

**Group Identification Moderates the Effect of Historical Trauma Availability on  
Historical Trauma Symptoms and Conspiracy Beliefs.**

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**Abstract**

Historical trauma may cast a shadow over the lives of subsequent generations of victimized groups. We examine the buffering role of victimized group identification on the association between the cognitive availability of historical trauma, historical trauma symptoms, and conspiracy beliefs. Two studies conducted in Poland (Study 1: Ukrainian minority,  $N=92$ ; Study 2: ethnic Poles;  $N=227$ ) revealed that among highly-identified group members (compared to those with low levels of group identification) the relation between cognitive availability of historical trauma and historical trauma symptoms was weaker. Study 2 additionally showed that the consequences of historical trauma are detectable among members of historically victimized groups, regardless of their own family history of victimization, and that cognitive availability of historical trauma correlates positively with conspiracy beliefs.

*Keywords:* historical trauma, group identification, historical trauma symptoms, victimization, conspiracy beliefs, family history of victimization

Living memories of historical tragic events can have long-lasting consequences for victimized groups. Descendants of individuals who have experienced trauma, even many years after the traumatic events occurred, exhibit negative psychological responses (e.g., Whitbeck et al., 2009; Wohl & van Bavel, 2011). Despite the passage of time, the whole of a victimized group may be affected by trauma repercussions transmitted through physical, psychological, and social mechanisms across generations (Sotero, 2006). Stronger identification with a traumatized group may constitute a risk factor for exposure to and self-relevance of group-based historical trauma. However, strong group identification has also been established as a positive predictor of both physical and psychological well-being (Haslam et al., 2012) and an effective tool for coping with group-based discrimination (Branscombe et al., 1999).

The present work investigated the role of group identification in historical trauma processes in Poland among members of ethnic minority and majority groups. In two studies, we examined the associations between group identification, cognitive availability of historical trauma (i.e., frequency of thoughts about historical victimization of in-group members), historical trauma symptoms (i.e., psychological reactions associated with thoughts about past in-group victimization, e.g., sadness), and conspiracy beliefs. We were particularly interested in the possibility that group identification may simultaneously correlate with greater accessibility of historical trauma among group members but also act as a buffer of the relation between cognitive availability of historical trauma and historical trauma symptoms (which, in line with the social cure hypothesis, could underscore the role of group identification in coping with adverse life events; see Haslam et al., 2018).

### **Cognitive Availability of Historical Trauma and Historical Trauma Symptoms**

Historical trauma is defined as “(...) cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma

experiences” (Brave Heart, 2003; p.7). Evans-Campbell (2008) further emphasizes that this long-standing traumatization is a legacy of tragic events experienced by people who share a “specific group identity or affiliation” (p.320). Tragic historical events may result in psychological injury but also other collective losses such as loss of land, family connections, or destruction of cultural heritage (Whitbeck et al., 2004). Furthermore, the psychological and social responses may undergo a transgenerational transfer, whereby people who were not directly involved in or did not directly witness historical atrocities may nonetheless suffer their negative consequences (Evans-Campbell, 2008; Sotero, 2006). Specifically, members of victimized groups who did not experience the violence directly may experience psychological trauma and develop specific responses to the traumatic events by virtue of their social identity (see e.g., Berntsen & Rubin, 2006).

Historical trauma refers to both the actual historical events and to the public narrative about these events and their links to contemporary local contexts (e.g., Mohatt et al., 2014). However, even the presence of a salient group narrative around trauma does not determine the individual-level perception of in-group victimization and individual differences in trauma experiences should therefore be recognized (Vollhardt, 2012). The recognition of the significance of group-based historical trauma and coping with such trauma at the individual level necessitates the use of measures that tap into the cognitive availability of historical trauma and its symptoms among individual group members. *Cognitive availability of historical trauma* is operationalized as the frequency of thoughts about different aspects of collective historical losses among group members. This availability is a crucial mechanism of trauma, leading to a multiplicity of emotional and behavioral responses (Whitbeck et al., 2004). *Historical trauma symptoms* are specific and direct psychological reactions associated with thoughts about historical trauma losses. Whitbeck et al. (2004) showed that participants who were thinking about their tragic collective past more often declared experiencing

psychological symptoms such as sadness, anger, and loss of concentration associated with these thoughts.

### **Group Identification and Historical Trauma**

Intuitively, a strong attachment to a victimized group may be seen as a factor that enhances the negative effects of group-related traumatic events because it makes all group-related events more relevant to the self. Thus, stronger identification with an in-group emerged as a positive predictor of a sense of victimhood associated with World War I among European students (Bouchat et al., 2017), was related to increased PTSD symptoms in response to perceived racism (Khaylis et al., 2007), and to more intense consequences of a historical traumatic event among individuals of Armenian origin (Karenian et al., 2011). In contrast, in a study conducted in post-conflict Northern Ireland, individuals with PTSD reported *lower* Irish identity than those whose symptoms were severe (Muldoon & Downes, 2007).

These results demonstrate that group identification may have a dual function in shaping historical trauma responses. On the one hand, group members are socialized into a group's perspective and stronger group identification makes a group more relevant to its members (Turner et al., 1987). Consequently, group-related content, such as the group's history (including historical traumatic events that feature prominently in social representations of group history; see Liu et al., 2005), can be expected to be more relevant to individuals with stronger identification with victimized in-group. Group identification also makes exposure to group-based trauma more likely (Haslam et al., 2018, chapter 6). Such a pattern of associations was found among Indigenous Canadians, for whom the centrality of their Aboriginal identity correlated positively with a perception of past discrimination against their group (Bombay et al., 2014). Thus, it can be expected that group identification will be correlated with greater cognitive availability of historical trauma.

On the other hand, a growing body of literature demonstrates that group belonging and identification exert positive effects on people's mental and physical health (Haslam et al., 2009; Haslam et al., 2018). Specifically, strong social identification correlates positively with psychological well-being and life satisfaction, and negatively with stress and depressive symptoms (Steffens et al., 2017). The positive effects of group identification can be translated into the ability to cope with collective trauma because of the resources that people derive from group membership and togetherness (Haslam et al., 2018). For instance, survivors of an earthquake in Chile coped better to the extent that they identified with other survivors (Drury et al., 2016). Notably, although the role of group identification in coping with trauma is gaining scientific interest, we know of only one study published to date (*Removed for Blind Review*) that investigated it in the context of historical trauma.

### **Historical Trauma and Conspiracy Beliefs**

Dealing with historical trauma may shape group members' beliefs about the world. One prominent type of belief associated with collective experiences of trauma is the belief in conspiracy theories (van Prooijen & Van Vugt, 2018). It has been argued that the association between collective trauma and conspiracy beliefs may stem from the traumatized groups' vigilance regarding the possibility of future traumatization (van Prooijen & Van Vugt, 2018). It may also give meaning to tragic events and help group members regain control (van Prooijen & Douglas, 2017).

Notably, Bilewicz et al. (2019) showed that higher perceived in-group victimhood was associated with higher endorsement of conspiracy explanations of new collective traumas. A sense of collective victimhood can also predict belief in conspiracy theories about contemporary politics and economy (Bilewicz & Liu, 2020; Pantazi, et al., 2020). Additionally, a greater focus on the in-group's historical victim status was linked to belief in conspiracies in countries with a history of colonization or occupation (e.g., Poland, Greece),

but not in countries that used to be the colonial empires (e.g. Spain, United Kingdom) (Bilewicz & Liu, 2020).

### **Overview of the Studies**

Two studies examined how identification with a historically victimized group relates to psychological responses to historical trauma. We hypothesized that stronger group identification would relate to greater cognitive availability of historical trauma but also that group identification would act as a moderator of the link between the cognitive availability of historical trauma and historical trauma symptoms. We expected that among strong identifiers the link between the cognitive availability of historical trauma and historical trauma symptoms would be weaker than among low identifiers (e.g., Haslam et al., 2018). This expectation is based on the positive role of group identification in coping with trauma established in research among individuals who have had a direct or indirect experience of trauma during their lifespan (e.g., Drury et al., 2009; Muldoon & Downes, 2007). We broaden the scope of this research by investigating these processes with regard to group-based historical trauma.

Additionally, in Study 2, we analyzed broader correlates of historical trauma processes, i.e., conspiracy beliefs which are known to stem from historical trauma (Bilewicz, 2022; Pantazi et al., 2020). Specifically, we tested whether the cognitive availability of historical trauma relates to stronger conspiracy beliefs via historical trauma symptoms and whether the relation between the cognitive availability of historical trauma and conspiracy beliefs is moderated by group identification. We also investigated whether reactions to historical trauma depend on the factual family victimization (Study 2) or whether these effects are related to narratives of trauma in a given national or ethnic group regardless of family victimization (cf. Wohl & van Bavel, 2011).

## Study 1

### Research Context

Study 1 participants were members of the Ukrainian national minority in Poland (not Ukrainian immigrants or currently present Ukrainian war refugees). According to the latest census data (Statistics Poland, 2015), there are about 51,000 people identifying as members of the Ukrainian national minority in Poland (0.13% of the population). A historical event that is particularly significant for the relations between the Ukrainian national minority and the ethnically Polish majority was Operation Vistula (pol. “Akcja Wisła”) in 1947. The Operation entailed forced resettlement of the Ukrainian minority in post-war Poland, from their traditional territories (i.e., south-east) to the newly acquired territories in the west of Poland (Buczyło, 2006). It affected about 90% of group members. After the deportations of Operation Vistula, successive generations were taught about the "mythical lost lands" (Herman, 2015) and about the need to hide one's Ukrainian ancestry because it could be used against group members (Solarz, 2018). Additionally, historical trauma was reinforced by discrimination and hostile behavior that the Ukrainian minority experienced in Polish society (Solarz, 2018). Such an environment led to a strong differentiation between the good ingroup (i.e., Ukrainians) and the bad outgroup (i.e., Poles), creating a constant sense of threat and fear (Solarz, 2018). The aims of this brutal relocation were to break down the Ukrainian Insurgent Army in Poland and to forcibly assimilate the Ukrainian minority with the Polish majority (Drozd, 1993). Operation Vistula resulted in a loss of lifework, the destruction of the Ukrainian cultural heritage, and the deaths of many people (Halczak, 2017).

### Method

#### *Participants and Procedure*



Ninety-two members of the Ukrainian national minority in Poland took part in Study 1 (57% women, 43% men,  $M_{\text{age}}=42.05$ ,  $SD=12.65$ ).<sup>1</sup> The questionnaire was distributed on social media groups dedicated to members of the Ukrainian minority in Poland. The study received ethical clearance from the ethics committee at the [Removed for Blind Review].

### *Measures<sup>2</sup>*

**Group Identification.** Cameron's (2004) scale with reference to the Ukrainian national group was used to assess the strength of group identification,  $\alpha=.86$ . Participants indicated their level of agreement with 12 items (e.g., "I often think about the fact that I am a member of the Ukrainian minority in Poland"), on a five-point scale (1=*strongly disagree* - 5=*strongly agree*).

**Cognitive Availability of Historical Trauma.** Cognitive availability of historical trauma was gauged with 13 items ( $\alpha=.92$ ), based on the Historical Loss Scale (Whitbeck et al., 2004). Eleven items were taken directly from the Whitbeck's scale and adapted to the context of the Ukrainian minority in Poland (e.g., the original item: "The loss of our family ties because of boarding schools" was reworded as "The loss of family ties due to forced displacement"). Two items were developed in the process of adapting the scale in consultation with group members ("The decreased number of Ukrainian minority members in Poland as a result of their forced assimilation into the Polish society"; "The loss of Ukrainian minority members' lifework as a result of the actions of Poles"). Participants self-assessed the frequency of their thoughts about collective losses using the following answer scale: 0=*never*, 1=*yearly or on special occasions*, 2=*monthly*, 3=*weekly*, 4=*daily*, 5=*several times a day*.<sup>3</sup> In

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<sup>1</sup> An a priori power analysis determined that a sample of  $N=90$  would be sufficient to detect small to medium effects in multiple regression ( $f^2=0.09$ ), with 80% power and  $\alpha=.05$ .

<sup>2</sup> This study was a part of a larger project dedicated to the study of minority languages. As such, there were other measures included that are not reported here (e.g., well-being).

<sup>3</sup> Please note that in the original scale the answers ranged from 1=*several times a day* to 6=*never*, which we found slightly counterintuitive (i.e., larger number corresponding to lower frequency) and thus we reversed the answer scale.

the caption of this scale, we briefly explained what was meant by historical traumatic events and referred to Operation Vistula, acknowledging its traumatic consequences, to illustrate the definition.

**Historical Trauma Symptoms.** A 12-item version of the Historical Loss Associated Symptoms Scale (Whitbeck et al., 2004) was used to measure trauma symptoms connected with historical trauma availability. The scale was slightly changed in the process of adaptation to the specific group context (e.g., the original item: “Feel uncomfortable around white people when you think of these losses” was changed to “I feel uncomfortable around other nations”;  $\alpha=.85$ ). Each symptom was assessed on a five-point scale: 0=*never*, 1=*seldom*, 2=*sometimes*, 3=*often*, 4=*always*.<sup>4</sup>

## Results

The average score on the Cognitive Availability of Historical Trauma scale suggested that the participants thought about historical trauma about *once a month* (see Table 1). “The decreased number of Ukrainian minority members in Poland as a result of their forced assimilation into the Polish society” was the most frequently reminisced aspect of historical trauma,  $M=2.33$ ,  $SD=1.40$ .<sup>5</sup> A quarter of the sample thought about this issue at least *once a day*. The participants reported *monthly* or more frequent thoughts about the “loss of traditional values” (60% of participants;  $M=2.04$ ,  $SD=1.36$ ). “Decreased respect for our customs among younger generations as a result of the policies of the Polish state”,  $M=1.91$ ,  $SD=1.45$ , and “loss of Ukrainian minority members’ lifework as a result of the actions of Poles”,  $M=1.99$ ,  $SD=1.27$ , were other highly cognitively available issues among the participants. More than 54% of the respondents thought about both of these issues at least *once a month*.

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<sup>4</sup> The original answer scale ranged from 1=*never* to 5=*always* but again, it seemed more intuitive to assign “never” the numerical value of 0.

<sup>5</sup> The breakdown of answers (in percentages) to the individual items of the *Cognitive Availability of Historical Trauma* scale is available in the Supplementary materials (Table S1).

**Table 1***Means, Standard Deviations, and Correlations among Variables in Study 1*

Variable (range)	<i>M</i>	<i>SD</i>	1.	2.
1. Group identification (1-5)	4.24	0.72		
2. Historical trauma availability (0-5)	1.93	0.75	.37***	
3. Historical trauma symptoms (0-4)	1.27	0.62	.06	.43***

*Note.* \*\*\* $p < .001$ .

On average, historical trauma symptoms *seldom* accompanied thoughts about historical trauma (see Table 1). During historical trauma reminiscences, participants most often felt sadness ( $M=2.44$ ,  $SD=0.99$ ).<sup>6</sup> Only 2% of the sample declared the absence of this feeling in relation to thoughts about historical trauma, while 17% responded that they *always* experienced sadness in the context of historical trauma. The second most common response was “feeling that past events can replay” ( $M=1.78$ ,  $SD=1.18$ ). Around 32% of participants experienced this feeling *often* or *always*. Feelings of helplessness were also quite frequent ( $M=1.71$ ,  $SD=0.98$ ). Around one-fifth of the sample experienced helplessness *often* or *always* when thinking about historical trauma.

Group identification was positively correlated with cognitive availability of historical trauma (see Table 1). The cognitive availability of historical trauma was also positively correlated with historical trauma symptoms, but historical trauma symptoms and group identification were not related.

### ***Interaction Effects***

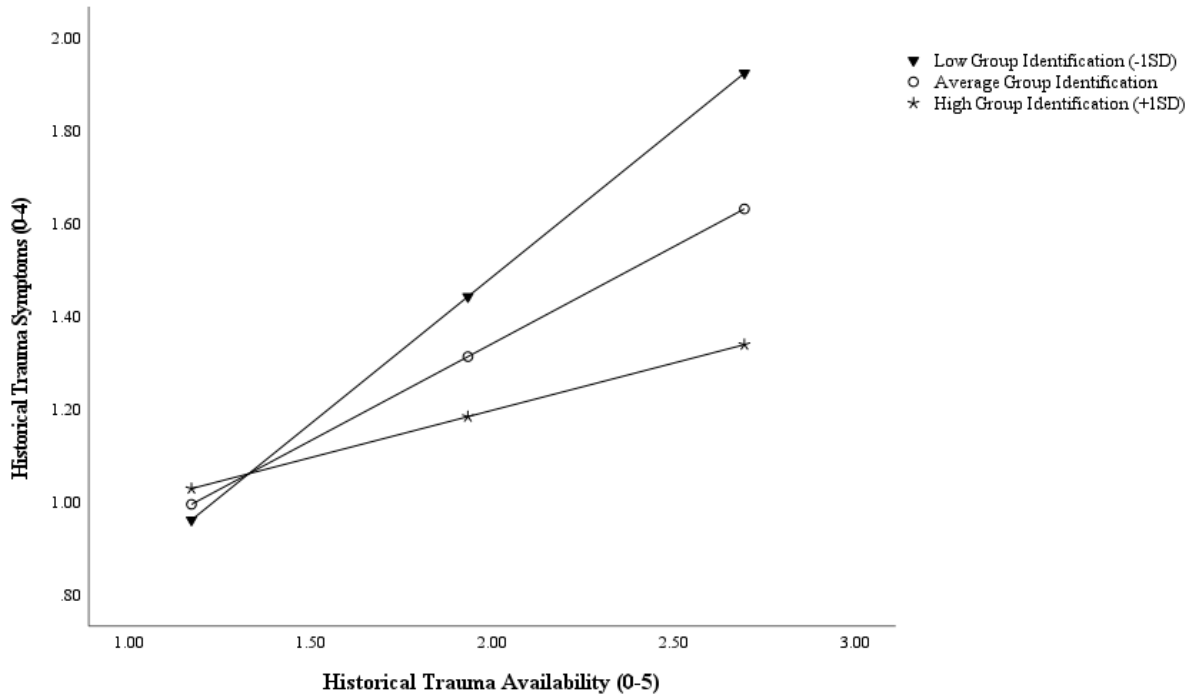
Next, we examined whether group identification moderated the relation between cognitive availability of historical trauma and historical trauma symptoms (Process 3.5; Hayes, 2017; Model 1). The cognitive availability of historical trauma was a positive

<sup>6</sup> The breakdown of answers (in percentages) to the individual items of the Historical Trauma Symptoms scale is available in the Supplementary materials (Table S2).

predictor of historical trauma symptoms,  $b=1.68$ ,  $SE=0.51$ ,  $p=.002$ ,  $95\%CI[0.66, 2.69]$ , but group identification was not,  $b=0.40$ ,  $SE=0.21$ ,  $95\%CI[-0.03, 0.82]$ . As hypothesized, group identification moderated the relation between cognitive availability of historical trauma and historical trauma symptoms,  $b=-0.30$ ,  $SE=0.12$ ,  $p=.001$ ,  $95\%CI[-0.53, -0.07]$ . Specifically, the effects of cognitive availability of historical trauma on its symptoms decreased as group identification became stronger. The effect for low identification (-1SD) was  $b=0.63$ ,  $SE=0.12$ ,  $p<.001$ ,  $95\%CI[0.39, 0.88]$ , for moderate identification ( $M$ )  $b=0.42$ ,  $SE=0.08$ ,  $p<.001$ ,  $95\%CI[0.26, 0.58]$ , and for high identification (+1SD)  $b=0.20$ ,  $SE=0.11$ ,  $p=.06$ ,  $95\%CI[-0.008, 0.42]$  (Figure 1). In other words, among participants with strong Ukrainian identification, historical trauma availability did not predict historical trauma symptoms, but for participants with moderate and low levels of Ukrainian identification, greater cognitive availability of trauma was related to stronger historical trauma symptoms. The moderation effect explained 3.5% of the variance in historical trauma symptoms,  $F(1, 86)=6.52$ ,  $p=.001$ .

**Figure 1**

*The Moderating Role of Group Identification in the Relation between Cognitive Availability of Historical Trauma and Historical Trauma Symptoms (Study 1)*

**Discussion**

Study 1 replicated the previously established (e.g., Whitbeck et al., 2004) positive association between the cognitive availability of historical trauma and historical trauma symptoms among Ukrainian minority members in Poland. The most cognitively available aspect of historical trauma among Ukrainian minority participants was the forced assimilation of in-group members into the Polish society, while the most common historical trauma symptom was sadness. Study 1 also demonstrated that the strength of group identification moderated the relation between cognitive availability of historical trauma and its symptoms. This relation is particularly interesting because the binary correlation between group identification and cognitive availability of historical trauma was positive. This means that strongly identified group members thought about their group's traumatic history more

frequently but, at the same time, they were less likely to display historical trauma symptoms. At the same time group identification emerged as a significant factor shaping the relation between the cognitive availability of historical trauma and trauma symptoms among group members born after the traumatic events, which aligns with the social identity approach to health (Haslam et al., 2018).

## Study 2

Study 2 aimed to replicate and extend the results of Study 1 in three ways. First, it aimed to replicate Study 1 among ethnic majority members—Poles, a group with a comparably privileged present-day position in society, as compared to groups previously studied in historical trauma literature (e.g. Brave Heart et al., 2011; Evans-Campbell, 2008; Gray & Cote, 2019). Second, it explored a broader social-psychological consequence of historical trauma, namely the tendency to interpret reality through the lens of conspiracy theories. Lastly, it included a measure of participants' family history of victimhood, in order to examine whether the effects observed are part of the constructed collective memory of a national group vs. the effect of participants' ancestral experiences.

### Research Context

The Polish society has experienced large-scale, prolonged traumas throughout its history (Snyder, 2010). Poland did not exist on political maps of Europe for 123 years when it was partitioned between the neighboring countries until 1918. During that time the occupying countries limited the expression of Polish culture and introduced multi-faceted assimilation policies (Chwalba, 2000). Hundreds of Polish civilians and thousands of soldiers fell victim to World War I. During World War II, the Third Reich pursued a policy of extermination toward the citizens of the Second Polish Republic. About 6 million Poles, including 3 million Polish Jews, were murdered during that war (Snyder, 2010).

## Method

### *Procedure and Participants*

The study received clearance from the ethics committee at [*Removed for Blind Review*]; it was conducted online.<sup>7</sup> The link to the survey was distributed using snowball sampling on social media and among users of regional internet forums. Two hundred and thirty-three people participated in the study. Six were excluded because they did not identify as Poles. This left a final sample of  $N=227$  (65% men, 35% women, 1 non-binary person;  $M_{\text{age}}=31.21$ ,  $SD=9.70$ ).

Based on answers to the last question in the survey: “Did any of your close relatives die due to the Soviet or German occupations or due to communist oppression?”, the sample was split into two groups—those who were ( $N=104$ ; 46%) and those who were not aware ( $N=123$ ; 54%) of their family’s victimhood.

### *Measures*<sup>8</sup>

**Group Identification.** As in Study 1, Cameron’s (2004) social identity scale was used to measure the strength of participants’ Polish identification,  $\alpha=.90$ .

**Cognitive Availability of Historical Trauma.** As in the previous study, 13-item, context-specific version of the Historical Loss Scale (Whitbeck et al., 2004) was used as a measure of the cognitive availability of historical trauma (e.g., item from Study 1: “The decreased number of Ukrainian minority members in Poland as a result of their forced assimilation into the Polish society” was reworded as “The decreased number of Poles as a result of their forced assimilation to German or Russian society” in Study 2;  $\alpha=.92$ ). In the

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<sup>7</sup> Based on the results of Study 1 in which the interaction between national identification and historical trauma availability significantly predicted trauma symptoms,  $\Delta R^2=.034$ ,  $F(1, 87)=4.03$ ,  $p=.048$ , corresponding to Cohen’s  $f^2=0.04$ , we estimated that to detect an effect of similar size in Study 2 with 80% power and  $\alpha=.05$ , a sample of  $N=225$  would be sufficient.

<sup>8</sup> Like Study 1, this study was also a part of the same larger project dedicated to the study of minority languages. It included several other measures that are not reported here (e.g., well-being).

explanation of this scale, we briefly described what was meant by historical traumatic events and referred to the partitions of Poland and to both world wars to illustrate the definition.

**Historical Trauma Symptoms.** Trauma symptoms were assessed using the same 12-item scale as in Study 1 ( $\alpha=.86$ ).

**Conspiracy Beliefs.** Endorsement of conspiracy theories was measured with a Polish version of a four-item scale used previously in cross-national studies (e.g., Ardèvol-Abreu et al., 2020). Participants indicated their agreement with statements like “Many significant world events have occurred as a result of a conspiracy” on a scale from 1=*definitely disagree* to 7=*definitely agree* ( $\alpha=.80$ ).

## Results

On average level of the cognitive availability of historical trauma indicated that the participants thought about traumatic events about *once a year* or *only on special occasions*. The most frequently ruminated collective loss was: “Death of many Poles due to occupiers’ actions”,  $M=1.59$ ,  $SD=1.01$ .<sup>9</sup> This issue was brought to participants’ minds at least *once a month* for 41% of the sample. The second most cognitively available aspect of historical trauma was the “loss of trust in other nations caused by the harm they inflicted on Poles” ( $M=1.37$ ,  $SD=1.05$ ). Thirty-seven percent of the sample declared thinking about this issue at least *once a month*, while 43% said that they thought about it *once a year* or *on special occasions*. Also, loss of lifework and land were quite important among participants. At least once a month about the loss of lifework thought 30% of the participants, and about the loss of Polish lands 22%.

Study 2 showed that ethnically Polish participants responded to historical trauma thoughts similarly to the Ukrainian minority members. Feelings of sadness,  $M=1.72$ ,  $SD=1.15$ , and “feeling that past events can replay”,  $M=1.58$ ,  $SD=1.06$ , were the most common

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<sup>9</sup> The breakdown of answers (in percentages) to the individual items of the *Cognitive Availability of Historical Trauma* scale is available in the Supplementary materials (Table S3).



historical trauma symptoms.<sup>10</sup> Sadness was experienced *often* or *always* by almost one in four participants, while worry about the possibility of similar events occurring again was experienced *often* or *always* by one in five participants. Feelings of anger were also quite common 17% of participants experienced them often or always. On average, historical trauma symptoms were experienced *yearly* or only *on special occasions*.

Participants who were aware or not aware of family victimization did not differ in their scores on any of the measures included in the study (Table 2). Replicating the results of Study 1, group identification was positively correlated with historical trauma availability (see Table 2). This time, however, group identification was also positively related to historical trauma symptoms. Conspiracy beliefs were positively correlated with all other variables assessed in the study.

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<sup>10</sup> The breakdown of answers (in percentages) to the individual items of the *Historical Trauma Symptoms* scale is available in the Supplementary materials (Table S4).

**Table 2**

*Comparison Between Participants with or without Awareness of Family Victimhood and Bivariate Correlations among Variables in Study 2*

Variable (range)	Awareness of family victimhood		Lack of awareness of family victimhood		<i>t</i> (225)	<i>p</i>	<i>d</i>	1.	2.	3.
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>						
1. Group identification (1 - 5)	3.71	0.83	3.70	0.82	0.05	.96	0.01			
2. Historical trauma availability (0 - 5)	1.20	0.80	1.03	0.66	1.72	.09	0.23	.43***		
3. Historical trauma symptoms (0 - 4)	0.88	0.62	0.91	0.59	- 0.33	.74	- 0.04	.27***	.57***	
4. Conspiracy beliefs (1 - 7)	3.67	1.56	3.73	1.38	- 0.29	.77	- 0.04	.26***	.29***	.40***

*Note.* \*\*\* $p < .001$ .

### ***Interaction Effects***

We hypothesized that group identification would have a buffering effect on the positive relation between cognitive availability of historical trauma and historical trauma symptoms. We did, however, find a positive correlation between group identification and historical trauma symptoms. Such a relation could suggest the existence of a direct, positive effect of group identification on trauma symptoms rather than the hypothesized moderating (or buffering) effect. To further investigate the links among the three variables (before conducting our main analysis), we decided to first conduct a hierarchical linear regression. The results showed that when the effect of cognitive availability of trauma on historical trauma symptoms was controlled, group identification was no longer related to historical trauma symptoms.<sup>11</sup> This means that when we co-varied out the part of group identification

<sup>11</sup> In the regression analysis we entered historical trauma symptoms as dependent variable that was regressed on historical trauma availability (Block 1),  $B=0.47$ ,  $SD=0.05$ ,  $p<.001$ ,  $\Delta R^2=0.32$ ,  $F(1, 225)=106.04$ ,  $p<.001$ . In

that overlaps with cognitive availability of historical trauma, group identification was no longer related to historical trauma symptoms. Based on this result, we proceeded with the hypothesized moderation analysis. We also controlled for the role of awareness of family history of victimization. To test the hypothesized relations, we first conducted an analysis of moderation (Process 3.5; Hayes, 2017; Model 1). Cognitive availability of historical trauma served as the independent variable, trauma symptoms as the dependent variable, and group identification as the moderator. Cognitive availability of historical trauma was a positive predictor of historical trauma symptoms,  $b=1.10$ ,  $SE=0.24$ ,  $p<.001$ ,  $95\%CI[0.62, 1.58]$ , and so was group identification,  $b=0.17$ ,  $SE=0.07$ ,  $p=.022$ ,  $95\%CI[0.02, 0.31]$ . As predicted, the interaction of cognitive availability of historical trauma and group identification was significant,  $b=-0.16$ ,  $SE=0.06$ ,  $p=.009$ ,  $95\%CI[-0.27, -0.04]$ . Among individuals with higher levels of group identification, the effect of historical trauma availability on historical trauma symptoms was smaller (Figure 2). In particular, among participants with low levels of identification ( $-1SD$ ) the effect of trauma availability on trauma symptoms was  $b=0.65$ ,  $SE=0.08$ ,  $p<.001$ ,  $95\%CI[0.48, 0.81]$ , among those with moderate ( $M$ ) identification it was  $b=0.52$ ,  $SE=0.05$ ,  $p<.001$ ,  $95\%CI[0.41, 0.62]$ , and among highly identified group members ( $+1SD$ ) the effect was  $b=0.39$ ,  $SE=0.06$ ,  $p<.001$ ,  $95\%CI[0.28, 0.50]$ . The moderation effect accounted for 2.1% of the overall variance of historical trauma symptoms,  $F(1, 222)=7.02$ ,  $p=.01$ . Awareness of family victimization did not have a significant effect on the results,  $b=-0.10$ ,  $SE=0.07$ ,  $p=.13$ ,  $95\%CI[-0.23, 0.03]$ .

The further step was examination if historical trauma availability and historical trauma symptoms, as well as group identification, predicted the strength of participants' conspiracy beliefs. A moderated mediation analysis with group identification as the moderator, and awareness of family victimhood as a covariant was conducted (Process 3.5; Hayes, 2017;

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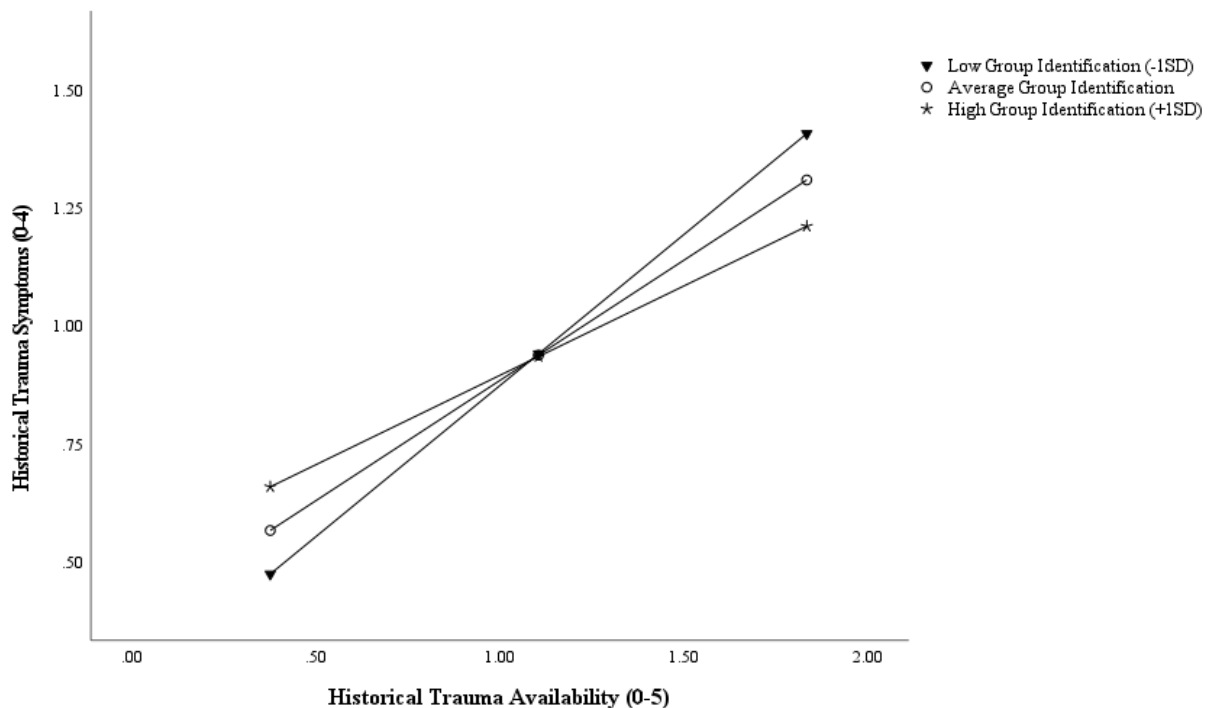
Block 2 we entered national identification  $B=0.02$ ,  $SD=0.05$ ,  $p=.68$  which did not predict trauma symptoms,  $\Delta R^2=0.001$ ,  $F(1, 224)=0.17$ ,  $p=.681$ .

Model 7). Cognitive availability of historical trauma served as the independent variable, historical trauma symptoms as the mediator, and conspiracy beliefs were the dependent variable.

Awareness of the family history of victimization did not relate to any outcome variables ( $ps > .132$ ). Conspiracy beliefs were predicted by historical trauma symptoms,  $b = 0.83$ ,  $SE = 0.18$ ,  $p < .001$ , 95%CI[0.47, 1.18], but not by historical trauma availability,  $b = 0.20$ ,  $SE = 0.15$ ,  $p = .18$ , 95%CI[-0.10, 0.50]. However, the indirect effect of historical trauma availability on conspiracy beliefs via historical trauma symptoms was significant,  $b = 0.43$ ,  $SE = 0.11$ , 95%CI [0.23, 0.65], and moderated by group identification (index of moderated mediation:  $b = -0.13$ ,  $SE = 0.06$ , 95%CI[-0.26, -0.03]). Participants with stronger group identification displayed fewer historical trauma symptoms and, in turn, were less prone to subscribe to conspiracy theories.

**Figure 2**

*The Moderating Role of Group Identification in the Relation between Cognitive Availability of Historical Trauma and Historical Trauma Symptoms (Study 2)*



## Discussion

Study 2 replicated the positive relation between the cognitive availability of historical trauma and historical trauma symptoms in a sample of national majority members. As predicted, group identification moderated the relation between the cognitive availability of historical trauma and historical trauma symptoms. Trauma symptoms, in turn, related to participants' conspiracy beliefs. Among strongly identified group members, the association between the cognitive availability of historical trauma and historical trauma symptoms was the weakest and became stronger among moderately and weakly identified participants.

An analysis of moderated mediation showed that the buffering effect of group identification translated to conspiracy beliefs as well. Specifically, the effect of historical trauma availability on conspiracy beliefs became significantly weaker, the more strongly participants identified with their social group. This suggests that a stable and safe connection

with one's traumatized group may stimulate historical closure, and, in consequence, highly identified group members are less suspicious of the world and do not need to look for alternative explanations of reality.

Although the death of group members due to occupiers' actions was the most cognitively available historical trauma aspect in our study, participants who were or were not aware of family victimhood did not differ in terms of cognitive availability trauma, trauma symptoms, or conspiracy beliefs. We also found that "the loss of trust in other nations" was a highly meaningful historical trauma symptom among ethnically Polish participants, which may constitute a plausible explanation for the link between the cognitive availability of historical trauma and conspiracy beliefs. It also aligns with the findings of another study conducted in Poland (Bilewicz & Liu, 2020), which showed that due to historical traumatization, trust in others is particularly low. One consequence of such low trust may be the positive association between historical trauma and conspiracy beliefs found herein.

### **General Discussion**

Two studies conducted among Ukrainian minority members and ethnic Poles in Poland established that the concept of historical trauma can be meaningfully applied to understand minority and majority groups' coping with traumatic collective history. Both studies demonstrated that greater cognitive availability of historical trauma is a significant and positive predictor of historical trauma symptoms. This relation is independent of the participants' awareness of their family members being victims of historical traumatic events (Study 2). We also found that identification with one's social group moderated the association between cognitive availability and symptoms of historical trauma. In particular, among strongly identified group members the relation between the cognitive availability of historical trauma and trauma symptoms was weaker than among low identifiers. Furthermore, the results of Study 2 showed that historical trauma may have distant consequences (in

comparison to direct emotional symptoms) in the form of a greater propensity to believe in conspiracy theories.

The main contribution of this research is the investigation of the role of group identification in shaping the association between cognitive availability of historical trauma and historical trauma symptoms. Identification with the victimized group exposes group members to the consequences of tragic group history; however, it can also help in coping with it (Haslam et al., 2018). This two-fold role of group identification was revealed in our studies. Both studies show that cognitive availability of historical trauma correlates positively with group identification. At the same time, the studies demonstrated that stronger group identification attenuated the positive relationship between historical trauma availability and historical trauma symptoms (for similar results, see Wohl & Van Bavel, 2011).

Research within the *social cure* approach (Haslam et al., 2018) demonstrates that resources derived from group membership facilitate coping with personally experienced traumatic events. Our studies extend these findings by showing that the positive effect of group identification can also be detected in coping with historical trauma. The two studies were conducted among descendants of historically victimized groups who reported thinking about historical trauma, even though they did not experience these events personally. This means that this topic is still present in the public narrative, which is essential to resolving and coping with collective trauma at both individual and social levels (Bohleber, 2012). Our results underscore the role of group identification in such coping.

Having said that, we want to emphasize that the role of identification in the processes of coping with historical trauma can be much more complex than a mere “social cure”. On the one hand, high levels of group identification increase the mental health consequences of discrimination among minority groups (McCoy & Major, 2003). This is due to the fact that strong identification leads to interpretation of discriminatory behavior as collective

experiences that are targeting an individual victim. In Study 1 presented herein, we did not find a significant association between group identification and historical trauma symptoms. On the contrary, we found that among Ukrainian minority members with lower levels of group identification the positive relation between cognitive availability of historical trauma and historical trauma symptoms was attenuated. Among the majority group members (Study 2) we observed a similar interaction, although in this case we also found an initial positive association between group identification and historical trauma symptoms, which disappeared when cognitive availability of historical trauma was included in the model. In both studies ingroup identification was positively correlated with cognitive availability of historical trauma, therefore it is obvious that for highly identifying group members historical trauma is generally more relevant. At the same time, among high-identifiers the link between availability of traumatic contents and symptoms of historical trauma was not as strong as among low-identifiers, which is in line with the social cure understanding of the positive role of group identities in shaping human health and well-being.

The endorsement of conspiracy theories is understood as a way of regaining a sense of control after traumatic events and avoiding future re-traumatization (van Prooijen & Van Vugt, 2018). Study 2 demonstrated the positive relation between beliefs in conspiracy theories and both the cognitive availability of historical trauma and historical trauma symptoms. These results highlighted that tragic group history may be a significant factor shaping belief in contemporary conspiracy theories, which is consistent with the literature (e.g., Bilewicz & Liu, 2020). Importantly, the relation between the cognitive availability of historical trauma and conspiracy beliefs was fully mediated by historical trauma symptoms. This suggests that it is not the higher cognitive availability of historical trauma per se that predisposes people to believe in conspiracies, but rather the level of coping with those tragic events (as evidenced by the intensity of trauma symptoms). Study 2 also demonstrated positive correlations



between conspiracy beliefs, group identification, and collective victimhood, which aligns with existing research (e.g., Pantazi et al., 2020). The results of Study 2 bring interesting insights into conspiracy beliefs research by showing that these three factors are related; however, group identification may moderate the level of coping with historical trauma and indirectly relate to lower levels of conspiracy beliefs.

Awareness of the family history of victimization was not significantly related to historical trauma availability or its symptoms. This highlights that the consequences of historical trauma may affect the whole society with a history of victimization, not only the people with active memory of the deaths of relatives due to historical conflict. This result stands in contrast to some of the studies conducted among decedents of Holocaust survivors, in which the family history of victimization was crucial to participants' mental health (Weinberg & Cummins, 2013; Wohl & Van Bavel, 2011). An important difference between our approach and that of the latter researchers is that in our study, we asked participants about the death of family members as a result of historical trauma events and not about their ancestors who survived the trauma. It is possible that experiences and testimonies of trauma survivors may be more important for trauma transmission than the loss of relatives due to historical conflict.

Notably, we found the same pattern of relations among members of minority and majority groups. These results show that the historical trauma construct may be a more universal framework for understanding the experiences of broadly defined victimized groups, not only those who experienced colonization and ongoing discrimination but also groups that currently enjoy a privileged majority status in their societies (i.e., ethnic Poles in Poland, Study 2).

### **Limitations and Future Directions**

Several limitations of the present studies need to be acknowledged. First, our studies were conducted with convenience samples. Thus, in order to be able to talk about the scope of the transgenerational transfer of historical trauma among Poles and the Ukrainian minority in Poland, representative sample studies should be conducted. Second, a limitation of Study 2 is that it did not focus on a specific traumatic event, as was the case with Operation Vistula in Study 1. Other studies tend to focus on singular traumatic events, such as the Holocaust as an important component of Jewish identity (Novick, 2000). This is why, in the study by Wohl and van Bavel (2011), participants could refer to this particular traumatic event, while in our study, participants who assessed historical trauma and its associated symptoms could think about several different historical events, which could make our results less precise. Future research on the relation between historical trauma and group identification should focus on historical events that are important and distinct enough for group members so that participants are easily able to indicate whether a given event and its consequences are cognitively and emotionally present in their lives. Additionally, future research should also explore the mechanisms responsible for the buffering effect of group identification on the link between historical trauma availability and symptoms.

### **Conclusions**

Being a member of a social group affected by historical trauma relates to negative psychological consequences, regardless of people's awareness of the family history of victimhood (i.e., whether one's ancestors fell victim to the traumatic events). Two studies conducted among minority and majority group members in Poland demonstrated that stronger group identification attenuated the relation between the cognitive availability of historical trauma and its psychological and social consequences. Taken together, our results show that historical trauma is present in both minority and majority groups and that identification with one's group may serve as an important protective factor against historical trauma symptoms.

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