

# Conversations about Historical Trauma: Part Three

The NCCTS extends a special thank you to Vivian H. Jackson, PhD, Georgetown University, and the NCTSN Culture Consortium for their conceptualization of and major contributions to this series.

Parts One and Two of this series (see *IMPACT* Spring and Summer 2013) explored the complex historical trauma histories that American Indians and African Americans bring to the treatment setting. Part Three explores the experience of other cultural groups including survivors of the Jewish Holocaust, the Japanese American WWII camps, and key events affecting Hawaiians and Pacific Islanders.

## Generational Effects of Trauma

Successive generations of individuals who have experienced historical trauma may exhibit different coping skills depending on how much the trauma was discussed or inferred in their families of origin, said Paula G. Panzer, MD, Chief of Clinical and Medical Services at the Jewish Board of Family and Children's Services in New York City. In the Jewish culture, whether the trauma emanated from the diaspora, the Holocaust, the Intifada, or other displacements, children of survivors are often expected to stand for more than just themselves, Panzer said. She recalled a former client, a young mother raised in Israel by a father who had survived the Holocaust and later thrived as a businessman. "She was raised with the expectation that there was no room for ordinary challenges to get in her way," Panzer said. For the woman's father, survival during the Holocaust was an all-or-nothing proposition; for her, it became essential to learn more flexible coping skills in order to deal with present-day challenges.

Donna K. Nagata, PhD, Professor of Psychology and Director of Clinical Training in the Department

of Psychology at the University of Michigan, Ann Arbor, has studied the long-term psychological effects of the WWII Japanese-American incarceration on the survivors and their descendants. Japanese Americans were taken from their homes, dispossessed of all their holdings, and branded as untrustworthy and potentially disloyal by their own country. Survivors and descendants have processed the experience of the camps in complex ways over time. Responses ranging from low self-esteem to avoidance of the trauma have

affected offspring, including Sansei (third generation) and even Yonsei (fourth generation) Japanese Americans. Nagata and other researchers have noted profound and long-lasting effects of incarceration on overt family communication and unspoken messages related to ethnic identity, place in society, and awareness of power hierarchies. Although these effects may have lessened with succeeding generations, it is important for clinicians to "be aware that this is a relevant issue that may have ramifications," Nagata said.

As with any group subjected to historical trauma, reminders of the trauma can surface for Japanese Americans. The calls to round up "suspicious" Arab and Muslim Americans after the September 11 attacks were reminiscent of anti-Japanese sentiment after the attack on Pearl Harbor. For some Japanese Americans, this labeling served to re-evolve the experience of being treated like the enemy within their own country.



## How Trauma Is Understood

Clinicians should be mindful of how they characterize their clients' trauma, Panzer said. "The impact of disproportionate exposure to threats based upon assumptions such as the race of an individual may lead to incorrect understanding of the impact of trauma," she observed. The impact of the trauma may be experienced in the moment (and over collective moments) as traumatic AND as part of the generational family story, which makes it an historical trauma as well. "What is adaptive in the moment, such as teaching a child how to calmly behave when indiscriminately stopped by police for a search, may be normalized as part of one's cultural adaptation but then differentially experienced as trauma," Panzer said. Accordingly, clinicians need to understand the family message and the individual response.

Edwina L. Reyes, MFT, CSAC, Co-founder and Vice President of Ho'okō LLC, a counseling center in Waipahu, HI, is a Network Affiliate who formerly did outreach work at a transitional shelter in Wai'anae, HI, in association with Catholic Charities Hawaii (a former NCTSN Category III site). The shelter was serving the influx of Micronesians to the Islands precipitated by the federal government's acknowledgment of the devastation caused by nuclear testing in the 1940s and '50s. Eligible to migrate to the U.S. to seek employment, Micronesians often arrived in Hawaii without money and many were essentially homeless, Reyes said. When she first mentioned Catholic Charities' trauma services to the case manager at the shelter, the manager responded that the population did not have trauma. "It wasn't something that they recognized," Reyes recalled.

## Seek Resources, Take the Time

Nagata pointed out that, due to the high percentage of outmarriages among Japanese Americans, clinicians are well advised to solicit information about their clients' racial origins. In urban areas of the West Coast where they are more likely to have Japanese-American clients, clinicians can seek out information about the WWII incarceration. Many of these cities have Japanese-American historical museums. The Denshō Project ([www.densho.org](http://www.densho.org)) features a free online encyclopedia about the forced removal and incarceration of Japanese Americans during WWII, and more than 1400 hours of archived interviews with survivors.

The diversity of cultures on the Islands demands an attunement to the client's experience, said Reyes' partner Rhesa Kaulia, MFT, Co-Founder and President of Ho'okō LLC. Kaulia stressed the need for providers to seek out and build alliances with local, community-

based resources, such as revered pastors, community leaders, or individuals of special respect in the client's life. Although Kaulia herself is a biracial Japanese American married to a Native Hawaiian, she said she strives to "learn from the patients themselves," and does not assume that she understands all the nuances of native and immigrant communities. "Depending on which location they come from," she explained, "what you know to be true as a general rule for a Native Hawaiian may not hold true for all." Whether their clients are Micronesian, Hawaiian, Polynesian or Asian, Reyes and Kaulia develop trust with clients using a relational approach, remaining open to them as teachers. Only then can the work of healing from trauma begin. "Even if a client is presenting with depression," Kaulia said, "here in the Islands we spend an even greater amount of time working on building that trust as part of the treatment process."

Clinicians' prior knowledge or expertise can be both a benefit and a limitation for dealing with their clients, Panzer said. "All pathology need not be understood through a trauma lens, and not all trauma must be addressed at once." In addition, time is often at a premium in the public sector. This can restrict the allowance of ample time for self-generated narratives to unfold. To reinforce recovery, resilience and hope, clinicians must avoid assumptions about a family's historical trauma, and first understand what matters in the present for the family; how the family wants to be understood; and what part of their trauma the family members are prepared to address.