The Healing Circle: An intergenerational trauma group for Native American women

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The Healing Circle: An intergenerational trauma group for Native American women

Abstract
Five hundred years of colonization has resulted in a pervasive experience of intergenerational trauma for many Indigenous American people. Effects of such trauma and unresolved grief can be seen in chronically high rates of depression, anxiety, substance abuse, family discord, and suicide among Native Americans (Brave Heart, 1998; 2005; Duran, 2006; Shepard, O'Neill, & Guenette, 2006). The purpose of this dissertation was to investigate a group therapy model for Native American women designed to promote healing from the effects of intergenerational trauma. A community participatory action model was used to assess the experience of former group members from “The Healing Circle.” Participants who attended a focus group feedback session offered positive feedback in regard to the group. The following factors of “The Healing Circle” were reported to facilitate healing from historical trauma: incorporation of cultural values, psycho-education, and an opportunity for group members to share and process. Future suggestions were also reported.

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THE HEALING CIRCLE: AN INTERGENERATIONAL TRAUMA GROUP FOR NATIVE AMERICAN WOMEN

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

PACIFIC UNIVERSITY

HILLSBORO, OREGON

BY

TERRI DRAPER

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

APRIL 19, 2013
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>i</td>
</tr>
<tr>
<td>INTRODUCTION TO THE STUDY</td>
<td>1</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>3</td>
</tr>
<tr>
<td>METHODS</td>
<td>7</td>
</tr>
<tr>
<td>RESULTS</td>
<td>10</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>18</td>
</tr>
<tr>
<td>REFERENCE</td>
<td>23</td>
</tr>
</tbody>
</table>
Abstract

Five hundred years of colonization has resulted in a pervasive experience of intergenerational trauma for many Indigenous American people. Effects of such trauma and unresolved grief can be seen in chronically high rates of depression, anxiety, substance abuse, family discord, and suicide among Native Americans (Brave Heart, 1998; 2005; Duran, 2006; Shepard, O’Neill, & Guenette, 2006). The purpose of this dissertation was to investigate a group therapy model for Native American women designed to promote healing from the effects of intergenerational trauma. A community participatory action model was used to assess the experience of former group members from “The Healing Circle.” Participants who attended a focus group feedback session offered positive feedback in regard to the group. The following factors of “The Healing Circle” were reported to facilitate healing from historical trauma: incorporation of cultural values, psycho-education, and an opportunity for group members to share and process. Future suggestions were also reported.
Introduction to the Study

Native Americans are survivors of genocide according to every aspect of the definition. While efforts to destroy Native American culture and lives occurred most blatantly in the past, effects of such destruction remains evident in the form of substance abuse, depression, anxiety, and suicide – all of which Native Americans suffer from at an elevated rate in comparison to the general population (Duran, 2006). Such chronic, unresolved grief is becoming increasingly known as intergenerational trauma, a cumulative emotional and psychological wounding over the lifespan and across generations which emanates from massive group trauma (Brave Heart, 1998; 2005).

Despite the prevalence of intergenerational trauma among Native Americans, many psychological resources are often viewed as Eurocentric and therefore, extremely limited in *Indian Country (Caldwell, Davis, DuBois, & Echo-Hawk, 2002; Duran, 2006; Gone, 2009). Successful mental health interventions—including evidence-based practice—require the integration of cultural factors (APA, 2002), and it is clear that Native American mental health must be understood with an emphasis on cultural identity. In order to address the mental health concerns afflicting Native Americans, researchers and mental health professionals must begin to understand how cultural identity and historical trauma influence the development of pathology among Native American people.

Nature of the Problem

Given the pervasive effects of intergenerational trauma on Native Americans, it is clear that culturally specific treatment methods are needed to address the root of such historically embedded pain. Currently, a major gap exists between culturally sensitive therapies (CST’s) and Westernized Evidence-Based Practices (EBT’s). Until mental health practitioners begin to

*The term Indian Country is used to describe Native American communities within the United States of America. It is a phrase used both in legal documents as well as colloquial speech.
bridge this gap, psychological services for Native American clients will continue to fall short of cultural competency. The problem that this dissertation will address is how to treat intergenerational trauma among Native American adults through a culturally specific group therapy method known as “The Healing Circle.” Implications for future delineation of similar intergenerational trauma groups will be provided through a qualitative phenomenological study that will use a community participatory feedback model (Brydon-Miller, 1997).

**Purpose**

In this dissertation I used community participatory action research (PAR; Brydon-Miller, 1997) to investigate the value of an intergenerational trauma group designed for Native American adult females. Group members from “The Healing Circle” provided feedback about their experience as participants in the group through a focus group interview conducted at the conclusion of 15 weeks of group therapy. Data collected from the follow-up focus group was transcribed and assessed for themes that dictated experiences, phenomenon of the group, and how “The Healing Circle” can benefit future clients. Such a feedback model allows for community participatory action by supporting group members to advocate for future Native American clients who choose to seek healing from intergenerational pain.

This dissertation aimed to identify factors that contribute to positive outcomes with a culturally specific group therapy model designed to promote healing from intergenerational trauma among Native Americans. It was hypothesized that feedback from a focus group session will help to strengthen “The Healing Circle” as a culturally effective group therapy model and as a result, similar interventions can be used to help other Native American people heal from historical pain.
Literature Review

Intergenerational Trauma

It is essential to understand the historical context of Native American people in order to provide them with culturally competent treatment. The literature on Native American mental health increasingly indicates that intergenerational trauma is central to various forms of suffering prevalent in Indian Country (Aboriginal Healing Foundation, 2006; Duran, 2006; McCabe, 2007; Shepard, O’Neill, & Guinette, 2006; Brave Heart, 2005). Intergenerational trauma is also known as historical pain, or the soul wound, and it results from massive loss of life, land, and oppressive government policies. When such pain and grief remains unresolved, it is often passed down to subsequent generations and magnified – this is especially true in collectivist cultures (Duran, 2006; Brave Heart, 2005). Unless the cycle of trauma is broken, traumatic stressors become normalized among Native American children from an early age (Aboriginal Healing Foundation, 2004). Symptoms of intergenerational trauma can be seen in increased rates of drug and alcohol abuse, unemployment, depression, suicide, anxiety, and violence among Native people today (Duran, 2006).

A commonly cited example used to illustrate intergenerational trauma is the Carlilse boarding school system, which is widely known as a historical attempt to “Kill the Indian and save the man” in both the United States and Canada (Gone, 2009; Lomay & Hinkebein, 2006). In the late 19th and early 20th centuries, government boarding schools were used to forcibly assimilate tens of thousands of Native American children into White, Christian, dominant culture through military style, corporal punishment. Children as young as 4 years old were regularly subjected to physical, psychological, and sexual violence within the boarding schools. They were
punished for speaking their Native language, praying the way they were raised to pray, or having Native friends within the school. Native American people who were forced into the boarding school system experienced a collective and enduring sense of pain that, when unaddressed, is often passed on to their children and grandchildren today (Gone, 2009).

Given the painful past of Native Americans, it is not surprising that intergenerational trauma has been identified most prominently throughout the literature on mental health among Indigenous people. Robin, Chester, Rasmussen, Jaranson, and Goldman (1997) looked at rates of post-traumatic stress disorder (PTSD) among Southwestern Native Americans and found that 81.4% of participants had experienced at least one traumatic event in their lifetime, and 21.9% were diagnosed with PTSD. Similarly, Brave Heart (2005) reported a PTSD rate of 28% among Native Americans, in comparison to 8% within the general U.S. population.

While rates of PTSD are illustrative of suffering among many Native Americans, it is important to recognize that a Westernized diagnosis of PTSD is qualitatively different from intergenerational trauma in that it fails to capture the effects of historical genocide. In fact, there is currently no DSM-IV diagnosis that fits the experience of most Native American individuals (Duran, 2006). Inadequate diagnosis often leads to inadequate treatment methods, which continuously fail to integrate historical context and culturally sensitive needs for Native American people. Clearly, culturally effective treatment methods are needed in Indian Country that address intergenerational pain.

**Need for Decolonized Treatment Methods**

The field of psychology has become increasingly driven toward evidence-based practices (EBP), or treatment methodologies that are informed by empirical outcome evidence (Duran, 2006). Throughout the literature on Native American psychology, EBPs are recognized as
Eurocentric treatment methods that often fail to meet the mental health needs of Indigenous people (Gone, 2009). In fact, when EBP’s lack cultural competency, they often become more harmful than helpful (Gone, 2004). In order to for interventions to address intergenerational trauma, culturally sensitive treatments that recognize Native American history are in serious need.

In 1992, Brave Heart (Lakota) helped to form the Takini Network, a Native non-profit organization that aims to help Indigenous People heal from intergenerational trauma (2005). The Takini Network offers an intervention model based on culturally specific needs. It proposes the following steps for healing: (1) confront the historical trauma, (2) understand the trauma, (3) release the pain of historical trauma, (4) transcend the trauma. The Takini Network model uses a psycho-educational theory of growth, as well as traditional healing effects of community connection and shared experience to provide relief. In addition, positive group identity emphasized within this model only further capitalizes on Native American values of camaraderie, pride, and a strong commitment to one’s community (2005). The Takini Network exemplifies how psychological interventions can be tailored to meet culturally specific needs of Native American clients.

Similarly, the Aboriginal Healing Foundation (AHF) is a Canadian government funded program that was formed to end the cycle of intergenerational pain among Indigenous people of Canada. The AHF uses a holistic approach to address historical trauma, which allows the Canadian government to work collaboratively with Indigenous people. The AHF identified aspects of therapy beneficial to heal intergenerational pain (Aboriginal Healing Foundation, 2004). First, a safe environment to discuss and explore the effects of Native American history was identified as an essential element for healing. This is imperative in order for Indigenous
people to process traumatic experiences associated with boarding schools, tribal specific losses of land, and personal accounts of oppression within the family or community. Next, a collective mourning was identified as important to provide Native American clients with a climate of support, understanding, and strength. Finally, an opportunity to give back to the community was identified as essential to propel the healing process into a lifetime journey toward wellness and positive growth. Both The Takini Network and the AHF provide exemplary therapy models that encourage re-integration of the past with the present, and an opportunity to create meaning out of a painful and devastating sense of loss. It seems that Native American mental health clients could benefit immensely from similar treatment models to address and heal from intergenerational trauma.

McCabe (2007) investigated an Indigenous therapy model to treat intergenerational trauma among urban and rural Natives in the Manitoba-area. Qualitative phenomenology was used to interview participants in order to identify therapeutic factors beneficial to address intergenerational pain. Narratives were transcribed and twelve therapeutic conditions were identified, including trust and safety, self-acceptance, role modeling, and use of traditional ceremonies and rituals. Most importantly, results of the study highlight an important need for increased community derived research data, as well as culturally specific treatment models within Indian Country (2007). The qualitative methodology used in this study is beneficial with Indigenous populations because of its non-directive, inclusive approach, which allows researchers to collect data in a culturally respectful, method (Brydon-Miller, 1997). What's more, a participatory action model allows researchers to work in a manner that promotes social justice and liberation (1997; McCabe, 2007).
Community Participatory Action Research

Throughout the literature on Native American psychology, qualitative phenomenology and community participatory action models are suggested research methods to use in Indian Country (Caldwell, Davis, DuBois, & Echo-Hawk, 2002; Duran, 2006; Gone, 2009; McCabe, 2007; Mohatt, et al., 2004). These methods are often beneficial to use with Indigenous people because they allow for a respectful, egalitarian research approach that is conducive to decolonizing psychological research. Given the historical oppression and marginalization of Native people, it is imperative that researchers consider use of similar research styles that are collaborative and culturally respectful. Community-based action models have proven to empower Indigenous people to become partners within the research and therefore, to control the focus and direction of social change (Gatenby & Humphries, 2000).

Community participatory action research (PAR) involves data collection and use within the environment of the people being studied. This method is especially beneficial within Indigenous communities because it promotes a collaborative spiral of planning, acting, observing, reflecting, and re-planning (Duran, 2006; Gone, 2009; McTaggart, 1989). Not only does PAR allow the researcher to give back to the community under investigation, but it invites members from the community to give back to their people as well. As such, this model of research will be used as an attempt to contribute to the healing process through collective empowerment. In addition, a focus group qualitative interview mirrors traditional oral and storytelling methods historically used within Native American culture. Therefore, the researchers have decided to use a PAR study method in order to be culturally respectful as well as inclusive of traditional Native American values and communication styles.
Method

Participants

Group members from “The Healing Circle” therapy group were recruited to participate in the study. “The Healing Circle,” is a group created by the researcher and based on Brave Heart’s (2005) Takini Network as a model to promote healing from intergenerational trauma. Group members spent the first half of “The Healing Circle” engaged in psycho-education and building coping skills. They learned about the Westernized concepts of PTSD, as well as intergenerational trauma, and the importance of safe coping. In the second half of the intervention, group members processed personal and tribal-specific experiences of trauma. Group members were encouraged to use art therapy as well as narrative techniques to foster a strengthened sense of identity and pride as a Native American woman. The ultimate goal of “The Healing Circle” is to alter the cycle of historical pain through increased awareness, collective mourning, a strengthened sense of identity, and commitment to one’s community.

“The Healing Circle” consisted of 6 adult female clients who identified as American Indian and were enrolled for mental health therapy at the Native American Rehabilitation Association of the Pacific Northwest (NARA, NW). Group members were recruited from NARA Adult Mental Health. There were two inclusion criteria: gender (female) and personal experiences related to intergenerational trauma. Exclusion criteria included current substance use and psychosis.

At the conclusion of 12-sessions of “The Healing Circle,” group members were invited to return for a follow-up focus group to offer feedback about their experience. Two group members attended the focus group, where they were served food and compensated with $5 gift cards for
their participation. Both participants were self-identified American Indian females, representative of four different tribes. Only the two participants being interviewed and the researcher were present at the focus group.

**Design**

Participants attended a focus group session at the conclusion of a 12-session cycle of “The Healing Circle.” They were informed that the focus group would be an opportunity to provide feedback about their experiences in the group. The researcher also explained the purpose of the study as a means to better understand how “The Healing Circle” can be best used to help Native American people heal from intergenerational trauma. The focus group lasted approximately two hours. Semi-structured open-ended questions were asked in order to encourage a flexible, deep description of participants’ experiences within the group. This interview format has been suggested for use with ethnic minorities to encourage an inclusive, non-directive environment (Gone, 2009; Gatenby & Humphries, 2000). The following questions and statements were posed.

1. Describe your experience in “The Healing Circle.”

2. How has this group been helpful for you?

3. Describe the most helpful aspects of the group.

4. Describe the least helpful aspects of the group.

5. What suggestions do you have to offer for future “Healing Circle” groups?

The entire interview was recorded using a handheld recording device. The researcher transcribed the interview, and then coded it using a thematic content analysis (Hesse-Biber & Leavy, 2011) to identify themes in regard to the meaning of healing from intergenerational pain. Themes were identified based on information relevant to an analysis of “The Healing Circle” as
a treatment method to address intergenerational trauma. In addition, the interview data was analyzed using grounded theory in order to extract meaning from the data in a step-by-step analysis of the interview narrative (Hesse-Biber & Leavy, 2011). A grounded theory approach allowed the researcher to interpret data from a bottom-up perspective, which allowed meaningful data to be dictated by the participants.

**Results**

Results indicated that participation in “The Healing Circle” was helpful to overcoming intergenerational trauma in several ways. Participants in the focus group revealed that the group contributed to healing because it included culturally meaningful values, it offered an opportunity to learn and better understand intergenerational trauma, and it encouraged group members to process their experiences. Throughout the focus group session, participants also offered suggestions about how future “Healing Circle” groups could be further improved to help others heal from intergenerational trauma. The primary categories, codes, concepts, and theories identified in the focus group are presented in Table 1.

Table 1

*Focus Group Themes and Suggestions*

<table>
<thead>
<tr>
<th>Categories</th>
<th>Codes</th>
<th>Concepts</th>
<th>Theory</th>
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</thead>
<tbody>
<tr>
<td>1. Cultural Traditions and Values</td>
<td>Group members benefited from culturally meaningful customs and values built into the group.</td>
<td>Values</td>
<td>Healing occurs through traditional values.</td>
</tr>
<tr>
<td>2. Group Values</td>
<td>Group members benefited from core group values.</td>
<td>Values</td>
<td>Healing occurs through group values.</td>
</tr>
<tr>
<td>3. Facilitator Characteristics</td>
<td>Group members benefited from facilitators who held core values. Non-Native female</td>
<td>Values Suggestion</td>
<td>Healing occurs through strong facilitator values.</td>
</tr>
</tbody>
</table>
| 4. Learning | Group members benefited from psycho-educational sessions about intergenerational trauma and micro-aggressions. | Learning | Healing occurs through increased awareness. 

5. Resources | Group members benefited from handouts and outside resources. | Learning Suggestion | Healing occurs through continued increased awareness outside of the group. 


7. Time | Participants were overwhelmed by the information. The group should be offered twice a week to allow for follow-up. | Suggestion | The group could be improved if offered twice per week. 

8. Different Learning Styles | Group members suggested that material is presented in a variety of formats to account for verbal, visual and kinesthetic learning styles. | Suggestion | The group could be improved through diverse teaching styles. 

9. Other Groups | Group members suggested that future groups are offered to other Native Americans groups, such as adolescents and males. | Suggestion | The group could be beneficial if tailored toward Native American males and adolescents. 

Values
A consistent theme that emerged from the narrative was the importance of a strong, culturally meaningful, set of group values. Participants described how the inclusion of culturally
congruent values strengthened their commitment to the group and consequently, increased their sense of healing. What’s more, each woman described how both group values as well as values specific to the group facilitators were helpful factors that solidified their experience in “The Healing Circle” and promoted a strengthened sense of cultural pride.

**Incorporating tradition**

Participants revealed their appreciation for ways in which “The Healing Circle” promoted traditional Native American values. Additionally, both women shared that they particularly enjoyed the final “Healing Circle” session because it involved food, celebration, and ceremony. In the final session, group members and facilitators brought food to share with one another, most of which was traditional, family recipes. During this session, the group also performed a smudge ceremony – a Native American tradition that involves burning medicines such as cedar and sage to cleanse the soul of negative energy. The group performed a smudge ceremony as a way to celebrate transformation and purification that had occurred within “The Healing Circle.” Group members also sang traditional Native American songs during the ceremony. Participants in the focus group agreed that the final session was particularly meaningful and future “Healing Circle” groups should continue to practice traditional Native American customs, not just at the final session but throughout all sessions as appropriate. To summarize her experience, one participant commented, “It was very ceremonial and celebratory that our group had come to an end. It was really nice.”

**Group values**

Participants in the focus group discussed the importance of core group values that helped to facilitate healing. For instance, they identified the following values as essential to the group: safety, honesty, and commitment. Due to the personal and sensitive content of “The Healing
Circle,” safety and support were identified as necessary values to promote trust and cohesion. Moreover, participants identified honesty and genuineness as a necessary group value. They suggested that being open and honest with one another would allow for valuable opportunities to process personal feelings and experiences related to historical pain. Finally, participants indicated that in order to benefit from the group, it is imperative for group members to make a commitment both to the group and to oneself. The women agreed that without a strong, consistent commitment to healing, participation in “The Healing Circle” would likely be less effective. One participant summarized it by noting that, “it would take a personal commitment on the person that’s participating to make an investment within themselves. If you can set it up that way, then it will help better than if they are just coming for others.”

**Facilitator values**

Beyond group values, participants emphasized core values that they looked for within the group facilitators. Each woman expressed a desire for facilitators who were open, honest, and willing to be transparent within the group. Additionally, they indicated how they were able to develop trust in the group experience because both facilitators had helped to establish an environment of honesty and support.

**Learning**

According to both participants, “The Healing Circle” was also effective because it provided psycho-education and helpful resources. Handouts provided to group members allowed them to continue to learn and review outside of the group. Both women described how they were able to heal through increased awareness of what intergenerational trauma is and how it is harmful to Native American people in particular. They also described how homework
assignments and outside resources shared within the group were helpful factors that contributed to their healing experience.

**Psycho-education within the group**

During the focus group discussion, both participants expressed how psycho-education helped them begin to heal from intergenerational trauma through increased awareness about how such pain affects Native American people. In fact, as commonly stated within the group, one woman reported that she had never heard of intergenerational trauma until participating in “The Healing Circle.” Yet as soon as the concept of intergenerational trauma was described and applied to common daily experiences, she began to recognize the experience as one similar to her own. Additionally, another participant indicated that she benefited from group discussions about micro-aggressions. This participant shared that she was able to better understand concepts discussed within the group once they were further applied to current events or topics within the media. She shared the following statement about this: “I think the discussion about micro-aggressions … that kind of brought it home for me in regard to how we experience (intergenerational trauma) now. Like the fact that the whole ‘Geronimo’ situation happened at the same time, that was a clear example” (Referring to the military term “Operation Geronimo,” as used to describe the 2011 assassination of Osama bin Laden).

**Outside resources**

Throughout their time in “The Healing Circle,” group members were encouraged to continue to explore and research topics related to intergenerational trauma outside of the group. For example, group members were assigned homework to seek personal examples or current events that illustrated concepts we discussed during group sessions. What’s more, group members were encouraged to explore more about Native American history as well as
inspirational Indigenous role models, especially those specific to their heritage. Both facilitators and group members shared books, films and resources with one another in order to facilitate learning and to strengthen cultural identity and pride.

During the focus group, participants reported that outside homework paired with shared resources helped to strengthen their awareness and understanding of intergenerational trauma. As a result of increased insight, they reported being able to further their healing process and gain a sense of control. One observed, “I really appreciated the resources and the sharing of information … and the outside homework piece about see how this affects you within the next week, or see how you notice these things. I think the group pushed me to self study – to go seek out and learn more about my own heritage.”

Processing

According to both participants, women who attended “The Healing Circle” benefited significantly from opportunities to process with one another during their time together. Per the group format, half of the group sessions were dedicated to processing and group members were encouraged to apply recently learned issues to their own experiences. Process-oriented sessions were meant to promote healing through sharing and a sense of community. Processing sessions were also built into the structure of this group format in order to incorporate Native American values of collectivism and community dialogue. The focus group participants shared that they benefited from the opportunity to process and connect with one another.

To normalize

Time spent processing was helpful because it allowed group members to normalize their experiences. Both women reported that they felt a sense of relief when they heard others relate to their problems. The concept of normalizing was mentioned throughout the focus group
discussion as a helpful factor that contributed to healing. One participant noted, “Seeing the other women there and whatever they were dealing with – we all have our own process to bear and it just helped to see everybody else having their own issues they’re dealing with.” The second participant stated, “I am an introvert and it was nice to interact with other people who were like you … who had the same background, the same struggles, you know to see that you’re not alone … that you’re not crazy.”

To connect

Focus group participants reported that they had benefited from their experience in “The Healing Circle” because it was an opportunity to share and connect with one another. For these women, sharing with one another was especially meaningful because it created a sense of connection and community within the group. Process sessions deepened such connections and participants indicated that this allowed for a collective process of healing to occur within a safe environment. Additionally, a sense of community is often important for people who have experienced trauma because connection is essential to overcome pain often associated with past, painful relationships. One participant reported, “(This group helped me with) coming out of my shell because I was pretty much in my shell before I started my counseling here. My counselor suggested these women’s groups and I wasn’t ready for it but once I started to attend them I began to open up.”

Suggestions

Overall, participants in the focus group expressed a strong sense of appreciation for their experience in “The Healing Circle” because it allowed them to overcome feelings of shame and sadness associated with intergenerational trauma. What’s more, both participants offered
suggestions about how to strengthen “The Healing Circle” as an intervention so that future groups will be increasingly effective for others.

Both women reported feeling somewhat daunted by the amount of information presented in the group. These women indicated that at times they felt emotionally overwhelmed due to the amount of information and the serious nature of its content. Therefore, each woman suggested that future “Healing Circle” groups are offered twice per week instead of once. They indicated that a biweekly group would offer group members a second chance to learn and process information covered that week. Additionally, one participant noted that she would have appreciated more handouts in order to take away materials from each session and better absorb the information being presented throughout the three-month cycle. She also suggested that group facilitators offer a review session at the end of the group cycle to further promote learning of information presented throughout. More specifically, she stated, “I could have benefited from more handouts, and also would have liked to have a refresher list of everything that was talked about.”

Participants further recommended for a variety of teaching styles to be used to accommodate auditory, verbal, and kinesthetic learning styles. For instance, they suggested that facilitators should offer group members pens and paper at the beginning of every group session in order to provide an environment that is conducive to note-taking. These women also suggested for facilitators to provide music at the beginning of the session as people are arriving. They specifically indicated that group members might benefit from hearing traditional music and drumming as they arrive, in order to become oriented to the group environment. She expressed this as, “I think if you’re able to do something as simple as… you could add light playing music, and make available paper and pencils in case they want to take notes and have something tactile,
then you have the auditory, visual with the board, and kinetic learning. Sometimes by taking notes I am better able to grasp a concept. Or even for people who like to doodle… Like “V,” who was always knitting, that was a coping mechanism for her.”

During the focus group, participants discussed characteristics that were important for the facilitators to possess. While they were open to non-Native group facilitators, both women agreed that it is important for the facilitators to be female. They indicated that gender was an especially salient topic throughout the course of “The Healing Circle.” After all, it is a women’s group and some group members have painful histories of domestic violence and sexual abuse that would be difficult to discuss in a group lead by male facilitators. Yet when the facilitator asked about race, both women reported that race was a lesser important characteristic. They agreed that non-Native group facilitators would likely do just as well as long as they are able to openly and comfortably discuss difficult topics related to race. Participants indicated that it is essential for facilitators to model comfort with such dialogues in order to promote healing from historical pain and oppression. One participant summarized this as, “It is all in a way that a person is genuine. That helps for clients to feel comfortable. It is tough. I’m also mixed so I know it’s really hard for me to look negatively down on somebody because of their race.”

Finally, both women strongly agreed that groups aimed at helping people overcome intergenerational trauma should be offered to other groups within the Native American community. Both women agreed that adolescents and teenagers could begin a process of healing from an early age if they participate in a group similar to “The Healing Circle.” Participants also talked about how Native American males are in need of a similar group aimed specifically at their healing needs: “I think men would benefit from it too because they have their definite issues, especially in this society because it’s not at all like years ago.”
Discussion

Themes found within this focus group discussion suggest that participation in “The Healing Circle” helps to overcome intergenerational trauma in various ways. Participants interviewed reported that the strongest factors that contributed to healing were traditional Native values and customs, psycho-education, and sharing within the group.

Group members emphasized the importance of incorporating culturally meaningful customs and values throughout the therapy sessions, such as honesty, community support, and commitment. Previous research similarly indicates that inclusion of cultural values is imperative in a group therapy model to help Indigenous people heal from historical trauma (Brave Heart, 1998; Duran, 2006; Gone, 2004).

Participants also described how they benefited from learning about the effects of intergenerational trauma through handouts, discussions within group sessions, and homework. This finding is congruent with previous research that suggests psycho-education facilitates increased awareness necessary to heal from intergenerational pain (Aboriginal Healing Foundation, 2004; Brave Heart, 1998; Shepard, O’Neill, & Guenette, 2006). Participants further reported an appreciation for outside books and resources that were shared between group members and facilitators.

Additionally, participants noted that they especially benefited from opportunities to share with one another through process-oriented sessions. They discussed how sharing helped to normalize their experiences and it also allowed them to build positive connections with other women who have also experienced historical pain. Previous research similarly indicates that group process is a cathartic experience that is an essential component to healing from intergenerational trauma. For instance, Brave Heart (1998) suggested that an opportunity to share
one’s story encourages Indigenous women to explore alternate interpretations of their personal narratives. Additionally, previous research suggests that storytelling is a culturally meaningful practice, and a validating experience that can empower Native American females to overcome the effects of historical pain (Aboriginal Healing Foundation, 2004; Gone, 2009; Shepard, O’Neill, & Guenette, 2006).

Focus group participants also offered helpful suggestions about how to increase the effectiveness of “The Healing Circle” for future group members. For instance, they indicated that the content of group discussions felt overwhelming at times. Therefore, participants suggested that it would be helpful to offer “The Healing Circle” twice per week rather than once. A second weekly group would give group members an opportunity to attend double sessions in order to further process information presented that week.

Participants further recommended that facilitators provide more educational handouts to help integrate information presented within the group. In addition, they suggested that facilitators include various types of learning tools in order to accommodate all three learning styles – auditory, visual, and kinesthetic. Previous research similarly suggests that Indigenous people tend to respond favorably to a combination of visual and auditory learning styles (Shepard, O’Neill, & Guenette, 2006).

In regard to facilitator characteristics, participants proposed that only females run “The Healing Circle,” since it is a woman’s group. They reported that non-Native facilitators would likely work well within the group, as long as they are open and comfortable leading difficult discussions about race and oppression. Participants also shared a desire for facilitators who demonstrate a sense of humility and a genuine commitment to the purpose of the group. This finding differs from research conducted by Brave Heart (1998), who suggested that it was
doubtful if Non-native outsiders could successfully facilitate an intergenerational trauma group for Native Americans. Nonetheless, Shepard, O’Neill, and Guenette (2006) found that Non-Native facilitators would likely be effective group leaders as long as they used a relational style, had a strong understanding of historical trauma, and possessed a strong sense of “cultural empathy.”

Lastly, participants strongly recommended that similar versions of “The Healing Circle” be offered to other groups outside of Native American females. Particularly, they suggested that groups are offered for Native American adolescents as well as adult males. Previous research offers a similar suggestion, that an intergenerational trauma group model is likely to be universally meaningful to other Native groups, regardless of tribal status, gender, or age (Brave Heart, 1998).

**Limitations**

The study had a few limitations. Most notably, the current study was limited to two participants and was therefore less representative than a larger group would have been. The small sample size used limits the generalizability of themes found within the focus group discussion. Secondly, the study was based on “The Healing Circle” as an intervention model to treat intergenerational trauma, yet this was the first cycle of this group therapy intervention. It will be important to look at future cycles of this intervention in order to gain a better idea of the effectiveness of “The Healing Circle” as a method to treat the effects of intergenerational trauma among Native Americans.

**Future Research**

Based on findings from the focus group narrative, the researcher (who is also the group facilitator) will implement changes to “The Healing Circle” in order to strengthen the group as
an intervention method. Therefore, it will important for future research to look at ongoing cycles of “The Healing Circle” in order to increase understanding about how to help Native Americans overcome the effects of intergenerational trauma and historical oppression.

What’s more, participants suggested that other “Healing Circle” groups are created specifically for Native American adolescents as well as adult males. This finding is similar to a suggestion by Brave Heart (1998), who concluded that a historical trauma group model is likely to benefit Native groups across tribes, genders, and ages. Once such groups have been created and implemented, future research will be needed to evaluate the effectiveness of “The Healing Circle” intervention with these particular groups.

Finally, in order to conduct research among Native American groups in a culturally respectful manner, it is important for researchers consider the utility of a community participatory action model. This style of research is proven to empower Indigenous people due to a methodology that is grounded in within the community and their respective culture. Similar to previous research, the findings of this study lend further support for future research that offers Native American people an opportunity to collaborate in the process of generating meaning and knowledge relevant to historical trauma (Caldwell, Davis, DuBois, & Echo-Hawk, 2002; Duran, 2006; Gone, 2009; McCabe, 2007; Mohatt, et al., 2004).

Conclusion

Intergenerational trauma is one of the most salient sources of pain among Native Americans today (Aboriginal Healing Foundation, 2006; Duran, 2006; McCabe, 2007; Yellow Horse Brave Heart, 2005). It is evident that interventions are needed that aim to heal the detrimental effects of intergenerational trauma and historical pain. Based on results from the current study, “The Healing Circle” is a group therapy method that appears to help Native
American women overcome intergenerational pain through culturally meaningful therapy, psycho-education, and collective sharing and healing. It is clear this particular intervention was helpful to the two participants who were interviewed in the focus group. With continued feedback and similar efforts, future “Healing Circle” group interventions can help others begin to heal from intergenerational trauma as well.
References


