

Articles and Excerpts for

Understanding **Cultural** **Intergenerational** **Trauma**



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Presenter

Howard Denson

An Excerpt from

A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research

By Michelle M. Sotero

“Historical trauma theory incorporates and builds upon three theoretical frameworks in social epidemiology? The first is psychosocial theory, which links disease to both physical and psychological stress stemming from the social environment. The Second theoretical framework is political/economic theory, which addresses the political, economic, and structural determinants of health and disease such as unjust power relations and class inequality. The third is social/ecological systems theory, which recognizes the multilevel dynamics and interdependencies of present/past, proximate/distal, and life course factors in disease causation.

In understanding how and why certain populations have a higher burden of disease than others, historical trauma theory provides macro-level, temporal framework for examining how the “life course” of a population exposed to trauma at a particular point in time compares with that of unexposed populations. Based on a review of the literature, at least four distinct assumptions underpin this theory: (1) mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population; (2) trauma is not limited to a single catastrophic event, but continues over an extended period of time; (3) traumatic events reverberate throughout the population, creating a universal experience of trauma; and (4) the magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social, and economic disparities that persists across generations. The three basic constructs of the theory are the historical trauma experience, the historical trauma response, and the intergenerational transmission of historical trauma.

More recently, studies in other populations—Palestinian, Russian, Cambodian, African American and American Indian—have documented that offspring of parents affected by trauma also exhibited various symptoms of PTSD or “historical trauma response.” These symptoms included an array of psychological problems such as denial, depersonalization, substance abuse, fixation on trauma, identification with death, survivor guilt and unresolved grief.

Brave Heart defined historical trauma as “the cumulative and collective psychological and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences.” **Faimon** described historical trauma experienced by the (American Indian) Dakota nation as an “indescribable terror and the legacy of terror that remains after 140 years, as evidenced by repression, dissociation, denial, alcoholism, depression, doubt, helplessness and devaluation of self and culture.” She also elaborated on the intergenerational legacy of shame, guilt, and distrust embedded in collective memory and passed down through seven generations. **The Aboriginal Healing Foundation** describes historical trauma as a cluster of traumatic events and as a disease itself. The symptoms of historical trauma as a disease are the maladaptive social and behavioral patterns that were created in response to the trauma experience, absorbed into the culture and transmitted as learned behavior from generation to generation.”

“The model posits that historical trauma originates with the subjugation of a population by a dominant group. Successful subjugation requires at least four elements: (1) overwhelming physical and psychological violence, (2) segregation and/or displacement, (3) economic deprivation, and (4) cultural dispossession.

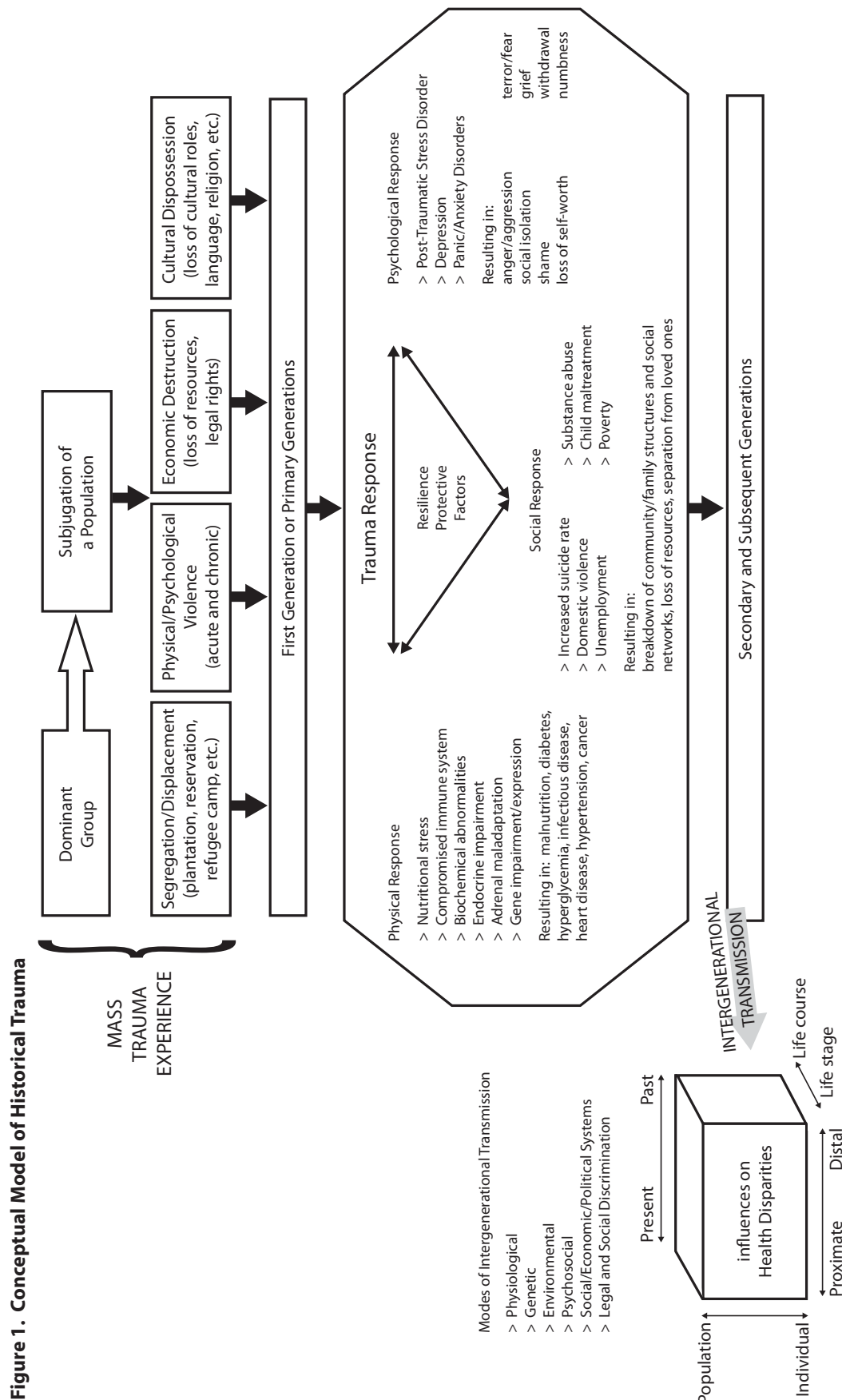
The dominant group enforces subjugation through various means including military force, bio-warfare, national policies of genocide, ethnic cleansing, incarceration, enslavement, and/or laws that prohibit freedom of movement, economic development, and cultural expression.

Though overt legitimization of subjugation may be rescinded over time, its legacy remains in the form of racism, discrimination and social and economic disadvantage. The universal experience of subjugation constitutes significant physical and psychological trauma for the affected population.”

As the model illustrates, primary generations are the direct victims of subjugation and loss, which threaten their population and economic and cultural survival. Having witnessed great loss of life and endured brutality, starvation, and disease, many survivors are plagued with physical injuries, malnutrition, and high rates of infectious and chronic diseases. Their psychological and emotional responses stem from experiencing violence, severe stress, pervasive hardship and <relentless> unremitting grief at the loss of kin, land, and way of life. Trauma response in primary generations may include PTSD, depression, self-destructive behaviors, severe anxiety, guilt, hostility, and chronic bereavement. Psychological and emotional disorders may well translate into physical disease, and vice versa.

Secondary and subsequent generations are affected by the original trauma through various means. Extreme trauma may lead to subsequent impairments in the capacity for parenting. Physical and emotional trauma can impair genetic function and expression, which may in turn affect offspring genetically, through in utero biologically adaptations, or environmentally. Evidence suggests that disorders such as mental illness, depression and PTSD can be genetically transmitted to secondary and subsequent generations. Maternal malnutrition contributes to poor-quality breast milk and low-birth-weight babies. Some studies indicate that maternal care and depressive state are also major determinants of endocrine and behavioral stress responses in offspring. Further, some evidence suggests that physiological adaptations made by a fetus in response to in utero stressors are correlated with a number negative health outcome throughout life. According to Benyshek, research shows that Type 2 diabetes in adults may be caused by metabolic adaptations of the fetus in response to maternal malnutrition. The disorder is then propagated throughout subsequent generations via hyperglycemic pregnancies.

Maladaptive behaviors and related social problems such as substance abuse, physical/sexual abuse, and suicide directly traumatize offspring and are indirectly transmitted through learned behavior perpetuating the intergenerational cycle of trauma. Secondary and subsequent generations also experience “vicarious traumatization” through the collective memory, storytelling and oral traditions of the population. Traumatic events become embedded in the collective, social memories of the population. Offspring are taught to share in the ancestral pain of their people and may have strong feelings of unresolved grief, persecution and distrust. They may also experience original trauma through loss of culture and language, as well as through proximate, first-hand experiences of discrimination, injustice, poverty, and social inequality. Such experiences validate their ancestral knowledge of historical trauma and reinforce the historical trauma experience and response.



Note: Dotted divide in text indicates omitted portions of article.

Finally, the cumulative effects of historical trauma of the population, mitigated to some degree by the existence of resiliency and protective factors, result in a surfeit of social and physical ills that ultimately lead to population-specific health disparities. Historical trauma has been called a “disease of time.” From this perspective, the poor health status of affected populations can be argued as the result of the accumulation of disease and social distress across each succeeding generation.

Connecting the past with the present is inherent in many cultural traditions. Historical trauma theory contextualizes “time and place.” It validates and aligns itself with the experiences and explanatory models of affected populations and recognizes issues of accountability and agency. It creates an emotional and psychological release from blame and guilt about health status, empowers individuals and communities to address the root causes of poor health and allows for capacity building unique to culture, community and social structure.

Historical trauma theory is a rich-in-variables framework whose application to public health is invaluable. More empirical research is necessary to fully understand, operationalize and validate theoretical constructs of historical trauma. More work is also needed to link measures of historical trauma to health outcomes. The majority of research on historical trauma has been conducted with American Indian populations and is largely qualitative. More evaluative research is needed to gain a better understanding of the manifestations and prevalence of historical trauma among indigenous populations, as well as the specific mechanisms of intergenerational transmission. Research needs to be conducted in other minority populations in the U.S. to determine the existence of historical trauma or if there are trauma response variations dependent on intensity, length and context of exposure, time passed since exposure, resiliency, protective or cultural factors. The conceptual model of historical trauma introduced here is intended to help public health practitioners and researchers gain a broader perspective of health disparities and aid in the development of new approaches for improving the health status of racial/ethnic populations in the United States.”

An Excerpt from
*Considering a Theory of Cultural
Trauma and Loss*

By B. Hudnall Stamm, Henry E. Stamm IV, Amy C. Hudnall, Craig
Higson-Smith

The authors propose a model of cultural trauma and revitalization. The theory suggests a framework for understanding disruptions that an “original” culture might suffer at the imposition of an “arriving” culture resulting in vulnerabilities of individuals, families/small groups, communities, and the larger societies. The cultural clash model posits that original cultures have identifiable and sustainable economic, social, political, and spiritual systems in the pre-contact era. Exposure to an arriving culture can radically alter the character and sustainability of the original culture. Emergence from the challenge can lead to culture dissolution, but there can also be revitalization and reorganization. This can occur if the injured culture lays claim to economic and social resources, preferably with the support and encouragement of hegemonic culture. The end result can be a form of bicultural or multicultural adaptation by the members of the original culture...

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“As the concepts of trauma, loss, and Post traumatic stress disorder (PTSD) emerged into a coherent field in the 1980s, health care workers, researchers, humanitarian aid workers, and policy specialists struggled to apply these new concepts beyond the therapy room to communities worldwide that have suffered fragmentation and loss through war and civil strife, disasters, epidemics, and political policies. Governmental and nongovernmental organizations (NGOs) added trauma counseling and treatment programs, as well as delivering relief supplies such as food, shelter, and medicines. Teams of therapists and other workers from a variety of academic disciplines offered their services and opinions to help refugees, internally displaced persons, and members of disrupted communities heal and rebuild their lives (cf. Marsell, Bornemann, Ekblad, & Orley, 1994).

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Taking the broad cultural perspective we suggest requires viewing trauma and loss across time and place. Two methods that use this perspective are multigenerational legacies of trauma (Danieli, 1998) and historical trauma (Duran & Duran, 1995). This cross-time/place perspective sees events and their resulting trauma and loss not as PTSD per se, but as events sufficiently strong that their legacy may retain salience across generations.

Danieli views multigenerational legacies as the transmission across generations of the legacies of a traumatic event. She includes cultural, political, economic, and other dimensions to understand life be-

fore, during, and after the event. This perspective may include, but does not require, culture clash; events transmitted generation to generation can be perpetrated from within, across, or between individuals or cultures. While a parent's traumatic stress may carry forward to the next generation through the parent's impaired ability to parent, it may also be transmitted through a shared belief system that is held by the parent, the family, or even the culture. Historical trauma, as defined by Duran and Duran (1995), is more properly referred to as post-colonial psychology. In order to exist, colonialism must have occurred and there may be a continuing aspect to the colonial trauma. Duran and Duran define the problem specifically in the context of the indigenous people of North America, recognizing the psychological, physical, social, and cultural aftermath of the systematic subjugation of Native Americans by colonizing White cultures (Mavigli, 2002). The manifestations of historical trauma include (a) communal feelings of familial and social disruption, (b) existential depression based on communal disruption, (c) confusion toward owning the ancestral pain accompanied by the temptation to adopt colonial values, (d) chronic existential grief and angst manifested in destructive behaviors, (e) daily re-experiencing of the colonial trauma through racism and stereotyping, and (f) lack of resolution of the existential, communal pain.

Cultural Trauma

Cultural trauma appears as a term in the work of four different author groups, yet has somewhat different meanings to each group. Berger (1995) uses cultural trauma, without cross-cultural reference, in his postmodern reading of a novel where the past inhabits the present as a transmission of cultural memory. Eyerman (2001), discussing the development of an African American identity [sic] inherited from American slavery, uses the term to differentiate between individual trauma and a cultural process. He defines it as "(a) laden with negative affect, (b) represented as indelible, and (c) regarded as threatening a society's existence or violating one or more of its fundamental cultural presuppositions" (p. 2). He ascribes no difference to national trauma and cultural trauma; both involve a struggle for meaning, identification of the victims, and an attribution of responsibility, with individual memory subsumed under collective memory and the cultural trauma articulating group membership and pervading future generations."

"Cultural trauma involves more than physical destruction of people, property, and landscapes such as might be seen in warfare or ethnic cleansing. It directly or indirectly attacks what constitutes culture, of which there are some essential yet vulnerable elements: body/space practices, religion, histories, language, state organizations, and economics (Petschauer & Isaenko, 2002). The attacks may include the prohibition of language, spiritual/healing practices, or access to public spaces. There may be the creation of a "new" history or a "new" enemy. There may be rape or interpersonal violence to destroy families, the elimination of traditional authority figures within a community, or elevation of an authority or outside agency to bypass the traditional systems of authority."

An Excerpt from
*The American Indian Holocaust:
Healing Historical Unresolved Grief*

By Maria Yellow Horse Brave Heart and Lemyra M. DeBruyn

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

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

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

The Boarding School Era

Established in 1824, the Offices of Indian Affairs, later the Bureau of Indian Affairs (BIA), was part of the War Department and responsible for regulating tribes. In 1849 the BIA was moved to the Department of the Interior. The BIA assumed the function of providing education for American Indians under its “Civilization Division.” Federally operated boarding schools were conceived as a solution to the “Indian problem,” an enactment of forced assimilation (Hoxie, 1989; McDonald, 1990; Noriega, 1992; Prucha, 1984).

In 1878 Hampton Institute, a school for freed African American slaves accepted American Indian prisoners in an assimilation experiment. In 1879 the Carlisle Indian School, administered by the BIA and patterned after the military model for the American Indians at Hampton, opened its doors to American Indian children from all over the country. Mission schools established as early as the late 1700s for some American Indian students, and BIA boarding schools like Carlisle were intended to teach American Indian children dominant cultural values, language and style of dress. Although children were to be sent voluntarily at first, the policy did not work as thoroughly as the government hoped. Consequently, by 1890, attendance was enforced through threats of cessation of rations and supplies and incarceration (McDonald, 1990; Noriega, 1992).

Boarding schools have had devastating consequences for American Indian families and communities; abusive behaviors—physical, sexual, emotional—were experienced (Beiser, 1974; Brave Heart-Jordan, 1995; Dlugokinski & Kramer, 1974; Irwin & Roll, 1995; Noriega 1992; Tanner, 1982) and learned by American Indian children raised in these settings. Spiritually and emotionally, the children were bereft of culturally integrated behaviors that led to positive self-esteem, a sense of belonging to family and community, and a solid American Indian identity. When these children became adults, they were ill-prepared for raising their own children in a traditional American Indian context.”

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

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

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

Defining Historical Disenfranchised Grief

Disenfranchised grief is grief that persons experience when a loss cannot be openly acknowledged or publicly mourned (Doka, 1989). In the dominant United States culture, grief is recognized and considered legitimate only when the relationship to the deceased is an immediate kinship tie (Doka, 1989). Characteristics of the griever also impact disenfranchisement of their grief. If a person or, we add, a group of people, are socially defined as being incapable of grief, there is little recognition of their sense of loss, need to mourn, or ability to do so (Doka, 1989; Pine, 1972). We assert the historical view of American Indians as being stoic and savage contributed to a dominant societal belief that American Indian people were incapable of having feelings. This conviction intimates that American Indians had no capacity to mourn

and, subsequently, no need or right to grieve. Thus, American Indians experienced disenfranchised grief.

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

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

Intergenerational Trauma: The Unresolved Grief Legacy

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

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

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

...we have presented arguments for the existence of historical unresolved grief among American Indians. We have outlined the historical legacy that has created intergenerational trauma and suggested healing

strategies that include modern and traditional approaches to healing at all levels—individual, family, and community.

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

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

An Excerpt from
*African Americans May Still Be Experiencing
the Effects of Slavery, concluded*

By Joy DeGruy Leary

“What if you discovered that you were passing down destructive behaviors to your children-behaviors so ingrained that if you could travel through time you’d see your great-great-grandmother doing the very same thing?”

You would stop, of course. But deciding that certain actions are damaging, especially ones you’ve seen over and over again from your own childhood, is not easy.

Joy DeGruy Leary, Social Work faculty, has created an avenue for African Americans to assess their cultural customs and habits, both positive and negative, through her theory of Post Traumatic Slave Syndrome. She maintains that the horrendous, centuries-long treatment of African Americans as slaves resulted in emotional and psychological damage. That damage perpetuated certain behaviors-often destructive-that have been passed down from generation to generation. She is not offering excuses for these behaviors, just insight.

That is why she found it disheartening and inappropriate that her theory was used in the defense of a Beaverton African American man accused of murdering his two-year-old son. The boy, who died of a brain injury, had obviously suffered from repeated beatings once autopsy results were revealed.

DeGruy Leary testified about Post Traumatic Slave Syndrome at the May trial and explained why the defendant may have participated in self-destructive behavior, but she says her testimony was not intended to explain the child’s mistreatment. An African American herself, DeGruy Leary believes blacks are fully capable of addressing the issues facing them. As a social scientist, she is providing information on where to start.”

-Kathryn Kirkland, editor

American slavery ended more than a century and a half ago. While the physical manifestations of slavery are for the most part buried, I believe the psychological damage has been passed through the generations and still exists today.

To date, there have been few studies conducted to assess the impact of the traumas associated with the slavery of Africans or the generations that followed them. Post Traumatic Slave Syndrome (PTSS) takes into account multigenerational trauma. Many studies of African Americans have focused on environmental conditions of poverty and crime as predictors of future problems. Only a small number of studies have focused on their social problems resulting from sustained psychological multigenerational trauma. Thus, there is a need to answer questions regarding how contemporary societal stressors along with historical trauma relate to current problems. Answers to these questions may help to determine the factors that relate to and influence non-productive behavior of some African Americans and more importantly, those factors that serve to protect against such behaviors. I developed the theory of Post Traumatic Slave Syndrome after studying Post Traumatic Stress Disorder (PTSD), a disorder that has generated profound interest. Many psychological journals, articles, and books have been written with elaborate details of the symptoms, causes, and treatment of this disorder. Individuals and groups said to suffer from PTSD include victims of rape, war veterans, holocaust survivors and their children, victims of incest, heart attack victims, natural disaster survivors, victims of severe accidents, and others. However, absent from this list are the African American slaves and their offspring. The absence of any therapeutic intervention during or after the advent of slavery would suggest that PTSD among slaves most likely resulted but went untreated.

On September 11, 2001, Americans became more familiar with PTSD. Lots of citizens were reported to be suffering from the disorder as a result of witnessing the destruction of the World Trade Towers and those trapped inside.

With what is known about trauma, is it probable that significant numbers of African slaves experienced a sufficient amount of trauma to warrant a diagnosis of PTSD? The following are a list of some of the conditions that give rise to mental and/or emotional traumas which justify the diagnosis of PTSD and which are consistent with the slave experience:

- A serious threat or harm to one's life or physical integrity;
- A threat or harm to one's children, spouse, or close relative;
- Sudden destruction of one's home or community;
- Seeing another person injured or killed as a result of an accident or physical violence;
- Learning about a serious threat to a relative or a close friend kidnapped, tortured, or killed;
- Experiencing intense fear, terror, and helplessness;
- The stressor and disorder is considered to be more serious and will last longer when the stressor is of human design.

It makes sense to me and other theorists that Africans, who were slaves for nearly two and a half centuries and thus labeled as sub-human and treated as chattel, could not possibly emerge unscathed. PTSS theory takes into account the development of survival adaptations necessary for enduring a hostile slave environment and examines how these adaptations, both positive and negative, continue to be reflected in the behaviors of African Americans today. The question remains, how are such effects of trauma transmitted through generations? The answer is quite straightforward, through the family, the community, and society. How do we learn to raise our children? Almost entirely through our own experience of being raised. Most of us learn how to raise our children to a large degree based upon how we ourselves were raised. Of course there are things our parents did that we decide we'll do differently, but for the most part parenting is one of myriad skills that are passed down generation to generation.

Today we know that if a child has an abusive parent, the likelihood that he or she will grow to be abusive and/or abused is greater than if that child came from a safe and supportive home. We know that if a child comes from a violent home, there is a greater likelihood the child will grow to be violent. We know that if a child comes from a home in which one or both parents went to college, there is a greater likelihood that child will go to college. We know that our children receive most of their attitudes, life skills, and approaches to life from their parents. We also know that most of these are learned by the time they are five or six years old.

I recall overhearing a conversation between black parents and white parents at a school meeting. Their children were classmates and in Little League together. The black mother commented on the achievements of the white parents' child saying, "Your son is really coming along." The white parents responded with pride, "Thank you. He is quite the man. He's in the talented and gifted program here at the school, and he's an excellent player on the Little League team. In fact, he has really excelled in school as well as sports this year. He's just like his father."

The white parents went on for some time before they remembered the gifts and talents of the black parents' child. The white couple praised his numerous accomplishments, saying, "Your son is also doing quite well. I hear . . ." But before they could complete the compliment, the black parents, who were also proud of their son said, "Oh, he's such a mess at home. Sometimes we could just strangle him."

Roll the scene back a few hundred years to a slave master walking through the fields and coming upon a slave family. The slave master remarks, "Well now, that Johnny of yours is really coming along." The slave parents, terrified that the slave master may see qualities in their son or daughter that could merit sale or rape, say, "No sir, he ain't worth nothing. He can't work. He's feeble and shiftless."

The denigrating statements are an effort to dissuade the slave master from molesting or selling the children, and of course in understanding their motives, no one would fault them. This behavior was nothing special. After all, slave mothers and fathers had been belittling their children in an effort to protect them for a couple of hundred years. The theory of PTSS suggests there could be a connection between the behavior of the slave family and that of the modern day school parents. What originally began as an appropriate adaptation to an oppressive and danger-filled environment was subsequently transmitted down through generations. While on the surface seemingly harmless, such behavior serves to both humiliate and injure the young black children of today who can't understand why their parents speak so poorly of them. All too often these children actually begin to believe the demeaning criticisms. Furthermore these criticisms create feelings of being disrespected by the very people who they love and trust the most, their parents.

We know from research conducted on other groups that experienced oppression and trauma that survivor syndromes exist and are pervasive in the human development of second- and third-generation offspring. The characteristics of survivor syndrome include stress, self-doubt, problems with aggression, and a number of psychological and interpersonal relationship problems with family members and others. It stands to reason that the African American experience carries with it a host of stressors that are compounded when the issue of poverty is added. The "American Dream" historically promised economic prosperity to anyone who simply worked hard; however, slavery relegated Africans to an inferior status and barred this group from ever having access to the dream. The dismantling of slavery suggested that African Americans were now allowed the opportunity to achieve the dream, yet Jim Crow laws enacted a system of discrimination against African Americans that eliminated access to jobs, housing, education, and other survival needs. The Jim Crow laws were not ruled illegal until 1954.

An Excerpt from
*The Intergenerational Trauma of Slavery
and its Aftermath*

By Gilda Graff

She mused that there is no permanent slavery museum in the United States, though there is a Holocaust Museum, following the model of Yad Vashem in Jerusalem. As she stared at a white rag doll in Richmond, she realized she was “standing in an American Yad Vashem, a museum of a Holocaust inadequately remembered and insufficiently grieved.” Our refusal to remember is all the more remarkable since the slave plantation, (per Robin Blackburn, as cited in Eric Foner’s review of *The American Crucible: Slavery, Emancipation, and Human Rights* (Foner, 2011) more than any other institution, “underpinned the extraordinary expansion of the Western power and the region’s prosperity in relation to the rest of the world” (Foner, 2011, p. 27). Indeed, without the colonization of the New World, the West as we know it would not exist and without slavery there would have been no colonization. Between 1500 and 1820, African slaves constituted about 80% of those who crossed the Atlantic from east to west.” (Foner, 2011, p. 27).

If you believe that slavery was important only in the southern United States, but not the North, the book, *Complicity: How the North Promoted, Prolonged, and Profited from Slavery*, will quickly disabuse you to that notion (Farrow, 2006).

The refusal to remember the Holocaust of slavery comes to mind as I read Gabriele Schwab’s account of growing up in post-war Germany in *Haunting Legacies: Violent Histories and Transgenerational Trauma*. She notes that one can acknowledge the historical facts of the Holocaust yet continue to disavow its existential and experiential impact, and that silencing in postwar Germany was not a withholding of facts, but rather the absence of any emotional engagement (Schwab, 2010). “If the legacy of slavery offers any indication of how future generations will regard the Holocaust, it will not be with denial, but rather with disassociation” (Schwab, 2010, p.19).

Psychoanalysis’ Refusal to Remember

Refusal to remember, denial, disassociation, and disavowal are all echoed in the absence of slavery from the trauma literature and, until recently, from psychoanalytic literature. Trauma literature gives attention to the Holocaust, floods, earthquakes, sexual abuse, rape, etc. but not to slavery.

Connection between the Holocaust, Slavery, and Colonialism

Aime Cesaire argues that before Europeans became the victims of Nazism they were its accomplices, “that they tolerated that Nazism before it was inflicted on them, that they absolved it, shut their eyes to it, legitimized it, because, until then, it had been applied only to non-European peoples” (Schwab, 2010,

p. 47). What does he mean by that? Schwab states: ...the genocide of indigenous peoples under colonial and imperial rule was silenced in a defensive discourse of progressing civilization, but it returned with a vengeance. Race and bureaucracy were the two main devices used under fascism during the return to the heart of Europe of the violence against other human beings developed under colonial and imperial rule. For Arendt, the ghosts of colonial and imperial violence propelled the Jewish Holocaust. (Schwab, 2010 p. 27). How did the ghosts of colonial and imperial violence people the Holocaust? Césaire asserts that no one colonizes innocently and no one colonizes with immunity. One of the psychic deformations of the perpetrator is that he turns himself into the very thing that he projects into and tries to destroy in the other (Schwab, 2010). Here we have a hint of the mechanics of transgenerational trauma: psychic deformations or alternatively “ghosts”. We will see that neither refusal to remember, nor denial, nor dissociation insures that the trauma of slavery, colonialism, or imperialism is to be passed on to future generations of victims and perpetrators.

History of Slavery

The story of black slavery began with what W.E.B. DuBois described as “the transportation of ten million human beings out of the dark beauty of their mother continent into the new-found Eldorado of the West. They descended into hell” (Rediker, 2007). Berlin states that slave ships bound for plantations: stuffed their cargoes tight between the creaking boards of vessels specially designed to maximize the speed of transfer. Slaves were forced to wallow in their own excrement and were placed at the pleasure of the crew.

Within a year of their arrival, 25% of the slaves were to perish. Though slavery had frequently been brutal during the previous century, there was now an upsurge of violence. To the escalating beatings, maimings, and brandings, acts of humiliation were added. (Gump, 2010, p. 47). Gump highlights the psychological meaning of slavery. It meant the capture of Africans and their transport to the United States. It meant a complete disruption from their land, people, and customs. Attachments, one’s place in the world, continuity with the past, an expectable future—all were destroyed (Graff, 2011 (b)). As Gump states: there is little in slavery that is not traumatic: the loss of culture, home, kin, ...sense of self, the destruction of families through the sale of fathers, mothers, and offspring, physical abuse, or even witnessing the castration of a fellow slave. Yet subjugation was its most heinous aspect, as it sought nothing less than annihilation of that which is uniquely human—the self. (Gump, 2010, p. 48).

Post Slavery

Slavery did not end the trauma and shame to which blacks were subjected. What followed was Jim Crow (a rigid pattern of racial segregation), lynching, disenfranchisement, an economic system—sharecropping and tenantry—that left little room for ambition or hope, unequal education resources or “enforced ignorance” (in the words of W.E.B. DuBois), terrorism, racial caricatures and every form of humiliation and brutalization imaginable (Litwack, 2009). In the late 19th and early 20th century, some two or three black Southerners were hanged, burned at the stake, or quietly murdered every week. These events were generated by a “belief system that defined a people not only as inferior but as less than human.”

In addition to these horrors, convict leasing which originated in Mississippi and soon spread to other Southern states, ensured that “a generation of black prisoners [in Mississippi] would suffer and die under conditions far worse than anything they had ever experienced as slaves (Oshinsky, 1996, p. 35)

An Excerpt from
*Slavery And The Intergenerational Transmission
Of Trauma In Inner City African American Male
Youth: A Model Program—from The Cotton Fields
To The Concrete Jungle*

By Jennifer Mullan-Gonzalez

ABSTRACT

An externally critiqued model treatment program was synthesized from theoretical and research literature to better address trauma associated with the intergenerational trauma of slavery—not as an institution or an experience, but as a collective memory grounded in the identity formation of a people, particularly Black Africans in the United States. Current U.S. programs either do not acknowledge slavery or the intergenerational transmission of trauma as goals for treatment; rather individuals are treated with treatment for Post-Traumatic Stress Disorder (PTSD) or complex trauma. Such treatments are insufficient at treating the transmission of the trauma of chattel slavery in urban African American male because those youth may have already experienced complex trauma, including racial oppression and inner city violence. This study examined the intergenerational trauma through a synthesis of literature on the effect of chattel slavery on the culture, identity, and souls of African American male youth from the inner city.

Results indicate that, along with learned dysfunctional patterns, the trauma of slavery can indeed be transmitted intergenerationally through indirect and direct methods that can impact daily functioning. Many programs for African American male adolescents are focused on external behaviors and designed to address the behavioral elements associated with PTSD; greater success may be achieved by treating the underlying causes. A sizeable body of literature supports the notion that slavery as intergenerational trauma is evidenced in the psychological development of African American adolescent males residing in the inner city. Terms include Posttraumatic Slave Syndrome (Leary, 2005) or PTSDslaveryD (Reid, Mims, & Higinbottom, 2005). Untreated intergenerational trauma from chattel slavery has resulted in nonbeneficial symptoms in the enslaved Africans' offspring that need to be honored and healed for Black male youth. This is crucial information for psychologists, clinicians, educators, and the criminal justice system working with African American male adolescents residing in the inner city regarding how externalizing behaviors are treated, conceptualized, interpreted, prevented, and addressed. The new externally critiqued 12-week group intervention model program, From the Cotton Fields to the Concrete Jungle (CFCJ) was proposed to identify and reassess treatment goals, add symptoms (e.g., vacant esteem, ever present anger, racist socialization), and provide a culturally sensitive model of healing for African American adolescents who reside in urban areas.

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