

October 2016

H.O.P.E. for Indigenous People Battling Intergenerational Trauma: The Sweetgrass Method

Mark Standing Eagle Baez
Native L.I.F.E., nativelife1@hotmail.com

Patricia Isaac
SUNY Empire State College, patricia.isaac@esc.edu

Carla Allison Baez
University of the Incarnate Word, callisonbaez@aol.com

Follow this and additional works at: <http://digitalcommons.usu.edu/kicjir>

Recommended Citation

Baez, Mark Standing Eagle; Isaac, Patricia; and Baez, Carla Allison (2016) "H.O.P.E. for Indigenous People Battling Intergenerational Trauma: The Sweetgrass Method," *Journal of Indigenous Research*: Vol. 5: Iss. 2, Article 2.
Available at: <http://digitalcommons.usu.edu/kicjir/vol5/iss2/2>

This Article is brought to you for free and open access by the Journals at DigitalCommons@USU. It has been accepted for inclusion in Journal of Indigenous Research by an authorized administrator of DigitalCommons@USU. For more information, please contact dylan.burns@usu.edu.



H.O.P.E. for Indigenous People Battling Intergenerational Trauma: The Sweetgrass Method

Introduction

The Sweetgrass Method for addressing Intergenerational Trauma is a prevention tool for the clinician and Indigenous people. It speaks to how the introspective (self), collaborates and continues a healthy path for Indigenous populations. Most Native American people understand the purpose and use of Sweetgrass, which is used to cleanse the mind, spirit and body. By doing this, author Baez (2011) states that “a person’s heart will sense the truth and develop in balance and harmony.” According to C.A. Baez

“The culturally responsive technique of the Sweetgrass Method prevention discusses how professional clinicians would approach with openness to Honor Our Peoples Experiences (H.O.P.E.).” (Personal communication, April, 2015).

The Sweetgrass Method promotes various Indigenous traditional methodologies and tailored healing plans for Indigenous individuals battling Intergenerational Trauma by using the three braided strands: introspective (clinician looking within self and areas of cultural responsive methods/client embraces their culture and begins confront their trauma); collaboration with families/traditional practitioners/clinicians/community resources (clinician communicates through client processes and consults with other professionals, resources, family, etc./clients communicates with clinician and participates in the healing plan); and continuity (clinicians providing continued support/clients continuously seeking healing opportunities and wellness) as a means of developing partnerships.

According to Baez (2011) the Sweetgrass Method is not yet an empirically based research approach, but is a method that values cultural partnerships between clinicians and

clients as important stakeholders. It makes use of culture and tradition as a roadmap for Indigenous individuals to develop healthy/healing ways to actively engage themselves with others. Just as the Sweetgrass is flexible, the clinician needs to be flexible when servicing the client for optimum results.

Historical & Intergenerational Trauma Revisited

The theorization of historical trauma was reviewed by Brave Heart, Chase, Elkins, & Altschul (2011) as a conceptual framework of resilient understanding of Native Americans and was originally termed as a multifaceted and intergenerational form of Posttraumatic Stress Disorder (PTSD) resulting from European invasion and colonization (Brave Heart, 1993, 1999; Duran & Duran, 1995). Duran and Duran (1995) believe that historical trauma becomes rooted in the cultural recall of a people and is handed on by the same mechanisms by which culture is generally transferred, and becomes ‘normalized’ inside that culture (Duran & Duran, 1995). According to Brave Heart, Chase, Elkins and Altschul (2011), the influence of this form of trauma exhibits itself both psychologically and emotionally, in members of diverse cultural groups (Brave Heart et al., 2011). Big Foot and Braden (2007) state when the current generation is introduced to past atrocities, there is a chance that functional normalcy will be altered. It is suggested that this will leave them powerless in gaining strength from their traditional culture or utilize their accepted ancestral and tribal support system (Big Foot & Braden, 2007).

Duran and Duran (1995) suggest that “dysfunction and oppression have been internalized to such a degree that the oppressed members of the family seemingly want to continue to be oppressed or abused” (Duran & Duran, 1995, p. 35).

The residual effects among Native American communities of the historical events can be traumatic and carry over for generations to come. Risks include the suffering of mental, emotional and physical stressors by hearing those stories that include traumatic happenings previous generations experienced. Research demonstrates that there are biological, psychological, and philosophical after-effects of trauma (Lev-Weisel, 2007). Many of the past traumatic experiences can lead to the development of a variety of adult disorders, behaviors and health issues. The manifestation of these outcomes can have long lasting effects for generations to come. Whitfield et al. reveal that these adult outcomes are indicative of a greater risk of trauma for the next generation (2003). Intergenerational cycles of trauma can result unintentionally within the family (Cicchetti et al., 2006; Hughes, 2003; Leifer et al., 2004; Sroufe, 1996; Wiseman et al., 2006). The ways in which an event or events that one person experiences can often have lingering effects on others and are known as transmission of trauma. It is widely recognized that the patterns of the trauma impact future generations in various ways. Berger (2014) suggests as individuals, a tribe, culture, etc., have witnessed traumas connected to man-made and natural disasters, traumas rising out of conflict for possessions, and or the even the real threat of the beliefs of others. The author goes on to say that a family which organizes itself to carry out its primary tasks will inevitably be affected by trauma and a traumatic event can, immediately, rendering a family's actual union completely ineffective (Berger, 2014). Nonetheless, coping of such trauma and learning of ways to adapt can vary from person to person, even in the same family.

The Sweetgrass Method

When one looks at braiding the strands of Introspection (self-how that individual approaches another as well as the gifts they have to offer), Collaboration with other

professionals, traditional practitioners and families (reaching out to others), and Continuity (providing continued healing support), is defined as the “Sweetgrass Method.” What this means is, as clinicians, we braid the introspective with collaborative approaches (weaving both Western and Traditional sciences) creating a distinctive relationship and delivery of services for the client (cultural responsiveness). Cultural responsive approach means to empower others intellectually, socially, emotionally and honorably by using cultural methods (language, traditions, familial respect, patience, etc.) to share knowledge, skills and beliefs. Werkmeister-Rozas and Klein (2009) states that cultural responsiveness is grounded in cultural frameworks, worldviews, relationships, and connecting in ‘culturally-normed’ ways of functioning. The author goes further in suggesting that cultural responsiveness is a “co-created reality between worker and client” (p.6). Sometimes however, what we say we are going to do and how we are going to provide those services may not be culturally responsive and may not be truly happening in the best interest of the client. P. Isaac, contends that,

The Sweetgrass Method is a universal means for addressing trauma. The introspective strand allows both clinician and client to be self-reflective during the therapeutic process.

The Sweetgrass Method is the opposite of egoism because it recognizes that all life is sacred and interconnected (personal communication, August 8, 2015).

The methodological approach of the Sweetgrass Method requires the clinician to have an understanding and identify specific ways that recognizes and honors the client’s struggles. This concept was taken from the Sweetgrass Methods to Partnerships (2010) and using the three braided strands as a guide. The clinician needs to ask the following guiding questions
Introspection-What do I need to know about my own limits, skills-set, what do I need to know about this person, tribe or community? What possible biases do I bring to this process?

Collaboration- How I can provide a meaningful approach to partner with the client and how do I collaborate with the client? Continuation- What must I do to continue to cultural responsiveness services, and an understanding that provides guidance and support for the individual? The importance of active contribution from clients, clinicians and surrounding resources is crucial.

Cultural Responsive Approaches

Clinicians treating clients battling trauma, whether psychological, historical, physical, social, or ongoing, have empowered and motivated me as a Native practitioner to become proactive (today) versus reactive. Exploring the most effective ways to instill and educate Native individuals, professionals, and or communities so the information of the healing path or methodologies of historical/inter-generational trauma becomes embedded for the person, the clinician, the community and or for the next generation. Werkmeister-Rozas and Klien (2009) add that cultural responsiveness is restrictive on the relationships established between practitioners and clients, and is necessary for the clients' extended family cultural needs to be braided into service care delivery.

Baez (2010), states: As sacred as the Sweetgrass is and remains to be used in a good way, so too are we as practitioners to perceive our clients as well as ourselves as sacred. I trust that when this happens, the foundation of a healing dance commences; together with the Creator as our guide and the earth (mother) as our foundation to begin our journey. When we ground ourselves on this earth and seek support and assistance in all directions (in front of us, beside us, behind us and above us) we are embracing each step with expectations of goodness and healing. Navajo people call this 'Walking in Beauty.' I believe that this methodology can be steps towards an understanding for practitioners as best practice to consider when providing therapy to Indigenous populations battling trauma towards a healthy change and healing recovery of

bringing our 'spirit' back (personal Communication, May 10, 2015). Culturally responsive practice is dependent on practitioners developing partnerships with vulnerable families, often from different cultural backgrounds, but to benefit the extended family and work with them will need ongoing support. Wiggins (2008) points out that the development of culturally responsive practice requires ongoing support and guidance in the form of mentorship and clinical supervision (Keatinge, Fowler, & Briggs, 2008).

Introspective Strand

Weaving goodness into our spirits and our minds, give us the strength to deal with many obstacles that are before us. Hopi native Holly Figueroa a Cultural Liaison in Northern Arizona, shares the intricacies of weaving a basket with the yucca plant they use:

There is a method, says Holly, of basket weaving and working with this plant. For example, when using the yucca plant, the leaves are pulled apart and off of the root, hair of the root is pulled off of each leaf. Bottom leaves are used for the actual weaving and the top of the yucca is used to tie the basket together. Sometimes the top part of the yucca plant may be used to make the coiled baskets. One of these obligations is to respect of the yucca plant and how one approaches it. The start of a basket with a very small middle coil is very difficult and takes very patient attention (personal communication, date October, 2015).

Thus, the process is very similar to the Sweetgrass method, of the preparing self, gathering and working with understanding the importance of respect of the yucca strands (collaborative) in the process of HOPI basket weaving. In other words, the "introspective strand" could be said that Holly is grounding herself to the teachings and understandings that had been handed down to her

from generations on the sacred plants from this earth. She works with the earth, to create baskets that may be used during ceremony or made upon requests by family to have in their home, which are done with good and spiritual intentions (Creator).

Collaborative Strand

Lewis Mehl-Madrona (1997), offers a definition of healing: “Healing is used to indicate a move toward a state of coherence, wholeness and greater peace, by empowering the person in a relational sense to their own ‘social and personal resources’ to experience their health” (1997). He goes on to say that experience in both biomedical and Indigenous healing seems to call for the creation of an experience that allows for more intense focused work with the hope of this type of healing transformation (Mehl-Madrona, 1997).

Continuity Strand

Continuing healthy approaches that are culturally responsive for the clients we serve may suggest a positive outcome. Continuing culturally appropriate learning opportunities as a professional is best practice. Sweetgrass is flexible and bends in all directions when stepped on. This is a good example of how some agencies that provide mental health need to be culturally responsive and sensitive the positive healing process which may include cultural and traditional teaching and ceremonies in order for their client to be successful. There are western counseling approaches to Trauma that are being used to treat Indigenous populations with little or no result (Duran, 2006; Duran, Firehammer & Gonzalez, 2008). However, it would behoove institutions to incorporate cultural methodologies, which may benefit the Indigenous client. This may mean the understanding of Indigenous populations, their ceremonial ways to recovering through traumatic

experiences, and incorporating the cultural and ceremonial values into the daily norms our clinical policies of behavior are needed to offer best practices.

Appropriate Delivery of Cultural Responsive Processes

The first step in delivering a successful cultural responsive service from clinicians, is to know the community (tribe), families in that particular Indigenous group. The role, then of the clinician needs to include the understanding of clients cultural values, tradition, communication, learning styles and history.

According to Isaac (2010), she suggests that professionals providing services with Indigenous people and communities, would greatly benefit the outcome if professionals would be respectful and non-judgmental nor make any assumptions and not bring one's expectations. Isaac goes on to say that (in some communities); "ask questions when appropriate; offer a hand when appropriate; understand your purpose for being there; be respectful of their use of spiritual healing; be respectful of sacred places and where ceremonies take place" (p. 6). Likewise, culturally responsive approaches from clinicians, employed while meeting with several individuals battling Intergenerational trauma, can creatively include an open meeting room that offers opportunities for cultural events, socialization, and possibly ceremonies. The culturally responsive approach will give the clinician the focus on what needs the client has and what ways the client prefers to engage. Some of the cultural approaches may emphasize spirituality as per the client's request.

In regards to the culturally responsive methodologies that will work with Indigenous populations, it would be fair to say that psychology and population wellbeing are intensely linked. Bradby, (2010), McKenzie and Bhui (2007), state that if clinicians neglect the culturally

responsiveness methodologies and implement a Western repressive philosophy in providing therapeutic services to diverse population groups, that clinicians would then they could be reiterating elements of a colonial history although in a more subtle and implied. Furthermore, studies show that Western thinking may produce an unintentional or intentional effect in the process. Case in point, according to Nadirshaw (2009) shares that Western philosophy mostly governs the traditions of the professionals involved in “mental health care and how these attitudinal and behavioral practices can directly or indirectly discriminate against ethnic minority groups while maintaining the status quo” (p.43). With regards to cultural prejudice and the views of a clinician’s view point of a culture, the studies would agree that this is possible. Pederson (2002) considers “counseling psychologists have been slow to respond to identified cultural bias” (p.5). Some suggestions that have been attempted with clinicians servicing ethnically diverse clients, are to match up the ethnic clinicians with ethnic clients (from the same background). According to Fersimadan, Draghi-Lorenz and Ellis (2007) state that matching up clients with the same ethnic back ground with the clinicians with the same ethnic back ground has shown better outcomes than non-matching (Farsimadan, Draghi-Lorenz & Ellis, 2007). Clients would feel more comfortable and empowered in the process of selecting a clinician. In fact, according to West (2011) choosing a counselor and language, in addition to the ethnic community truly provides the clients to receive a culturally responsive service in which they feel more at ease (West, 2011). Culturally responsive clinicians can attempt to increase client participation among Indigenous populations in culturally sensitive ways such as using humor when interacting with clients, and partnering with Indigenous and non-Indigenous clinicians and organizations and braiding culturally responsive strategies and/or to develop leadership capacities. Partnerships between clients and their communities can be congealed if we continue to braid these culturally

responsive methodologies for the clients that are served and involve families (with agreement from client), community and culture directly in the ongoing healing process.

Lastly, Peavy and Li (2003) define two core modules of successful intercultural therapy:

First, successful intercultural counseling depends on how well the counselor understands the social contextual factors surrounding the interaction. Second, intercultural counseling is a collaborative process, the success of which depends on how well the counselor and clients coordinate their communication on process and content (p.186).

Conclusion

Sollod (1993) stated that there is not enough available integration of spiritual approaches within the practice of psychotherapy. The Sweetgrass method seeks to build more comprehensive theories of human and systematic functioning. This assumption carries weight for the importance of both cultural and spiritual integration into traditional psychotherapies.

LaFromboise, (1988, p.322) states American Indian Communities have concerns about psychological concepts like "mental health", "personality", and "self" because of the absence of holistic concepts in the design and implementation of therapeutic concepts. Mary Baez-Chavez, Clinical Social Worker, suggests "honoring the people and their stories." She goes on to say that, when we honor, we as clinicians demonstrate respect and embrace our journey together (client and clinician) through this healing process (personal communication, Sept, 8th, 2014). The importance of flexibility when working with Indigenous clients cannot be overstated. The clinician must become as flexible as the blades of grass are, or flexible as the yucca plant when weaving a basket. In the end, cultural responsive methodologies that are tailored to the

Indigenous person and traditional background and partnering (collaboration) with local clinicians will suggest best outcomes when working with Indigenous individuals suffering from trauma.

Honoring our elders, who are proof that the cycle of Intergeneration Trauma can be broken through prayer and helping others (Baez, 2015).

References

- Baez, M.S.E. (2010, August). Contextual understanding of Two-Spirited Peoplehood. *American Psychological Association Communiqué eNews Journal*, p. 36, Retrieved from <http://www.apa.org/pi/oema/resources/communique/2010/08/index.aspx>
- Baez, M.S.E. (2011, April). Significant partnerships with Native American students, parents, and schools: A Sweetgrass Method. *National Association of School Psychologists Communiqué*, 39 (6), 34.
- Baez, M.S.E., & Isaac, P. (2013). The sweetgrass method of bullying prevention for native youth. *Journal of Indigenous Research*, 3(1), Article 1.
- Berger, S. S. (2014). Whose trauma is it anyway? Furthering our understanding of its intergenerational transmission. *Journal of Infant, Child & Adolescent Psychotherapy*, 13(3), 169-181. doi:10.1080/15289168.2014.937975.
- BigFoot, D., & Braden, J. (2007, Winter). Adapting evidence-based treatments for use with American Indian and Native Alaskan children and youth. *Focal Point*, 21(1), 19–22. Retrieved from <http://www.rtc.pdx.edu/PDF/fpW0706.pdf>
- Bigfoot, D.S., & Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children. *Journal of Clinical Psychology: In Session*, 66(8), 847-856.
- Bradby, H. (2010). Institutional racism mental health services: The consequences of compromised conceptualization, *Sociological Research Online* 15(3):8. Retrieved from <http://www.socresonline.org.uk/15/3/8.html>

- Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43(4), 282–290.
- Coyle, S. (2014). Intergenerational trauma: Legacies of loss. *Social Work Today*, 14 (3), 18. Retrieved on June 15, 2015 from <http://www.socialworktoday.com/archive/051214p18.shtml>
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. New York: Teachers College Press.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008, Summer). Liberation psychology as a path toward healing cultural soul wounds. *Journal of Counseling & Development*. 86, 288-295.
- Farsimadan, F., Draghi-Lorenz, R., & Ellis, J. (2007). Process and outcome of therapy in ethnically similar and dissimilar therapeutic dyads. *Psychotherapy Research*, 17(5), 567–575.
- Isaac, P. (2010). Respecting traditional healing: A journey of understanding where spirituality and cultural competence intersect. *American Psychological Association Communiqué eNews Journal* p. 52. Retrieved from <http://www.apa.org/pi/oema/resources/communiqué/2010/08/index.aspx>
- LaFromboise, T. (1988). American Indian mental health policy. *American Psychologist*, 43, 388-397.
- Lev-Wiesel R. (2007). Intergenerational transmission of trauma across three generations: a preliminary study. *Qualitative Social Work* 6(1):75-94.
- Manson, S.M. (2004). Cultural diversity series: Meeting the mental health needs of American

- Indians and Alaska Natives. *National Technical Assistance Center for State Mental Health Planning*. Retrieved November 12, 2007, from <http://www.azdhs.gov/bhs/ccna.pdf>
- Manson S.M., & Altschul, D.B. (2004). *Cultural diversity series: Meeting the mental health needs of American Indians and Alaska Natives*. Washington, DC: Natl. Tech. Assist. Cent. State Ment. Health Plan., Natl. Assoc. State Ment. Health Program Dir.
- McKenzie, K., & Bhui, K. (2007). Better mental healthcare for minority ethnic groups – Moving away from the blame game and putting patients first: Commentary on institutional racism in psychiatry. *Psychiatric Bulletin*, 31, 368–369.
- Mehl-Madrona, L.E. (1997) *Coyote Medicine*. New York: Simon and Schuster. Paperback; Firestone, 1998.
- Nadirshaw, Z. (2009). Race, culture and ethnicity in mental health care. In R. Newell & K. Gournay (Eds.) *Mental health nursing: An evidence-based approach* (pp.39–55). London: Churchill Livingstone.
- Nelson, J.A, Kirk, M., Ane, P., & Semes, S., (2011). Religious and spiritual values and moral commitment in marriage: Untapped resources in couples counseling? *Counseling and Values*, 55, 228-246.
- Peavy, R.V., & Li, H.Z. (2003). Social and cultural context of intercultural counseling. *Canadian Journal of Counseling*, 37(3), 186–196.
- Pederson, P. B. (2002). Ethics, competence, and other professional issues in culture-centered counseling. In P.B. Pederson, J.G. Draguns, W.J. Lonner & J.E. Trimble (Eds.), *Counseling Across Cultures* (5th ed., pp.3–27). Thousand Oaks, CA: Sage.
- Sollad, R. N. (1993). Integrating healing approaches and techniques into psychotherapy.

Comprehensive Handbook of Psychotherapy Integration. Plenum Press.

Werkmeister-Rozas, L., & Klein, W. C. (2009). Cultural responsiveness in long-term-care case management: Moving beyond competence. *Care Management Journals*, 10(1), 2-7.

doi:10.1891/1521-0987.10.1.2

West, W. (2011). Spirituality and therapy: The tensions and possibilities. In W. West (Ed.), *Exploring therapy, spirituality, and healing* (pp.13 –27). Basingstoke, Hampshire: Palgrave Macmillan.

Wilk, K. (2014). Using a pluralistic approach in counseling psychology and psychotherapy practice with diverse clients: Explorations into cultural and religious responsiveness within a western paradigm. *Counseling Psychology Review*, 29(1), 16-28. Retrieved from <http://search.ebscohost.com.library.gcu.edu:2048/login.aspx?direct=true&db=a9h&AN=94444471&site=eds-live&scope=site>