

Research Paper: Native Americans and Mental Health –

Seeking Connections Between Historical Trauma, PTSD, Substance Abuse, and Suicide

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Having survived a physical and cultural genocide, American Indians have proven their resilience time and time again. The price of survival, unfortunately, is living with trauma. In this paper I will use course texts to consider centuries of traumatic dehumanization as epitomized by the Dawes Act, the Indian Removal Act, the boarding school experience, and termination. Trauma is passed down generationally—and this is especially true in Native communities where collectivism is privileged over individualism—meaning even those who did not experience the suffering firsthand still carry its weight.

I will begin with some brief statistics, definitions, and overview to provide context for this investigation of trauma and its manifestations in mental health. Native Americans make up about 1.7% of the U.S. population, or about 5.2 million people.¹ The Indian population is significantly younger than the general U.S. population: the median age on reservations is 26, while the median age in the U.S. is 37.² It is important to take from this statistic not that Native families are having more children or growing faster, but that their life expectancy is significantly less than the national average. Indeed, in some states Native life expectancy is 20 years less than that of the average American.³

A mental health disorder is any condition that affects an individual's thoughts, feelings, moods, or behaviors.⁴ These disorders range broadly in severity from mildly uncomfortable to

¹ Office of the Surgeon General, "Mental Health Care for American Indians and Alaska Natives," Mental Health, Office of the Surgeon General, 2001, <https://www.ncbi.nlm.nih.gov/books/NBK44242/>.

² Ibid

³ Eric Whitney, "Native Americans Feel Invisible in U.S. Health Care System," *You, Me, and Them*, Montana Public Radio, December 12, 2017, <https://www.npr.org/sections/health-shots/2017/12/12/569910574/native-americans-feel-invisible-in-u-s-health-care-system>.

⁴ Mayo Clinic, "Mental Illness," Mayo Clinic, Mayo Foundation for Medical Education and Research, accessed April 6, 2020, <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>.

significantly disabling. The American Psychiatric Association has catalogued and defined these disorders in its Diagnostic and Statistical Manual, currently in its fifth iteration.⁵

American Indians experience “serious psychological distress” 1.5 times more than the average American. Of the mental health disorders, post-traumatic stress disorder (PTSD) sees the largest disparity between racial groups: Native Americans experience PTSD at twice the rate of the general population. Substance abuse is prevalent at a younger age and at a higher rate than all other ethnic groups in the US. Additionally, suicide attempts are seen at a younger age than all other ethnic groups.⁶ It is worth noting here that most statistics about American Indians are skewed low because of under-reporting.

I seek to explore the connections between historical trauma, PTSD, substance use, and suicide in Native communities. It is widely agreed that experiences of trauma increase the likelihood of mental health disorders and addiction.⁷ By moving chronologically through instances of overwhelming trauma (namely the implementation of the Dawes Act, the Indian Removal Act, the boarding school experience, and termination), I will trace their effects to the psychopathologies seen in contemporary Indian communities.

First, the Indian Removal Act was passed by Congress on March 28, 1830. It was signed into law by President Andrew Jackson two months later. This legislation forced over 46,000 American Indians to leave their homes and relocate to “Indian Territory,” or what is now the state of Oklahoma. Approximately 4,000 Indians died en route. The path the Cherokees took

⁵ American Psychiatric Association, “*Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*.” APA, APA, accessed April 6, 2020, <https://www.psychiatry.org/psychiatrists/practice/dsm>.

⁶ Mental Health America, “Native American Communities and Mental Health,” Mental Health America, Mental Health America, accessed February 18, 2020, <https://www.mhanational.org/issues/native-american-communities-and-mental-health>.

⁷ National Institute of Mental Health, “Coping with Traumatic Events,” NIMH, NIMH, accessed April 6, 2020, <https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml>.

from present day Tennessee to present day Oklahoma is officially named the “Trail of Tears,” but the same title is used to refer more generally to this forced migration.⁸ The relocation was presented by the U.S. government as peaceful and voluntary, but it is historically remembered as marked by “American ineptitude, incompetence, and fraud.”⁹

The contemporary Indian Commissioner, Thomas L. McKenney, remarked that the policy was an “adoption of a suitable system for [American Indians’] security, preservation, and improvement.”¹⁰ This characterization is the perfect example the patronizing, paternalistic savior attitude of the U.S. toward American Indians. The federal government has a long history of making decisions for Native communities without consulting Native communities, depriving these populations of a voice, of agency, and of their due sovereignty. A Cherokee man named Elias Bourdinot highlighted the absurdity of the policy, calling for any “example in the whole history of man, of a Nation or tribe, removing in a body, from a land of civil and religious means, to a perfect wilderness, in order to be civilized.”¹¹ The Indian Removal Act’s benevolence was entirely superficial. Upon minimal examination, the concept falls apart. Not two years after the policy became law, an open letter from a Choctaw man named George Harkins was written to the American People. He attempts to be optimistic, but tragically predicts the suffering of future generations due to the “effects of those oppressive measures that have

⁸ National Geographic, “May 28, 1830 CE: Indian Removal Act,” *National Geographic, National Geographic*, accessed April 7, 2020, <https://www.nationalgeographic.org/thisday/may28/indian-removal-act/>.

⁹ “An Eastern Nation’s Removal: Choctaws Leave the Homeland,” in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 269-80.

¹⁰ “Indian Commissioner Thomas L. McKenney Explains Removal, 1828,” in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 248.

¹¹ “Elias Boudinot (Cherokee) Opposes Removal, 1828,” in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 248-49.

been so illiberally dealt out to [Native Americans]”.¹² This is an early anticipation of the intergenerational trauma that is felt so ubiquitously by modern Indians.

Second, the Dawes Act (officially the General Allotment Act) was signed into law by President Grover Cleveland on February 8, 1887. Its aim was to divide common land into areas to be assigned to family heads or individuals.¹³ Essentially, the Dawes Act imposed individualism on the Native tribes which were largely organized with an emphasis on community. This legislature was authored by Senator Henry Dawes, who visited the Cherokee Nation and penned his observations regarding their society. He recounts exclusively positive things, commending their government, their schools, and their healthcare. However, Dawes slyly spins his praise, claiming that “the defect of the [Cherokee] system was apparent.”¹⁴ He goes on to write that because Cherokees own their land communally, they cannot progress—furtively implying the need for these nations to progress after hailing their culture. The arrogance of the U.S. government shines through in Dawes’ writing: he takes the position that because Indian society does not look just like U.S. society, it must be deficient. Civilization only counts as civilization if it conforms with the white American way of life. By following the advice of Dawes and ratifying the Allotment Act, the U.S. delegitimized thousands of years of history of the American Indians.

Members of the Cherokee Nation wrote an explanation of the Dawes Act from their own perspective. These delegates believed that their hospitality was their downfall. The U.S. used

¹² "George Harkins (Choctaw) Laments His People's Forced Exile, 1832," in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 249-51.

¹³ "The General Allotment Act (Dawes Act), 1887," in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 364-67.

¹⁴ "Henry Dawes Supports the Allotment of the Cherokee Nation, 1885," in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 363-64.

kindness only as a manipulative front to gain the Cherokees' trust, then undermined them without any moral qualms. The delegates lamented the multiple occurrences of the US government inserting itself "in the guise of friends, who, through motives of envy and covetousness, subsequently advise[d] our undoing."¹⁵ This perspective again combats the premise of both the Indian Removal Act and the Dawes Act. Indian tribes did not need to be civilized: in fact, they were often the party behaving most civilly in US-Indian relations.

Third, boarding schools were employed for over a century, from the 1860s to 1978, as what Dunbar-Ortiz characterizes as "the most pernicious" of the US's "new colonial institutions."¹⁶ If these schools were really about education and not assimilation, students would have learned things like mathematics and grammar.¹⁷ Rather, they were sites of cultural transformation strategically "designed by the federal government to assure the success of allotment."¹⁸ There were different models of schools, but the most popular was the off-reservation boarding school. Children were taken from their families and communities to attend school sometimes thousands of miles away. These schools were mechanisms to "civilize" the Native students—which really meant stripping them of their indigenous identities and indoctrinating them with U.S. American values. Richard Henry Pratt was perhaps the most influential figure in the boarding school era; he ran his institutions with the explicit mission of killing the Indian while saving the man.¹⁹ The dangers of boarding schools extended past the loss

¹⁵ "Cherokee Delegates Defend Their Land and Institutions, 1895," in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 364-67.

¹⁶ Roxanne Dunbar-Ortiz, "US Triumphalism and Peacetime Colonialism," in *An Indigenous Peoples' History of the United States*, (Boston: Beacon Press, 2014), 151.

¹⁷ Charla Bear, "American Indian Boarding Schools Haunt Many," Morning Edition, NPR, May 12, 2008, <https://www.npr.org/templates/story/story.php?storyId=16516865>.

¹⁸ Brenda Child, "Ojibwe Children and Boarding Schools," in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 377.

¹⁹ David Wallace Adams, "Models" in *Education for Extinction*, (Lawrence: University of Kansas, 1995), 28-59.

of culture and identity. Diseases including tuberculosis and influenza ran rampant in the hyper-crowded dormitories, resulting in such frequent student deaths that every off-reservation school had a graveyard on their property.²⁰

The boarding school experience is shared by many. It is currently estimated that hundreds of thousands of Indian children attended some form of boarding school, but this number must be calculated with approximations and assumptions because so many records have been erased or ignored. One man, Basil Johnston, recalls that his daily routine in boarding schools was marked by the “*clang clang clang*” of bells. For Mr. Johnston, those sounds haunt him as the symbols of “obedience, conformity, dependence, subservience, uniformity, docility, surrender.”²¹ Mary Annette Pember is the daughter of a woman who attended a boarding school. Even though she did not experience the horrors of boarding schools herself, Ms. Pember has inherited her mother’s trauma. She feels “consumed by the need to validate and prove, intellectually and emotionally, [her mother’s] experiences,” compelled to be able to honestly tell herself, “*You’re not making this up. This really did happen.*”²²

Fourth, and finally, is the termination era that stretched from 1940 to the late 1960s. Helen Louise Peterson of the Oglala Lakota tribe remembers, “We had little understanding of what termination really meant, except that it struck terror into the hearts of people.”²³ This era saw many policies beginning with House Concurrent Resolution 108, which stated that the United States no longer recognized tribal sovereignty—not to say that the U.S. ever legitimately

²⁰ David Wallace Adams, “Institution” in *Education for Extinction*, (Lawrence: University of Kansas, 1995), 124-125.

²¹ Basil Johnston, “A Day in the Life of Spanish,” in *Growing Up Native American*, (New York: HarperCollins Books, 1993), 184.

²² Mary Annette Pember, “Death by Civilization,” *The Atlantic*, *The Atlantic*, March 8, 2019, <https://www.theatlantic.com/education/archive/2019/03/traumatic-legacy-indian-boarding-schools/584293/>.

²³ Helen Louise Peterson, in Kenneth Philp, ed., *Indian Self-Rule: First-Hand Accounts of Indian-White Relations from Roosevelt to Reagan* (Logan, Utah: Utah State University Press, 1995), 169.

respected this sovereignty in the first place—and attempted to disband Indian tribes.²⁴ Many scholars have interpreted HCR-108 as a form of genocide.²⁵ ²⁶ Tribe members relocated from their rural reservations to urban areas across the country including Chicago, Denver, Seattle, Los Angeles, and Cleveland. The Bureau of Indian Affairs made promises to help with housing and employment, but many individuals found this assistance lacking. Collective Indian memory recalls the termination years as marked with “unemployment, low-end jobs, discrimination, homesickness and the loss [of their] traditional cultural supports.”²⁷ Those who successfully integrated into their new metropolitan lifestyle faced hardship when they returned to their homes or interacted with their loved ones who had not relocated. Termination created a cultural divide.

Following a centuries long pattern, the U.S. did not consider the real, human effects that termination would have on Indians. Unfortunately, the U.S. hardly saw Indians as people worth considering at all. Treuer outlines how “[the government] didn’t see termination as a punishment but rather as the culmination of years of successful assimilation programs.”²⁸ While the termination policies were intended to terminate sovereignty, what they effectively did was terminate what little trust remained between American Indians and the U.S. government.

It is worth noting here that most archives regarding historically embarrassing policies are often affected by epistemological violence, excluding Native perspectives. Most of the primary sources that are accessible either showcase the white perspective, or a perspective deemed

²⁴ "House Concurrent Resolution 108 Terminates the Trust Relationship, 1953," in *Major Problems in American Indian History*, (Stamford: Cengage Learning, 2015), 453-54.

²⁵ Stephen L. Pevar, *The Rights of Indians and Tribes: the Basic ACLU Guide to Indian and Tribal Rights*, (Carbondale: Southern Illinois University Press, 1992), 57.

²⁶ Roxanne Dunbar-Ortiz, "US Triumphalism and Peacetime Colonialism," in *An Indigenous Peoples' History of the United States*, (Boston: Beacon Press, 2014), 174.

²⁷ National Archives, "American Indian Urban Relocation," National Archives, National Archives, August 15, 2016, <https://www.archives.gov/education/lessons/indian-relocation.html>.

²⁸ Anton Treuer, "Politics," in *Everything You Wanted to Know About Indians but Were Too Afraid to Ask*, (St. Paul: Borealis Books, 2012), 99.

appropriate by the white gatekeepers of national records. It is important to privilege sources authored by Indians, information passed down orally, and stories recorded in Native languages. Continuing to silence these voices perpetuates the trauma experienced by American Indians.

Through each of these four instances of trauma—the Indian Removal Act, the Dawes Act, boarding schools, and termination—the U.S. systematically worked to undo the cultural identities of Indians to the nation’s economic benefit. Across these experiences, the recurrent theme is *loss of control*. While the U.S. government still will not accept culpability for the extreme mental health crisis that they have caused through these policies and actions, a realistic analysis reveals that stripping Indians of control was their primary objective. It is significant that most American Indians who are affected by intergenerational trauma are suffering from *complex PTSD*.²⁹ Complex PTSD has symptoms very similar to PTSD, but individuals with this diagnosis are much more likely to engage in “destructive or risky behavior” including self-harm, alcohol misuse, and drug abuse. Suicidal thoughts are also more likely.³⁰

Approximately 13% of American Indians will have some form of PTSD at some point in their lives—a “strikingly high incidence” at almost twice the rate of the general population.³¹ Beyond intergenerational trauma, other risk factors include minority status, substance abuse, young age, unmarried status, combat experience for men, childhood abuse or neglect, severe interpersonal violence for women, high debt, and family history of substance abuse.³² Many of

²⁹ Nadine Cole, *Trauma and the American Indian in Mental health care for Urban Indians: Clinical Insights from Native Practitioners*, (Washington: American Psychological Association, 2006), 115-130, <https://psycnet.apa.org/record/2006-02691-006>.

³⁰ National Health Service, “Complex PTSD,” NHS, NHS, accessed April 16, 2020, <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/complex/>.

³¹ Deborah Bassett, et al, “Posttraumatic Stress Disorder and Symptoms among American Indians and Alaska Natives: A Review of the Literature,” National Center for Biotechnology Information, US National Library of Medicine, March 1, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3875613/>.

³² Ibid

these risk factors are linked by structural and cultural violence against Indians within U.S. society, again showing how risk factors not directly linked to historical trauma are still informed by historical injustice.

Native American alcoholism occurs at a rate of 7.1%, compared to the general population rate of 5.4%. Underage drinking is also much more common among Indian children and adolescents. Approximately 1 in 6 Indian children age 12-17 have used alcohol, which is the highest rate of underage alcohol use across all racial groups in the U.S.³³ Unfortunately, most of the conversation surrounding this issue outside the academy relies on the stereotype of “the drunken Indian.”³⁴ This mythology has rooted itself throughout pop culture. It is imperative to not fall subject to these ignorant assumptions and look critically at how and why harmful rates of alcohol use might be prevalent. Interestingly, studies of Native American substance abuse show that it may be either a precursor or a reaction to PTSD. Most studies of the general population reflect a one-way directionality in which PTSD precedes substance use. In these cases, substance use is an attempt to modify or lessen the experience of PTSD symptoms.³⁵ However, for Indians substance abuse and alcoholism—especially experienced within the nuclear family unit—can be traumatic experiences unto themselves.

Suicide rates among Native communities are the highest of all groups in the U.S. The CDC recently conducted a study to assess how suicide rates have increased across the population

³³ American Addiction Centers Editorial Staff, “Risks of Alcoholism Among Native Americans,” American Addiction Centers, American Addiction Centers, January 2, 2020, <https://americanaddictioncenters.org/alcoholism-treatment/native-americans>.

³⁴ Elahe Izadi, “Your Assumptions about Native Americans and Alcohol are Wrong,” *The Washington Post*, *The Washington Post*, February 12, 2016, <https://www.washingtonpost.com/news/post-nation/wp/2016/02/12/your-assumptions-about-native-americans-and-alcohol-are-wrong/>.

³⁵ Leslie K. Jacobsen, et al, “Substance Use Disorders in Patients With Posttraumatic Stress Disorder: A Review of the Literature,” *Psychiatry Online*, *The American Journal of Psychiatry*, August 1, 2001, <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.158.8.1184>.

in the last two decades. Since 1999, the general population's suicide rate has increased by 33%, but Indian women have seen a 139% jump, and Indian men a 71% jump.³⁶ Further, suicide disproportionately impacts young persons in Indian Country. Suicide is the second leading cause of death for Native young persons aged 10-24, more than double the rate of the general population in the same age bracket. Many studies conclude that these staggering rates of suicide are caused by "historical disenfranchisement through genocide and institutional racism."³⁷ I would further posit that effects of the four experiences of trauma outlined above are still being directly and indirectly experienced.

Indians are twice as likely as the general population to feel that everything in every aspect of their life is an effort "all or most of the time."³⁸ R. Dale Walker, a psychiatrist and member of the Cherokee tribe, says that what he hears most commonly from tribes faced with a recent suicide is, "We can grieve no more. We're cried out. We just can't respond anymore to the problem."³⁹ Suicide in Native communities is an ongoing emergency, but local resources cannot effectively address this crisis.

Another issue plaguing Indian Country is racial discrimination within healthcare and medical systems. When individuals do reach out for professional help, they are met with yet another injustice. Self-reported data shows a bleak reality. According to a recent poll by National Public Radio, 23% of Native Americans have say they have personally experienced

³⁶ National Indian Council on Aging, Inc., "American Indian Suicide Rate Increases," NICOA, NICOA, September 9, 2019, <https://www.nicoa.org/national-american-indian-and-alaska-native-hope-for-life-day/>.

³⁷ Ibid

³⁸ Office of Minority Health, "Mental and Behavioral Health – American Indians/Alaska Natives," Office of Minority Health, US Department of Health and Human Services, accessed April 18, 2020, <https://www.minorityhealth.hhs.gov/omb/browse.aspx?lvl=4&lvlid=39>.

³⁹ Anna Almendrala, "Native American Suicide Rates are at Crisis Levels: The Numbers are Staggering," *Huffington Post*, *Huffington Post*, October 2, 2015, https://www.huffpost.com/entry/native-american-youth-suicide-rates-are-at-crisis-levels_n_560c3084e4b0768127005591.

discrimination when going to a doctor or health clinic because they are Native.⁴⁰ Experiences of discrimination within the healthcare industry can have a large ripple effect. Not only is the individual who experienced discrimination less likely to seek professional healthcare in the future—be it for physical or psychological needs—they are also less likely to recommend or promote seeking professional healthcare. Returning to the highly shared and sharing experience of Indian communities, it is easy to imagine how one negative experience could inform and discourage a large segment of the population from engaging with a similar experience. Further, even if this hurdle is overcome and American Indians do seek professional healthcare, the same NPR poll found that 17% of women and more than twice that amount of men are dissatisfied with the quality of available doctors or healthcare service in “majority-Native areas.”⁴¹

Compounding the effects of lower-quality healthcare opportunities is the shared memory of the federal government’s ulterior motives cloaked in benign services. The boarding schools are an ideal example: the U.S. government insisted that these institutions were sites of education and opportunity when they were really sites of cultural extermination and forced assimilation. Comprehensive mistrust of federal government and large systems is a logical reaction.

In an attempt to remedy the disconnect between healthcare structures and Indians through culturally responsive and high-quality care, the American Psychiatric Association has published a guide regarding working with American Indian patients. These informational webpages stress the importance of recognizing the historical context of Native trauma, explicitly addressing the ties between genocide and psychopathologies:

⁴⁰ Joe Neel, “Poll: Native Americans See Discrimination,” NPR, NPR, November 14, 2017, <https://www.npr.org/2017/11/14/563306555/poll-native-americans-see-far-more-discrimination-in-areas-where-they-are-a-majo>.

⁴¹ Ibid

Having an accurate history of the colonization of the Americas is necessary in understanding the unique place in history of Indigenous peoples. [...] This history of trauma has resulted in intergenerational trauma. [...] Indigenous peoples experience higher rates of substance use and related disorders, PTSD, and suicide, all of which are directly associated with this intergenerational trauma on Indigenous peoples. As one staggering example, Indigenous peoples are 526% more likely to die from alcohol use than are non-indigenous people.⁴²

Spreading awareness of this severe disparity between American Indians and other racial groups is an important process for the healthcare sector.

Other organizations and initiatives are working to improve mental health conditions for Native communities and address issues including substance use and suicide. These crises are being tackled at many different levels: some groups are working on legislation while others are working on the ground to heal individual suffering. The Indian Health Service has a designated Division of Behavioral Health, which is the “primary source of national advocacy, policy development, management, and administration of behavioral health, alcohol and substance abuse, and family violence prevention” in Indian Country.⁴³ The Tribal Affairs branch of the Substance Abuse and Mental Health Services Administration has created the Tribal Behavioral Health Agenda. The number one foundational element of this agenda is “healing from historical

⁴² Mary Hasbah Roessel, “Working With Indigenous/Native American Patients,” Diversity and Health Equity, American Psychiatric Association, accessed April 7, 2020, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-native-american-patients>.

⁴³ Indian Health Service, “Division of Behavioral Health,” IHS, IHS, accessed April 21, 2020, <https://www.ihs.gov/dbh/>.

and intergenerational trauma.”⁴⁴ Acknowledging the ongoing impact of historical actions legitimates the symptoms of complex PTSD that many American Indians suffer from every day.

Clearly the U.S. government is to blame for many of the traumatic events that have created this mental health crisis in Indian Country. Perhaps the most impactful actions the government could take now would be measures of truth-telling, rather than the oft debated issue of reparations. Public admission of involvement in these horrors—along with an apology from the federal government—could go a long way. Most recently, President Barack Obama signed the Native American Apology Resolution in 2009, but like so many other moments of lip service, this has faded into obscurity.⁴⁵ The government could make historical records and archives easily accessible to those who wish to validate their experience and the government should be actively accepting new personal accounts and stories into the public record. Policies like boarding schools and termination have living survivors: their voices should be heard and added to the archives as a means of reflecting the human impact of these injustices. Nothing can undo the trauma American Indians have faced, but consistent actions of honesty and humanity from the U.S. government are important first steps to healing.

⁴⁴ Substance Abuse and Mental Health Services Administration, “Tribal Affairs,” SAMHSA, US Department of Health and Human Services, accessed April 21, 2020, <https://www.samhsa.gov/tribal-affairs>.

⁴⁵ Michael Martin, “US Apology to Native Americans: Unnecessary or Not Enough?,” Tell Me More, NPR, October 12, 2009, <https://www.npr.org/templates/story/story.php?storyId=113728438>.

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https://www.huffpost.com/entry/native-american-youth-suicide-rates-are-at-crisis-levels_n_560c3084e4b0768127005591.

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