INDIGENOUS: HISTORY

The experience of collective trauma in Australian Indigenous communities

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Objective: *The concept of collective trauma has predominantly been applied in the context of natural and human disasters. This paper seeks to explore whether collective trauma offers a respectful way in which to explore and respond to mental health and wellbeing issues for Aboriginal families and communities.*

Method: *A review of the international literature was undertaken in order to determine the elements of collective and mass trauma studies which may have relevance for Indigenous communities in Australia.*

Results: *Findings support the proposition that the patterns of human responses to disasters, particularly in protracted traumas such as war-zones, shows strong parallels to the contemporary patterns of experience and responses articulated by Aboriginal people affected by colonization and its sequelae in Australia.*

Conclusion: *Adopting evidence-informed principles of family and community healing developed internationally in disaster situations may provide helpful ways of conceptualizing and responding in a coordinated way to mental health and wellbeing issues for Indigenous people within Australia.*

Key words: *connectedness, healing, indigenous, relationships, trauma.*

The intention of this paper is not to repeat what we already know – that Indigenous communities around Australia – urban, rural and remote – continue to experience what are at times overwhelming levels of grief, loss and trauma which impact strongly on social, emotional and physical wellbeing and mental health.[1,2] The aim is rather to introduce and build on international understandings of the concept of collective trauma in ways that may offer new approaches for understanding contemporary Indigenous experiences of trauma and provide a framework within which effective responses can be collectively developed and coordinated. While there are many examples of exceptional strength, healing and recovery within Indigenous communities, the focus of this work is on those people who are saying "we need help, but the help that is offered is not the help we need".

UNDERSTANDING COLLECTIVE TRAUMA

A concise definition of the term collective trauma and mapping of its potential applications within mental health practice have not yet been achieved. This is hardly surprising when we consider both the relatively recent development of traumatic stress in general as an accepted field of enquiry and the preferred focus on the individual as the fundamental subject for observation within psychiatry and much of medical practice throughout its history.[3,4]

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The notion of collective trauma was first conceptualized within the psychiatric literature in 1976 by Erikson when describing the impacts of a man-made flooding disaster on the small mining communities of Buffalo Creek in the United States in which 125 people died. He outlined the devastating social consequences of the traumatic event – the 'loss of communality' – experienced by the community more than a year after the disaster occurred, including the loss of connection to one's surroundings, particularly a sense of separation from other people, difficulty caring for others and loss of a meaningful connection with the self.

Erikson defined collective trauma as "a blow to the tissues of social life that damages the bonds linking people together ... a gradual realization that the community no longer exists as a source of nurturance and that part of the self has disappeared (p. 302)."[5] He viewed it as critical to distinguish between collective and individual experiences of trauma in order to underscore the difficulty for people to recover from the effects of individual trauma when the community on which they have depended has become fragmented and disconnected.

Subsequently, collective trauma and related terms, such as 'mass trauma' and 'social trauma', have gained descriptive power when observing the impacts of protracted disasters, particularly war, on populations in former Yugoslavia, Africa and Sri Lanka.[6] In his detailed observations of the impacts and recovery from the protracted wars in the former Yugoslavia, Ajdukovic highlights the importance of understanding the social context in which a disaster occurs in order to create the right interventions for healing at both the social and personal levels. He again emphasizes that analysis at the individual level is insufficient to describe the multiple consequences of organized violence or oppression, since it tends to undervalue or completely ignore the impacts of the disruption of social norms and collective meanings. Common consequences he observed include a pattern of increased family violence, child and spouse abuse and public violence.[7]

Similarly, within the Tamil communities of Northern Sri Lanka, Somasunduran observed that more fundamental and lasting social consequences of trauma occurred as a result of the chronic war, with changes much more prominent than those following the tsunami.[8] The protracted war created communities that were more passive, dependent, silent and mistrustful, and which displayed less leadership. His findings were consistent with other studies that have described the breakdown in traditional structures and institutions and deterioration in social norms and values on chronic exposure to collective trauma. Multiple studies have shown that a decline in social connection and social relatedness explains much of the mental health consequences following disasters. Equally, strong social networks appear protective and assist in recovery following mass exposure to traumatic events.[9]

In order to provide some shape to the analysis of collective trauma, Ratnavale[10] has proposed a set of signs and symptoms that describe common features of traumatized communities. They include:

- deep mistrust of self, others, even family;
- self-directed violence-suicide, risk-taking behaviour;
- substance misuse;
- violence against women;
- unremitting grief;
- shame and humiliation;
- intergenerational conflict;
- role diffusion, including sexual abuse and other boundary violations;
- cultural genocide, losing traditional values, desecrating land and institutions;
- leadership crisis;
- a conspiracy of silence – an overall attitude of secrecy.

Most fundamental and critical of these, when seeking to re-build communities, is responding to the erosion of basic trust – trust of self, others and even family. Trust has been defined by Erikson as "a pervasive attitude towards oneself and the world – derived from early experiences – that gives us an essential trustfulness of others as well as a reliable sense of ones own trustworthiness."[11] Any service responses must pay particular attention to the fundamental importance of re-building enduring trusting relationships at all levels within communities.

Commonly too, following disasters, social norms are severely disrupted. This disruption is played out in multiple ways including violence within families, sexual abuse, role confusion and intergenerational conflict, both within and between families. Importantly, a pattern observed widely in many trauma contexts is the tendency for individuals and communities exposed to collective trauma to be at much greater risk of re-traumatization.[12] Ratnavale[10] states that:

> The impact of chronic collective trauma tends to set in motion behavioural patterns which repeat the traumas of the past even to the extent of people bringing it upon themselves. Just as trauma frequently becomes a central organizing principle in the psychological structure of the individual, so too may trauma be a central organizing principle in the psychological structure of a culture. (p. 3)

TRAUMA IN ABORIGINAL COMMUNITIES

Lowitja O'Donoghue[13] has described Aboriginal traumatic history as follows:

> Aboriginal culture has been subjected to the most profound shocks and changes. It is a history of brutality and bloodshed. The assault on Aboriginal people includes massacres, diseases, dispossession and dispersal from the land . . . I cannot overstate the traumatic consequences of policy and the destruction of Aboriginal and community life that resulted. (pp. 14–15)

Such efforts by Aboriginal leaders to describe ongoing traumatic experience within Indigenous communities have frequently confronted a profound mismatch with existing mental health constructions of trauma. The diagnosis of posttraumatic stress disorder (PTSD) requires and is assessed in relation to symptoms arising from a distinct traumatic event.[14]

Within the boundaries of individual traumatic descriptions, the contemporary impacts of colonization and ongoing colonizing practices do not constitute a 'legitimate' traumatic event and, as such, Aboriginal descriptions are at risk of invalidation by mainstream commentators and service providers. There remains a strong tendency for society to judge extremely harshly those who have been chronically traumatized and even to discredit those who by association bear witness to the stories of trauma and loss.[14]

Colonization was not a moment. It is an ongoing experience with multiple persistent contemporary traumatizing events continuing to impact daily on Aboriginal families and communities. These include the ongoing colonizing practices of social marginalization, incarceration and racism in all its forms, and the retraumatization associated with family violence, sexual abuse, self-harming and substance misuse.[10,16]

WHY NAME 'COLLECTIVE TRAUMA'?

The way we define a problem strongly influences the way in which we seek solutions. Within the trauma literature we are confronted with a range of trauma terms – PTSD, mass trauma, intergenerational trauma, social trauma, cultural trauma, complex trauma – each describing different aspects of traumatic experience.

Table 1 highlights various ways of conceptualizing trauma.

What is clear is that some form of the term 'trauma' is likely to be an appropriate way to describe what we see in Indigenous peoples and communities. Colonization, wherever it occurs, includes almost all possible elements of ongoing traumatic experience. There is, however, ongoing debate about the naming of 'trauma' in any form and the labelling of human suffering in clinical/medical terms. While a formal diagnosis can allow the legitimizing of individual experience it can risk behaviours being seen as personal weakness and blindness to people's strengths and resilience. Pathologizing suffering can sustain the fear that "I will continue to do badly because the problem is an ongoing trait inside me".[17]

The inappropriateness of a PTSD diagnosis for collective experience is becoming increasingly apparent. Trauma is a framework that Aboriginal people have repeatedly identified for themselves, an acknowledgement and a context for the injustices that have been experienced, but it risks being misappropriated into the psychiatric realm of PTSD. Practitioners are beginning to challenge the efficacy of existing individual-based PTSD diagnostic criteria and treatment protocols, including SSRI antidepressants and existing cognitive behaviour therapy approaches when responding to complex collective experiences for traumatized cultural groups.[8,18]

Communities are seeking strength-based rather than symptom-based descriptions of their experience. No trauma-related term is helpful here if imposed by those in positions of power or if people feel obliged to contort descriptions of their experience to fit a given category. Collective trauma allows us to acknowledge the importance of describing traumatic experience in terms of its impacts on connectedness, collectivity and relationships. It allows us to acknowledge traumatized communities as something more than assemblies of traumatized persons and it can do so without unduly pathologizing feelings, behaviours or individuals.[11]

Many trauma models define trauma issues in terms of individual victims and individual perpetrators/victimizers. In some families and communities this view

Table 1: The language of traumatic experience

	Individual	*Population*
One-off	Posttraumatic stress disorder (e.g. exposure to rape), time-limited exposure to war (veterans).	Mass trauma, collective trauma (e.g. natural disasters, such as tsunami, earthquakes, floods, bushfires. Human disasters such as 9/11).
Ongoing	Complex traumatic stress disorder, intergenerational trauma – often defined in adulthood as borderline personality disorder, particularly if exposure begins in childhood (e.g. ongoing childhood sexual abuse, ongoing experience of family violence).	Collective trauma (e.g. war-zones (civilians, including children), colonization, genocide).

compounds a situation which risks pitting Indigenous women and men against each other. Within a collective context there is the potential to consider collective healing, while acknowledging the central importance of safety for all women, children and men. Current models risk allowing the colonizers to sidestep their ongoing responsibilities – to redefine themselves as helpers while placing Aboriginal men in the role of perpetrators/oppressors.

Furthermore, naming trauma differently supports greater advocacy for better systematic resourcing, planning and review of what we do. An agreed term, if well chosen, has utility in allowing us to describe the organizing principles around which we can shape coordinated responses for Indigenous mental health and wellbeing issues and be accountable for them. Currently, although some examples of excellent practice already exist, many responses within the mental health and wellbeing sphere are ad hoc, fall outside regular funded practice and are dependent on the sustained energy of individuals who are at risk of burn out or disappearance at the end of a funding cycle.[19]

RESPONDING TO COLLECTIVE TRAUMA

The beginnings of an evidence-informed approach to mass trauma is now taking shape.[20] Much of the mass trauma literature focuses on responses from hours to months after a disaster, while in the Aboriginal context we are considering a time-span over years and generations, where there is no demarcated end to the trauma. However, many of the principles and approaches applied to large-scale disaster interventions may have value when developing a more integrated framework for healing in indigenous contexts. Hobfoll and others have provided detailed analysis of trauma responses, grouping the essential elements of these responses under five main categories.[20] A few points of particular relevance for Indigenous communities have been included.

The five essential elements for responding to mass trauma have been identified as:

(1) *Promoting a sense of safety*: Multiple studies across cultures show that post trauma reactions persist under conditions of ongoing threat or danger. If safety, or relative safety, is introduced then there is usually a gradual reduction in stress responses. Within the Aboriginal situation, ongoing threats to safety include: daily experiences of racism, colonizing practices such as inappropriate criminal justice interventions and power imbalances, and re-traumatization, including family violence and sexual abuse. Tightly coordinated responses with integrated management of resources are essential to build stability and produce positive outcomes.

(2) *Promoting calming*: Anxiety management is an essential element of any trauma response. Anxiety and depression has been identified as the number one factor in the burden of disease for Aboriginal women.[21] There are a range of strategies, from meditation and breathing techniques through to music, massage and therapeutic grounding, that can be offered collectively to families and communities to support calming – some are already incorporated into healing programs. Not helpful for long-term recovery are benzodiazepines, alcohol or 'spin' (i.e. stories of false comfort or false promises).

(3) *Promoting a sense of self efficacy and collective efficacy*: 'Collective efficacy' refers to the sense 'that one belongs to a group that is likely to experience positive outcomes'. When overwhelmed by ongoing trauma this sense can be lost and may be rebuilt most powerfully at the family level. Families are often the main source of social capital and the main providers of mental health care. Community and families provide a context for healing.[22] Strength-based processes which mobilize the capacity for healing and resilience can be effective, however, responses must be integrated with practical support and the provision of basic resources.[23] Approaches supporting empowerment which have not been backed up by basic resourcing have frequently been found in disaster situations to be counter-productive and demoralizing.

(4) *Promoting connectedness*: Within an Indigenous framework, ill-health may be best understood in terms of fragmented relationships, of "living a life out of balance, a life of lost or severed connections with land or kin".[24,25] Healing processes within Aboriginal communities already acknowledge the crucial importance of the "harmonised interrelations which constitute cultural well-being".[26] Building and sustaining attachments to loved ones and social supports are known to be critical in overcoming stress and trauma.

(5) *Promoting hope*: Disasters can lead to a shattered worldview, including a vision of a shortened future. How often have we heard, "well it doesn't really matter because I'll be dead by 60". For many cultures building hope is fundamentally about acknowledging and revitalizing our spiritual connectedness.

Atkinson,[27] in her in-depth study of transgenerational traumatic experience and healing for Aboriginal people identifies the first principles of healing from trauma as: "the creation of safe places for sharing where the unspeakable can be given voice, where feelings can be felt, and where sense can be made out of what seemed previously senseless". She also argues that since psychological trauma involves disconnection from others, healing and recovery could only occur within the context of relationships. Her views are strongly supported in the international literature on recovery from mass disasters.[28]

As Raphael notes, 'a sea of challenges' arises for clinicians, used to 'office practice', attempting to respond in culturally appropriate ways to collective traumatic experience. We risk opting for familiar structured techniques of assessment and diagnosis which may reassure us but may not necessarily be appropriate for those we would help.[29] We have to question the appropriateness and adequacy of individual level clinical interventions and the ways in which we might unintentionally compromise feelings of cultural safety within a clinical context. Medicare does not support work with families or community groups as a primary response and few clinicians are trained in responding skilfully in this way. If we want to be part of healing for Indigenous communities affected by traumatic experience we must be open to exploring a whole new range of scientific understandings and developing new ways of relating which, rather than reinforcing old familiar patterns of control over others in health care, build on connection and relationship and our collective humanity.

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