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Overview of Trauma

On a Friday afternoon in late February, an angry 23-year-old African American man entered a therapist's office. Duane was seeking help because he felt things were "getting out of hand" in his life. He barely slept two or three hours a night; the pains in his legs and his back were excruciating and painkillers were not helping. During his waking hours, he was unable to forget his recent assault. According to Duane, he was driving on the highway when a truck skimmed the side of his car. The driver did not stop but continued driving along the highway. Suspecting that his car was damaged, Duane went abreast of the other car and gestured to the driver to pull over.

The driver eventually stopped on the side of the highway and assertively asked Duane, "What the hell is your problem?" As Duane began to explain what happened, the other man made a call on his cell phone. Duane didn't know that, although the other driver was not in uniform, he was a police officer. A few minutes later, three police cruisers pulled up, and four police officers with their hands over their holsters approached him. Within minutes, he was slammed against a police car as the heel of a boot dug into his rib cage. Racial epithets proliferated and the phrase "you people" currently reverberates in Duane's mind. His girlfriend and grandmother watched in horror as Duane was ruthlessly beaten, thrown into the police car, and taken to the police headquarters. He recalls being beaten in front of his family as the most humiliating aspect of this violent incident.

When asked how the violence unfolded, Duane explained that when he saw the police officers walking toward him with their hands over their guns, he "lost it." He was overcome by a dark rage and hatred for the injustices he has

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experienced throughout his life from police officers who, often unfairly or with little cause, “stop and check” the youth in his neighborhood. Additionally, the aggressive posturing of the police officers and his isolation in the group reminded him of lynchings in the South. He had watched many films that captured these racial incidents and the unfair victimization of black men. His aggressive and belligerent response to the police officers’ questions was not based solely on the “hit and run” incident but included a history of over 200 years of oppression and disenfranchisement of African Americans in this country. The similarity to the black slave being whipped by the master as his wife and children watched helplessly was apparent. Like many black males, Duane was suffering from multigenerational trauma, which impeded his judgment and influenced his interactions with others.

In therapy, Duane will have to learn how to manage his anger so that further conflicts do not jeopardize his life. Once he identifies incidents that trigger acts of violence and rage, he can develop effective coping skills before beginning to examine the roots of his rage. In a therapeutic relationship that is attentive to his cultural experience, he will gain a deeper understanding of the origins of the intergenerational trauma he suffers. This understanding can be increased by including other family members, for example his grandmother, in the therapy. The fact that Duane sought therapy on his own is encouraging.

In this chapter, we look at the historical origins of the trauma field. The evolution of the field over the past 20 years will be examined in the context of the experiences of four specific groups: Native Americans, African Americans, Japanese Americans interned during World War II, and Vietnam veterans. This examination includes a chronological discussion of the intergenerational traumas of the Native American genocide, slavery, and the Japanese internment. A discussion of the historical origins of trauma will not be complete without mention of the veterans from the Vietnam War who were the catalyst for the American Psychiatric Association’s (APA) adoption of post-traumatic stress as a psychological disorder.

Historical Overview

The English word “trauma” is derived from the Greek word “wound.” This word connotes a physical injury and parallels the psychic wounding that can

potentially follow a traumatic episode. The earliest records of traumatic reactions appear on cuneiform tablets that describe two events: the death of King Urnamma (2111–2094 B.C.) and the destruction of the city of Ur (2026–2003 B.C.), both of which occurred in Sumeria 4,000 years ago.

According to Ben-Ezra (2004), the tablets explicitly describe elevated anxiety and sleep disturbance experienced by the ancient Sumerians. These reactions are similar to those we find among trauma survivors today, thus showing that psychological reactions to trauma have not changed dramatically across time and culture. It is significant that the ancient Sumerians did not attribute these reactions to supernatural phenomena, as one would expect them to have done at the time. Instead, they identified the traumatic event itself as the cause of the discomfort, indicating that the Sumerians “recognized the concept of psychological trauma” (p. 124).

Until the eighteenth century, references to psychological trauma are largely limited to literary or philosophical writings (Birmes, Hatton, Brunet, & Schmitt, 2003). Homer’s epic poems the *Iliad* and the *Odyssey*, dating back to approximately 850 B.C., are literary works that include the heroes Achilles and Ulysses, who experience traumatic reactions. In Greek mythology, the death of Achilles’ friend, Patroclus, who was killed in combat, causes him to have recurrent thoughts and ruminations that affect his sleep. Similarly, Ulysses is so overwhelmed by guilt and shame after the death of his fellow soldiers that he wishes he could have also died in Troy (Birmes, Hatton, & Brunet, 2003).

In the West, documentation of post-traumatic reactions appears after the Great Fire of London in 1666. Samuel Pepys, who witnessed this tragedy, describes feeling a great deal of distress, which manifested in difficulty sleeping as well as nightmares, intrusive thoughts, anxiety, and a general feeling of helplessness (Pepys, 1997). In more recent times, Herman (1997) correctly points out that a focus on psychological trauma has surfaced at least three times in public discourse over the past century. The first discourse occurred in the 1870s when the French neurologist Charcot studied women who were victims of sexual violence. He describes these women as suffering from the disorder of hysteria. Charcot’s work was continued by Pierre Janet in France and Sigmund Freud in Vienna. In the 1890s, both Janet and Freud independently linked the hysterical symptoms they observed among their female patients to the psychological trauma the patients experienced. They found these traumatic symptoms were significantly reduced when traumatic memories were remembered and discussed in a therapeutic setting. Freud later referred to this recollection as “abreaction and catharsis” while Janet referred to it as “psychological analysis.”

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Freud began to notice that sexual transgressions against children were just as common among the bourgeois of Vienna, where he had established a practice, as it was among the proletariat of Paris, where he first began to study hysteria. He developed a fear that publicizing his findings would result in a backlash from his supporters, who would withdraw funding. Freud recanted his initial findings, and thus this first opportunity to sustain public attention on psychological trauma was lost (Herman, 1997).

The second resurgence of a discourse on psychological trauma in the public domain occurred after World War I, when the term “shell shock” was used to describe the mental state of many returning soldiers. The development of this disorder was attributed solely to the physical experience of a shell exploding and causing a shock to the nervous system of a soldier. Later, it was discovered that not all soldiers who developed “shell shock” actually experienced a shell exploding. This discovery led to the recognition that other causes explained the soldiers’ psychological reactions. By World War II, the concept of “post-trauma syndrome” surfaced as a disorder when Kardiner (1941) described post-traumatic stress disorder (PTSD) as it is understood today. The symptoms included feelings of irritability, outbursts of aggression, an exaggerated startle response, and fixation on the traumatic event. Other diagnostic terms used to describe traumatic stress among combat veterans began to proliferate. These terms included battle fatigue, war neurosis, hysteria, shell shock, post-Vietnam syndrome, and traumatic neurosis (Everly, 1994).

The third attempt to focus on the debilitating effects of psychological trauma occurred during the Women’s Liberation Movement of the 1970s (Herman, 1997). Through Betty Friedan’s work with the feminist manifesto and her establishment of the National Organization of Women (NOW), Kathie Sarachild’s efforts to introduce consciousness-raising as a radical weapon of the Women’s Liberation Movement, and Susan Brownmiller’s efforts to draw public attention to rape through her feminist writings, the focus on psychological trauma grew. These writers highlighted that it is not war but interpersonal violence directed against women that is the most commonly occurring psychological trauma in Western society. Thus, the plight of many silenced victims of sexual crimes was illuminated.

An acknowledgment of the negative consequences of interpersonal violence occurred in 1975 when the National Institute of Mental Health (NIMH) established the Center for Research on Rape. By focusing on rape, researchers found that childhood sexual abuse and domestic violence were just as prevalent. It would take a few more years for recognition of the syndrome seen in victims of rape, domestic violence, and childhood sexual abuse to be viewed as the same syndrome seen among combat veterans (Herman, 1997).

PTSD was first recognized as a distinct diagnostic entity in 1980 and included in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders*; it was categorized as an anxiety disorder because of the persistent anxiety, hypervigilance, exaggerated startle response, and avoidance behaviors displayed by trauma survivors (APA, 1980). This coincided with research and documentation of PTSD that began in earnest after the Vietnam War. For example, the National Vietnam Veterans Readjustment Study was a major study that found a high prevalence of PTSD among returning Vietnam soldiers (Kulka et al., 1990). The empirical literature investigating traumatic stress among other traumatized groups burgeoned with the recognition of PTSD as a diagnostic category. In 1994, when the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* was published, it included findings from many of these empirical studies and field trials (APA, 1994).

Several significant incidents had a major impact, in the form of intergenerational trauma, among several ethnic minority groups living in the United States. The effects of these incidents have been minimally covered in the psychological literature. The next section will focus on these intergenerational and multigenerational traumas as experienced by three ethnic groups: Native Americans, African Americans, and Japanese Americans.

Intergenerational and Multigenerational Trauma

Intergenerational or multigenerational trauma is defined as the cumulative emotional and psychological wounding that is transmitted from one generation to the next (Rakoff, Sigal, & Epstein, 1966). Rakoff et al. first introduced the concept of intergenerational trauma when they described how the effects of the Holocaust were transmitted to future generations. A growing literature based largely on clinical studies and anecdotal reports soon emerged (Portney, 2003).

Violent historical events, discrimination, and oppression experienced by prior generations can potentially affect the lives of future generations in the form of unresolved grief and ongoing trauma. The consequences of these collective traumas continue to be apparent in the oppressive behaviors that are widespread in American society today. Racial profiling and police brutality against black men are examples of institutional violence. The intergenerational accumulation of trauma, the persistence of oppression, and a disadvantaged social status have all had a significant negative impact on minority group members.

The resulting emotional effects of multigenerational trauma can be seen in the high rates of depression, anger, stress, hypervigilance, low self-esteem,

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and cultural shame as well as loss of language, culture, and traditions. Multiple social ills, including substance abuse, alcoholism, family and domestic violence, high suicide and homicide rates, and frequent incarceration appear to abound disproportionately among ethnic minority groups in the United States.

Three historical and traumatic incidents—the decimation of Native Americans, African American enslavement, and the internment of thousands of Japanese American citizens during World War II—have contributed to the intergenerational trauma found among a multitude of survivor offspring. The impact of these historical traumas are neglected in the trauma literature. The lack of empirical studies of groups who have experienced intergenerational trauma is demonstrative of a selective neglect of disempowered groups in the U.S. One may argue that because the affected groups hold a minority cultural status, studying their histories is not a high priority. It is for this reason that a historical account of trauma among these groups is reviewed in greater depth in this chapter. Several other major traumatic incidents, among them the Jewish Holocaust, have had considerable traumatic impact on many individuals, many of whom later settled in the U.S. The immense suffering of Holocaust survivors and the impact of trauma on their migration, adaptation, and ethnic identity will continue to have a lasting impact. These events are not discussed in this chapter because they did not occur in the U.S.; however, empirical studies of the effects of the Holocaust on survivors have been included for illustrative purposes. A brief account of the traumas that occurred in the U.S. is discussed to acknowledge their existence and to encourage psychotherapists who work in the trauma field to be attentive when treating members of these groups. First among these groups are Native Americans.

The Native American Genocide

The original inhabitants of the U.S. are estimated to have numbered 18 million when Columbus first arrived in the Americas in 1492 (Stiffarm & Lane, 1992). The number was drastically reduced soon after the Natives encountered white colonists. It is estimated that by the end of the nineteenth century, about 95% to 99% of Native people were decimated in battle or killed by diseases brought by European settlers, reducing their population to one million by 1900 (Stiffarm & Lane, 1992). The “Trail of Tears” and the “Long Walk” are examples of violently imposed acts of relocation, which were implemented to create opportunities for additional white settlement at the expense of the Native people. Not surprisingly, many Native Americans view contact with whites as colonialism and genocide (Stamm & Stamm, 1999).

The physical and emotional devastation of the Native people was followed by a cultural devastation, which was caused by the introduction of boarding schools. Boarding schools were initially described as a strategy to control and oppress those who defied “Western ways”; Native children were wrenched from their families in an attempt to force assimilation. Additionally, the practice of Native cultural rituals and traditions was forbidden (Brave Heart, 2003; Weaver, 1998). These acts of oppression resulted in the Native peoples’ loss of identity, a sense of cultural shame, and feelings of self-hatred. The self-hatred and severe loss of tradition endured by Native Americans was inevitably carried to future generations and has had a marked effect upon their identities. Native American children who hold negative perceptions of their ethnic group sometimes resort to violence today as an unconscious mechanism to alleviate personal pain.

A 2004 school shooting that took place in Red Lake, MN, was described by Indian tribal leaders as a direct and symbolic consequence of cultural loss and destruction suffered by Native American children. Disharmony, a consequence of intergenerational trauma, has resulted in low self-esteem, cultural shame, and loss of spirit, language, traditions, and culture among Native Americans. In this incident, 16-year-old Jeff Weise, who belonged to the Ojibwa tribe, snatched his grandfather’s rifle, then used it to kill both his grandfather and his girlfriend before driving to school to shoot several of his peers and high school teachers.

Native American children experienced other physical, sexual, and emotional abuses in boarding schools, where their trauma was intensified (Morissette, 1994; Weaver, 1998). Even children who were not sent to boarding schools heard of their peers’ suffering and were thus not spared the effects of these traumatizing experiences. The intergenerational effects of these traumas are captured in a study conducted by Brave Heart (2003) of the children of Native American parents who attended American boarding schools. Results show that children were exposed to parents who were detached, ineffective disciplinarians, predisposed to alcohol-related violence, and prone to psychiatric problems including depression. Furthermore, parents often engaged in verbal, physical, and sexual abuse of their children.

Additional documentation of the negative sequelae of intergenerational trauma comes from the findings of the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA; Fox, Becker-Green, Gault, & Simmons, 2005). The SAMHSA report confirms a strong correlation between the high rate of psychological disorders among Native Americans—which include depression, anxiety, substance abuse, violence, psychosomatic symptoms, disturbed interpersonal and family relationships, and suicide—and the failure

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to address their “historic trauma.” The report also highlights continued disregard by mainstream health care providers of the specific cultural needs of Native Americans. SAMHSA considers this disregard a major contributing factor to the many difficulties currently faced by generations of Native Americans.

Rita sought therapy after her brother was murdered “in a drug deal that went bad.” At the time, Rita was also abusing several street drugs (crack cocaine, crystal meth). She reports that she and her brother often “used together,” and the loss of her brother had a marked impact on her substance abuse history and her decision to “seek recovery.” Besides the traumatic loss of her brother and the stressor of recovering from many years of abusing drugs, Rita also disclosed a complicated history of intergenerational trauma, which may have played a significant role in many of her current difficulties.

According to Rita, her father was reclusive and unavailable to Rita and her siblings when they were children. Her father had attended boarding school as a child, and early loss of attachment with his primary caregivers made it difficult for him to connect on a deeper level with those who were close to him. In addition, her father’s boarding school experiences inculcated in him a denigration of Indian culture. Rita recalls that he never talked about his experiences, but his feelings about Indian culture were clearly present in their home all the time. He seldom attended Native American traditional ceremonies and attempted to raise his children as “gringos.” Rita’s mother made some feeble attempts by taking the children to pow-wows, sun dances, and other Native ceremonies. Rita recalls feeling emotionally nurtured and healed in these ceremonies. However, her mother, unable to tolerate the attitude of her father, “disappeared” when Rita was 14 years old. She has not heard from her mother since. Her father was left with the responsibility of taking care of the children, a task he did not enjoy. He apparently went deeper into his shell.

Effective psychotherapy with Rita was multifaceted. To address her issues of substance abuse, attendance in a recovery program that included group work was important. In a trauma-focused individual psychotherapy, she explored the loss of her brother and her mother and a childhood haunted by her father’s traumatic memories of boarding school. With encouragement from her therapist, Rita attended several pow-wows and sun dances. As she found the strength within herself, she was able to heal her relationship with her father. He was an older man and she described him as “less angry and more mellow.” Eventually she was able to convince him to attend some traditional ceremonies with her.

In the 1950s, new federal legislation required that Americans who identified themselves as Indian had to prove membership by producing a Certificate of Indian Blood. The Certificate, which verified the degree of Native blood an individual possessed, was only legitimate if obtained from the Bureau of Indian Affairs. Unfortunately, many people could not meet these stringent government guidelines, and they lost their claim to Indian ancestry. As a result, they also lost access to benefits and services reserved for Native people. Although the major economic loss for many individuals was obvious, the greater loss of identity and community resulted in major psychological consequences for the Native people (Porter, 1983).

Intergenerational trauma has caused high rates of depression, anger and aggression, and hypervigilance in Native American communities. Social problems of poverty, child abuse, interpersonal and family violence, drug addition, and alcoholism are also prominent (Brave Heart, 2005). The grief and trauma accompanying historical genocide will haunt many Indian clients, but when practitioners acknowledge this trauma and its effects, they can facilitate a client's healing process (Weaver, 1998).

Traumatic healing is also possible through grassroots programs that allow clients to express their culture, language, traditions, rituals, dances, and spirituality. By building and strengthening communities to confront their trauma, a new understanding emerges. This allows a transcendence of trauma, a release of pain, and an embracing of history (Brave Heart, 2005). Witko (2006) strongly suggests that practitioners display cultural competence when working with Native American clients. This cultural competence can be achieved by understanding the impact of multigenerational trauma, forced relocation, attendance at boarding schools, and cultural loss suffered by Native Americans. Witko states that competence is achieved when a therapist simultaneously attends to the vertical stressors that exist within the individual and the horizontal stressors, which exist outside the individual. Vertical stressors are addressed when a practitioner validates the effects of multigenerational trauma by exploring the client's historical and cultural roots. The practitioner addresses horizontal stressors by advocating for Native American clients, helping them obtain resources and access unfamiliar systems. Culturally specific mental health resources for Native Americans can be obtained on the Internet. Some useful links are provided below:

- Association of American Indian Physicians
 - www.aaip.com
- California Rural Indian Health Board
 - www.crihb.org

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- Indian Health Services
 - www.ihs.gov
- National Indian Health Board
 - www.nihb.org

Finally, despite the social negation that a history of collective trauma has imposed on Native American communities, Native Americans have survived and empowered themselves in several ways. Since Native American culture tends to follow an oral tradition, Native Americans share their collective suffering while simultaneously gaining communal strength through the telling of stories, poetry, and legends. Arts and crafts such as weaving, jewelry making, pottery, basket making, and beadwork are other outlets Native Americans continue to use to express loss and celebrate life. The National Museum of Indian Americans in Washington, DC, which opened in 2005, has exhibits of valuable Native American artwork. Cultural festivals, dances, and pow-wows are traditional ways Native Americans strengthen their communities and sustain cultural affinity.

Slavery

From the time the first African slaves were brought to American shores they endured severe hardship and suffering. The trauma of these experiences has inevitably been passed down to subsequent generations. In 1619, African slaves were first sold as property or traded into bondage, then shipped to the United States. Although the importation of slaves by United States citizens was outlawed in 1807, the practice continued. By 1860, 3.5 million Africans were enslaved and toiling the fields of the South, sometimes working more than 14 hours a day. According to sociologist Ron Eyerman (2001), slavery and the failure of emancipation created a “cultural trauma” that required African Americans to “reinterpret and represent” their collective identity (p. 4).

Cultural trauma is viewed differently from psychological and physical trauma, as it is more likely to result in a “dramatic loss of identity and meaning, a tear in the social fabric” (Eyerman, 2001, p. 2). Eyerman makes the following point: “Whether or not they directly experienced slavery or even had ancestors who did, Blacks in the United States were identified with and came to identify themselves through the memory and representation of slavery” (p. 14). Collective memory, rather than memory that is directly experienced, is just as capable of producing traumatic reactions. Jewish Holocaust survivors’ testimonies further support the idea that trauma is

collectively transmitted, creating a second generation of survivors (Kogan, 1993). As Freud (1957) states, time is understood differently in the unconscious, where the past and present merge.

Volkan's (1997) concept of "chosen trauma" refers to the mental representation of an event that causes a large group of people to feel victimized and humiliated and to suffer losses at the hands of another group. These losses, including the loss of self-esteem, help us better understand the implications of collective trauma. The consequences of these wounds on the African American psyche remain noticeable today when we witness the apathy of many inner-city blacks toward the dominant culture, as well as their disillusionment with the prospect of socioeconomic upward mobility.

Mims (2005) refers to the displacement of Africans during the period of the slave trade as the African holocaust and uses the term "post-traumatic slavery disorder" to describe its massive traumatic effects (p. 20). Similarly, Akbar (1996) directly links the current psychological difficulties of many African Americans to the conditions of slavery—not to exonerate them, but rather to draw attention to the ways in which the history of American slavery has played a role in shaping the future actions of those who were victimized. The goal is not to "re-traumatize but to un-traumatize the negative impact of slavery" (Mims, 2005, p. 29). Only by facing the past can current issues be fully understood and overcome by some African American clients who may still be affected by collective trauma.

The federal government has not issued an official apology, nor has it requested forgiveness for permitting the practice of slavery in this country. However, apologies have been made to other ethnic minority groups who were collectively traumatized in the past. In 1993, Congress apologized to Native Hawaiians for overthrowing the Kingdom of Hawaii a century earlier. In 1988, an apology and financial restitution were made to Japanese Americans who were interned during World War II. In 1997, State Representative Tony Hall (D-Ohio) introduced a proposal to Congress for the federal government to apologize for slavery. Three years later his efforts were supported by black Congressional leaders, who also proposed the building of a monument and furthermore explored the feasibility of reparations as part of the apology. Unfortunately, Congress did not pass this proposal (Koch, 2005).

Although slavery officially ended in 1867 (in the U.S.), the racial oppression of African Americans, which is described by Daniel (2000) as "tools of violence," continues. The Los Angeles police brutality against Rodney King in 1991 and the 1998 Texas slaying by three white supremacists of James Byrd, Jr., who was stripped, chained to a pickup truck, and dragged until

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he was decapitated, are just two horrific examples of the numerous hate crimes that continue to traumatize many African Americans. Conversely, the conviction and sentencing of Ku Klux Klan leader Edgar Ray Killen at the age of 80, which occurred more than 40 years after he orchestrated the killing of three civil rights workers in Mississippi, is an example of a delayed judicial response to the racial injustices of the South. Such an institutional delay in acknowledgment and validation for racial transgressions contributes to the pervasive physical vulnerability and psychological hypervigilance that blacks and other minority groups experience on an ongoing basis (Sanders Thompson, 2002).

The lives of African Americans in the United States have been continuously marked by oppression and the simultaneous fight for freedom and dignity. More than any other population group in this country, they have struggled and continue to struggle with overcoming institutionalized racism and racial oppression. Although racist individuals may change as they grow older, the same cannot be said for racism within institutions. Institutionalized racism lingers for a longer time and is more difficult to exterminate. Members of organizations that practice discrimination tend to redefine racist manifestations as “other issues.” The criminal justice system that controls the lives of a disproportionately high number of black males is an example of an institution that does not treat all citizens equally. The lack of resources and qualified teachers in schools that are predominantly African American is another example of institutionalized racism. Counselors who provide services to African American clients must be willing to acknowledge the effects of institutionalized racism and the roles power, privilege, and oppression play in the lives of their clients.

Historical racism and modern-day oppression contribute to the pervasive mistrust African Americans feel toward many institutions that have treated them unfairly. These institutions include the criminal justice system, educational institutions, and other government agencies, which are often viewed with suspicion and cynicism. Mental health institutions are not exempt from this suspicion and mistrust. For these reasons, many African Americans may hesitate to ask for help (Terrell & Terrell, 1984). Sensitivity to the role that cultural mistrust plays in the lives of African American clients is crucial for those involved in the helping professions.

Besides cultural mistrust, institutional racism accounts for the prevalence of feelings of betrayal, high homicide rates among black males and their difficulty in sharing and expressing emotion, internalized oppression, substance abuse, poverty, homelessness, and hypervigilance among African Americans. In order to improve this situation, dominant groups in the U.S. “will need to acknowledge the extent to which the United States was

founded on an undemocratic and unfair power structure and attempt to correct it” (Gordon, 2005, p. 32). Simply celebrating cultural differences while political, economic, and education systems continue to perpetuate inequality and discrimination defeats any attempts at coping that African Americans may employ.

However, despite the negating effects of slavery and the sociopolitical disenfranchisement African Americans continue to experience in the United States, they have successfully maintained a sociocultural community that encompasses strong ancestral beliefs and spiritual connections. Their connectedness is evident in the strong imprint of West Africa, the ancestral home of African Americans, in the cultural traditions of the Deep South and the Sea Islands of Georgia and South Carolina.

Through storytelling, poetry, narratives, and other cultural forms of expression, collective traumatic memory is shared by generations of African Americans. Their cultural legacy of pain and suffering has been expressed in a plethora of literary writings, which have become a major genre in American literature. Ralph Ellison’s novel *The Invisible Man* addresses many of the social and intellectual issues facing African Americans as they developed an American black identity post-Civil War. The protagonist of the novel attempts to make sense out of his life experiences and his position in American society as he struggles to make himself visible to mainstream culture. Additionally, Richard Wright, James Baldwin, Zora Neale Thurston, Langston Hughes, Maya Angelou, Toni Morrison, Alice Walker, Walter Moseley, and Alvin Hailey are examples of outstanding African American writers who attempt to capture the pain and suffering of African Americans in the United States.

The pain of resistance and the resiliency of the African American spirit are also evident in African American music, which remains one of the most pervasive cultural influences in the U.S. Singing was originally used by slaves to communicate their sadness, contempt, humor, and their clandestine meetings to discuss the secret path to the North. The “hollar” was a musical form used by those working on levees and in the fields, a call-and-response way of relieving the misery of the day (Forcucci, 1984). Many of these early songs inspired American folk music.

After slavery ended, African Americans expressed the pain of continual discrimination and marginalization through their church gospel music, blues, and soul music. They drew on the rhythms and style of their African heritage to convey ongoing struggles. Billie Holliday’s 1939 rendition of the song “Strange Fruit” was a powerful response to a lynching that attracted public attention (Margolick, 2001).

Years later, hip-hop music would capture African American disillusionment with urban renewal and growing financial inequities that disrupt their

chances to achieve the lifestyle they envision. The lyrics of Rap music, with its subversive cultural themes, fulfill a need for separation from dominant culture and celebrate an alternative that views authority as offensive (Crawford, 2001). Through their critique of public policy and their creative business decision to produce their own music rather than seek endorsements from large corporations, Rap artists including Public Enemy and the Wu-Tang Clan have become forces for social change. In this way, African American youth have found a way to express their resistance and their criticism of mainstream institutions.

Organizations like the Association of Black Psychologists (www.abpsi.org), the National Medical Association (www.nmanet.org), and the National Association of Black Social Workers (www.nabsw.org) can provide helpful information on medical, psychological, and social work resources that positively support the mental health of African Americans.

The Japanese American Internment

Mas Okui remembers being sent, at the age of 10, with his father and two brothers to a Japanese internment camp in California's Sierra Nevada (Song, 2004). He spent three formative years in a military barracks that lacked privacy and the simple comforts of home. During World War II, after the Japanese bombing of Pearl Harbor in 1942, 120,000 Japanese Americans were considered a threat to the national security of the United States. They were gathered hurriedly and forced into military transport vehicles, which relocated them to 10 separate internment camps across the U.S.; this action has been described as "one of this country's most striking examples of social injustice" (Song, 2004, p. 20).

Men, women, and children of Japanese ancestry were held indefinitely without trial. They were ultimately "incarcerated behind barbed wire fences beneath armed guard towers for an average of two to four years" (Song, 2004, p. 20). Only recently were efforts made to acknowledge the suffering of interned Japanese Americans and to memorialize the social injustices they endured. The Manazar camp, which interned Okui, reopened in April, 2004 to allow visitors to view exhibits of the camp and to engage in dialogue regarding issues of civil rights, democracy, and freedom. Okui hopes that white Americans who visit the camp will depart thinking "God, we did this. These people were cruelly treated. And I hope it never happens again" (Song, 2004, p. 20).

The cultural losses caused by the internment experience were immeasurable. Internees were only allowed to take a few personal possessions to the camps. Besides losing their homes, their livelihoods, and their former ways

of life, the Japanese Americans also destroyed many objects from their culture in an attempt to appear more "American." The Japanese Americans who were fortunate enough not to be sent to the internment camps were, nevertheless, affected. They quickly destroyed memorabilia including letters, photos, books, and clothing and other evidence that linked them to a Japanese ethnicity; they attempted to assimilate rapidly so a similar traumatic fate would not befall them.

Reintegration after the war was difficult for most Japanese Americans, especially the elderly. Older Japanese Americans felt a deep sense of shame because of the internment. For some who felt shamed by the experience, suicide became an easy option (Commission on Wartime Relocation and Internment of Civilians [CWRIC], 1997). For others, remaining silent about their experience was seen as the only choice, a choice that in itself carried significant meaning. The internment camp experience is often described as an event marked by silences and strategic forgetting (Sturken, 1997, p. 692). This silence displayed by Japanese American internees is often described as similar to the silence Holocaust survivors display toward their children (Auerhahn & Laub, 1998). It is a response reflective of the trauma survivor's post-traumatic stress: Silence is used to avoid thoughts, feelings, and activities associated with the traumatic event.

There are several reasons for survivors' silence. First, silence may have been an attempt by Japanese Americans to protect their children from the horrors of their past internment. Second, Japanese American cultural values do not favor discussing sensitive topics, which may have affected their ability to talk openly about trauma (Sue & Sue, 2003). Third, the social environment at the time dissuaded survivors from verbalizing their traumatic experiences. In this unsupportive environment, it was socially appropriate to forget.

Finally, when trauma stems from racial discrimination, it can have a silencing effect. According to Loo, 1993, the repeated exposure to racial discrimination that often leads to interpersonal and psychological difficulties may be the strongest reason internees remained silent (cited in Nagata & Cheng, 2003, p. 266). Japanese American citizens have suffered a long history of discrimination in this country. Like many other ethnic minority groups, Japanese Americans have endured numerous race-related stressors, including a history of anti-Asian sentiment that predated internment. Racial discrimination was evident in many institutionalized practices prior to World War II: Japanese Americans were denied the right to become landowners, they could not become naturalized citizens, and they were prohibited from marrying Caucasians (Chuman, 1981; CWRIC, 1997). Their internment confirmed what many Japanese Americans already knew: They were perceived as

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second-class citizens who lacked the rights and privileges of other Americans. Despite their parents' silence, however, the children of internees sensed that something was wrong (Saville-Troike, 1985).

Remembering and recounting the stories of loss and suffering are important aspects of recovering from trauma. The *nisei* are second-generation American-born citizens of Japanese ancestry who reached adulthood at the outbreak of World War II. They never fully developed a historical narrative for their children, the third-generation American-born Japanese who are known as the *sansei*. As a result, the *sansei* have been haunted by their parents' silence and partially articulated memories. These effects have made them indirect victims of the internment. But unlike their parents, the *sansei* have acquired the strong conviction that they have a right to remember and redress past wrongdoings (Sturken, 1997).

To begin this process, the *sansei* have begun to tell stories of survival that illustrate the power of a historical transmission of memory:

I had never been there, yet I had a memory of it, I could remember a time of great sadness before I was born. We had been moved, uprooted. We had lived with a lot of pain. I had no idea where these memories came from. (Sturken, 1997, p. 699)

The efforts of the *sansei* to redress past wrongs led to the 1980 investigations conducted by the Commission on Wartime Relocation and Internment of Civilians. This Commission concluded that the internment was unjust (CWRIC, 1997). Subsequently, on behalf of all Americans, President Reagan made an official apology in 1988 to the Japanese American internees held in camps during World War II. Each of the 60,000 survivors, about half of the total number of internees, received a payment of \$20,000 in restitution (Maga, 1998).

Although the financial restitution did not absolve the U.S. Congress from the act of unfairly interning Japanese Americans, nor did it ameliorate their pain and suffering, it was viewed as a symbolic act of reparation (Sturken, 1997). Holding the memory in public discourse so it can progress from "personal memory" to "cultural memory" allows for the persistence of memory, thus ensuring that injustice and wrongdoing are never completely forgotten. This also allows survivors to always have a personal place in history from which current concerns can sometimes be explained (Hirsch, 1992).

Despite the overt discrimination that Japanese Americans faced during World War II, they are successful in American society. Japanese American culture places a high value on educating children. As a result, the math and reading scores of Japanese American youth on standardized tests exceeds

the national average (Lai & Arguelles, 2003). Japanese American internees have also found a way to express resilience through art and poetry. In *Art of Gaman: Arts and Crafts from the Japanese American Internment Camps 1942–1946*, Hirasuna (2005) showcases the artwork of many Japanese American internees who, under the watchful eyes of soldiers, sought solace in creativity. They initially used whatever they could find around the camp but were later able to order material for their creative projects by mail. They whittled and carved, painted and etched, and stitched and crocheted. Their handiwork captures the ability of the human spirit to maintain nobility under adversity.

The collective trauma of some cultural groups in the U.S. has not influenced the formulation of PTSD as it is currently outlined in the *DSM-IV*; the negative effects of these historical traumas continue to affect these groups in both conscious and unconscious ways. Counselors who work with such groups are encouraged to be mindful of these effects and the role they may play in a client's current functioning.

Vietnam: A Special War

The Vietnam War is often differentiated from other World Wars and the Korean War for four reasons: first, it was an undeclared war that became increasingly unpopular in the U.S.; second, guerrilla tactics used frequently by the enemy Vietcong caused U.S. soldiers immense stress; third, soldiers were exposed to a concentration of war atrocities never before encountered; fourth, the soldiers were directly responsible for committing these atrocities (Haley, 1974).

It is for these reasons that psychotherapy with Vietnam veterans can be immensely challenging because the therapist must deal with a client's stressors concurrently. These stressors are individual and environmental. To complicate matters, therapy with Vietnam veterans does not follow the traditional model of war neurosis. This model instead requires those soldiers who committed atrocities to acknowledge their perpetrator role while also working through their own victimization on the battlefield (Haley, 1974).

In comparison to other wars, combat in the Vietnam War forced soldiers to engage in unusually aggressive acts, which increased their suicidal ideation. Since these experiences of violence were seldom discussed on the battlefield, returning veterans unconsciously continued to avoid processing their traumatic experiences, thus negatively affecting their adjustment to civilian life (Bourne, 1970). A sense of isolation and loneliness began to permeate the lives of many soldiers, and some attempted to cope by using illicit drugs (Haley, 1974).

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Although war veterans in general hesitate to seek psychotherapy, Vietnam veterans were unique as a group in their prolonged hesitation to seek help. Some soldiers refused treatment until they became desperate and repression as a defense mechanism no longer worked. Many Vietnam veterans were reported as displaying a pattern of delayed reaction. A strong distrust of the helping community, shaped in part by the negative and sometimes hostile reception they were met with upon their return home, was an additional hurdle to overcome. It is for this reason that Haley (1974) describes establishing a therapeutic alliance as “the treatment rather than the facilitator of treatment” for many Vietnam war veterans (Haley, 1974, p. 195).

In the 1970s, when a large number of Vietnam veterans began to seek help for post-traumatic symptoms, the Veteran’s Administration (VA) focused its efforts on the assessment and treatment of PTSD. At around the same time, Horowitz’s (1975) work on trauma-related reactions within a psychodynamic and information-processing framework was making a major contribution to the discipline of psychiatry. Both these occurrences led to the American Psychiatric Association’s (APA) recognition and inclusion of the syndrome of PTSD in the third edition of its *Diagnostic and Statistical Manual of Mental Disorders* (APA, 1980). The formal designation of PTSD was a major milestone for Vietnam veterans seeking treatment. For the professionals who were helping them recover, procuring funding for the National Center for PTSD in the 1980s was considered a major achievement (Kizer, 1996).

Conclusion

Although the inclusion of PTSD as a diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders* has been fairly recent (APA, 1980), psychological trauma has existed for many centuries, and its negative effects pervade all racial, cultural, and socioeconomic groups. Reports of pervasive psychological problems by Vietnam veterans legitimized the serious psychological consequences of environmental stressors and led to the designation of PTSD as diagnostic category.

Significant time and energy has been invested in the formulation of the post-traumatic stress diagnosis, but it is clear that the diagnosis is incomplete and captures limited features of post-traumatic psychopathology. Not all cultural groups are included in this current formulation; the role of intergenerational and collective trauma remains missing from the *DSM-IV* (APA, 1994). Now that intergenerational and multigenerational trauma has entered the mental health nomenclature, literature in this important area of trauma

is growing (Danieli, 1998). We can expect future studies to further explore different types of traumatic transmission, define what is transmitted to future generations, and increase our knowledge and understanding of the genetic traits that make some individuals vulnerable to PTSD. Comparisons between such factors as social vulnerability and resiliency merely broaden our knowledge of the human condition. For full recovery to occur, an acknowledgment of the multigenerational influence of trauma and the generational wounding it has inflicted must be acknowledged. This acknowledgment is invaluable to both victims and American society as a whole.

Although ethnic minority groups have historically experienced hardship and suffering in this country, they have nevertheless also displayed strength and resiliency. This chapter concludes with a list of films and videos that may interest those practitioners seeking to extend their knowledge of ethnic minority groups in the United States.

Resources for Further Understanding

Films on Native Americans

Crazy Horse (1996)

This film tells the true story of Crazy Horse, the Oglala warrior who relentlessly resisted the white man's attempt to take over Indian lands and fought General Custer and his forces at Little Big Horn.

Lakota Woman (1994)

This is a dramatization of the inspiring, true story of the 1973 uprising that united Native Americans in their fight for survival. One woman rises from ignorance and fear to meet the challenge of her proud heritage during a bloody siege in which 2,000 Native Americans stood their ground and vowed never to be silent again.

Naturally Native (1998)

This drama follows the lives and relationships of three sisters of American Indian ancestry as they attempt to start their own business. Adopted by white foster parents as young children, each sister has unique identity issues. The film interweaves a subtle but strong wake-up call regarding the treatment of Native people in corporate America and provides some insight into tribal infrastructure and gaming issues.

The Last of the Mohicans (1992)

The love of Hawkeye, rugged frontiersman and adopted son of the Mohicans, and Cora Munro, aristocratic daughter of a British colonel, blazes amidst a brutal conflict between the British, French, and Native American allies in colonial America.

Sioux City (1994)

This drama is about a Native American surgeon who was given up for adoption as an infant. Returning to the Nebraska reservation where he was born to locate his natural mother, he learns that she died in a suspicious fire. He soon finds himself in a dangerous confrontation with local police.

Smoke Signals (1998)

Two Coeur d'Alene Indians travel from their Idaho reservation to Phoenix, Arizona, to retrieve the remains of a dead father. They discover some truths about themselves along the way. This movie offers a refreshing Native American viewpoint.

Films on Slavery

Amistad (1997)

This epic film is a historical example of man's inhumanity to man. African captives aboard the slave ship *Amistad* free themselves and take over the ship. A lengthy court battle ensues in which the Africans have to prove that they were rightfully freed individuals. The film depicts the horrors of slavery.

Beloved (1998)

A middle-aged former slave in rural Ohio is haunted by the painful legacy of slavery years after her emancipation from a Kentucky plantation.

Daughters of the Dust (1991)

Five women of a Gullah family (descendants of West African slaves) living on the Sea Islands off the coast of Georgia in the early twentieth century contemplate moving to the mainland in this emotional tale of change.

Eyes on the Prize (1987)

This documentary series uses archival footage to record the growth of the American Civil Rights movement from 1954 to 1965, with a special focus on the ordinary people who effected change.

Mississippi Burning (1988)

This film explores the story of three civil rights movement activists who were murdered in Mississippi. It reveals the extent of Southern white violence against those (black or white) who agitated for black rights, almost one century after emancipation.

Roots (1977)

An epic panorama of America's past is covered in this saga of a black man's search for his heritage. This milestone film dramatizes the shared heritage of millions of African Americans.

Films on the Japanese Internment*After Silence: Civil Rights and the Japanese American Experience (2002)*

Frank Kitmoto of Bainbridge Island, Washington, was among the first of 110,000 West Coast Japanese Americans forced to leave his home during World War II. He describes his three years of internment and discusses the importance of safeguarding civil rights for future generations.

Children of the Camps (1999)

In this documentary film, six Japanese Americans who were incarcerated as children in the internment camps discuss their experiences. The cultural and familial issues that arose during incarceration, the long internalized grief, the shame they felt, and the effects of this early trauma in their adult lives is also covered.

Of Civil Wrongs & Rights: The Fred Korematsu Story (2000)

Fred Korematsu was probably never more American than when he resisted, and then challenged in court, the forced internment of Japanese Americans

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during World War II. Although Korematsu lost this landmark Supreme Court case in 1944, he did not relinquish his indignation and resolve. This is the untold history of the 40-year legal fight to vindicate Korematsu—one that finally turned a civil injustice into a civil rights victory.

Time of Fear (2005)

This film traces the lives of 16,000 Japanese Americans who were sent to camps in southeast Arkansas, one of the poorest and most racially segregated places in America. The film explores the impact of this historical event on the civil rights movement and social justice issues today.

Rabbit in the Moon (1999)

This documentary/memoir covers the lingering effects of the World War II internment on the Japanese American community. Visually stunning and emotionally compelling, this film examines issues that ultimately created deep rifts, revealing the racist subtext of the loyalty questionnaire and exposing the absurdity of the military draft in the camps. These testimonials are linked to the filmmakers' own experiences in the camps and are also placed in the larger historical context.

Who's Going to Pay for These Donuts Anyway? (1992)

The profound effect of the Japanese American internment on generations of individuals is chronicled in the director's own search for her father. She eventually finds him in a halfway house.

When You're Smiling (1999)

The first comprehensive account of the resettlement of the Japanese American community after internment during WWII, this film tells the story of the filmmaker's family's struggle during the harsh post-camp years. Even though the community appeared to put their unjust incarceration behind them, in reality class, race, religion, stereotyping, lack of ethnic values, and emotional and familial distance caused a serious identity crisis.

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