

The Impact of Historical Trauma on Substance Use Disorders in Native American Communities

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ABSTRACT

There is a significant disparity in Substance Use Disorders between the Native American community and the general population in the United States today. This disparity may be attributed to the historical trauma experienced by the community due to colonization. The Native American community in the United States has experienced numerous collective traumatic events, ranging from direct physical violence, to forced relocation, cultural suppression, and economic exploitation. The resultant structural inequalities and cultural loss continue to have a significant impact on the health and well-being of the Native American community today. Polyvagal Theory presents a unique framework through which the Substance Use disparity in the community can be understood and through which, solutions and culturally adapted interventions can be designed to re-establish a sense of safety and autonomy in the Native American community, thereby supporting well-being.

Introduction

The Native American community experiences substance use disorders (SUD's), specifically alcoholism, more than any other community in the United States, with a rate of alcohol dependence more than five times that of the average population (Ehlers, et al.). As of 2022, nearly 1 in 4 Native Americans suffered from substance use disorders, according to American Addiction Centers. These problems have lethal consequences, as Native Americans experience a rate of alcohol-related deaths approximately 5 times higher than the general American population (*Forbes*). This disparity can be attributed to a long history of colonial policy inflicted on the community at the hands of Western settlers and governments.

The Native American community in the United States has experienced numerous collective traumatic events, ranging from direct physical violence, to forced relocation, cultural suppression, and economic exploitation and the denial of benefits promised to them by the federal government (Walters, Janko). These practices, together referred to as the process of colonization and known by Native Americans as "The Big Event," have resulted in the historical trauma that persists in the community today (Nutton and Fast). Historical trauma can be defined as the collective complex trauma resulting from traumatic experiences occurring over generations and inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation (Evans-Campbell). The specific indigenous experience of historical trauma has been conceptualized by Kirmayer as the "Four C's": *Colonial Injury*, or the perpetuation of violence and cultural oppression against indigenous groups at the hands of white settlers; *Collective Experience*, of this violence by entire indigenous communities; the *Cumulative Effects* of these injustices as they snowball over time; finally, the *Cross Generational Impacts* in the form of disparities in mental health, physical health, and economic success (Kirmayer as qtd. in Nutton and Fast).

While there is debate among scholars about the specific mechanism through which historical trauma persists through generations, it is uncontested that the history of colonial policy perpetrated on the community is responsible for the SUD crisis which pervades it today. Thus, addressing this issue requires dismantling the

legacy of colonial policy by allowing Native American communities to re-assert autonomy over their land, livelihoods, and culture.

Epigenetics

One suggested pathway through which the historical trauma experienced by the Native American community may be contributing to its issues with SUD's is that of the epigenome, a group of chemical compounds that mark the genome to determine which genes are expressed and how (Conching and Thayer). Theoretically, traumatic experiences of past generations can influence how and when certain genes are expressed, thereby genetically passing down the impacts of past trauma (Conching and Thayer).

There is significant criticism however, surrounding the idea of epigenetics, specifically when it comes to historical trauma. It is argued that the theory of epigenetics can be harmful towards historically subjugated communities by suggesting that their brains and bodies are somehow inherently "damaged" by the molecular effects of historical trauma (Keaney, et al.). This belief can lead to self-fulfilling outcomes and, specific to the Native American community, a belief that the development of SUD's is out of their control, leading to even more alcohol consumption to deal with these painful feelings stemming from this belief (Edinoff). Furthermore, as one Australian Aboriginal social worker put it, "We don't talk about our own trauma in this way, but we're really quick to talk about other people's trauma as something in the brain or in their genetic makeup...If you're talking about trauma as a pathologized experience, then usually they're not talking about the effects of colonization and how it is an ongoing project." (qtd. in Keaney, et al.) This statement highlights the potential of the theory of epigenetics to distract from the more important factors in substance use disparities in indigenous communities, which include structural inequalities, and the loss of important cultural traditions.

Structural Inequalities

In 1831, when addressing the Supreme Court case *Cherokee v. Georgia*, Chief Justice John Marshall characterized the United States' relationship with the Native American community as one "resembling that of a ward to his guardian" (*PERC*). With these words, he established what is known as the Federal Trust Doctrine, a system in which the federal government acts as the legal owner of all land and assets on Native American reservations (U.S. Department of the Interior). This system, which continues into the present-day, has made it incredibly difficult for Native Americans to prosper economically, since they have been unable to generate assets in the form of land and property, an important factor in creating generational wealth (*Forbes*, Anderson). The Federal Trust Doctrine also puts the Native American community at the mercy of the federal government to pay them properly for the management of their land, putting them at risk for economic exploitation. For example, as late as 2012, the U.S. Department of Interior mismanaged the Indian Trust Fund, neglecting to pay Native Americans the proper royalties for leases of their land by outside corporations, thus depriving the Native American community of millions of dollars of justly deserved income (Janko). As a result, more than one in four Native Americans living on reservations live in poverty (*American Bar Association*). In a recent study, this poverty was reported by Native Americans as being directly related to their development of SUD's (Johnson, et al.). In fact, a study by Maria Yellow Horse Brave Heart, a Hunkpapa/Ogala Lakota Native American, and the director of the Takini Institute at the University of New Mexico, found that when controlling for this poverty, SUD's among Native Americans greatly diminished. This highlights the contribution that the ongoing legacy of economic and political discrimination against Native Americans has on perpetuating the historical trauma and its related impact on health outcomes, including SUDs, within the community.

Cultural Loss

Another pathway through which the legacy of colonialism impacts SUD's in Native Americans is through the loss of traditional culture. Beginning in the mid-19th century, the U.S. government began a program of colonialism designed to "kill the Indian to save the man". This resulted in a series of policies of forced assimilation including the extermination of indigenous languages, criminalization of traditional cultural practices and forced relocation that separated families and communities (Nutton and Fast). One of the most pernicious of all of these forms of colonial violence was the creation of residential schools for indigenous youth. These institutions were part of an attempt by the U.S. government to erase indigenous culture by forcibly removing indigenous youth from their families, thereby separating them from their cultural identity and traditions. Children in residential schools were punished for speaking their Native languages, had their heads shaved as a way of distancing them from their heritage, and taught to view their own culture as savage and superstitious (Nutton and Fast). This created several generations of Native Americans who were cut off from their cultural roots. This cultural loss has been directly linked with increased substance dependence (Gameon and Skewes). In a study by Yuan, it was found that Native American men who attended boarding school had a significantly greater risk of past-year hazardous and harmful alcohol and binge drinking for 2 or more days, as well as an increase in past year substance dependence, demonstrating the ongoing impact that loss of tradition and identity has on SUD's in the Native American community.

Polyvagal Theory

The mechanism by which both structural inequalities and cultural loss influence substance abuse in the Native American community can be understood through the framework of the Polyvagal Theory (Porges). Recently, scientists have begun to consider symptoms of trauma related disorders, such as PTSD, or historical trauma, not as maladaptive "dysfunctions" of the brain and nervous systems, but as a "hyperfunctionality" of ancient physiological systems that once served an important evolutionary function (Zanette, et al.). The Polyvagal Theory posits that the autonomic nervous system regulates the management of threat. It is organized in an evolutionary hierarchy with distinct physiological responses (Porges) with the most evolved ventral vagal branch, involved in promoting a sense of safety and connection (Porges). When the nervous system perceives threat, however, it reverts to the older, sympathetic (immediate threat) or dorsal vagal (persistent threat) systems, which focus purely on survival (Porges).

A crucial factor in feeling safe is connection on both an individual, and communal level. Deborah Dana, a social worker, and consultant to the Traumatic Stress Research Consortium, explains, "When there is a rupture in our sense of connection (losing our sense of self...being cut off from nature, or becoming distanced from our experience of spirit) our ability to anchor in safety and regulation is challenged...". The "Big Event" of colonization can be seen as a rupture of this nature which severed the community's connection to their land, connection to their community and connection to their culture and heritage, thereby robbing them of their sense of safety. According to Jan Winhall, a psychotherapist who specializes in trauma and addiction, one result of this rupture can be a "retuning of the autonomic nervous system to be locked into states of defense that would lead to mental health vulnerabilities and attempts to ameliorate feelings of threat via addictive behavior" (Winhall and Porges). In other words, the historical trauma experienced by Native Americans communities robs them of a sense of safety, which makes them more susceptible to SUD's because such substances can be used as a coping mechanism for feelings of perpetual threat from which they have no escape.

Solution/Recommendation

In order to re-establish a sense of safety in the Native American community, thereby reducing the SUD disparity in the community, it is essential to facilitate a return to autonomy over their land and culture. This can be achieved through decolonization strategies which acknowledge that indigenous people continue to be negatively impacted by historical trauma and oppressive policies and places the importance of their own autonomy at the center of solutions (Smith qtd. in Nutton and Fast). Decolonization efforts need to be implemented on both the structural and the cultural level.

Structurally, decolonization means Native Americans regaining legal autonomy over reservation lands. The current reservation system has handicapped the Native American community's economic growth, leading to the severe poverty that is a large contributing factor in SUDs. Such autonomy can take the form of increased responsibility over reservation governance, control of natural resources, and increased control over social services, such as education and welfare (Cornell). Native American communities who have established increased legal and political control over their reservations have been shown to have improved mental and financial health as well as a decreased risk of developing SUD's (Nutton and Fast).

Decolonization must also include re-connecting the Native American community to their cultural identity. Culturally adapted interventions, which place Native American communities at the forefront of determining their own solutions and treatments, thus allowing communities to retain their autonomy in ways that more traditional interventions do not (Wendt, et al.). Nutton and Fast conducted a critical review of interventions to prevent or reduce substance abuse in Native American youth. The studies with positive outcomes all reported utilizing culturally adapted interventions that maintained emphasis on the role of historical trauma in SUD's, and incorporated traditional values, beliefs, and Native American healing processes into their programs.

This two-pronged approach to decolonization can create important feelings of community, identity, and autonomy among the Native American community, re-establishing a sense of safety, and thus reducing the community's susceptibility to substance abuse.

Conclusion

The process of colonization robbed the Native American community of important cultural, economic, and legal autonomy, and subjected it to widespread poverty, stripping it of its identity, culture and community, thereby removing its sense of safety. This loss of safety leaves the community at an increased risk of developing SUDs, as such substances can temporarily mimic the sense of safety which has been stripped from it by colonial policy. The solution proposed in this paper would work to re-establish these feelings of safety, by giving Native American communities the opportunity to strengthen their political autonomy and cultural identity, thereby reducing their susceptibility to SUDs.

Limitations

There are a number of limitations which should be considered with this solution. First, while the solutions of culturally adapted interventions do allow the Native American community further autonomy, they are solutions formulated by white, western influences rather than within the community itself, thereby limiting the autonomy they provide. Second, since this essay focused primarily on the foundational causes of SUD's within the Native American community, it did not address the disparities in access to mental health services and addiction treatment that Native American communities face. These factors may be in and of themselves, causes for the Native American community's disproportionate struggles with SUDs. Finally, the Native American community is diverse and comprises many tribes each of which have a set of unique circumstances and needs. However, due

to the limited scope of this paper, it was necessary to consider the community as one from a larger cultural and historical lens. Future research should consider in depth exploration of the SUD's within specific tribes and the specific factors influencing it.

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