



THE TRAUMA OF COLONIZATION: A PSYCHO-HISTORICAL ANALYSIS OF ONE ABORIGINAL COMMUNITY IN THE NORTH AMERICAN “NORTH-WEST”

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ABSTRACT

This article examines two models of mass trauma as applied to the social conditions and history of an aboriginal community in the boreal forest of northern Canada. A psycho-historical examination of the colonial history of the community failed to uncover evidence of Historic Trauma as pathology linked to the general process of colonization in the Americas. While evidence emerged of a syndrome linked to attendance at regionally specific Indian residential schools, it was not clear whether this syndrome was distinct from Post Traumatic Stress Disorder. It is suggested that the intergenerational transfer of this symptomatology would involve mechanisms of culture that impact self-construction. Community development is proposed as a method for improving local cultures. The use of psycho-historical analysis is recommended for future research.

Keywords:

Historic Trauma, Residential School Syndrome, community development, self, aboriginal, colonization

RESUMEN

Este artículo examina dos modelos de trauma masivo aplicados a las condiciones sociales e historia de una comunidad indígena en los bosques boreales del norte de Canadá. Este examen de la historia colonial de la comunidad no descubrió evidencia de trauma histórico como patología relacionada al proceso general de colonización de las Américas. Lo que si emergió fue evidencia de un síndrome relacionado con la asistencia a escuelas indígenas residenciales en regiones específicas. No está claro si este síndrome es distinto al trastorno de estrés postraumático. Se sugiere que el traspaso intergeneracional de esta sintomatología incluiría mecanismos culturales que influyen en su autoconstrucción. Desarrollo comunitario se propone como método para mejorar las culturas locales. El uso de análisis psico histórico se recomienda para investigaciones futuras.

Palabras claves:

Trauma Histórico, Síndrome de Escuela Residencial, desarrollo comunitario, si mismo, aborigen, colonización.

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The colonization of the American continents by European empires led to the collapse of traditional indigenous economies with great loss of life. It has been proposed that this colonization constituted a form of genocide leading to a collective form of PTSD similar to that experienced by the Jews who faced extermination during the holocaust (Duran & Duran, 1995; Mitchell & Maracle, 2005). The symptoms Brave Heart (2003) proposed for this Historic Trauma (HT) include depression, suicidal ideation, anxiety, low self-esteem, anger, detachment from one's emotions, and substance abuse, with this symptomatology "continuously being acted out and recreated in contemporary Aboriginal culture" (Wesley-Esquimaux & Smolewski, 2004 p. 3). Treatment for HT has occurred in group settings where the assumed trauma is induced, remembered, or taught with subsequent "healing" found in group support and the application of a system of beliefs identified as Aboriginal or Native Spirituality (Brave Heart, 2003; Robertson, 2011). Recognizing a need for verification of this thesis, Brave Heart and her colleagues issued a call for research into the presence of HT in local indigenous peoples throughout the Americas (Brave Heart, Chase, Elkins, & Altschul, 2011). If HT as pathology does not exist, or does not exist universally among the colonized, then therapists must be prepared to look to alternate treatments for conditions such as depression, anxiety, pathological anger, and low self-esteem.

Although colonization was a continental universal, the relationship between colonizers and indigenous peoples varied. One might expect that the effects of colonization would be different with respect to the Mayans and Iroquois who were military allies of the Spanish and British respectively, than to the survivors of those Amerindian populations such as the Arawak and Huron who were subjected to genocide. For the HT hypothesis to hold, the impact of colonization had to be sufficient to produce psychological trauma in the existent population irrespective of the specific relationship between colonizers and colonized. It is then necessary to demonstrate a historical causal link between the process of colonization and the suggested symptomatology in modern aboriginal people. The HT hypothesis would be confirmed if a psycho-historical analysis involving a contextual overview of the colonization experienced by a people, the subsequent trajectory of their experience, and the mental health effects and concerns connected to that experience demonstrated the suggested intergenerational symptomatology on a divergent and representative sample of Amerindian communities. This paper begins that study by examining one such community.

Methodology

This study examines HT as a *psychological* trauma using the symptoms listed by Brave Heart (2003). HT has also been used as a synonym for postcolonial distress creating a spectrum of possible meanings (Kirmayer, Gone, & Moses, 2014), but in this paper it is understood as a form of PTSD similar to that faced by victims of the holocaust. The research question framing this study was, "Does HT as conceptualized by Brave Heart (2003) apply to the community of Stanley Mission in northern Saskatchewan?" This community was selected for examination based on its profile suggesting the symptomatology outlined by the proponents of HT, and by the author's familiarity with it. The following ancillary research questions follow: 1) Did historical instances occur that were potentially traumatizing for the entire ancestral community; 2) Were there mechanisms or pathways by which this trauma could have been transmitted inter-generationally; and 3) Are there community members who present with symptoms that match those proposed for the HT model?

Laverty's (2003) advice that "A methodology is not a correct method to follow, but a creative approach to understanding whatever approaches are responsive to particular questions and subject matter" (p. 16), has been echoed by other qualitative researchers (Chang, 2010; Miles & Huberman, 1994; Patton, 2002). Accordingly, a research methodology was devised that reflected the unique research needs of the study. In keeping with the hermeneutical notion that texts must be interpreted within their historical



contexts (Cushman, 1995; Packer, 1989; Wilson & Hutchinson, 1991), the colonial trading systems that impacted the Cree in this study were examined using the relevant conceptualizations of the period. The evolution of the economic and political status of the Cree in question was traced within this context culminating in an attempt by Canada to assimilate indigenous populations using religiously based “Indian Residential Schools.” An account of a community development attempt that followed a series of youth suicides is made using auto-ethnographic methods (Ellis & Bochner, 2000; Fetterman, 1998). Finally, data is drawn from the author’s private practice in the community relating mental health concerns to historical events. While such case study analysis has been important in the establishment of psychology as a discipline (Adler, 1927/1957; Freud, 1978; Jung, 1981), no attempt is made to generalize these case descriptions beyond the subject community. This paper concludes with a discussion of the fitness of HT as a psychological pathology.

Colony within a Colony: The Historical Context

The 1744 map of America reproduced in Figure 1 shows Canada as a French colony consisting of the lands drained by the St. Lawrence River. It also marks the north-west corner of the American supercontinent as unexplored. Geography did not indicate that the North-West would be added to Canada - its natural trade routes run north and south. The population base of Canada, centered on the metropolitan centers of Montreal and later Toronto, is separated from the North-West by a thousand kilometers of rock and boreal forest aptly called “the shield.” The conditions of colonization were dictated by the history of Canada which was itself a colony at the time.

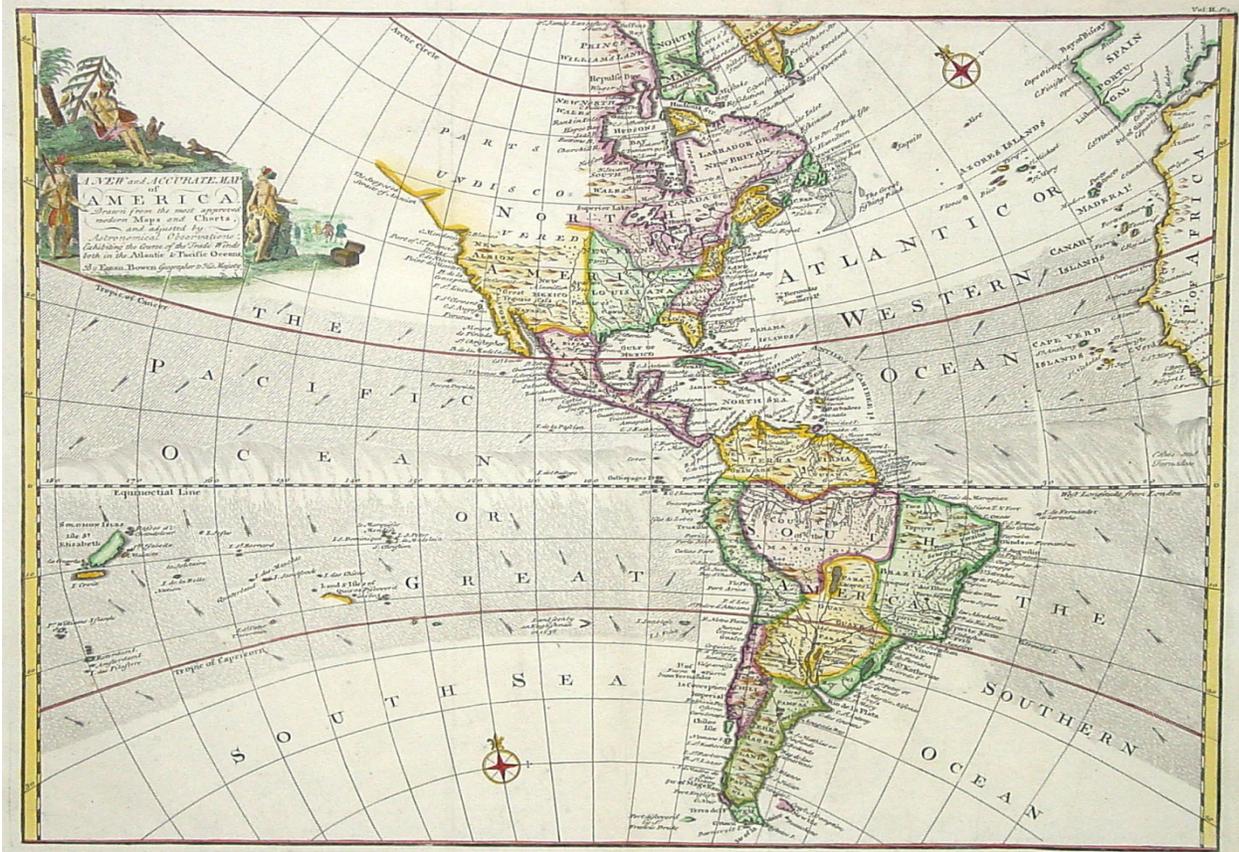


Figure 1: Map of America, 1744

The Montreal Trading System: A Metropolitan-hinterland understanding

Urban areas necessarily draw upon the foodstuffs, raw materials and human resources of a surrounding region. Advances in transportation and communication permit some metropolitan centers to dominate a constellation of lesser centers which feed wealth, talent, and goods to the center (Borchert, 1967). While these centers may be seen as a metaphor for the economic elites that control their economies, certain benefits including education, jobs and culture accrue to ordinary citizens who live in such places. While colonization may be seen as an attempt to create new and distant economic hinterlands, the interests of resultant colonial economic elites were not identical with those of the colonizing country.

The port city of Montreal, in a strategic location where goods from ocean going ships had to be loaded onto barges for transport to the interior, became the metropolitan center of Canada. Its trading system was in competition with a smaller system based in New York that was part of the British Empire. Britain kept the boundaries of Canada intact after acquiring the colony from France in 1763, precipitating the 1776 rebellion of its Atlantic colonies. The area south of the Great Lakes ceded to the new United States of America contained 80% of Canada’s arable land, but it was not until the mid-19th century that trade from this region was effectively redirected to New York using a combination of railways, canals, tariffs, and a second war (Borchert, 1967; Herstein, Hughes, & Kirbyson, 1970). The Canadian economic elite decided to create a substitute hinterland out of the territory marked “unexplored” in Figure 1.



The Cree in the North-West Prior to Canadian Expansion

After the establishment of the first British posts on Hudson Bay, the economy of the indigenous Cree population became centred on harvesting furs and reselling European goods to other Amerindian peoples (Ray, 1974). Armed with rifles obtained in trade, the Cree pushed west of their subarctic homeland displacing the Dene from over a thousand kilometres of boreal forest. In the late 18th century they expanded south driving the Blackfeet and Sioux out of much of the northern plains (Ewers, 1968; Ray, 1974). Those Cree that settled on the plains adopted much of the buffalo-based culture of their Siouxian (Assiniboine) allies.

Woodland Cree bands were autonomous largely family units of 50 to 150 people with individuals free to move between bands or to form new ones. Initially, the Cree were affected by pandemics as were other American peoples, but in the early 19th century, the Hudson Bay Company began a successful campaign of vaccination (Denig, 1856/1961; Ray, 1974). In 1851, the Anglican Church began constructing a parsonage, school and church on the north shore of the Churchill River in what is now northern Saskatchewan, and the Hudson Bay Company established a trading post on the opposite shore. Cree families joined the settlement forming the community of this study. They adopted Christianity and eventually provided Saskatchewan with its first aboriginal priest and bishop (LeClair, 2009).

After purchasing the Hudson Bay Company's governmental interest in the North-West in 1869 (Adams, 1885), Canada used immigration, tariffs and railways to establish a farming population whose trade was directed to itself. Canada's national plan also involved pacifying and resettling the Amerindian population through a process of treaty-making (Morris, 1880/1979). These were not treaties negotiated between independent nations as the Canadian government viewed the inhabitants of the North-West to already be their subjects (Morton, 1939). In this unequal process, Canada would select an area they wished to pacify and invite band leaders that happened to be in that area, regardless of their tribal affiliation, to sign the agreement. Signatories were granted a reserve in which to live, the size of which was based on a per capita allocation, and they were promised education, farming, health care and assistance in time of famine. Although a number of Cree bands joined the Métis in a rebellion in 1885, the people of Stanley Mission remained neutral. In 1889, they were added to Treaty #6 as part of the larger Lac La Ronge Band. Regulations under the Indian Act after 1885, restricting travel between reserves and Amerindians working off-reserve, were not enforced consistently as the community was not designated as a reserve until 1920.

The Role of Indian Residential Schools in the process of Colonization

The Canadian government contracted with Christian religious denominations to provide education to aboriginal children in the North-West at residential schools in which students would reside separate from their families. While the government paid for construction, the churches were to be responsible for operational costs. Although the Canadian government initially planned for just three such schools, in practice, a church would build a school and then demand funding with the result that eighty were in operation by 1931. The educational goals of these institutions were to Christianize the population and to teach the boys agriculture, animal husbandry, or other skills appropriate to the new economy. The girls were taught homemaking. Initially, children from Stanley Mission were sent to a residential school 320 kilometers to the south. In 1905 a new residential school was built in La Ronge, some 80 kilometers distant, and the Church relocated its mission headquarters to that community (Anglican Church of Canada, 2014).

The churches' plan to pay for school maintenance costs through the labour of the students was unsuccessful, and this resulted in cutbacks to diet and health care. A 1941 study found that half the children who entered residential schools prior to that date did not survive to adulthood (Barman, Hebra, & McCaskill, 1986). The Anglican Church attempted to replace its shortfall in funding with appeals for donations, and for much of the first half of the 20th century maintenance of its Indian residential schools took half its national budget (Woods, 2012). While this on-going fundraising effort may have meant that

conditions at the Anglican schools were better for students than at the larger Catholic system, school policies created the conditions for cultural estrangement. For example, it was only after 1948 that children were allowed to spend Christmas with their parents, and brothers and sisters in the same institution were not allowed to communicate with each other (Barman, et al., 1986). Corporal punishment was used to prevent children from speaking their native language (Stout & Kipling, 2003). While sexual abuse was not condoned by the churches, it was widespread. Even without such abuse, the process of isolation and cultural estrangement would have affected the normal development of the students' sense of self (Robertson, 2006). The Canadian government decided to end the Indian Residential School system in 1907, but a church led political lobby backed by Amerindian leaders convinced them to reverse their plans (Woods, 2012). In 1947 fire destroyed the school at La Ronge, and it was re-established in a community 240 kilometers further south. As subsistence trapping, hunting and fishing became less feasible due to scarcity of supply and lack of world demand, the community became dependent on government welfare. A road was built to the community in 1978. Despite having a school in their community by this time, many parents continued to send their children to the distant Indian Residential School.

During the 1970s, the Canadian government closed the residential schools in all parts of the country except Saskatchewan and the North-West Territories. Saskatchewan chiefs successfully lobbied to keep the schools open under their administration, citing the distinctive learning styles and child welfare needs of Amerindian students (Robertson & Redman, 1988). Institutional culture was largely unaffected by this change with religious instruction, corporal punishment, segregation of sexes, and instances of physical and sexual abuse continuing (Aboriginal Healing Foundation, 2006).

Residential School Syndrome as a type of PTSD

Brasfield (2001) identified a collection of symptoms frequently occurring in people who had attended Indian Residential Schools including recurrent intrusive memories, emotional detachment from others, sleep difficulties, anger management difficulties, impaired concentration, inadequate parenting skills, and a tendency to abuse alcohol or sedative drugs. He viewed this "Residential School Syndrome" (RSS) to be a form of Post Traumatic Stress Disorder, but some clients with the symptomatology had experienced no identifiable life threatening triggering incidents, and some had not attended residential school. Such patterns of behavior could be transmitted culturally without a requisite traumatic trigger (Robertson, 2006).

Canada's Aboriginal Healing Foundation of Canada (2006) identified 27,855 individuals (out of a total Amerindian population of 800,000) who had attended residential schools or were descended from those who attended with "special needs" including severe trauma, an inability to engage in groups, a history of suicide attempts, or a life-threatening addiction. Elias et al. (2012) found that 39% of on-reserve residents in the North-West reported having a history of abuse with being female, non-partnered, having attended residential school, or having had ancestors who attended such schools as significant correlates. Twenty-eight percent of the residential attendee subsample had a history of suicide ideation. Although the authors interpreted this result as supportive of the HT hypothesis, their study was specific to the effect of Indian residential schools.

In summary, two successive colonisations occurred in the North-West with the first based on British mercantilism and the second involving Canadian expansion. The Cree west of Hudson Bay benefited during the first colonization. Instead of simply relying on the profits generated from their role as middlemen in the fur trade, they greatly expanded their territory. They lost this privileged position during the period of Canadian expansion and were forced to accept treaties placing them on reserves. While no historical incidents comparable to the holocaust that could have induced Historic Trauma was found in the community studied, the operation of Indian Residential Schools may have induced a similar symptomatology in some students.



Community Mental Health Indicators with Historical Considerations

In 1992, a national newspaper labeled the community under study as the “suicide capital of Canada.” According to the director of the clinic (personal interview), four to twelve suicide attempts were occurring in this community of 1,100 every month with the majority involving youth age 14 to 25. While the idea of empowerment through community development had a long history (Alinsky, 1941), the federal Canadian bureaucracy of Indian Affairs had an interest in keeping communities dependent. With each suicide the community waited for the “outside experts,” the doctors, the nurses, the educators, the psychologist, to fix things. Eventually the community stopped waiting.

Following the suicide of a 12 year old girl in 1994, I was invited to conduct a post-traumatic stress debriefing with clinic staff. I had conducted such debriefings in the community before. This time, community members who were not employees came to the clinic visibly grieving and they joined the debriefing. As more came, we moved the de-briefing to a larger reception area. In accordance with cultural tradition, a “talking circle” format allowing everyone in attendance to speak their thoughts and feelings with group support was used. The meeting lasted 13.5 hours and ended with the promise of another in two days time.

Grief turned into action. Led by a newly formed volunteer “steering committee,” the community held a series of bereavement workshops, developed a volunteer crises intervention team, and organized group counselling for people experiencing anger, depression and self-esteem issues. They organized a referendum banning alcohol from the community and worked with police to enforce that ban. They built a youth activity center and equipped it with donations. They implemented workshops on sexual abuse prevention in both elementary and high schools. They organized elders to teach youth survival skills in the boreal forest. They agreed to store all firearms in lockers built for that purpose at a local cooperatively owned store. Parental patrols enforced a 10:00 P.M. curfew for all children under the age of 16. They did not have another completed suicide for a period of six years, but divisions within the community surfaced.

Headquartered 80 kilometers distant, the band’s health department conducted workshops and sponsored cultural gatherings promoting Native Spirituality using the lens of HT. When the community elders failed to participate, their local elder support worker was threatened with disciplinary action. She said that her elders recognized their people had not always been Christian, but many of the practices promoted by the “traditionalists,” including powwows and sun dances came from the plains and had never been part of the Woodland Cree culture.

At the turn of the century the steering committee that had been directing the community’s development ceased meeting. Ominously, in 2003 a young girl lay dead of alcohol poisoning while other youth continued to party around her. Nursing staff reported (personal interview) that suicide attempts had risen to half the frequency reported a decade earlier.

Evidence of Historic Trauma and Residential School Syndrome in one Caseload

Twenty-eight clients regularly travelled the eighty kilometers from this community to where I have a private practice from the years 2007 to 2014. The majority of these people (19) presented with addictions issues while (14) expressed relationship concerns. Twelve clients presented concurrent relationship and addictions issues. While there are possible causes of addictions and relationship issues that do not have a historical basis, a syndrome of characteristics that are unique to a people with a particular historical reference may be used to infer such a causal connection.

None of these clients presented with the full range of seven symptoms identified by Brave Heart for HT; however, six presented with four. All of these six presented with addictions issues. Five of the six presented with anger issues, four with violence. Four of these clients scored in the clinical range on a test of unipolar depression. Three suffered from anxiety, and an overlapping three presented with attachment issues. Three experienced suicide ideation. Four of these six individuals had attended Indian residential schools. One of the remaining two was a non-aboriginal who worked in the community briefly and whose ancestors were in Europe during the era of colonization.

Two symptoms of RSS are the same as HT: addictions and anger. Further overlap is evident in that five of the symptoms listed for RSS: intrusive memories, flashbacks, avoidance, impaired concentration and sleep difficulties, are all evidence of anxiety disorder. It was not surprising; therefore, that five of the six people who displayed a least four symptoms attributed to HT satisfied the criterion of RSS. The one such individual who did not also present as having RSS was the non-aboriginal. The one person who presented as having RSS without HT experienced intrusive memories, flashbacks and sleep disturbances associated with sexual abuse experienced at a residential school. Five of the six clients presenting with RSS symptomatology attended Indian Residential Schools, but two of these viewed schools as an escape from abuse experienced in their families. Two had been sexually abused by residential school staff while one had been abused by fellow students.

Discussion

The assumption that whole communities or cultures suffer from a pathology (HT) has led to treatments that include “re-introducing” individuals to the memory of historic genocidal events, externalizing blame for current conditions to the colonizers, and practicing a proscribed cultural belief system (Brave Heart, 2003; Robertson, 2011). Referencing this paradigm, community elders were encouraged to embrace a Siouxian version of Native Spirituality adopted by their Plains Cree brethren 250 years previously, but their community had been Christian for 150 years. In defense of these elders, it is possible to recognize spectrum of healthy aboriginal selves with varying degrees of acculturation (Berry, 2002; Robertson, 2014).

Those using an RSS paradigm typically use treatments common to PTSD such as Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, and Narrative Construction (Corrado & Cohen, 2003). Brasfield (2001) also recommended a traditional cultural component with the understanding that people with RSS will typically avoid such activities. This is the reverse of what happens in typical PTSD where avoidant behavior focuses on a triggering stimulus. Three other features also differentiate RSS from PTSD: 1) alcohol or drug abuse often begins at a very young age and is frequently accompanied by outbursts of anger; 2) the syndrome may present without a triggering life-threatening incident; and 3) the syndrome may be present in people who never attended residential schools but whose parents or grandparents did. In summation, while the symptomatology of the two posited conditions is similar in several respects, conceptualization differences imply radically different treatment regimens.

Deconstructing HT and RSS as applied to this Community

The first ancillary research question would be affirmed if it could be shown that a traumatizing colonial incident was sufficient to produce the requisite PTSD-like symptoms in the general population. During the first colonization of the North-West, the Cree expanded their wealth and territory and were protected, relative to neighboring peoples, from epidemics that periodically ravaged the region. We must infer that the ancestors of the community under study preferred the area in which they settled to the lands from which they came. During the Canadian colonization, the Cree lost their privileged position relative to other aboriginal peoples. Forced settlement on reserves during conditions of starvation could have been traumatic, but this group of Cree had established their community prior to the creation of reserves in an area known for its fish and game, and the migratory rules restricting travel following the 1885 rebellion were not enforced here. Further, their conversion to Christianity was voluntary, pre-dating the second colonization. Since no event during either colonization was likely to produce trauma in the entire population, the second question about a causal link to the modern community is rendered moot; however, the subsequent operation of Indian Residential Schools produced such conditions.

Attachment difficulties could be understood as flowing from the experience of being separated from one's family for an extensive period of time starting at a young age coupled with dysfunctional models provided by the institutions themselves. Anger and abuse patterns could flow directly from



experiences that were subsequently normalized and transmitted across generations through the process of parenting (Robertson, 2006). Assuming such a mechanism, it is surprising that only six from a caseload of 28 drawn from the community would exhibit a majority of symptoms proposed for the syndrome. Since some of these clients also viewed residential schools as a safe haven from familial abuse, we must consider the possibility that neither the HT nor the RSS hypotheses are correct. While colonialism's negative effects in the form of dislocation, crime, addictions and other social ills can be readily measured (Elias, et al., 2012; Manson, et al., 2002), such effects were documented prior to the conceptualization of HT and RSS (Barman, et al., 1986; Cardinal, 1969; Hill, 1992).

Early abuse may lead to complex symptomatology regardless of the racial background of the victim (Hickling, Barnett, & Gibbons, 2013). Since five of the six people with a preponderance of RSS symptoms identified as having been sexually or physically abused, it is reasonable to suppose that their complex of symptoms may be related to that abuse and not their attendance at residential school per se. While such an explanation is clinically plausible and negates the necessity of identifying new categories of mental illness, it does not explain the preponderance of dysfunctional patterns evidenced in some (but not all) aboriginal communities.

Community Development and Mental Health

The second colonization of the North-West brought a new economic order in which traditional skills and community organization had no place. Indian residential schools were created as a means of assimilating indigenous children into this economic order. Eventually the children who had been separated from early parental influence were returned to their communities with certain attitudes, values and understandings at variance with their elders. While both HT and RSS rely on the intergenerational transference of maladaptive values, a case could be made that at issue is a lack of intergenerational transfer. When elders in this northern community were asked why they had not taught the youth in their community wilderness survival skills previously, they replied that they had not thought the youth would be interested. Since the self or core identity of the individual may be understood as a cultural construct initially dependent on intergenerational transfer (Harter, 2012), communities exert a strong influence on which units of culture or memes are selected in the process of self construction. Impediments to community could result in failed transference of aspects of self essential to viability.

As authoritarian church-run institutions, Indian Residential Schools promoted qualities of passivity, self-effacement and obedience. These qualities were reinforced by a federal bureaucracy that controlled important aspects of individual life. Disempowered communities lead to disempowered individuals who are not predisposed to responding to crises in a voluntary self-directed way. In this context, the decision of community members to initiate action following a rash of youth suicide has added significance.

The self may be described as a theory of who we are that allows us to situate ourselves in past, present and future contexts (Seigel, 2005). Having a self allows us to mediate our present behaviour, relate to others, and plan future actions based on predictable consequences, and it develops over childhood and adolescence with a supportive community required for its maintenance (Hermans, 2001; Ishiyama, 1995). The ethno-stress that may be said to flow from colonization could disrupt a community's capacity to validate healthy self-structures.

All subjects in a cross-cultural sample of the selves of people not in therapy exhibited volition, a sense of uniqueness, constancy, feeling or a capacity for emoting, competency, intimacy and social interest (Robertson, 2010). In contrast, all seven people seeking counselling who met a majority of the proposed HT symptomatology or the RSS conceptualization in this survey had deficiencies in one or more of these areas. Five had difficulty establishing intimacy. Four lacked evident social interest, three viewed themselves to be incapable of productive behavior, two lacked volition and two lacked a capacity to recognize their own emotions.

Some aboriginal communities experience exceptionally high suicide rates while, in others, suicide is virtually unknown and this can be attributed to differences in local culture (Chandler & Lalonde, 1998). The community action stimulated by the rash of youth suicides in this example may be seen as an attempt to change the culture of that community. If community development is a process that generates movement towards self-reliance, meeting community felt needs and stimulating economic, cultural and social change (Alinsky, 1941), then such development is concerned with the healthy development of individual selves working together collectively (Taylor & Sablonniere, 2013). The use of outside experts to tell a community how it should develop may actually impede community development. Empowered communities define their own culture and determine their own course of evolution. The outpouring of grief following several years of high youth suicide rates in this community led to action with the implication that this form of community self-directed empowerment had been previously missing. Once established, a core group of community minded people displayed leadership on a range of issues not necessarily directly connected to the initiating condition. They were changing a community culture that had included elements of alienation, learned helplessness, and lateral violence, but they were thwarted, in part, by conflict over the direction of that change. Notions such as aboriginal cultural continuity should be interpreted to allow communities to build on their cultures as presently constituted.

Conclusions

This examination of a community's history was unable to find a link between a traumatizing colonizing incident and a general community pathology of HT. While other qualitative interpretations are possible, "facts themselves *do* generate evaluative conclusions" (Bhaskar & Norris, 1999, para. 12), and since this interpretation is clearly defensible, it represents a challenge to the universality HT as a diagnosable psychological trauma. This does not preclude the possibility that the histories of specific communities could demonstrate HT effects, but such a condition would be specific to those communities.

RSS could be considered such a specific local condition, idiosyncratic to specific regions of Canada. This study supported research showing that residential school attendees and their descendents are more likely to experience mental health problems than indigenous non-attendees (Elias, et al., 2012); however, these clients experienced physical or sexual abuse. Where such abuse exists it is not necessary to postulate an institution-linked diagnostic category separate from PTSD. On the other hand, Brasfield (2001) found people exhibiting the RSS symptomatology who had never experienced abuse or other life-threatening trauma, and this served to justify a separate RSS categorization. But such an institutionally-linked diagnosis fails to account for those who found their residential school experience to be beneficial or a safe haven from dysfunctional families of origin.

Some behaviors taken as symptoms of both HT and RSS could be transmitted by cultural mechanisms independent of any psychological trauma. For example, although the use alcohol was not unknown in pre-contact aboriginal cultures (Korhonen, 2004), its use was intensified as a result of the fur trade's reliance on the commodity. Aggressive community drinking may be viewed as resulting from cultural change resulting from the first colonization. Similarly, although relationship difficulties were not unknown in pre-contact cultures (Denig, 1856/1961) it is likely that dysfunctional patterns of communication and gender relations were normalized as a result of the residential school experience. In each case the behaviors can be related to cultural change wrought by specific colonial practices without postulating new mental illnesses. The term "historic trauma," may be more appropriately used, not as a psychological condition, but as a metaphor or idiomatic expression for earlier concepts of cultural dislocation and ethno-stress (Kirmayer, et al., 2014; Prussing, 2014; Waldram, 2014).

Since colonialism replaces self-governance with external control, it follows that the remedy for dysfunctional cultural change wrought by colonialism would involve increased collective self reliance as demonstrated by the community development effort in this example. By setting and enforcing community rules, for example, by establishing an evening curfew for children, the community was setting new normative standards for itself. A subsequent attempt to introduce "cultural healing" using the HT



paradigm was perceived as oppressive by community elders because it failed to build on the existing community culture. This suggests the necessity of employing community development methods building on existing strengths including those obtained through cross-cultural contact while changing dysfunctional patterns stimulated by that very same contact.

This exploratory study has suggested several directions for future research. The notion that each aboriginal community is unique in some ways implies that each community would benefit from researching its own history, values, issues and concerns in advancing its own cultural evolution with an implied community-based participatory research focus (O'Toole, Aaron, Chin, Horowitz, & Tyson, 2003). While the use of community development in combating the deleterious effects of colonialism makes intuitive sense, its affect on individual mental health requires further research.

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