (anger) to a high of 80.6% (need to drink or take drugs). Only 18.2% never felt feelings of sadness or depression in regard to thoughts about historical losses, and only 25.3% said that they never felt intrusive thoughts regarding historical losses (i.e., “like you were remembering these losses when you don’t want to”).

**Table II.** Percentage Frequency of Emotional Responses to Losses

	Always	Often	Sometimes	Seldom	Never
Often feel sadness or depression	4.4	11.3	44.0	22.0	18.2
Often feel anger	6.9	16.9	38.1	22.5	15.6
Often anxiety or nervousness	1.3	8.1	23.1	24.4	43.1
Uncomfortable around white people when you think of these losses	11.3	10.1	22.6	20.1	35.8
Shame when you think of these losses	5.0	9.4	18.8	27.5	39.4
Loss of concentration	1.3	5.0	25.6	29.4	38.8
Feel isolated or distant from other people when you think of these losses	3.1	5.0	21.3	25.6	45.0
A loss of sleep	0.0	1.3	10.0	23.8	65.0
Rage	3.1	1.9	11.9	14.4	68.8
Fearful or distrust the intentions of white people	8.8	6.9	18.9	20.8	44.7
Feel like it is happening again	5.0	3.8	22.6	17.0	51.6
Feel like avoiding places or people that remind you of these losses	3.8	4.4	22.8	15.2	53.8

**Table III.** Factor Analysis of Perceived Losses

Item	Factor loading
Loss of our land	0.70
Loss of our language	0.82
Loss of our traditional spiritual ways	0.84
Loss of our family ties because of boarding schools	0.62
Loss of our families from the reservation to government relocation	0.63
Loss of self respect from poor treatment by government officials	0.72
Loss of trust in whites from broken treaties	0.78
Loss of our culture	0.86
Losses from the effects of alcoholism on our people	0.73
Loss of respect by our children and grandchildren for Elders	0.63
Loss of our people through early death	0.66
Loss of respect by our children for traditional ways	0.81
Eigenvalues	6.98
Percent of variance explained	58.17

Note. Extraction method: Maximum likelihood.

### Measurement Characteristics

We used exploratory factor analysis to examine both scales. Using maximum likelihood procedures in the M-Plus statistical software (Muthen & Muthen, 1998), the results for *Historical Loss Scale* indicated that only one factor accounted for 58% of the variance in the component measures (eigenvalue = 6.98; Table III). All of the 12 items loaded very well on the latent-construct, ranging from .62 to .86. The same exploratory factor analysis was also performed on the *Historical Loss Associated Symptom Scale* using maximum likelihood estimation and varimax rotation method in M-Plus (Table IV). Two factors were obtained by plotting the eigenvalues of factors and examining the break in these values (Cattell, 1966). These two factors explained 56.5% of the variance in the component measures. Five items (see Appendix Table A1) from the original symptom scale were dropped from the model because of double loadings or weak loadings on both factors. One factor is congruent with a general anxiety/depressed affect dimension. It included items such as feeling anxiety or nervousness, loss of concentration, feeling isolated, and loss of sleep. The loadings for items in this factor ranged from .44 to .76. The second factor included items pertaining to anger and avoidance and included measures of anger, rage, shame,

**Table IV.** Factor Analysis of Emotional Response Scale

Factors	Varimax rotated loadings	
	1	2
Often feel sadness or depression	0.44	0.37
Often feel anger	0.33	0.61
Often anxiety or nervousness	0.73	0.22
Uncomfortable around white people when you think of these losses	0.24	0.65
Shame when you think of these losses	0.26	0.55
Loss of concentration	0.69	0.16
Feel isolated or distant from other people when you think of these losses	0.63	0.42
A loss of sleep	0.76	0.22
Rage	0.28	0.63
Fearful or distrust the intention of white people	0.22	0.75
Feel like it is happening again	0.10	0.63
Feel like avoiding places or people that remind you of these losses	0.21	0.57
Eigenvalues	5.31	1.47
Percent of variance explained	44.25	12.25

Note. Extraction method: Maximum likelihood.

and avoiding places and people that remind you of these losses. The loadings on this factor ranged from .55 to .75.

On the basis of the exploratory factor analysis, we then estimated a confirmatory factor analysis measurement model that consisted of these two scales and three factors. The measurement model was then compared with a null model where all items were forced into a single large factor. The chi-square comparison showed that the measurement model was a statistically significant improvement, with  $\Delta\chi^2(\Delta df) = 447.54(3)$  over the null model.

A structural equation model, (similar to the measurement model but with hypothesized direction of effects) was then estimated to examine the association between the historical grief latent variable and the two identified symptom dimensions (Fig. 1). Although the model was statistically significant, with  $\chi^2 = 706$  ( $df = 249, p = .00$ ), many confirmatory factor analysis researchers recommend using the  $\chi^2/df$  criterion. According to this criterion, this ratio should be less than three for a good-fitting model (Maruyama, 1998). The  $\chi^2/df$  criterion (2.84) indicated that this model was acceptable.

The estimates of construct loadings were consistent with that of the exploratory factor analysis. The historical loss indicators had loadings ranging from .61 to .86. The five item indicators of the anxi-



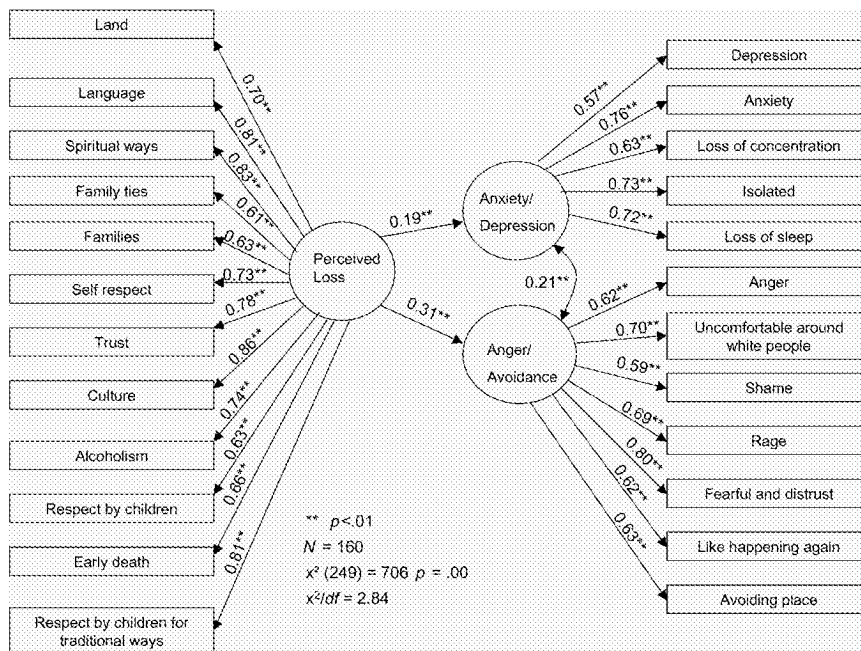


Fig. 1. Structured equation model.

ety/depression latent scale had loadings ranging from .57 to .76. The loadings for the seven indicators of the anger/avoidance construct had loadings ranging from .59 to .80.

Perceived historical loss was significantly associated with the symptom constructs. The structural coefficients relating historical grief to anger/avoiding was statistically significant ( $\beta = .31$ ) as was the estimate for the association with anxiety/depression ( $\beta = .19$ ). For both dimensions of the historical loss associated symptom scale, the greater the perception of historical loss, the more likely their feeling of depression and anger. The two latent symptom constructs, anger/avoidance and anxiety/depression, were significantly correlated ( $\gamma = .21$ ).

**DISCUSSION AND CONCLUSIONS**

Conceptions of historical trauma and unresolved historical grief have been attracting a great deal of attention among American Indian people during the past several years. Although this grassroots movement is extremely popular and treatment programs already well under way, we have almost no empirical information regarding prevalence or characteristics of either construct. Establishing a measure of histor-

ical loss is the first step towards addressing several important issues pertaining to historical trauma and historical grief. *First, it will allow us to better ascertain prevalence.* Our preliminary results indicate remarkable prevalence among the contemporary parent generation. This has important implications. It means that perceptions of historical loss are not confined to the more proximate elder generation, but very salient in the minds of many adults of the current generation. More thorough prevalence studies using this measure are currently under way. *Second, thoughts about historical losses appear to be associated with symptoms of emotional distress.* Although this is an assumption of proponents of historical trauma theory, there have been no empirical studies directly tying historical losses to psychopathology of which we are aware. Our preliminary results indicate that perceptions of historical loss lead to emotional responses typically associated with anger/avoidance and anxiety/depression. However, future work is necessary to systematically investigate linkages by more thoroughly examining the psychological characteristics of those with high levels of perceived loss. *Third, although we have begun to identify symptoms associated with historical loss, we have yet to establish the severity of these symptoms for day-to-day life.* We do not know the degree to which thoughts of historical

losses interrupt optimal functioning, influence parenting, or contribute to maladaptive behaviors. Both our qualitative and quantitative data suggest this may be the case, however, more thorough work is necessary to assess the contributions of historical loss over and above more proximal contributors to emotional distress. What is of particular interest is whether historical losses interact with more proximal stressors to exacerbate their effects. Finally, *we don't know the extent to which measures of this kind can be generalized across American Indian cultures*. It was developed within a single cultural group and may miss issues important to other cultures. The degree to which the measures generalize across cultures is an empirical question that can only be addressed by future research.

We believe that these initial steps towards empirically investigating the prevalence and consequences of historical loss support the theoretical work of Brave Heart, Duran, and Duran and others who have pioneered this concept among American Indians. However, there is much work to be done to inform policy and treatment. We need to understand specific mechanisms through which thoughts about historical losses affect behaviors and how these thoughts interact with more proximal causes of stress such as economic disadvantage, discrimination, and social problems. It is

likely that “high-impact” individuals (those who have at least daily thoughts concerning historical loss) may be more responsive to more proximal stressors and that the combination of historical and contemporary stressors exact a higher toll on physical and emotional well being.

Finally, we believe that these findings suggest that the “holocaust” is not over for many American Indian people. It continues to affect their perceptions on a daily basis and impinges on their psychological and physical health. There has been no “safe place” to begin again. The threats to their way of life and culture have been ongoing, the losses progressive as each generation passes away. These losses are so salient because they are not truly “historical” in the sense that they are now in the past. Rather they are “historical” in the sense that they began along time ago. There has been a continual, persistent, and progressive process of loss that began with military defeat and continues through to today with loss of culture. As one elder so poignantly put it:

I feel bad about it. Tears come down. That is how I feel. I feel weak. I feel weak about how we are losing our grandchildren.

The losses are not over. They are continuing day by day.

## APPENDIX

**Table A1.** Historical Losses Scale

		Several times a day	Daily	Weekly	Monthly	Yearly or only at special times	Never	DK/REF
<b>A</b>	The loss of our land	1	2	3	4	5	6	9
<b>B</b>	The loss of our language	1	2	3	4	5	6	9
<b>C</b>	Losing our traditional spiritual ways	1	2	3	4	5	6	9
<b>D</b>	The loss of our family ties because of boarding schools	1	2	3	4	5	6	9
<b>E</b>	The loss of families from the reservation to government relocation	1	2	3	4	5	6	9
<b>F</b>	The loss of self respect from poor treatment by government officials	1	2	3	4	5	6	9
<b>G</b>	The loss of trust in whites from broken treaties	1	2	3	4	5	6	9
<b>H</b>	Losing our culture	1	2	3	4	5	6	9
<b>I</b>	The losses from the effects of alcoholism on our people	1	2	3	4	5	6	9
<b>J</b>	Loss of respect by our children and grandchildren for elders	1	2	3	4	5	6	9
<b>K</b>	Loss of our people through early death	1	2	3	4	5	6	9
<b>L</b>	Loss of respect by our children for traditional ways	1	2	3	4	5	6	9

APPENDIX

Table A2. Historical Losses Associated Symptoms Scale<sup>a</sup>

	Feeling	Never	Seldom	Sometimes	Often	Always	DK/REF
<b>A</b>	Sadness or depression	1	2	3	4	5	9
<b>B</b>	Anger	1	2	3	4	5	9
<b>C</b>	Anxiety or nervousness	1	2	3	4	5	9
<b>D</b>	Uncomfortable around white people when you think of these losses	1	2	3	4	5	9
<b>E</b>	Shame when you think of these losses	1	2	3	4	5	9
<b>F</b>	A loss of concentration	1	2	3	4	5	9
<b>G</b>	Feel isolated or distant from other people when you think of these losses	1	2	3	4	5	9
<b>H</b>	A loss of sleep	1	2	3	4	5	9
<b>I</b>	Rage	1	2	3	4	5	9
<b>J</b>	Fearful or distrust the intention of white people	1	2	3	4	5	9
<b>K</b>	Feel like it is happening again	1	2	3	4	5	9
<b>L</b>	Feel like avoiding places or people that remind you of these losses	1	2	3	4	5	9

<sup>a</sup>Five items are not included in the historical loss associated symptom scale because of the low factor loadings in exploratory factor analysis. These five items include: like you are remembering these losses when you don't want to, a sense of weakness or helplessness, bad dream or nightmares, feel the need to drink or take drugs when you think of these losses, and there is no point in thinking about the future.

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REFERENCES

Alexsandrowicz, D. (1973). Children of concentration camp survivors. In E. J. Anthony & C. Koupernik (Eds.), *The child and his family* (pp. 385-392). New York: Wiley.

Barocas, H. (1975). Children of purgatory: Reflections on the concentration camp survival syndrome. *International Journal of Social Psychiatry, 21*, 87-92.

Barocas, H., & Barocas, C. (1973). Manifestations of concentration camp effects on the second generation. *American Journal of Psychiatry, 130*, 820-821.

Barocas, H., & Barocas, C. (1980). Separation and individuation conflict in children of Holocaust survivors. *Journal of Contemporary Psychotherapy, 11*, 6-14.

Bettleheim, B. (1943). Individual and mass behavior in extreme situations. *Journal of Abnormal Social Psychology, 38*, 417-452.

Brave Heart, M. (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*, 287-305.

Brave Heart, M. (1999a). Gender differences in the historical grief response among the Lakota. *Journal of Health and Social Policy, 10*, 1-21.

Brave Heart, M. (1999b). *Oyate Ptayela: Rebuilding the Lakota Nation through addressing historical trauma among Lakota*

Parents. *Journal of Human Behavior in the Social Environment, 2*, 109-126.

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

Braveheart-Jordan, M., & DeBruyn, L. (1995). So she may walk in balance; Integrating the impact of historical trauma in the treatment of Native American Indian women. In J. Adleman, & G. Enquidanos (Eds.), *Racism in the lives of women: Testimony theory and guides to anti-racist practice* (pp. 345-368). New York: Haworth Press.

Catell, R. B. (1966). *Handbook of multivariate experimental psychology*. Chicago: Rand McNally.

Chodoff, P. (1969). Depression and guilt among concentration camp survivors. *Existential Psychiatry, 7*, 19-20

Duran, E., & Duran, B. (1995). *Native American Postcolonial Psychology*. Albany, NY: SUNY.

Epstein, H. (1979). *Children of the Holocaust*. New York: Putnam.

Freyberg, J. (1980). Difficulties in separation-individuation as experienced by offspring of Nazi Holocaust survivors. *American Journal of Orthopsychiatry, 50*, 87-95.

Holmes, A. (1988). *The grieving Indian*. Winnipeg, Canada: Indian Life Books.

Hoppe, K. D. (1962). Persecution, depression, and aggression. In H. Krystal (Ed.), *Massive Psychic Trauma* (pp. 204-208). New York: International Universities Press.

Hoppe, K. D. (1966) Persecution, depression, and aggression: The psychodynamics of concentration camp victims. *Psychoanalytic Forum, 7*, 6-85.

Hoppe, K. D. (1971). Chronic reactive aggression in survivors of severe persecution. *Comprehensive Psychiatry, 12*, 230-235.

Jilek, W. G. (1981). Anomic depression, alcoholism and a culture-congenial Indian Response. *Journal of Studies on Alcohol, 9*, 159-170.

- Kestenberg, J. (1972). Psychoanalytic contributions to the problem of children of survivors from Nazi persecution. *Israel Annals of Psychiatry, 10*, 311–325.
- Kestenberg, J. (1980). Psychoanalysis of children of survivors from the Holocaust: Case presentations and assessment. In M. Bergmann, & M. Jucovy (Eds.), *Generations of Holocaust* (pp. 137–158). New York: Basic Books.
- Klein, H. (1973). Children of the Holocaust: Mourning and bereavement. In E. J. Anthony, & C. Koupernik (Eds.), *The child and his family* (pp. 67–91). New York: Wiley.
- Maruyama, G. (1998). *Basics of structural equation modeling*. Thousand Oaks, CA: Sage.
- Muthen, L. K., & Muthen, B.O. (1998). *Mplus User's Guide*. Los Angeles, CA: Muthen & Muthen.
- Nadler, A., Kav-Venaki, S., & Gleitman, B. (1985). Transgenerational effects of the Holocaust: Externalization of aggression second generation of Holocaust survivors. *Journal of Clinical and Consulting Psychology, 53*, 365–369.
- Neiderland, W. G. (1968). Clinical observations on the "Survivor Syndrome." *International Journal of Psychoanalysis, 49*, 313–315.
- Neiderland, W. G. (1981). The survivor syndrome; Further observations and dimensions. *Journal of the American Psychoanalytic Association, 29*, 413–425.
- Phillips, R. (1978). Impact of Nazi Holocaust on children of survivors. *American Journal of Psychotherapy, 32*, 370–377.
- Prince, R. (1985). Second generation effects of historical trauma. *The Psychoanalytic Review, 72*, 9–21.
- Rose, S., & Garske, J. (1987). Family environment, adjustment and coping among children of Holocaust survivors: A comparative investigation. *American Journal of Orthopsychiatry, 57*, 332–344.
- Sigal, J., Silver, D., Rakoff, V., & Ellin, B. (1973). Some second-generation effects of survival of the Nazi persecution. *American Journal of Orthopsychiatry, 43*, 320–327.
- Solkoff, N. (1981). Children of survivors of the Holocaust: A critical review of the literature. *American Journal of Orthopsychiatry, 51*, 29–41.
- Sonneberg, S. (1974). Children of survivors. *Journal of the American Psychiatric Association, 22*, 200–204.
- Steinberg, A. (1989). Holocaust survivors and their children: A review of the clinical literature. In P. Marcus, & A. Rosenberg (Eds.), *Healing their wounds; Psychotherapy with Holocaust survivors and their families* (pp. 23–48). New York: Praeger.
- Townsley, H. C., & Goldstein, G. S. (1977). One view of the etiology of depression in American Indian youth. *Public Health Reports, 92*, 4458–461.
- Trossman, B. (1968). Adolescent children of concentration camp survivors. *Canadian Psychiatric Association Journal, 12*, 370–377.
- Wheaton, B. (1987). Assessment of fit in overidentified models with latent variables. *Sociological Methods Research, 16*, 118–154.