

Exploring Irish Multigenerational Trauma and Its Healing: Lessons from the Oglala Lakota (Sioux)

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This exploratory article reviewed the professional literature related to the construct of multigenerational trauma and the importance of cultural identity and practices as healing and protective/resilience factors against such trauma. It also posited that the Irish and the Oglala Lakota (Sioux) of the North American Northern Plains have commonalities; one commonality perhaps being multigenerational trauma (also called historical loss, transgenerational trauma/shame). Emerging evidence about treatment of multigenerational trauma with the Lakota through implementing their cultural practices and cultural renewal in rural settings are also discussed. Finally, this investigation describes results from a focus group experience with 12 Irish counselors from rural Southeastern Ireland that explored resiliency related to multigenerational trauma using genograms to describe and compare traumatic and resiliency patterns. {Note: This exploratory approach does not include Irish Diaspora (e.g., Irish-Americans, Irish-Australians, and Irish-Canadians)}. It is hoped that based on the results of this approach, further investigations can occur with these populations.

Keywords: Trauma; Irish; Lakota; Cultural Healing; Renewal; Resiliency

Introduction

Trauma is defined by the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV-TR) (APA, 2000) as experiences that involve actual or threatened serious injury, or learning about unexpected or serious harm, or death or injury experienced by a family member or other close associate. Traumatic experiences can include abuse, neglect, domestic violence, traumatic loss or bereavement, and living within an impaired caregiver (e.g., caregiver with depression, alcohol abuse) (The National Child Traumatic Stress Network, 2006).

Problems experienced by traumatized people include the DSM-IV-TR diagnosis and/or symptoms of Post Traumatic Stress Disorder, including marked diminished interest or participation in significant activities, feelings of detachment or estrangement from others, restricted range of affect (e.g., unable to have loving feelings), and sense of a foreshortened future (e.g., do not expect to have a career, marriage, children, or a normal life span) (APA, 2000). Associated mental disorders include substance dependence, depression, acute stress disorder, disruptive behavior disorders in children (e.g., conduct disorder and oppositional defiance), phobias, and sleep disorders (U.S. Department of Health and Human Services, 2001).

Multigenerational Trauma and Its Consequences

The emerging definition of multigenerational trauma relates to the idea that subsequent generations learn from and are affected by parents, grandparents, other extended family adults who are traumatized, that is experienced unexpected or serious

harm, or death or injury experienced (e.g., genocide, sexual assault, torture, murder) (Levine, 2001). This phenomenon involves learning to experience an intense fear, helplessness, or horror through viewing another's experience of trauma (e.g., anger, depression, and alcohol/drug abuse) and learning to react/act in similar fashion (The National Child Traumatic Stress Network, 2004; Nelson, 1998). The terms historical or cultural trauma have also been used to accent the depth and breadth of certain traumatic experiences shared by many (e.g., genocide, war).

There is a growing body of evidence that multigenerational trauma (also called historical loss, transgenerational trauma) and its consequences is prevalent in historically oppressed and/or colonized peoples (Pupavac, 2002; Stone, 2003; Whitbeck, Adams, Hoyt, & Chen, 2004). Evidence of multigenerational trauma has emerged in studies of multigenerational Holocaust survivor families (Levine, 2001), refugee families, and families around the world dealing with multigenerational effects of genocide, mass killing and other collective violence. Levine (2001) reports about a number of Holocaust family studies with several recurring themes, including chronic and severe depression, disturbance in memory and cognition, feelings of guilt, marked by anxiety and sleep disturbances (Levine, 1998). More recently, Whitbeck, et al. (2004) found that American Indian parents indicated high levels of anger and depression directly attributed to multigenerational trauma (historical loss). Indeed, Stone noted that conceptualizing individual problems with historically oppressed and/or colonized peoples through the multigenerational trauma "lens" is key for helping with successful healing.

Multigenerational Trauma Mechanisms

Especially related to seminal, cataclysmic traumatic events (e.g., genocide), each successive generation may experience and act out their own trauma (e.g., poverty, alcohol abuse, domestic violence, rural isolation, from Stone, 2003). Thus each successive generation of new parents can (inadvertently) “re-traumatize” their children (Stone, 2003). On-going oppression and poverty increase vulnerability to trauma, yet multigenerational drug and alcohol abuse and other chronic mental health problems may persist regardless of socioeconomic level (Thomas & Schwarzbaum, 2006). Stone (2003) and Levine (1998) discussed the long-term effects of trauma as systemic and multigenerational, with continued themes of exaggerated and conflicted feelings of anxiety, panic and depression in subsequent generations. Both authors noted that re-traumatization reaches across several generations. In a recent study, Whitbeck, et al., (2004) found that such trauma can be found several generations after seminal traumatic events (e.g., traumatized American Indians referencing the devastating effects of the 1890 Wounded Knee massacre on their families 110 years later).

The Importance of Cultural Identity and Practices as Protective (Resilience) Factors against Trauma

As Thomas and Schwarzbaum (2006) indicated that “personal identity is cultural identity” (p. 1). They also assert that “cultural identity and self concept are developed not only within the context of the consciousness of other’s perceptions but also within historical images (sic) of culture” (p. 4). “People do not wake up one day and decide to act a certain way. Historical, sociological, anthropological, political, and geographical explanations are needed to make sense of a person’s life choices, life cycle events, and patterns of individual and relational behavior (pp. 4-5).

There is growing evidence that strong identification with indigenous and traditional culture creates a positive cultural identity and act as a positive and protective factor against trauma and its consequences (Richeport-Haley, 1998; Singh, 1999; Sue & Sue, 1999; Yeh, Hunter, Maden-Behel, Chiang, & Arora, 2004). Moodley and West (2005) found that cultures from around the world have produced rich traditions that are associated with mental health healing, including many present-day Christian rituals. They remind us that Western counseling and psychotherapy, when viewed in the context of the history of mental health healing, is relatively new. Indeed, while western mental health practices are seen as the “gold standard”; more and more people around the world are turning back to indigenous cultural practice for mental health healing. Moodley and West recommend a combination approach of therapy and cultural practices as an emerging “best practice” for mental health healing with adults and children, including trauma.

Stone (2003) as well as Moodley and West (2005) cite several studies from around the world indicating that the infusion of cultural practices (e.g., traditional music, dance, language development) increases mental health functioning, with Stone asserting that such infusion is crucial for healing trauma. As an example, Whitbeck, Chen, Hoyt, & Adams (2004) recently discovered important new evidence that multigenerational (historical) loss and trauma affect American Indian alcohol abuse. They also found that greater enculturation (the degree to which individuals are embedded in their cultures) is a significant resiliency effect on alcohol abuse.

Irish Multigenerational Trauma

Research to-date clearly underscores that survivors of massive trauma and their families are not a homogenous group of vulnerable, dysfunctional individuals; instead they display a wide range of coping strategies (Levine, 1998). It is with this proviso that Irish Historian James Lee (1994) asserted that many current mental health problems in Irish society may be best understood in the context of what he calls “historical wounding”. Similarly, the Irish researcher Moane (1994) noted that in Irish society “there are psychological patterns inherited from colonization which may be transmitted through family dynamics even while rapid social change is occurring” (p. 263). Lee (1994) and Moane (1994) proposed that centuries of English oppression and colonialism relied on mechanisms of tight control, which included:

- Physical coercion;
- Sexual exploitation;
- Economic exploitation;
- Political exclusion, and
- Control of ideology and culture.

They postulated that, for many individuals and families in postcolonial Irish society today, these mechanisms have left a deep psychological legacy of trauma and its consequences of:

- Dependency;
- Fear;
- Ambivalence toward the colonizer;
- Suppression of anger and rage;
- A sense of inferiority;
- Self-hatred;
- Loss of identity;
- Horizontal violence, and
- Vulnerability to psychological distress.

Specific traumatizing experiences for the Irish (per Lee and Moane) include systematically treated as an “inferior race” by the oppressing culture (British), subjection to starvation (the Irish Famine) even while vast quantities of foods were being exported, indiscriminate killings, land grabs, religious persecution, language and music censorship, and educational oppression. Indeed, many Irish today continue to reference their disdain of past British actions. They especially reference the wholesale suffering inflicted by the Black and Tans, the special auxiliaries that the British recruited to suppress Irish independence in the early 20th century and the systematic suppression and violation of indigenous Irish rights in the northern 6 counties throughout the 20th century (Kirkpatrick, 2006).

Although multigenerational trauma has not been specifically studied with the Irish, several Irish studies have indicated associated alcohol-related research that supports, at least tangentially, multigenerational trauma, as substance abuse is strongly correlated with trauma (The National Child Traumatic Stress Network, 2004; Stone, 2003; Whitbeck et al., 2004). While countries such as the U.S. have recently declined by more than 1% in alcohol consumption over the last 10 years, Ireland has increased by more than 39% (World Health Organization, 2006). In fact the Republic of Ireland has risen to fifth place in the World Health Organizations’ global rankings for alcohol consumption (World Health Organization, 2006). Other recent studies have consistently indicated higher alcohol use by Irish than other ethnic groups. Indeed, the Irish are the only ethnic group in the United States that has not adapted to U.S. drinking norms after several generations; instead keeping to higher Irish drinking norms (Galvan & Caetano, 2003; Van der Walde,

Urgenson, Weltz, & Hanna, 2002). Binge drinking is also dramatically on the rise in Ireland, especially among young women (World Health Organization, 2006). In terms of multigenerational transmission, the Irish researchers Morgan and Grube (1994) indicated that in Ireland, parental modeling is quite strong in predicting abusive drinking behavior; and as an illustrative example, quoted an old Irish proverb—"The person who drinks is often lucky, while the nondrinker is often unfortunate" (p. 401). Perhaps further indicating the presence of multigenerational trauma, Ireland has higher comparative rates of depression, domestic violence, post-traumatic stress, and child abuse as compared with other countries in the European Union (World Health Organization, 2006).

Gibbons (2005) noted two recent Irish movies that illustrate multigenerational trauma. In the movie, "The Field", set in the 1950s, Gibbons (2005) indicates that "the dysfunctional family of Bull McCabe self destructs (violently) rather than triumphs over the traumas of the past" (p. 214). Gibbons also referenced the movie "This is my Father" in which a burned-out, despondent modern day Irish-American travels to Ireland after his mother's death to visit family. Gibbon notes that "the family past he uncover is not the nostalgic world of the "Quiet Man", but a community who's inter(generational) hatreds bring about the suicide of a father he has never known, and the flight of his ostracized, expectant mother to America" (p. 223). Gibbons noted that as these movies illustrate a central premise of healing from multigenerational trauma—only when one recovers their cultural identity and memory are they free from the traumas of the past. Stone (2003) indicated that in cultures that struggle with multigenerational trauma, a seminal, cataclysmic traumatic event (e.g., genocide, war), often creates a cascading effect of trauma in subsequent generations. The Famine or "Great Hunger" of the mid 19th century may be such an event for the Irish.

Testimonials to Irish Multigenerational Trauma—The Famine Legacy

There is a paucity of sociological and/or psychological studies supporting (or refuting) the psychic effects of the Irish famine or other traumatic events in Irish history. However, several influential and astute observers of Irish culture believe such a legacy exists, especially related to the famine. Cormac O'Grada (1999), Ireland's premier economic historian asserted that "the Irish famine was much more murderous, relatively speaking, than most historical and most modern famines, that is lasted long beyond when most general accounts (are) used to end (it), and that its ravages reached all counties, classes, and creeds. Its enduring impact is reflected in a continued desire in Ireland to remember those things we (ourselves) never knew" (p. 232). The famous Irish American writer, Frank McCourt (2001) from Limerick in referencing famine trauma indicated that "in the racial unconscious of the Irish there must be some demon tormenting us over food" (p. 218), and "we are expected to suffer retroactively, we were told then and we know it now, the famine was the worst thing ever to happen to the Irish race; (oh) the psychological effects of hunger, how it breaks you, how it hinders any kind of emotional development" (p. 220). Thomas Keneally, the Irish-Australian writer (1998), follows a similar theme in his book "the Great Shame", asserting that the Irish famine "has produced in the Irish themselves a certain amount of that survival shame which one encounters also in certain survivors of the Holocaust: the irrational but sharp

shame of still standing when so many fell; the shame of having been rendered less than human by cataclysm" (p. 605). Whelan (2005) supported these observations, and noted that the key to such multigenerational trauma is to be to move away from an individual's memory that internalizes past traumas as depression to a more culturally enabling form, which embraces cultural practices and pride. Such a transformation can be aided by development of cultural identity and participation in cultural practices. One traumatized indigenous group that is answering some of these questions (Braveheart, 1999; Whitbeck et al., 2004) is the Oglala Lakota (Sioux) people.

Lessons from the Oglala Lakota (Sioux): Cultural Identity and Practices as Healing for Multigenerational Trauma

The Irish and the Lakota have been compared conceptually due to similar histories of colonization (Hayden, 1997; Wall, 1999). There are obvious comparisons between the Irish and Lakota peoples.

To summarize (from Lee, 1994; Stone, 2003):

- Both indigenous cultures have long histories of colonization (which is different from oppression);
- Both cultures currently struggle with extremely high rates of alcoholism and drug addiction;
- Both cultures have experienced systematic repression of their religions, languages, music and other traditional cultural practices;
- Both cultures are historically rural and have endured poverty, land loss, and experienced being forced into living situations and conditions against their will (e.g., relocation to reservations, cities).

Irish and Lakota Intersections

Indeed, there are some historical and current examples of cultural "resonance" between the Irish and Lakota. There is evidence that massive and multigenerational trauma tends to create in people the desire to help other oppressed people (Cutler, 2006; Levine, 2001). For example, this resonance and active empathy for other oppressed people (e.g., slaves and free blacks) on the part of the Irish and Irish immigrants in Philadelphia was well documented by Ignatiev (1995). In the rural American West, there are clear indications that prominent immigrant Irish leaders stepped forward in support of American Indians in general and the Lakota people in particular in much greater numbers than prominent leaders from other immigrant groups (e.g., German, Scandinavian).

One example of an Irish leader actively supporting the Lakota (and other Tribal groups) was John Boyle O'Reilly, a crusading Irish immigrant journalist who went on record as being pro-Indian when news of the 1876 Battle of Little Bighorn made its way east. He wrote that Custer was a fool and the Sioux (Lakota) were the real champions; a very unpopular stance at the time (Padden & Sullivan, 1999). Another Irish immigrant who exhibited rare vision and compassion in matters related to the Lakota and other American Indians was Thomas Loraine McKenney, who served as superintendent of the Indian Trade Bureau in the early 20th century. Often to no avail, he lobbied presidents for American Indian rights, battled federal corruption in American Indian trades and tried to stop the illegal sale of alcohol to the tribes (including the Oglala Lakota

Tribe on the Pine Ridge Reservation).

Another example was County Caven-born Thomas Fitzpatrick who negotiated the fair-minded 1851 Treaty of Fort Laramie that secured the Black Hills for the Lakota people (which was violated in 1874, when the Black Hills were illegally taken by the U.S. government—an issue still in great dispute today) (Padden & Sullivan, 1999). In addition, David Quinn (2005) wrote about his great uncle, Michael Quinn, who fled the oppression of the Famine and its aftermath to the American West only to find he needed help from a Lakota traditional healer to relieve his nightmares about his brother's death from the Famine.

In present day, Irish writer Eamonn Wall (1999) upon a visit to rural western South Dakota, home of the Oglala Lakota, asserts that it is only natural for the Irish and Lakota, upon learning about each other, to feel a kindred spirit. As he noted “certain issues of land, language, identity, religion, culture—make our histories comparable. Also, such terms as genocide and colonization can be used in discussion of both (cultures)” (p. 118). The Irish historian, Kevin Whelen described indigenous Irish before 1850 in terms similar to rural Indian villages in America “in this intimate face-to-face world... a rich oral culture was encouraged... Singing, dancing, and story telling emerged as the prized art forms. All this life was intricately interwoven. The vivacity and gaiety of the society, as well as its hospitality, was constantly commented on by pre-Famine visitors” (Hayden, 1997). In recalling a recent trip to Pine Ridge reservation, Irish-American Tom Hayden noted that like the American Indians, poverty, prejudice, alcoholism and other mental disorders have ravaged Irish communities and that in many ways, the Irish have been the Indians of Europe. Walters (1997) also pointed out that “the British tend to refer to the Famine as an unpleasant shared tragedy, as if both parties were morally equivalent and mutually to blame. We in America have similar attitudes of denial until quite recently towards the millions of Native Americans who suffered under our manifest destiny” (p. 14).

Multigenerational Trauma as an Accepted Construct

The phenomenon of multigenerational trauma is largely accepted in the American Indian communities in general and the Lakota communities in particular as a key concept, and it is often understood to be a root cause of the suffering of American Indian families (Brave Heart, 1999; Manson, 2000; Whitbeck et al., 2004). Stone (2003) writes that “tribal communities are impacted by a historical trend perpetuated by the dominant or affluent Euro-American culture. This has included numerous systemic influences across history: 1) Dispossession, 2) Biological warfare, 3) disruption of culture, 4) Indian wars, 5) the federal and religious boarding schools (disruption of family and language), 6) termination, 7) relocation, 8) modern influences (gangs and drugs). Each of these systemic influences has, in turn; predisposed parenting practices within the tribal communities and thusly the neurodevelopment and developmental psychopathology of tribal people. Understanding this systemic intergenerational process affecting tribal communities and individuals gives the professional behavioral health worker insight into the depth and breadth of the underlying dynamic often manifesting itself in the form of psychiatric disorders and addictive behaviors” (p. 1). Reclaiming tribal identity and spirituality are considered necessary (Stone, 2003).

Similarly, Whitbeck, et al. (2004) discovered that “a movement is growing on reservations and among urban American Indians that seeks to understand the intergenerational psychological consequences of more than 400 years of genocide, “ethnic cleansing”, and forced acculturation (p. 1).

In referring to the psychological and behavioral impact of the boarding school era from about 1930 to 1960, Manson (2001) noted that the ripple effects of the boarding school system, like all of the assimilation policies toward American Indians, can still be seen today. Some of the tragic effects that have only recently come into light were boarding school experiences and legacies of physical, emotional, and sexual abuse of children, as well as a lack of parenting, and historical grief from this trauma. These are commonly regarded as contributing factors for current high rates of alcoholism, depression, suicide, posttraumatic stress and domestic abuse. Cited as a seminal traumatic event for the Lakota, much as O'Grada described the Irish Famine, Giago (2003) recently wrote that trauma suffered from the Wounded Knee massacre still fester after more than 100 years. The National Child Trauma Stress Network (2004) in conjunction with the Substance Abuse and Mental Health Administration have recently funded several American Indian sites to, in part, study this phenomenon, including the Oglala Lakota. The Lakota project is adapting evidenced-based assessment and treatment (e.g., Trauma-Focused Cognitive Behavioral Therapy) to track outcomes from traumatized youth and families engaging in traditional healing ceremonies and support networks as well as individual and family counseling. A photo of burying the dead at Wounded Knee is displayed on this project's brochure cover page.

Evidence of Healing

For Lakota and other American Indian people, the efficacy of infusing traditional spirituality, language, teachings, and ceremonies are supported in various studies and are recommended remedies for increased mental health and school performance (Beals, 1997; Beiser et al., 1997; Brentro, Brokenleg, Van Bockern, 1998; Garrett, 1999; Marbella, Harris, Diehr, & Ignace, 1998). The use of the traditional “*tiospaye*” an extended family network and multigenerational support system (which may include developing genograms) is a key component to treatment.

A recent outcome evaluation of a family mental health services program (called *Nagi Kicopi*—Calling the Spirit Back) provides an illustrated example. This outcome study was representative of 50 troubled Lakota parents and youth who were provided with many traditional Lakota practices and ceremonies as mental health and family functioning treatment (e.g., sweat lodge ceremonies, drumming, talking circles, language development, womanhood and manhood ceremonies) (Coll, Freeman, & Robertson, 2005). The results indicated impressive positive trends in general family functioning after 6 months as well as increased strengths—including interpersonal, family, intrapersonal, and emotional and school functioning.

Such positive results speak directly to the effectiveness of the infusion of cultural identity and practices for individual, family and potentially community healing from multigenerational trauma. In-depth parent interviews support this evidence quite powerfully. For example, one parent stated “We really like this program. It has changed my way of parenting, and I (mom) will pass on this new way of parenting to my children and their

children. The program has helped my child so much that now other youth look to him as a leader. My child is more positive now. He does not rob, cuss, or steal, and he is overcoming the bad label he had at school.” Another parent noted “It is wonderful! The changes in my daughter and in the family have been very positive. For example, my daughter was crying almost all the time when she entered the program. Now she is not, and she is more confident, assertive.” Another parent said “My oldest daughter’s grades are up and my son is acting more responsibly as well. The program produces life-time changes not just quick fixes like others.” Yet another parent indicated that “It has helped a great deal. My son’s behavior is much improved, as is his attitude. He is much more positive now.” Another recent case study with an American Indian girl in a residential treatment facility indicates similar results. Infusion of tribal ceremonies (smudging, inipi (sweat lodge ceremonies) had noticeable influence on depression and aggressive behaviors Coll, et al.)

Similarly, according to Fitzgerald (2003) and others (Bairner, 2005; O’Laoire, 2005) the Irish are making strong efforts toward renewing culture, especially in language, music, sport and traditional dance. It is not clearly known at this time how effective these cultural renewal practices are in reducing substance abuse and mental health issues in Ireland. The importance of such efforts is not in doubt, however. For example and specific to the Irish language, O’Tauthaigh (2005) recently noted that “the abandonment of native language, to say nothing for its enforced abandonment, inevitably involves a disorienting rupture in cultural continuity at several levels; not only an alienation from landscape (place names) and inherited historical narratives and communal myths, but also a deep psychological trauma, at an individual and communal level, caused by the loss of a rich inherited matrix of wisdom and knowledge” (p. 47).

Irish Pilot Study

Focus Group

A group of professional Irish counselors working in rural settings directly with adults and families dealing with rape and other trauma were recently asked to explore if an approach similar to Lakota multigenerational trauma healing efforts would work with their clients.

- 1) 10 Professional Counselors (from Southeastern Ireland)
 - 2 males
 - 8 females
 - Average age = 45
 - Age range = 30 - 65
 - Average years of experience = 10
 - Range = 3 - 31 years
- 2) Major Client Issues
 - Co-morbidity
 - Child abuse
 - Sexual violence
 - Rape
 - Depression
 - PTSD
 - Procedures

Method

1) The qualitative paradigm for the focus groups interviews was based on von Eckartsberg’s (1998) existential-phenome-

nological model, which focuses on understanding and describing the human experience (Christofi & Thompson, 2007). The three parts of this model were utilized—bracketing (to increase awareness, the primary investigator was first interviewed and asked the same questions as the participants), selecting participants (individuals were both articulate and willing to talk about their and their family experiences), and phenomenological data gathering (avoided interjecting data collector’s own experiences into to participant content) (Christofi & Thompson, 2007). In terms of data analysis, Polkinghorne’s (1989) protocol was utilized (asking the participants to dividing the information into four units, discern the essential meaning of each unit, and clustering the meaning units into themes that constitute the description of the phenomenon (Christofi & Thompson, 2007). For the participants, the process was explained with informed consent.

2) Procedure

- Counselors were provided a brief power point description of Multigenerational trauma with quotes and information from American Indian studies (no mention of Irish).
- All participants completed a four (4) generation genogram (see **Figure 1**).
 - Identified Patterns related to trauma and its consequences;
 - Identified strengths and role models in the genogram*;
 - Discussed usefulness for self understanding and with clients.

Results

1) Direct Quotes about this approach

- This way of identifying multigenerational trauma is very relevant to our culture and clients;
- Powerful—it brought out the multigenerational protestant/catholic conflicts in my family, which explains some things;
- It shows that the famine created trauma in the entire population;
- This is helpful for me as a therapist to identify my own journey and influences.

2) Direct Quotes about this approach’s utility for clients

- Can promote insight quickly;
- The client can draw from “successful” ancestors—use as inspiration, sources of strength;
- This approach can show various and powerful manifestations of multigenerational trauma and protective factors;
- It is important to know and value contributions of the grandparents’ generation (this is often overlooked);
- This can be a good way to develop effective treatment plans—especially after some therapeutic progress is made.

3) Genogram template used in the training (see example—

Figure 1).

4) Narrative (see example—Appendix).

Summary

This exploratory article reviewed the professional literature related to multigenerational trauma and the importance of cultural practices as healing and protective/resilience factors against such trauma. It also posited that the Irish and the Oglala Lakota (Sioux) of the North American Northern Plains have multigenerational trauma in common (also called historical loss, transgenerational trauma/shame). One recommendation for healing

*The Genogram has been widely and effectively utilized for over thirty years to identify patterns of family behaviors, rules and roles (DeMaria, Weeks, & Hof, 1999).






Use the sheet of paper attached to show the multigenerational genogram (4 to 5 generations back if possible) of your family.

- 1) What TRAUMATIC patterns do you see? (look for patterns such as Alcoholism? Broken relationships? Depression, physical and/or sexual abuse?)
 - a) What consequences did/do these patterns have on you?
 - b) What consequences did/do these patterns have on your child(ren)?
 - 2) What positive RESILIENCY patterns do you see? (especially look for strong family relationships? positive role models)
 - a) What consequences did/do these patterns have on you?
 - b) What consequences did/do these patterns have on your child(ren)?
- What other patterns do you see (e.g., Extent of involvement with Irish culture, Spirituality)?

Treatment Recommendations for:

- self,
- child(ren)

Key-use as appropriate

Gender	Parameter of Square or Circle	Language	Acculturation	Relationships
<input type="checkbox"/> = male	<input checked="" type="checkbox"/> = same ethnicity	 = speaks native language	[] = most of life on reservation/in home town	 = close relationship
<input type="circle"/> = female	<input type="checkbox"/> = another ethnicity	 = bilingual	 = degree of acculturation (to mainstream Europe, U.S.)	* * * * = broken relationship
X = deceased	<input type="checkbox"/> = mainstream culture		* practices/practiced traditional dance and/or music	 = strained or conflictual relationship

B = birth year, M = marriage year, D = divorce year.

Figure 1.
Culture-centered genogram.

Irish multicultural trauma is to culturally adapt the Lakota approaches described (e.g., increase availability, accessibility and intentional use of traditional Irish cultural practices in mental health treatment—dance, music, sports, and language). See example—Appendix.

The Irish singer and pop icon, *Sinead O'Connor* wrote and sang these words as part of her song “Famine”. Are these credible assumptions?

“We (Irish) lost our history, and are still hurting. We’re like a child that’s been battered; we feel all the painful feelings but have lost contact with the memory. This leads to massive self-destruction, alcoholism, and drug addiction. That’s what’s wrong with us. We’re suffering from post-traumatic stress disorder. There has to be healing through remembering, grieving, and forgiving through knowledge and understanding.”

They indeed seem to be, and healing through remembering and understanding the “Irish way” is recommended.

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Appendix: Narrative Example—Cousins

Dennis and John were cousins. In the 1840s Dennis's family lived in Miltown Malbay and were tenants on a small piece of land. John's family lived in Ennis, where John's father worked as a carter (mover). Dennis and John were 9 years old when the potato blight came to County Clare. John's family went to live with Dennis' family. Both families survived the Irish famine by fishing off the west coast of Ireland. Both families spoke the Irish language fluently, and were strong in practicing traditional Irish customs and ceremonies.

Dennis grew up, made a living working with and tending livestock, and had two sons and a daughter. Dennis's children kept the Irish language, participated in traditional Irish dance, and played traditional Irish music (flute, drum) while making livings as farmers, laborers. Dennis's grandchildren thrived in the Irish Free State, becoming police, teachers, and skilled laborers. Dennis's great grandchildren now live in Dublin, Cork, Wexford, among other places and are physicians, lawyers, government workers and a few have vacation homes near Mil-

town Malbay. Some are actively involved in the Irish language renewal movement, and many are still involved with Irish dance and music.

John also grew up, and moved to Limerick where he took odd jobs and also had two sons and a daughter. John's children did not keep the language or other Irish traditions. Both sons became heavy drinkers and worked as unskilled laborers. John's grandchildren continued the cycle of alcoholism and physical abuse with some incarcerated from time to time. Some of John's great grandchildren have recently embraced their Irish identity, one reportedly is learning to be a fluent Irish speaker and teacher, another is playing the Irish flute, and another is re-introducing Irish customs to the extended family (e.g., formal dinner and celebration of St. Patrick's Day as a religious holiday). These great grandchildren of John's have broken the cycle of alcoholism and physical abuse for themselves and their children and point to a re-connection with their Irish identity as the major reason.