

Oregon Health & Science University
School of Medicine

Scholarly Projects Final Report

Title

Understanding Historical Trauma (HT) and Historical Trauma Healing in the African Diaspora:
Healer-Practitioner Perspectives

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Project/Research Question

Primary research question is: How do community-based healer-practitioners in African Diasporic traditions understand, conceptualize, and address historical trauma in Black communities?

Type of Project

Research Study

Key words

Historical Trauma, Racism, Interdisciplinary, Integrative, Community-Based, Equity, Justice, Community Healing

Meeting Presentations

If your project was presented at a meeting besides the OHSU Capstone, please provide the meeting(s) name, location, date, and presentation format below (poster vs. podium presentation or other).

N/A

Publications (Abstract, article, other)

If your project was published, please provide reference(s) below in JAMA style.

N/A

Submission to Archive

Final reports will be archived in a central library to benefit other students and colleagues. Describe any restrictions below (e.g., hold until publication of article on a specific date).

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Next Steps

What are possible next steps that would build upon the results of this project? Could any data or tools resulting from the project have the potential to be used to answer new research questions by future medical students?

Future work includes plans to expand this study to more participants to build more robust understanding of historical trauma as well as to collaborate toward more community-minded and cultural-responsive interdisciplinary solutions to addressing historical trauma in Black communities as it relates to health disparities

Please follow the link below and complete the archival process for your Project in addition to submitting your final report.

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This report describes work that I conducted in the Scholarly Projects Curriculum or alternative academic program at the OHSU School of Medicine. By typing my signature below, I attest to its authenticity and originality and agree to submit it to the Archive.

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Student's full name

Mentor's Approval (Signature/date)

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Introduction

Historical trauma (HT) has been described as the “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive [intentional] group trauma”.¹ From research with descendant’s of Holocaust survivors, Japanese internment camp survivors, Indigenous and African American populations, HT research indicates that the impact of these massive (and often ongoing) traumatic events may persist over generations,² and that this trauma may become embodied, manifesting as poor mental and physical health outcomes in later generations.³ The field of epigenetic research has provided an example of a possible empirically-derived biological mechanism for how historical trauma may be embodied and transmitted as well.⁴

Historical trauma response (HTR) is the varied experiences that manifest from historical trauma. HTR not only encompasses these somatic manifestations, but may also include psychosocial features: survivor guilt, depression, psychic numbing, fixation on trauma, low self-esteem, anger, self-destructive behavior including substance use disorder, suicidal ideation, hypervigilance, intense fear, dissociation, anger, poor affect tolerance.¹ It also can include: loyalty to ancestral suffering and the deceased, internalization of ancestral suffering, vitality in one's own life seen as a betrayal to ancestors who suffered so much, internalized oppression leading to self-hatred, and identifying with parents’ trauma response patterns.^{5,6}

Sparse scholarly research exists examining the mechanism, impacts, and interventions for historical trauma in specifically Black communities/communities of the African Diaspora. Even less work has been done to understand how to develop effective culturally-responsive trauma interventions. Of scholars who have included this framework--primarily within the field of psychology--there has been a firm call to include African and Diasporic cultural ways into studies and interventions.⁷ Within this dearth of data on addressing and understanding African Diasporic historical trauma in scholarly literature--and through inspiration by qualitative and decolonized frameworks developed with Native American healers and elders⁸-- this qualitative study engages with traditional African/Black healer-practitioners to develop a more in-depth understanding of specific African/Black understandings and addressing of historical trauma.

Primary Aims:

- Explore healer-practitioners’ perspectives on the effect of historical trauma on self, family, and community within the African Diaspora
- Explore traditional and community-based perspectives on and epistemologies (i.e. specific ways of knowing) of how historical trauma currently affects African Diasporic people and their communities
- Explore how healer-practitioners currently address issues of historical trauma for African and/or Black people

Secondary Aims:

- Contribute to filling a large gap in scholarly literature on traditional and community-based ways of understanding and addressing historical trauma in specifically Black and African Diasporic communities

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Methods

This qualitative study utilized the phenomenological design,⁹ as this allows for an understanding of the essence of the phenomenon (historical trauma and historical trauma healing) as it is experienced, understood, and addressed within African and Diasporic culturo-spiritual traditions and communities. This design informed semi-structured interviews with self-identified and community-based African/Black healer-practitioners in order to explore these healers' own experiences in conceptualizing, engaging with, and addressing historical trauma. The semi-structured aspect allowed for exploring emergent perspectives and themes that arose during the interview. Additionally, these semi-structured interview questions gave us the opportunity to discover new information not included in the predetermined interview questions and offer pertinent follow-up questions.

Potential participants were identified through a snowball sampling method through already existing relationships that student-researcher Dyer had cultivated with traditional healers. This established and growing trust was critical for the success of this project. Throughout the 1-2 hour interviews, participants were invited to answer questions related to: (a) What are their experiences and understanding of historical trauma within their work and traditions? (b) How is historical trauma affecting their communities today? and (c) How do they address historical trauma in their own healing work as well as what recommendations do they have for the larger medical community regarding healing historical trauma? Each interview was conducted virtually over WebEx software. Funding was procured from the School of Medicine Scholarly Project Funds and allowed for each participant to receive a small stipend (\$60) for their time. Each participant was offered the opportunity to select a pseudonym or have a randomly selected color to be attached to their information and excerpts present in this report.

Interviews were video-recorded, transcribed by student-researchers AD and HS, and then coded by AD with both deductive codes developed by AD and TB and inductive codes for common and significant concepts and statements, then organized into themes (clusters of meanings) on the conditions impacting and experience of historical trauma and historical trauma healing.

Per phenomenological methodology, reflexive practices (bracketing and reductions)⁹ were conducted that included regular meetings of all researchers to critically reflect on and mitigate the ways in which our own preconceptions, positionalities, and relationships to the topic impact the research and analyses.

Results

Participants

Five participants were interviewed for this study, all of whom self-identified as community-based African/Black healer-practitioners living and/or practicing in the United States. Ancestral backgrounds ranged from African American to Afro-Caribbean to first generation African immigrants. Named traditions practiced or influenced by include: Hoodoo, Conjure, Lukumi, Espiritismo, Ancestral Reverence, and Kemetic Reiki.

Underlying Worldsense & Epistemologies

Throughout analysis of participants' discussion of HT and HT healing, underlying cultural beliefs emerged that underpinned their understandings and approaches to HT. These included: self and humanity as historically and communally constituted; ancestors as present and acting in our lives today (and with that, a nonlinear sense of time and space); presence of spirit and energy pervading the world; health composed of

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spiritual, ancestral, and physical components; direct communication with ancestors as knowledge source; integration of mental, physical, and spiritual health; and trauma as capable of being trapped within the body. In speaking of the importance of the spiritual component to health, participant Blue described how “In the West, you'd say, okay, all these 10 people have these same things showing up physically, they all have depression. And so we're all going to give them these specific medications or this specific kind of therapy. Now, when you use the [African/Black] indigenous perspective, it does not work like that. Because you had to look at what we cannot see physically and that's where divination and energy work comes in to assess what could be causing these symptoms. Because people can be having these symptoms, but internally can have different causes.” Similarly speaking to the importance of the unseen, participant Cookie named, “This material life is important because this is where we are, but it's not everything that we are.”

Understanding Historical Trauma

In answering questions related to conceptualizing historical trauma facing much of the African Diaspora in the U.S., the following three themes emerged: 1) Historical and Ongoing Violence, 2) Sense of Loss, and 3) Embodied Oppression. These three themes contributed to the affective experience of historical trauma that was discussed as: grief, fear, shame, doubt/lack of self-trust, anger, and dissociation.

Historical and Ongoing Violence

All participants named traumatic violences in the past and present as a major theme of historical trauma. Participant Venus spoke on how traumatic violence manifests in medical institutions where “we don't get the care that we deserve” and went on to speak to the harsh contradiction of experimentation on Black people yet inaccessible treatments by sharing that “[the healthcare system] use[s] our bodies a lot for experimentation, but the drugs they make off of experiments, we don't get access to. So we don't have the same level of care or concern.” Participant Green, in turn, described historical trauma as inequity itself stating that “historical trauma is poverty. Historical trauma is Black women having high numbers of heart disease. Historical trauma is Black women having high rates of birth problems, whether that be just problems during the birth experience, or problems that lead to death during birth. All of that is historical trauma.” Another participant, Blue, described the historical violence of being a direct descendant of those with significant violence done to them when they stated, “I have an ancestor who was lynched during German occupation in Cameroon. Like I said, colonization hit our area very hard and with me, personally, that sometimes manifests. I have ancestors who don't want me in spaces that perpetuate colonialism,” suggesting that these experiences have direct bearing on their present day experience. Participant Aiko then spoke to the disproportionate presence of trauma in present-day Black communities, sharing “I do think that slavery as well as continued oppression does trigger a lot of trauma for Black folks. I feel like we kind of move around the world with, um, trauma within our family systems, within our personal lives, and I feel like it also affects our mental health as well.”

Sense of Loss

All participants also described a component of HT as a sense of loss. This theme could be further distributed into 1) Loss of Selfhood, 2) Loss of Kinship & Community, and 3) Loss of Cultural Traditions. Loss of selfhood was characterized by decreased self-awareness secondary to trauma response in the body as well as loss of humanity by constant confrontation with pervasive stereotypes, as participant Blue put it, “We're labeled as criminals, we are labeled as unintelligent, angry, and not feeling pain. That's deep and dehumanization.” Another sense of loss of selfhood was characterized as deep sense of doubt and disbelief, as Aiko put it, most Black communities in the Diaspora are “victims of oppression, which created a trauma that made us afraid to believe in ourselves, to believe in our ancestors, to believe in our magic, to believe in our abilities.” Loss of community, in turn, included physical loss related to early deaths from disproportionate disease and violence in Black communities as well as disruption of ties to kin on the African continent. Loss of community and kinship also included distrust and lateral violence within our communities as Venus put it in

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speaking of some Black people, “We're not on the same page because they're not connected. They're not working for the same purpose. You know, and it's very hard to get them to understand because when people are operating from a place of fear, they lash out in self defense and that self defense is deadly. They will kill you to protect their egos, their sense of self...” Lastly, a sense of loss also included loss of connection to cultural traditions due to centuries of criminalization and stigmatization against these traditions. Aiko put it plainly, “the ways that [ancestors] connected with the afterlife, with their dead, not being able to have a ceremony or a funeral or a marked grave because you're not allowed to write. And so I feel like that is the historical trauma. It's based on white supremacy and systems of oppression that basically prevented Africans from engaging with their spiritual practices.”

Embodied Oppression

All participants also discussed ways in which both historical and ongoing oppression impacted current health outcomes for Black people in the Diaspora, which is termed in this report as “embodied oppression.” There were several mechanisms described related to these outcomes of oppression. While some participants described long-term and intergenerational stress and trauma causing direct disease in the body, they also relayed that unhealed ancestral suffering could present itself in the health conditions of descendants, as participant Green discussed, “Sometimes a person may battle with mental health issues that are not their own. It is something from their parents, from their bloodline. I knew a girl, and she was healing, but she was very aware that the anxiety that she carried in her body that she could not explain... it's got to be ancestral. This is not mine.” Another aspect of embodiment included the ways in which oppression fosters poor self-efficacy and decreased self-awareness that encourages thoughts and behaviors that work directly against our own health, even when healthy behaviors and care may be accessible. And lastly, as ancestors are believed to be present and active in our community in the present by all participants, there was also a sense that ancestors who are unhealed themselves may cause strife and suffering in our lives as well. One participant Aiko described how in some Hoodoo traditions, there is discussion of ancestors and other “spirits that are not satisfied with the way that they transitioned [died]. And so they can show up in harmful ways” in the community.

Historical Trauma Healing

Similar to historical trauma itself, historical trauma healing could also be characterized by three themes: 1) Societal Shifts, 2) Individual Healing Practices, and 3) Collective Healing Practices. These three themes contributed to the affective experience of historical trauma healing that was discussed as: peace, joy, a sense of autonomy and awareness of self, motivation to be alive, self-love, and increased sense of connection to self and others.

Societal Shifts

All participants emphasized the importance of shifting current oppression and injustices that perpetuate historical trauma in our communities. Shifts that were explicitly named by participants included: building healthcare systems where Black wellness is centered, deepening health system collaboration with traditional healers and practitioners, building and contributing to political resistance shaping more just society (especially education, economic, reparations, land reclamation, and health systems), and transforming the current precedent of culturally-incompetent care. In speaking to this culturally-competency, Blue stated that “there's going to have to be a lot of work put in to dissolve the distrust [between doctors and healer-practitioners]; there's also going to have to be a lot of respect put on traditional healers, who are doing jobs that doctors fail to do or are unable to do in a culturally respectful way. And I have not really seen enough support from Western doctors who are uplifting these practices.” In speaking to the injustice present in our economic system, Cookie questioned, “And so, maybe somebody who has a historical trauma of 400 years of forced free labor, and is still working and still making less than white folks, and still is stressing from where their bills are coming from, might be stressed the f*** out and might actually have

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anxiety and stress and trauma at their workplace. How do we get those conversations? How do we actually acknowledge that?"

Individual & Collective Healing Practices

Both individual and group healing practices were both essential for every participant, as HT works in both individual and collective ways. Individual practices included building a relationship with your own familial ancestors as well as the Earth, genealogy exploration, meditation, movement, eating healthy ancestral foods, understanding your dreams as messages, and herbalism. Working with and honoring ancestors was stressed by each participant as central to the wellbeing of Black people of the Diaspora. Participant Blue addressed this by stating, "When it comes to indigenous traditions, the role of ancestors is to help take care of their descendants. To protect them. To make sure that they have the things that they need. That they can go to school. Go to work. Have the things that they need to do well. That they're healthy and protected, and that they're wisdom can be passed on." Participant Green described the power of dance in healing: "Twerking is a liberating dance. It is an evolution. It is a practice of joy. It is a practice of freedom. You're literally shaking trauma away, and especially for womb carriers, that is the seat of a lot of generational trauma. So, these African dances, and I've seen the similarities in Bomba, in the hip movement. In the different foot movements. There is a release there. There is a release happening." Collective healing practices included group work through grief rituals, ceremonies, group breathwork and movement, drum circles, storytelling circles, creating our own healing autonomous spaces, and studying history through our own cultural perspectives and visioning toward collective future.

Discussion

The goal of this study was to advance the understanding of historical trauma and historical trauma healing as they are experienced, understood, and addressed within African and Diasporic culturo-spiritual traditions and communities in the African Diaspora based in the U.S. from healer-practitioners themselves. It is our continued hope that these findings may contribute to developing a robust and nuanced understanding of African and/or Black cultural and community-rooted cosmologies, epistemologies, and interventions related to historical trauma.

Participants' responses suggest that they have a depth of understanding HT as it affects Black peoples in the Diaspora. These understandings of HT were often rooted in the nonlinear epistemologies of many African Diasporic traditions that allow for past, present, and future interconnectedness and—at times—simultaneity. This was also furthered as each participant discussed the presence of ancestors and communication with ancestors in some form. Ancestors, therefore, exist in both past and present and continue to impact our lives today. These epistemologies and ontologies are consistent with prior scholarship related to African traditional worldviews. Prominent scholar of African religions and philosophy, John Mbiti, described ancestors as the "living dead."¹⁰ Not dead in the spirit world, nor do they only exist within the memory of the living, "the dead still retain their personhood and are, as a matter of fact, addressed... as if they were still at center stage," as African philosopher Ifeanyi Menkiti puts it.¹¹ This held true with each participant in this study as well.

From this specific understanding of nonlinearity of time and space, HT conceptualizations by participants wove past and present closely. Historical violences of slavery, colonization, and lynching, were deeply connected to the continued interpersonal and institutional violences against Black peoples. But these physical legacies were matched by the deep psychological and emotional wounding that has also been the hallmark of historical trauma as it has been conceptualized by Indigenous scholars.^{1,4,8} Each participant discussed this wounding through a sense of loss (physically, emotionally, and spiritually) including a difficulty in defining and understanding self beyond the harsh stereotypes leading to internalized oppression, or the degrading messages that one receives from oppressors become part of one's understanding of one's own

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identity.¹² Overall, consistent with prior work,^{7,12,13} HT specifically experienced by persons of the African Diaspora is multifaceted and may directly challenge personal identity, communal identity, and physical, emotional, and spiritual health.

Against this backdrop of HT conceptualization, HT healing was similarly multifaceted. It is clear that healing of HT in Black communities should include a reclaiming of ancestral practices in order to restore the self-efficacy and community healing in conjunction with societal shifts toward justice. This is consistent with past scholars who have stressed the importance of incorporating practices of traditional healing in addressing the impact of historical trauma.^{7,13} This assertion suggests that it may be inappropriate and ineffective to approach health disparities from a solely physical or mental health mindset in Black communities. Addressing the extensive harm caused to the spirit and sense of self and community requires a spiritual approach as well. And this work must happen at both the individual level and collective level as one participant, Blue, describes how the sense of self and healing of that self doesn't not happen in isolation for Black people(s): "... our indigenous systems are very interconnected and root cause focused, and they know that if somebody doesn't have a community around them that can support them in their healing, that person will be incomplete. That person will have stuff in their healing process that has been missing, so they need the support of their friends, family, colleagues, etc. to release that."

Limitations of this study include small sample size and a sample diverse in tradition that may not represent the Diaspora well, and thereby limits its generalizability. Furthermore, healer-practitioners interviewed in this study were selected via the snowball sampling method starting with the student-researcher Dyer's own community network, and therefore may have a higher likelihood of similarities in perspectives than is true of the whole population of healer-practitioners. Additionally, only healer-practitioners were interviewed for this study and it is possible that their beliefs, perspectives, and approaches may not represent the larger non-practitioner community perspective(s). Finally, though some deductive codes were created with the research team as a whole, study findings are also limited by the fact that most coding (and all inductive coding) was completed solely by student-researcher Dyer.

Conclusions

Findings of this study were both consistent with and expanded on prior work describing HT. The findings characterized HT specifically experienced by persons of the African Diaspora as multifaceted and directly challenging the personal identity, communal identity, and physical, emotional, and spiritual health of people of the African Diaspora. Healing of HT in Black communities includes a reclaiming of ancestral practices that restore the self-community healing and efficacy in conjunction with societal shifts toward justice. While more robust study is needed to further understand HT given this study's significant limitations, it is apparent that it may be inappropriate, ineffective, and potentially harmful to approach health disparities in Black communities without clearly addressing ongoing historical trauma in ways that move beyond solely physical or mental health and include the spiritual and ancestral components of health as well.

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