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Editorial

Rethinking Historical Trauma

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Abstract

Recent years have seen the rise of *historical trauma* as a construct to describe the impact of colonization, cultural suppression, and historical oppression of Indigenous peoples in North America (e.g., Native Americans in the United States, Aboriginal peoples in Canada). The discourses of psychiatry and psychology contribute to the conflation of disparate forms of violence by emphasizing presumptively universal aspects of trauma response. Many proponents of this construct have made explicit analogies to the Holocaust as a way to understand the transgenerational effects of genocide. However, the social, cultural, and psychological contexts of the Holocaust and of post-colonial Indigenous "survivance" differ in many striking ways. Indeed, the comparison suggests that the persistent suffering of Indigenous peoples in the Americas reflects not so much past trauma as ongoing structural violence. The comparative study of genocide and other forms of massive, organized violence can do much to illuminate both common mechanisms and distinctive features, and trace the looping effects from political processes to individual experience and back again. The ethics and pragmatics of individual and collective healing, restitution, resilience, and recovery can be understood in terms of the self-vindicating loops between politics, structural violence, public discourse, and embodied experience.

Keywords

Trauma, transgenerational transmission, Indigenous peoples, social determinants of health, structural violence, Holocaust, genocide

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Introduction

Recent years have seen the rise of *historical trauma* as a trope to describe the long-term impact of colonization, cultural suppression, and historical oppression of many Indigenous peoples including Native Americans in the United States and Aboriginal peoples (First Nations, Inuit and Métis) in Canada.[1] The initial impact of European contact on the Indigenous populations of the Americas was a massive loss of life through infectious diseases and violent encounters that has been called the "American Indian Holocaust" (Thornton, 1987). The emergence of the settler-controlled nation state was associated with explicit policies aimed at cultural suppression and forced assimilation of Indigenous peoples through the Indian residential/boarding schools and systematic out-adoption in what some have described as "cultural genocide." Increasing recognition of this history has influenced the collective identity of Indigenous peoples as well as individuals' modes of self-fashioning. Historical trauma offers an explanation for continuing inequities in health and wellbeing and a focus for social, cultural, and psychological interventions. Politically, it has led to explicit recognition of past violence and, in Canada, to a formal apology from the government, processes of compensation, as well as a Truth and Reconciliation Commission (Niezen, 2013).

The concept of historical trauma in relation to the postcolonial experiences of Indigenous peoples in North America first emerged in the behavioral and health sciences literature during the mid-1990s (Gone, 2014; Maxwell, 2014; Prussing, 2014; Waldram, 2014). Initially, it was described as a complex and intergenerational form of Posttraumatic Stress Disorder (PTSD) resulting from European conquest and colonization (Brave Heart, 1993, 1999; Duran & Duran, 1995). The concept obtains its rhetorical force by consolidating two preexisting constructs: *historical oppression* and *psychological trauma* (Gone, in press). The original motivations for formulating historical trauma were to contextualize Indigenous health problems as forms of postcolonial suffering, to de-stigmatize Indigenous individuals whose recovery was thwarted by paralyzing self-blame, and to legitimate Indigenous cultural practices as therapeutic interventions in their own right (Gone, 2013). Alongside these emancipatory goals, however, the proponents of Indigenous historical trauma have been mainly mental health professionals or advocates who make use of established discourses within behavioral healthcare systems and services. The result has been a complicated negotiation of ideas and values that appears to vacillate between emancipatory idealism (motivating approaches that re-socialize the medical) and pragmatic realism (defaulting to approaches that medicalize the social).

In the two decades since its introduction, historical trauma has proliferated widely in both scholarly and grassroots community discourse about Indigenous health concerns. As a result, the term has come to signify various ideas for different constituencies (or even for individuals within the same constituency, such as two prominent medicine men from the same northern Plains reservation who construed historical trauma in distinctive ways; see Hartmann & Gone, 2014). In its most

colloquial form, the concept is used merely as a synonym for *postcolonial distress*. But this latter term is technically more encompassing than the concept of historical trauma insofar as *postcolonial* refers to the contemporary as much as to the historical, and *distress* refers to broad forms of suffering that can be much less circumscribed, persistent, and debilitating than trauma (for an example of an elaborated discourse of Indigenous postcolonial distress that does not depend on the notion of psychological trauma, see Gone, 2007). In its most refined form, the concept has been characterized by what Hartmann and Gone (2014) summarized as the "Four Cs" of Indigenous historical trauma: (i) *Colonial injury* to Indigenous peoples by European settlers who "perpetrated" conquest, subjugation, and dispossession; (ii) *Collective experience* of these injuries by entire Indigenous communities whose identities, ideals, and interactions were radically altered as a consequence; (iii) *Cumulative effects* from these injuries as the consequences of subjugation, oppression, and marginalization have "snowballed" throughout ever-shifting historical sequences of adverse policies and practices by dominant settler societies; and (iv) *Cross-generational impacts* of these injuries as legacies of risk and vulnerability were passed from ancestors to descendants in unremitting fashion until "healing" interrupts these deleterious processes.

In seeking to understand the transgenerational effects of historical trauma and processes of recovery, some Indigenous scholars and mental health practitioners have made explicit analogies to the Holocaust and its health impacts on the Jewish people. The discourses of psychiatry and psychology contribute to this analogy by emphasizing presumptively universal aspects of trauma response (Fassin & Rechtman, 2009). However, the social, cultural, and psychological contexts of the Holocaust and of post-colonial Indigenous "survivance" (Vizenor, 1999) differ in many striking ways. Indeed, the comparison suggests that the persistent suffering of Native peoples in North America reflects not so much past trauma as ongoing structural violence. The comparative study of genocide and other forms of massive, organized violence can do much to illuminate both common mechanisms and distinctive features, and trace the looping effects from political processes to individual experience and back again. However, each human catastrophe has its own history, social dynamics, and corresponding patterns of individual and collective response rooted in culture and context.

The papers in this issue of *Transcultural Psychiatry* explore current understandings of historical trauma among Indigenous peoples and their implications for mental health theory and practice. The papers are drawn from a workshop organized by the authors in association with the Division of Social and Transcultural Psychiatry at McGill University and the Network for Aboriginal Mental Health Research, funded by the Institute for Aboriginal Peoples Health of the Canadian Institutes for Health Research. In this introductory essay, we consider some of the issues involved in approaching Indigenous history in terms of trauma as well as the limits of the analogy to the Holocaust as an explanatory model and rhetorical strategy.

Recognizing the American Indian Holocaust

> For them [Indians] the arrival of the Europeans marked the beginning of a long holocaust, although it came not in ovens, as it did for Jews. The fires that consumed North American Indians were fevers brought on by newly encountered diseases, the flashes of settlers' and the soldiers' guns, the ravages of firewater, the flames of villages and fields burned by the scorched-earth policy of vengeful Euro-Americans. The effects of this holocaust of North American Indians, like that of Jews, was millions of deaths. In fact, the holocaust of the North American Tribes was, in a way, even more destructive than that of the Jews, since many American Indian peoples became extinct. (Thornton, 1987, p. xv-xvi)

As described in the contributions by Gone (2014), Maxwell (2014), Prussing (2014), and Waldram (2014) in this issue, notions of historical trauma have their own history, reflected in changing patterns of understandings of the experience of colonization, the identity of Indigenous peoples, and political and bureaucratic institutions and arrangements. These have occurred in parallel with changes in perspective about other major historical events as well as within the field of mental health itself.

Although the Holocaust or Shoah was discussed in the 1950s in the United States, it only became part of popular discourse during the 1960s, with a series of news events, publications, and media productions (Dean, 2004). The trial of Adolf Eichman in Israel in 1961, the publication of Raul Hilberg's (1961) *The Destruction of the European Jews* and, especially, the NBC TV miniseries *Holocaust* served to bring attention to the Shoah and to make it part of popular historical knowledge (Shandler, 1999). Over the years, the Holocaust has come to stand for incontestable genocide and the most extreme forms of evil, and this recognition has contributed to international efforts to protect human rights (Levy & Sznaider, 2004).

Following the recognition of the Holocaust in popular culture, many minority peoples in the United States and elsewhere saw the value of drawing analogies between the Nazi Holocaust and their own traumatic histories. For Indigenous peoples in the Americas, the publication of Thornton's (1987) *American Indian Holocaust and Survival: A Population History Since 1492* set the stage for this kind of comparison. Thornton made a rhetorical link between the Holocaust and the precipitous drop in the Native American population after European contact. Subsequent authors argued for more detailed parallels and even direct connections. Stannard (1992) and Churchill (1997, 2004) applied the term *Holocaust* to refer to the devastation of Indigenous peoples wrought by the diseases, violence, and policies of cultural oppression brought by settlers and colonizers. In doing so, they explicitly rejected the kind of exceptionalism that sees the Shoah as a unique event that cannot be compared with other genocides. Indeed, Stannard went so far as to claim that Hitler was inspired by America's success at killing its

Indigenous peoples: "on the way to Auschwitz the road's pathway led straight through the heart of the Indians and of North and South America" (Stannard 1992: 246).[2]

This rhetoric was taken up by others to condemn the policies of the colonial regime and the nation state (MacDonald, 2007). For example Neu and Therrien (2003) drew parallels between Canadian handling of Aboriginal issues and the bureaucratic machinery of Nazi genocide (Bauman, 2000). Bureaucratic forms of genocide coupled the rational pursuit of order and efficiency with emotionally charged ideas about the threats represented by the racialized "other" portrayed as savage, uncivilized, or degenerate. In both cases, racial ideologies supported ethnic cleansing processes aimed at ridding society of the "weeds" of the uncivilized (Neu & Therrien, 2003, p. 13) or, in a still more dehumanizing metaphor, ridding the body politic of its "lice".

One function of making these historical parallels has been to recognize and valorize Indigenous peoples as victims of violent oppression at the hands of European colonizers and their regimes. Certainly there is ample evidence of violent acts of aggression, dislocation, and cultural suppression driven by ideas and policies that were racist and, in some cases, explicitly genocidal. However, much of the death and destruction visited on Indigenous peoples was not the result of a deliberate policy of extermination but a byproduct of colonial expansion and expropriation (Gone, in press). Infectious disease was the greatest killer by many orders of magnitude and, while in a few instances disease may have been deliberately spread,[3] most contagion was unintentional—a consequence of the inadvertent transmission of virulent strains bred in European cities to which the inhabitants of the Americas had no pre-existing immunity and no time to acquire it (Sioui, 1992).

This early history of the decimation of Indigenous populations by infectious disease gave way to a process of struggle with settler society and incorporation into the emerging nation state. Indigenous peoples occupied land that the settlers wanted and were repeatedly pushed back to the margins. At the same time, they constituted a worry for the nation state, which needed to address the glaring inequities created by colonization. This led to specific forms of cultural oppression and structural violence that are not well captured by the analogy with the Holocaust or, indeed, other genocides.

Despite the evident limitations of the comparison, trauma theory has argued for broad commonalities in the response to massive violence. The assumption is that there are universal processes of psychological adaptation that give rise to predictable forms of psychopathology for victims and their descendants. Historians and other social scientists have taken up this mental health theory. For example, following this reasoning, MacDonald (2007) suggested that Holocaust scholarship can contribute to the understanding of Indigenous history, by

> comparing the psychological *legacies* of atrocities on survivors and their families. Using psychology, we can see that even if the events are fundamentally different, individual experiences of trauma may be very similar... The comparative study of

trauma and how it is transmitted to future generations can help reveal inter-group commonalities about how traumatic events are experienced at individual and family levels, where such legacies are most keenly felt. (MacDonald, p. 1010)

There are several dilemmas with this strategy. As Table 1 outlines, there are profound differences between the kind of trauma experienced and the subsequent

Table 1. Comparison of Holocaust and Indigenous Historical Trauma.

	Holocaust	Indigenous Historical Trauma
Pre-trauma Context	• ethnic-religious group living within European societies • mainly urban • many highly integrated into local communities • literate tradition • racial ideologies of degeneracy	• many culturally distinct groups • mainly small-scale communities • many rural and remote • limited exchange with other Indigenous groups • oral traditions • racial ideologies of primitivism
Types of violence	• isolation in ghettos • appropriation of property • deportation to labor and concentration camps • systematic mass extermination	• colonization, violent conflict • forced displacement by settlers and soldiers • forced assimilation through residential schools, with separation from family, physical and sexual abuse • systematic out-adoption
Types of loss	• massive loss of life through murder and starvation in camps • destruction of communities	• massive loss of life through spread of infectious diseases • sporadic losses from violent conflict • destruction of communities • suppression of culture, language, religion
Post-trauma context	• survivors moved to other countries to join existing communities of diaspora • achieved high level of social integration	• survivors returned to rural, remote communities or moved to urban settings where Indigenous communities are loosely organized
Larger social context	• longstanding recognition of Holocaust as genocide	• recent recognition of impact of residential schools (TRC) • limited recognition of other forms of cultural oppression or discontinuity

repercussions for survivors and their descendants. The violence experienced by Indigenous peoples has more often involved strategies of forced assimilation and marginalization rather than outright murder. While the Holocaust was a time-limited series of events covering about a decade, the events that constitute historical trauma for Indigenous peoples in the Americas lasted hundreds of years. Survivors of the Holocaust were able to move far away and start new lives, often with the support of diasporic communities that were already well-established and thriving. Indigenous peoples have been divested of their own lands and frequently relocated to marginal spaces marked by deprivation and neglect, far from the centers of power and economic activity. Jews who survived the Holocaust were able to return to an unbroken religious and cultural tradition grounded in the biblical text of the Torah and commentary of the Talmud and in patterns of communal life that are similar among groups living in many countries. Indigenous peoples had the reproduction of cultural knowledge and traditions across the generations disrupted by religious suppression and the residential/boarding schools.

There are also important differences in the meaning of collective identity and memory. All of these may have bearing on how people understand and address historical trauma. For example, Kidron (2012) has shown how cultural differences in the use of collective memory, modes of coping, and regulation of emotion affect the experience of Jewish descendants of Holocaust survivors and the children of Cambodian survivors of the Pol Pot genocide. Judaism and Buddhism adopt very different strategies of remembering and counsel different approaches to adaptation.

Accounts that treat the cultural oppression of Indigenous peoples as equivalent to genocide may also reify the notion of culture in ways that may be problematic for Indigenous peoples. Certainly, the explicit assault on their cultures, languages, and traditions has made 'culture' a salient concept for Indigenous peoples, and respecting, restoring, and revitalizing culture seems like a very specific remedy. But culture is not a static, monolithic body of tradition unresponsive to time and circumstance. Cultures are heterogeneous, hybrid, and constantly evolving. Indeed, it is impossible to imagine that the encounter of diverse peoples would result in anything less than profound changes in their respective traditions. Even in small-scale societies, people participate in cultures in disparate ways, and the new contexts that have transformed Indigenous communities mean that individuals have many different options that include weaving together strands from multiple traditions. At issue then is not simply the recuperation, vitality, and preservation of 'culture' as such but the role of individual and collective agency, and the opportunity to redress enduring inequities of power.

The Canadian Context

While Indigenous peoples throughout the Americas have faced many similar challenges, the history and politics of nation states have influenced their

subsequent trajectories. Certainly, many Indigenous populations were victims of intentional killing through conflict, spread of infectious disease, and massacres throughout the eighteenth century, and some groups, like Newfoundland's Beothuk First Nation, were entirely eliminated through low-intensity conflict and starvation. However, in Canada, the most widespread and longstanding forms of oppression involved the national system of residential schools designed to eradicate Indigenous languages and cultures (Miller, 1996). In response to policies advocating forced assimilation as a solution to "the Indian problem," and following the pattern of boarding schools in the United States, Indian residential schools were first established in Canada in the mid-1880s, mandated by the federal government but run by the Christian churches (Milloy, 1999). The curriculum consisted of general education and basic vocational skills: industrial arts for boys; sewing, cooking and other domestic activities for girls. By the time the last residential school closed in the 1990s, more than 140,000 Aboriginal children had been subjected to this education that systematically denigrated their Indigenous languages, culture, and spirituality as well as disrupting family ties and community involvement in child rearing.

The scale and scope of this system of forced assimilation only became widely known with the publication in 1996 of the *Report of the Royal Commission on Aboriginal Peoples*. The 5-volume report, based on oral testimony collected in hearings across the country as well as extensive historical and scientific scholarship, documented multiple forms of mistreatment: the forced assimilation and cultural suppression wrought by the residential schools, accompanied by staggeringly high death rates as well as alarming levels of physical and sexual abuse in these institutions; forced relocations of Aboriginal communities; and the bureaucratic machinery of the Indian Act, which banned Indigenous customs and gave rise to multiple forms of "internal colonialism."

Largely in response to the threat presented by some 2000 lawsuits, in 1998, the Canadian government presented a "statement of reconciliation" to First Nations, Inuit and Métis accompanied by a $350 million "Healing Fund" to redress the wrongs of the residential school system (Brant Castellano, Archibald & Degagné, 2008). The government also established a new ministry called the Indian Residential Schools Resolution Canada in 2001, and set up a dispute resolution model for addressing allegations of abuse and providing compensation. Although the compensation process is ongoing, it is likely that the final sums awarded will be in the billions of dollars, making this the largest legal settlement in Canadian history. At a more symbolic level, the government also created a Truth and Reconciliation Commission (TRC), which crossed the country holding hearings and collecting testimony on the legacy and impact of the residential schools (Niezen, 2013). In addition to bearing witness to the accounts of survivors, many of whom have talked about their experiences for the first time in this venue, the TRC aims to create a research centre and archive of oral history and related documentation to ensure that a more complete history of the schools becomes part of the national narrative for future generations.

Intergenerational Trauma

> Like children of Jewish Holocaust survivors, subsequent generations of American Indians also have a pervasive sense of pain from what happened to their ancestors and incomplete mourning of those losses. (Brave Heart & DeBruyn, 1998: p. 64)

In addition to valorizing collective history and working for redress and reparations for past wrongs, the notion of historical trauma serves as a way to think about transgenerational effects. The theory is that the traumatic events endured by communities negatively impact on individual lives in ways that result in future problems for their descendants. The means of such transgenerational transmission are varied (e.g., through impaired parenting or distressing narratives), and are sometimes proposed to include previously unrecognized mechanisms (e.g., through epigenetic processes or unspecified spiritual means) beyond more ordinary or commonly accepted notions such as "cycle of abuse" theories (i.e., the idea that abused children will grow up to be abusive parents, who will subsequently traumatize their own children). This overdetermined transmission of risk is conjectured to accumulate across generations such that the second and third generations will also suffer from mental health problems that can be attributed to colonial violence inflicted on their ancestors.

Establishing definite causal linkages across generations in the case of historical trauma is exceedingly difficult, perhaps even impossible. Studies are necessarily retrospective and constrained by limited data and recall bias. The fact that individuals attribute their problems to past events does not prove a causal link. Indeed, as with looping effects more generally, the more popular the historical trauma concept becomes the more likely individuals are to think about their problems in this way and to produce narratives and attributions that confirm the model. Somewhat perversely, then, Indigenous cultural identity may itself come to primarily signify ancestral victimization in a manner that "pulls for" adoption of a narrow and overgeneralized form of historical consciousness that is expressed by rote endorsement of attributed psychological distress. Assessment and analysis of such attributions (e.g., the cross-sectional correlation of a parent's past attendance in residential/boarding school with mental health problems in later generations) cannot possibly disentangle past and present causal processes. Evidence of an effect of level of exposure to violence in residential/boarding schools in previous generations with current problems is more suggestive but because mental health problems are common, multiply caused, and nonspecific, interpretive uncertainty will always remain. As a result of these complexities, Mohatt, Thompson, Thai, and Tebes (2014) have proposed that historical trauma is best conceptualized as a form of public narrative so as to shift "the research discourse away from an exclusive search for past causal variables" (p. 128).

Still, studies of the transgenerational impacts of the Holocaust have revealed evidence of persistent effects, with increased risk of depression, anxiety, and PTSD (Levav, Kohn, & Schwartz, 1998; Sagi-Schwartz, van IJzendoorn, & Bakermans-Kranenburg, 2008; Sigal, 1998, 1999; Sigal & Weinfeld, 1989, 2001). In general, studies with clinical samples tend to find more clear-cut effects on descendants of survivors (Eitinger, 1998; Kellerman, 2001; Yehuda, et al., 1998). However, clinical samples may be biased both in terms of rates of comorbidity and patterns of attribution. Community-based studies sometimes show effects on the second generation but these are attenuated across generations with much smaller effects on the third generation (or no effect at all). For example, van IJzendoorn, Bakermans-Kranenburg, and Sagi-Schwarz (2003) conducted a meta-analysis of 32 studies involving 4,418 research participants and concluded that "in the set of adequately designed nonclinical studies, no evidence for the influence of the parents' traumatic Holocaust experiences on their children was found. Secondary traumatization emerged only in studies on clinical participants, who were stressed for other reasons" (p. 459). Of course, community-based studies tend to use less sensitive measures and cannot match the process of exploration possible in a careful clinical interview. In any case, the relative success and influence of Jewish people throughout the diaspora in the wake of the Holocaust would seem to contradict (or at least seriously complicate) the claim that historical trauma is prone to "snowballing" across generations into formidable legacies of distress and disability.

In this issue, Bombay and colleagues (2014) review the evidence for transgenerational effects of historical trauma among Indigenous peoples in Canada. A few studies have documented the impact of residential schools on the subsequent health of attendees, including life expectancy, risk of violent death, and mental health problems. A smaller number of studies have documented correlations between levels of exposure to residential school and to specific traumas in parents and symptomatology in their children and grandchildren (Bombay, Matheson, & Anisman, 2011; Elias et al., 2012). Of course, the experience of children is not the same as their parents or grandparents who went to residential schools. Although some may experience abuse, far more often they feel the effects of parental anxiety, depression, and preoccupation. This kind of difficulty may have quite different effects on health and well-being, some of which may be subtle or reveal themselves only in conjunction with ongoing adversity. As we have noted, a variety of mechanisms have been proposed for transmission across the generations (Evans-Campbell, 2008). Whitbeck and colleagues (2004a,b) developed measures of conscious re-experiencing of thoughts, feelings, and symptoms that were reportedly tied to historical trauma, and used these to establish links between the lived present and the ancestral past, but of course this methodology is confounded with available narrative and other discursive templates.

The potential pathways are complex. As outlined in Figure 1, intergenerational transmission may occur at many levels, including: interpersonally, through altered parenting; within families, which may be disrupted by loss of members or exposure to stressors like domestic violence; at the level of the community, when many
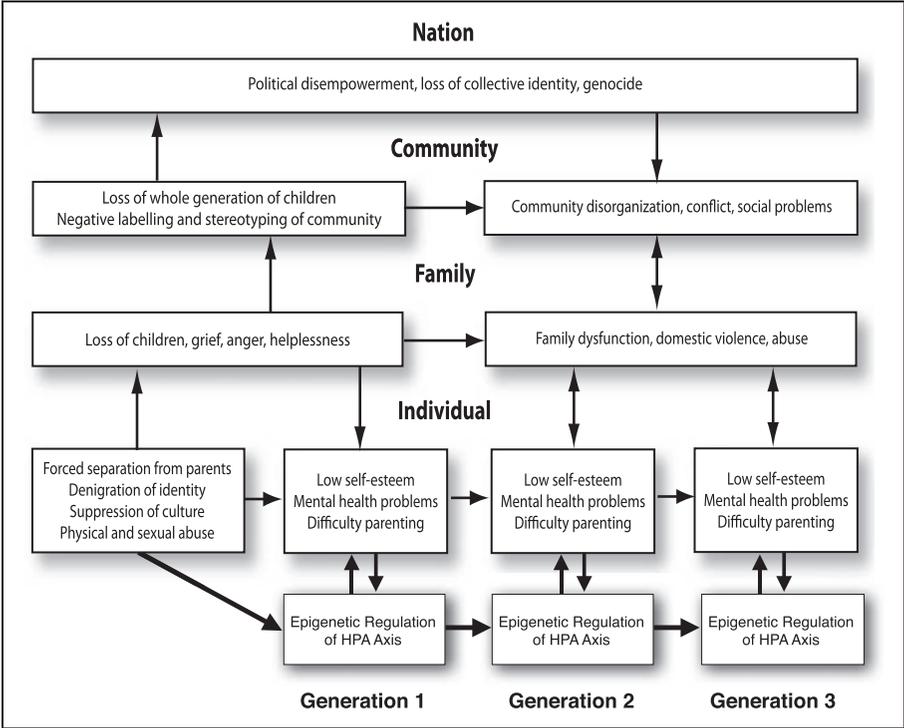
Figure 1. Transgenerational Transmission of Historical Trauma
The diagram depicts some of the hypothetical pathways through which the effects of trauma and loss may be transmitted across generations through processes at multiple levels, including: epigenetic alterations of stress response; changes in individuals' psychological well-being, self-esteem, and self-efficacy; family functioning; community integrity and cultural identity; and the continuity of identity and collective efficacy of whole nations or peoples. (Adapted from Kirmayer et al., 2007).

individuals and families are impacted by disturbances of social networks and experiences of safety and solidarity that affect health; and at the level of nation, where the suppression of culture and the disruption of family and community threaten the continuity of whole peoples. Additionally, recent work identifying epigenetic processes in stress and trauma transmission point toward biological levels (McGowan, et al., 2009). Although proponents of historical trauma have been quick to seize on this postulated mechanism of transmission (Walters et al., 2011), the temptation to participate in fashionable forms of biological reductionism (Kirmayer & Gold, 2012) may not serve the emancipatory goals of Indigenous decolonization (Prussing, 2014). Moreover, there is no reason to assume that epigenetic mechanisms—which appear to be reversible with appropriate life experiences—would not operate in service to intergenerational resilience as much as to intergenerational trauma. Finally, while postulated biological mechanisms are

sometimes seen as providing a more fundamental level of analysis and understanding, it is important to recognize that each of the levels involves unique processes that are not reducible to the lower levels, although there may be complex interactions across levels. Privileging one level of explanation will not only lead to an incomplete picture but may also impede understanding of the processes at other levels.

There have been efforts to frame the effects of Indian residential/boarding schools in terms of a discrete Residential School Syndrome. This construct is problematic for several reasons: (i) the pathway from trauma to outcome is complex and influenced by many factors; (ii) the effects of these schools are extremely variable because of differing exposures and responses and do not comprise a single, well-defined syndrome; and (iii) the framing of distress in terms of a psychiatric syndrome medicalizes a social problem in politically problematic fashion (Chrisjohn, Young, & Maroun, 1997).

As with other attempts to describe trauma syndromes related to PTSD (such as "complex PTSD") the range of symptoms included is so broad as to cover most common mental health problems. Hence, it is hard to demonstrate any specificity of cause or symptomatic expression. In fact, trauma exposures are common in both Indigenous and non-Indigenous populations (Manson, Beals, Klein, Croy, & AI-SUPERPFP Team, 2005). It is possible that the effects of trauma are greater within some Indigenous communities in which a higher proportion of the population was affected by a large-scale and sustained traumatic exposure (Brave Heart & DeBruyn, 1998; Duran & Duran, 1995; Gagné, 1998). Exploration of any such differential impacts, however, would require that proponents of Indigenous historical trauma begin to historicize and contextualize their claims in association with specific family and community experiences in a much less sweeping and essentialized fashion.

The broadening of the construct of historical trauma to include historical grief and loss introduces other complicating themes and dynamics. While trauma implies a kind of psychological wounding, usually anchored or framed in terms of PTSD (or, when violence occurs in key caretaker relationships and is pervasive and enduring, complex PTSD), grief is a normal emotion attendant on loss of important relationships. Grief can become a mental health problem in its own right when it does not resolve over time, but the boundary between normal and pathological grief remains contested (Horwitz & Wakefield, 2007). Loss is an event that can become an individual and collective problem when it involves basic resources, relationships, values, or meaning systems necessary for psychological strength and well-being (Lear, 2006). For students in the Indian residential/boarding schools, the losses often included not only family but also important aspects of identity, including language and culture. For Indigenous families and communities, the losses included their children and a sense of control over their own lives and futures. The degree of loss, of course, presumably varied depending on the circumstances of student placement in the schools; coercive removal of children from their homes for enrollment in distant residential/boarding schools was one kind of

experience, but voluntary placement of children by their parents at these schools also occurred for a variety of reasons (Child, in press; Fontaine, 2010; Standing Bear, 2006). And, of course, the large numbers of Indigenous students to attend residential/boarding schools never amounted to even a majority of school aged youth within Indigenous communities.

Uncovering Structural Violence and Inequality

Much of the literature on Indigenous historical trauma conflates historical events, thereby reducing suffering and distress to some kind of uniform transhistorical/ cultural phenomenon such that it becomes possible, in theory, to compare Native colonial distress and Jewish Holocaust distress. But while Brave Heart and DeBruyn (1998) cited literature on the Holocaust to support their claims, arguing that children of survivors in both communities share patterns of behavior and symptoms, they left out the fact that, for the most part, children of Holocaust survivors are doing *better* than their parents by most conventional non-psychiatric measures: educational attainment and income. In many Indigenous communities, however, this is not the case. Rates of suicide, alcoholism, and domestic and sexual violence are far higher than national averages and, in some communities, have actually increased during the last 20 years**.** This suggests that while traumatic experiences of ancestors could in theory play some causal role, other more proximate causal factors must predominate to account for this increased incidence of suffering within contemporary populations.

Although the historical suppression of their cultures and identities has been recognized by Indigenous peoples as a cause of suffering, and the restoration of culture has been posited as a specific remedy (Gone, 2013), this focus on culture may also have limiting effects on how the causes of distress are framed and how redress is sought. By obscuring the ongoing forms of material dispossession and political domination, the discourse linking Indigenous culture and historical trauma may deflect attention from the fundamental structural causes of distress. Healing then is framed in terms of therapy for psychic wounds (Million, 2013) rather than in terms of how people might find meaningful livelihoods within increasingly difficult constraints and imagine a viable future rooted in the material realities necessary for reproducing thriving communities at the local level.

The structural factors that contribute to current mental health problems for Indigenous peoples include the disruption of traditional patterns of subsistence, the undermining of community autonomy, the mass expropriation of aboriginal lands and resources, and the creation of enormous economic inequalities (King, Gracey, & Smith, 2009; Richmond & Ross, 2006). For Indigenous youth, this translates into a profound disjunction between traditional lifeways and the modern opportunities to pursue their own life projects in the rural and remote communities where many Indigenous people live. The challenges within Indigenous communities are compounded by the ambivalent attitudes of the larger society that include the persistence of negative images or stereotypes of

Indigenous peoples in the popular imagination. In many instances, the bureaucratic machinery that now governs access to resources for Indigenous communities continues to work at cross-purposes to local communal identity and solidarity. Another key area of ongoing dispossession that has received relatively little discussion in the mental health literature is the impact of large-scale resource extraction on Indigenous communities (Dombrowski, 2001, 2014). Particularly in the Canadian north, communities are under extraordinary pressure to open land to extractive industries. While these developments bring jobs and infrastructure, they radically alter community dynamics. Local consequences include rapidly increasing inequality, irreparable environmental disturbance, and an overwhelming influx of outside laborers. These changes have, widespread impacts on community wellbeing that extend beyond the processes and outcomes commonly considered within the trauma-and-healing framework (Million, 2013).

For researchers, recognition of these issues suggests that studies of historical trauma must be balanced by analyses of how political and economic dynamics interact with community wellbeing, and how those forces can be aligned to produce contexts that allow individuals and communities to pursue ways of living that they value (Sen, 2011). For clinicians, it points to the need to supplement "cultural safety" and "cultural competence" with *structural competence*, including systematic attention to (and engagement with) the social determinants of health (Metzl & Hansen, 2014).

The Uses of Historical Trauma

The construct of historical trauma has been deployed not only in mental health, but also in politics and in public projects of identity. For mental health practitioners, the construct provides a focus and a way to enter into individual stories of suffering, to locate causes, ascribe responsibility, valorize the person's struggle, and mobilize more effective responses. The processes of healing in clinical interventions include narrating suppressed or inchoate experience to give it form, experiencing the empathic witnessing and understanding of an other, and achieving recognition of one's predicament as part of larger social injustices that warrant redress.

Politically, the construct was used to advance legal claims for compensation in Canada for wrongs perpetrated by agents of church and state through the residential schools and the policy of forced assimilation. In that nation at least, the result has been a formal government apology and monetary compensation (Niezen, 2013). This political recognition has brought a measure of public acknowledgement and promises to strengthen that awareness by building an archive and influencing the education of subsequent generations.

These are worthy goals and meaningful accomplishments, but taken together they result in certain tensions and potential contradictions. There are tensions within the process of restorative justice itself, in which perpetrators (in this case government and the churches) may hope for forgiveness and rapid closure in ways that do not fit the needs of those injured and aggrieved (Niezen, 2013). Forms of

restorative justice like the TRC may try to exploit the process of bearing witness to testimonies from individuals as a path to collective recognition and resolution (Avruch, 2010). This raises problems of re-traumatization and the containment of both individual and interpersonal conflicts that may erupt. What works best for psychotherapy is a flexible process of meaning-making that fits the unique experiences of the individual. What works best for political influence toward restorative justice may be a powerful, coherent, and consistent narrative that ignores the vagaries of individual experience. In short, that which aims toward the therapeutic cannot necessarily achieve justice, and that which achieves justice may not be therapeutic (Furedi, 2004). Moreover, the violence of the residential schools reached into families and communities in ways that sometimes render the simple opposition of victim and perpetrator unhelpful. Finally, while Indigenous peoples' histories of colonization, violence, and dispossession need to be widely known and acknowledged, this must be coupled with recognition of their individual and collective resilience, which a persistent and widespread emphasis on trauma as such tends to occlude. Studies of resilience among Indigenous peoples identify diverse sources of adversity and a correspondingly wide range of individual and collective responses (Denham, 2008; Kirmayer et al., 2011).

Conclusion

The notions of historical trauma, loss, and grief have drawn attention to the enduring effects of colonization, marginalization, and cultural oppression in the lives of Indigenous peoples and communities. The recognition that the violence and suffering experienced by one generation can have effects on subsequent generations provides an important insight into the origins of mental health problems. However, the kinds of adversity faced by each generation differ, and the construct of trauma does not capture many of the important elements that are rooted in structural problems, including poverty and discrimination. Understanding the ways in which trauma impacts mental health requires a broader view of identity, community, adaptation and resistance as forms of resilience.

Approaching the predicament of Indigenous peoples through analogies with the Holocaust leads to distortions and blind spots. Specific historical wrongs require their own modes of understanding and have their own moral imperatives. We need a typology of the kinds and mechanisms of cultural oppression, group subjugation, and genocide that traces effects from ideology and policy to structural, institutional, and interpersonal violence (and back again). In the case of Indigenous peoples, this would include the longstanding rhetoric of racialized primitivism, the doctrine of *terra nullius*, the motives and machinery of colonization, and the material reality of small-scale, dispersed communities negotiating invasion by diverse but technologically advanced and avaricious settlers in different times and places. The subsequent processes of nation building, urbanization, bureaucratization, and technocracy, which in their latest versions include the globalizing forces of neoliberal capitalism, are also important parts of the picture. As shown

clearly by the papers in this issue, trauma is not a natural kind or category but rather a specific way to punctuate both the temporal stream and spatial distribution of events with political, moral, and practical implications.

Notes

1. In Canada, the official collective term for First Nations, Inuit and Métis is "Aboriginal peoples". In keeping with recent usage, we have used the term "Indigenous" as the broadest term and used other more specific terms when referring to particular geographic or historical groups.
2. To raise concerns about the limitations of these analogies is not to say there is nothing to be learned from comparison of the Holocaust (or other genocides) with the assault on Indigenous peoples—or even that there are not some direct links. For example, like many Germans of his generation, as a youth, Hitler was a fan of Karl May's books on the American West. Hitler frequently referred to Russians as "redskins," and made explicit parallels between German attempts to conquer Russia and the efforts to colonize the American frontier (MacDonald, 2007).
3. Although the idea of deliberately infecting enemies with disease has been widespread since the colonial period, the only conclusively documented episode in which colonizers attempted to infect Native Americans took place at Fort Pitt in 1763 (Dowd, 2013; Finn 2000).

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