

Beyond trauma: Decolonizing understandings of loss and healing in the Indian Residential School system of Canada

Rachel L. Burrage¹  | Sandra L. Momper² | Joseph P. Gone^{3,4}

¹ Department of Social Work, Thompson School of Social Work & Public Health, University of Hawai'i at Mānoa, Hawaii, USA

² School of Social Work, University of Michigan, Ann Arbor, Michigan, USA

³ Department of Anthropology, Harvard University, Cambridge, Massachusetts, USA

⁴ Department of Global Health and Social Medicine, Harvard Medical School, Boston, Massachusetts, USA

Correspondence

Rachel L. Burrage, Department of Social Work, Thompson School of Social Work & Public Health, University of Hawai'i at Mānoa, HI, USA.

Email: rburrage@hawaii.edu

Abstract

Indigenous scholars and others who study the experiences of Indigenous communities have long criticized the psychocentric approach to trauma held by most clinical professionals. A recent example of this was the Canadian government's reparations for Indian Residential School system (IRS) survivors, which focused largely on individual psychological harms rather than broader effects of colonial oppression. Beginning in 1867 and continuing throughout the latter half of the twentieth century, Indigenous children were routinely removed from their home communities in Canada and placed into the IRS system, where they were frequently subject to physical, psychological, and sexual abuse. Using thematic analysis, this study draws on survivor testimonies from one residential school to explore how their descriptions of the effects and healing from IRS abuses differ from psychocentric understandings of trauma and loss. Results indicate that survivors describe IRS effects in sociocentric, ecocentric, and cosmocentric terms more so than psychocentric ones and place deep importance on healing through connection to family, culture, and community. To decolonize itself as a discipline and better serve Indigenous communities, the field of psychology must open up to understandings of trauma, loss, and healing that decentralize the individual, a difficult task given the discipline's psychocentric nature.

INTRODUCTION

Across the world, colonial oppression has led to social, political, economic, cultural, physical, and psychological harm to Indigenous peoples. In recent years, the theory of Indigenous historical trauma has grown in popularity among psychologists, social workers, and community members in the United States and Canada as a way of explaining the mechanisms through which such oppression has contributed to the contemporary health and mental health challenges in Indigenous communities (Evans-Campbell, 2008; Kirmeyer et al., 2014; Sotero, 2006). Historical trauma refers to the cumulative and collective effects, both across generations and throughout the individual life course, of deaths due to disease and conflict, forced removal of communities from their tribal homelands, systematic physical and sexual abuse of children in boarding schools, forced or coerced cultural assimilation, and contamination of lands and sacred sites (Evans-Campbell, 2008; Gone et al., 2019; Kirmeyer, Gone, & Moses, 2014; Yellow Horse Brave Heart & DeBruyn, 1998).

The concept of historical trauma was also born out of clinical discourse, as Indigenous scholars initially identified historical trauma as a clinical condition in and of itself, and later as a type of life stressor with which Indigenous peoples had to cope (Hartmann et al., 2019). The effects of such traumatic events can also be analyzed at the community level and may include a breakdown of culture and values, high rates of alcohol abuse, physical illness, social malaise, weakened social structures (Evans-Campbell, 2008), as well as a weakening of social networks and a reduction of solidarity and sense of safety (Kirmeyer et al., 2014). Kirmeyer, Gone, and Moses (2014) argued that many of the contemporary mental health issues attributed to trauma experienced in previous generations may more easily be explained by ongoing structural inequities originating in colonial oppression. These include economic inequalities, loss of political autonomy, and disruption of traditional means of subsistence.

A decolonial approach to mental health

Addressing the negative impacts of colonization on Indigenous peoples, including historical trauma, requires a decolonial approach within the mental health professions. Indeed, scholars have been linking mental health with decolonization since the birth of decolonial discourse. Franz Fanon, one of the founders of decolonial thought, was himself a psychiatrist who discussed the psychological harms of colonization at length. Fanon (2004) argued that the dehumanizing discourses of colonial powers were often internalized by colonized communities, to the detriment of Indigenous psychologies and mental health. In defining decolonization with respect to Indigenous peoples, Tuck and Yang (2012) emphasized four components: a) making the dynamics of settler colonialism visible, b) privileging Indigenous epistemologies and ontologies, c) restoring cultural and traditional practices, and d) returning land and resources to Indigenous peoples.

Smith (2021) referred to such processes as the “bureaucratic, cultural, linguistic, and psychological divesting of colonial power.” Along this vein, Weems (2016) identified three critical components of decolonization projects that relate to the field of psychology: a) addressing the effects of colonial dehumanization through healing, b) counteracting the colonial disruption of culture, and c) revitalizing Indigenous languages. Revitalization of culture and language are essential in addressing such harms, given that both are of critical importance to identity and healing

practices. Centered within culture and language, Indigenous communities have both their own ways of understanding human distress and their own approaches to healing such distress (Gone, 2013). Any effort toward decolonization in the mental health fields should thus be centered in Indigenous understandings of these issues.

The psychologization of Indigenous distress

In contrast to the ecological focus of Indigenous understandings of distress, clinical professions such as social work and psychology have largely examined trauma and healing in terms of individual development of psychopathology, such as Posttraumatic Stress Disorder (PTSD). Such approaches exemplify what Rimke and Brock (2012) refer to as a psychocentric approach to problem identification and resolution: one that sees issues as stemming from and residing within the individual mind. However, these professional approaches have been criticized by Indigenous scholars as excluding the frameworks and experiences of many Indigenous communities. One recent example of the psychologizing of Indigenous experiences of colonial oppression and the narrow understanding of trauma offered by the clinical “psy-ences” (i.e., psychology, psychiatry, psychoanalysis) is the handling of reparations for the Indian Residential School System in Canada.

Beginning in 1867 and continuing throughout the latter half of the twentieth century, large numbers of Indigenous children were routinely removed from their home communities in Canada and placed into deeply underfunded government and church run industrial schools for explicit purposes of cultural assimilation. Based on understandings of racial, religious, and cultural superiority, these schools were designed by the churches and the government of Canada to bring “civilization to savage people who could never civilize themselves” (Truth and Reconciliation Commission (TRC) of Canada, 2015a, p. 46). In what has since been termed cultural genocide, the Indian Residential School (IRS) system was one of many Canadian government policies designed to assimilate Indigenous peoples into the lower socioeconomic ranks of Euro-Canadian society (TRC, 2015a). Although experiences at the residential schools varied widely, it is now known that Indigenous children were frequently exposed to psychological, physical, and sexual abuse.

Multiple studies have demonstrated the negative psychological impacts of the IRS system, including increased suicidality and depression, on both individuals who attended these schools and among children of these survivors (Gone et al., 2019). In 2008, the federal government of Canada and the churches that ran the residential schools settled a class action lawsuit with former residential school attendees, the Indian Residential School Settlement Agreement. This included a) a Common Experience Payment paid to every former attendee of the Indian Residential School System, based on the number of years in attendance; b) the establishment of the Independent Assessment Process to evaluate and provide compensation for more grievous abuse cases, determined on an individual basis; and c) the establishment of the TRC as a non-judicial body charged with the investigation of abuse of Indigenous children in the schools.

In an ethnography of the TRC, Niezen (2013) noted that the process was couched in a psychological discourse of trauma, as evidenced by the presence of mental health support workers at hearings and the constant consideration for the potential negative impacts of “triggering” on both speakers and listeners during the commission. Angel (2012) observed that the TRC’s emphasis on sharing of individual trauma and prioritization of a “talking cure” may not wholly encompass Indigenous understandings of the nuances of the adverse effects of colonization. Corntassel, Chaw-win-is, and T’lakwadzi (2009) also noted that, as part of a state-centered approach to

reconciliation, the settlement agreement and the TRC's narrow focus risked leaving out the importance of residential school effects on families, communities, and subsequent generations.

This psychologizing was also present in the Independent Assessment Process. To claim damages under the Independent Assessment Process, individuals had to demonstrate harm done to them by the residential schools, usually in psychological terms. For example, the most extreme level of harm, which carried compensation of up to \$275,000, was categorized as relating to "psychotic disorganization, loss of ego boundaries, personality disorders . . . self-injury, suicidal tendencies, inability to form or maintain personal relationships, chronic post-traumatic state, sexual dysfunction, or eating disorders." In fact, the only non-psychological outcomes deemed serious enough for this level of compensation involved pregnancy from sexual assault.

The present study

Little formal research has been done on the experiences and outcomes of IRS survivors; however, survivors and their advocates have long described the long-term consequences of the system not only in terms of its effects on individuals who attended the schools, but also on Indigenous families and communities through the interruption of cultural transmission, language loss, family disintegration, changes in parenting styles, and poor academic instruction (TRC, 2015a). In this study, we ask the following question: In what ways do TRC testimonies by former attendees of the Indian Residential School System differ from psychocentric understandings of trauma and loss? In response, we argue that survivor testimonies tended to be governed by a sociocentric rather than a psychocentric self-orientation, which suggests a critical divergence between Indigenous and clinical discourses surrounding distress and healing. Recognition of these divergences is necessary for decolonizing psychosocial services that aim to help Indigenous communities.

METHOD

Approach

In this study, we report secondary analysis of Indigenous testimonies given to the Truth and Reconciliation Commission of Canada. The TRC received 4,567¹ statements by survivors of the IRS, their children, and community members, 1,904 of which were in the form of public testimony before commissioners. These records are housed online in the form of video recordings through the National Centre for Truth and Reconciliation. Due to the magnitude of the data corpus and the fact that experiences varied widely between residential schools, a single medium-sized residential school in Northern Saskatchewan was chosen for this study. Benefits of focusing on this school included a large number of available testimonies from that school, the availability of annual yearbooks, and prior publication of the Caldwell Report (Caldwell, 1967). Commissioned by the province of Saskatchewan, the Caldwell Report offered important historical details about this school, which afforded additional contextualization of the experiences of individuals who attended the school. Both the TRC and National Centre for Truth and Reconciliation were

¹This number is approximate; upon analysis of lists of statement giver names, as well as examination of the actual statements given, it appears that these numbers may have included individuals who registered to give statements but did not attend the event, as well as other event participants such as the Master of Ceremonies.

contacted regarding this project by the first author, and both reiterated that the public, video recorded testimonies were available for use without special permission. Because it consists of secondary analysis of publicly available testimony, this project was considered “Not Regulated” by the University of Michigan Institutional Review Board.

The research team for this study consisted of a principal investigator, five research assistants, and two research mentors who provided oversight and feedback. The principal investigator is an academic researcher of Settler descent, with approximately fifteen years of research, volunteer, and practice experience with Indigenous communities in the United States and in Latin America. All research assistants were undergraduate women. Three identified as White and were working with data related to Indigenous communities for the first time. Two others had completed prior projects related to American Indian communities, one of whom was a member of an American Indian tribal nation and one of whom identified as Arab-European American. The two research mentors, the second and third authors, are both tenured university professors and members of American Indian tribal nations, with a combined total of approximately 45 years of research experience in multiple Indigenous communities, in addition to extensive clinical and community practice experience.

Setting

The Beauval Indian Residential School began as a small Roman Catholic mission school in Ile-a-la-Crosse, Saskatchewan in 1860. In 1867, when the independent Dominion of Canada was formed, its government began sending small sums of money to church-run residential schools for Indigenous children; however, the history of the IRS System of Canada began long before that. In 1870, the Hudson's Bay Company transferred much of what is now Alberta, Saskatchewan, Manitoba, northern Quebec, northern Ontario, the Northwest Territories, and Nunavut to the government of Canada, and British Columbia was added the following year. The Dominion of Canada began signing the “Numbered Treaties” (Hall, 2011), the overarching goal of which was to gain control of First Nations territories for future Westward expansion and development (Truth & Reconciliation Commission of Canada, 2015b).

The communities that would later send their children to the Beauval Indian Residential School were signatories of several treaties, including Treaty 6 (1877), Treaty 8 (1899), and Treaty 10 (1906). Written into the provisions of these treaties were the promises to provide schools to First Nations communities, along with hunting, trapping, and fishing rights, agricultural assistance, yearly annuities for members of the signatory bands, and reserve lands (TRC, 2015b). The desire to settle this large expanse of land provided the impetus for a greater government investment in residential schools, which were seen as a means of assimilating Indigenous individuals into Euro-Canadian society, weakening First Nations governments, and eventually eliminating the need for government-to-government relationships (Truth & Reconciliation Commission, 2015a). In this way, residential schools were a key strategy used to colonize this large geographic area.

Although only twelve children were in residence at Beauval when it began receiving government funds to act as a boarding school in 1897, that number had risen to 32 in 1906 and to 134 by 1966. Children primarily came to the school from the surrounding Cree and Dene communities of La Loche, Dillion, Clear Lake, Canoe Lake, Ile-a-la-Crosse, Green Lake, and Patuanak (Bourbonnais, 1965; National Centre for Truth and Reconciliation, n.d.). In 1969, the federal government of Canada took over control of the residential schools from the churches; however, the church representatives continued to serve in administrative roles. In 1973, the Indigenous Advisory Board

of Meadow Lake Chiefs was formed and began to have increasingly more control of the school. The school was transferred to the control of the Meadow Lake Tribal Council in 1985 and closed in 1995 (National Centre for Truth and Reconciliation, n.d.).

Beauval was a geographically isolated school in many ways. A priest who had arrived in 1925 described the remoteness of the location: approximately 300km from the town of Prince Albert, it was a day's travel by passenger train, followed by a day by boat and a third day in horse-and-carriage to Green Lake, and then, finally, a half-day's journey by canoe to Beauval. The nearest doctor at that time was 100 miles away, and the only person with medical training at Beauval was one of the nuns, a registered nurse (Bourbonnaise, 1966b). This remoteness was also noted in a review conducted by the Canadian Child Welfare Council of all open residential schools in Saskatchewan (Caldwell, 1967), which mentioned that Beauval stood at 80 miles from Meadow Lake, the nearest large population center. Unlike five of the eight other residential schools in the province, Beauval did not have any Day School students at the time, meaning that all the students attending Beauval were also boarding there.

Beauval was also the site of several known tragedies. In 1925, 19 boys died when the wooden residential school burned down; according to individuals who testified at the TRC, this was because the children were locked inside the dormitory at night. Survivors who testified at the TRC described other incidents: multiple children died during a measles outbreak in 1937; a friend of a survivor died in a plane crash on the way back to her home community; the sister of a student died in her teenage years after not recovering from a fall down the stairs at the school; the sister of another student died after not getting medical treatment. Finally, two staff of the school in the 1960s were later convicted of child sexual abuse; one was a supervisor in one of the boys' dormitory, and another was a principal at the school.

Of the 40 survivors who testified before the TRC, 29 disclosed experiences of physical, sexual, or psychological abuse, and 24 discussed having witnessed or been aware of abuse that happened to others. At the same time, Beauval was considered by the 1966 Child Welfare Council investigators to be among the schools that had a "less authoritarian" control of children, as evidenced by less segregation of the students by sex, differing expectations of tasks to be performed by students, and greater student participation in activity planning (Caldwell, 1967). Annually, the school received \$1,093 per child from the Canadian Government in 1966, which was particularly high because it was the only school in which staff received a "northern allowance," presumably due to its remote northern location. Of this sum, \$144 per child went to food, and \$85 per child to clothing. Comparable funding in child welfare institutions at that time ranged from \$3,300 to \$9,855 per child per year, meaning that the Beauval school only received between 11.1% and 33% of what comparable child welfare institutions in Canada would have been allocated.

At the same time, Beauval had a higher rate of children enrolled for emotional or learning disabilities, at 7.46%, than the province wide average of 2.96%. However, only 32.84% were enrolled for child welfare reasons, compared to 65.27% across the province. Thus, while Beauval had somewhat higher enrollment of children with special needs, the majority of students, 59.7%, were enrolled for "educational purposes," at a much higher rate than other schools. Only the school of Prince Albert, an Anglican school and the largest school in the province, had a larger percentage of students enrolled for educational purposes, at 90%. Of course, these historical documents provide little information on what were considered child welfare or special needs (Caldwell, 1967).

Participants

Participants were 40 former attendees of Beauval Indian Residential School in Saskatchewan who testified before the Truth and Reconciliation Commission of Canada. Of these 40 participants, 21 (52.5%) were men and 19 (47.5%) were women. The average age reported by participants was 67.89 (SD = 12.84) and the average length of stay at Beauval was six (SD = 2.68) years. Five participants (12.5%) had attended additional residential schools in addition to Beauval. Seventeen (42.5%) stated that at least one parent or grandparent had attended residential school as well.

Of the individuals whose First Nations identity was stated in their recorded testimonies, 29 (87.88%) were members of Dene First Nations and four (12.12%) were from Cree First Nations; all were from Northern Saskatchewan. Six individuals did not identify their First Nation, and one stated that she was “not Treaty.” Twenty-four (60.0%) testified solely in English; seven (17.5%) switched between English and an Indigenous language, with no simultaneous translation provided; five (12.5%) switched between English and an Indigenous language, with simultaneous translation provided; and four (10.0%) spoke solely in their Indigenous language, with simultaneous translation.

Participants in the TRC were originally recruited between June 2010 and March 2014 through media releases announcing the dates and locations of TRC hearings under the slogan, “SHARE YOUR TRUTH” (Truth and Reconciliation Commission, 2012), as well as at the events themselves. In addition to testifying in public before a commissioner, participants were also given the option to provide testimony in private, either through a confidential statement to the TRC or submission of a de-identified written statement to be shared with the public. They were also allowed to obtain a copy of their statement, to correct their statements, and later to have their statements removed from public view. No monetary compensation was provided to participants by the TRC.

Other than the prohibition of naming names in a public forum, participants were given few directions as to the content of their testimonies. Suggestions and examples were made, however, both in written documents provided by the TRC and in opening remarks made by commissioners at each sharing panel. Commissioners generally emphasized that the commission wanted to hear the entirety of attendees’ stories, including both negative and positive experiences. A list of Frequently Asked Questions was released by the TRC (Truth and Reconciliation Commission, n.d.-c), which gave several suggestions to those considering providing their statements. This included 11 questions that could be used as guidelines to inform participants’ statements such as, “What do you recall about your life before residential school?” or “Do you have any particular memories of people, events, or experiences that stand out in your mind, either good or bad?”

Data preparation and analysis

Video recordings from all testimonies were downloaded to a local computer hard drive. As videos often contained multiple testimonies, the recordings were spliced to allow one testimony per video file. These were then sent to a third-party for transcription and double-checked by the first author. In three cases in which individual participants testified at multiple events, their testimonies were combined into one. Length of testimonies ranged from seven minutes to over two hours, with an average of 29 minutes and 20 seconds.

The principal investigator used thematic analysis as described by Braun and Clarke (2006) to analyze testimonies. Thematic analysis is a flexible method for analyzing qualitative data that

allows researchers to look for themes within a given set of data. For this project, the principal investigator took an inductive approach to analysis by creating themes originating from the data, rather than on a preconceived framework. The principal investigator examined semantic or surface-level themes as well as latent themes in the data, which are “underlying ideas, assumptions, and conceptualizations—and ideologies—that are theorized as shaping or informing the data” (p. 84).

A constructionist approach to the data was also used, which interprets individuals’ meaning and experience as shaped and interpreted socially, rather than being the result of any “objective” reality residing within an individual. In terms of rigor, the study adhered to the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007) as well as the “15-point Checklist of Criteria for Good Thematic Analysis” (Braun & Clarke, 2006, p. 36).

RESULTS

In the current study, we focus on two major themes: *Effects of IRS* and *Healing from IRS*. A broad overview of each of these themes is provided, together with a detailed exploration of the relationship between these two themes.

Effects of IRS

The effects of the IRS experience were discussed by all 40 respondents and included *individual losses, losses of connection, and broader impacts*. This section will provide a broad overview of the themes discussed in survivor testimonies related to the effects of the IRS, followed by a detailed look at the compound way in which survivors, their families, and their communities responded to such impacts.

Overview of subthemes of Effects of IRS

Individual losses were mentioned by 38 respondents and are illustrated in Figure 1. The largest subtheme for this category, loss of wellness, included long-lasting pain and suffering, alcoholism, reactions to reminders of IRS, physical health problems, and anger and resentment. Survivors also discussed a loss of their own voices through feeling silenced about IRS or having to hide their own emotions. Loss of meaning came in the form of struggles with religion and struggling to find meaning in the treatment received at IRS. Survivors also mentioned the loss of self, including the development of a sense of inferiority and a loss of childhood or innocence due to sexual abuse. Finally, survivors expressed that they had lost educational opportunities due to IRS.

Loss of connection, discussed by 34 survivors, included loss of connections to family, to others, and loss of culture and language. Family connection loss was due to the destruction of family bonds through removal and prohibition of interaction with family members at the residential school, difficulty giving and receiving love, poor treatment of loved ones due to experiences of abuse, and difficulties in parenting. Loss of connection to others was discussed in terms of difficulty with intimacy or community connection, and loss of language and culture was also thought to have stemmed from the IRS system.

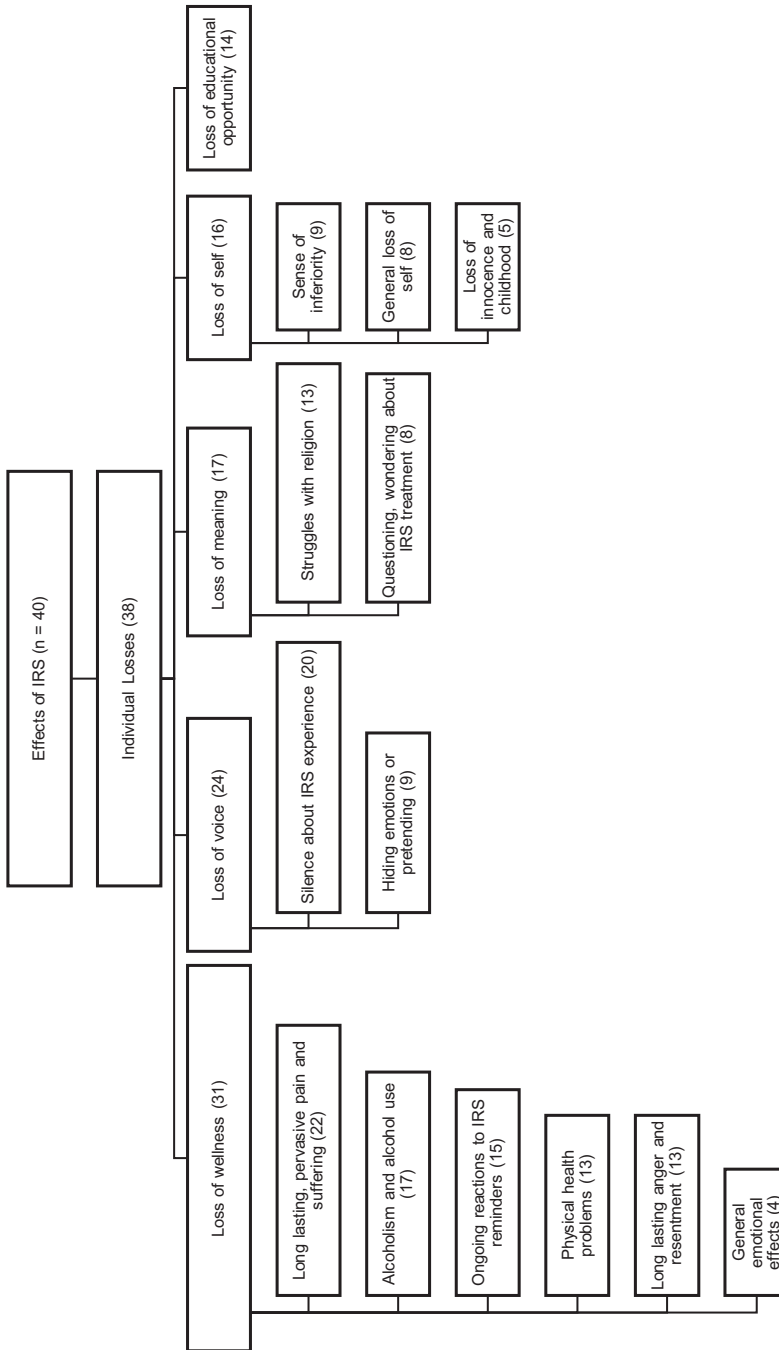


Fig 1 Individual losses from the Indian Residential School System

Broader impacts, discussed by fifteen survivors, included the notion that impacts of the IRS system were widespread across communities and affected multiple generations. For example, survivors shared examples of the suffering of parents and grandparents whose children had gone to IRS. They also suggested that IRS was responsible for other negative phenomena in the community such as widespread anger, emotional abuse, family disintegration, suicide, bullying, and widespread sickness.

Connections between subthemes of Effects of IRS

A closer look at the connections between these different effects suggests that they had a compound, rather than isolated effect, on the wellbeing of IRS survivors, their families, and their communities. Loss of connection with family was framed by respondents as resulting from removal from family at a young age, for multiple years, during important events such as holidays and funerals, and segregation of students by age and gender in the residential school, which resulted in a loss of connection between siblings. Survivor G.E. described how his removal from his family as a young boy affected his relationships in the present day:

I was only seven and they took me in that plane to Beauval, which was 300 air miles away. That was pretty hard for me at that time, because I didn't understand a word of English. I didn't know what was happening to me. And I don't know what was happening to my mom and dad. I figured they took me away or something and it still stays with me today, this feeling.... All my family is broken up now.... I hardly get any visitors, nothing. Because in a way I guess I felt I was being abandoned. I was abandoned- I started living on my own since I was seven.

Besides this destruction of family bonds, respondents described difficulties giving and receiving love, poor treatment of loved ones, and parenting challenges. M.J. talked about the effects of IRS on her own family as being representative of the many families in her community. She touched upon the broader impacts of the IRS system as a whole:

The families [here], our whole community, I believe, would be affected [by] the Residential School stuff that had happened over the years and over the generations of over 100 years of having to take the children away. You know, because of that, I didn't know how to be a parent when I became a parent.... I went through domestic violence. And I had seen violence in my home too when I was a kid. And in the morning my parents would wake up and they would not talk about what happened the night before and so we learned not to talk about what went on. We learned not to talk about abuses in our families and I don't blame my parents for that. They raised me the best that they knew how.... My mother had also gone to the Residential School System and her mother before that, so the love that they showed us was only what they knew.

She then described how the way her parents had raised her ended up affecting her own parenting, and led to her children being removed from her care even though the IRS system was no longer in existence:

There were times where I believe that I was harsh on my kids and I remember yelling a lot. . . . My daughter here sitting beside me, she was only about two years old when I left their father and I moved to Saskatoon and then I started to drink. For two and a half years I drank and I hit bottom. And I was told by my social worker that if I didn't sober up my kids would be apprehended. But alcohol can be cunning and baffling and it can also torment a lot of families. And so I continued to drink and one night I came home, my kids were gone. . . . So, I straightened my life out. And then I got my kids back and that's what I mean when I say the Residential School has destroyed so many families.

This testimony reflects on what many others described: a link between intergenerational effects of residential school, family violence, destructive behaviors after leaving residential school, and difficulties with parenting in the next generation. In other words, residential schools affected families in their entirety, including the links between parents and children (whether or not the parents attended the school), siblings, and school attendees and their own children. Such widespread impacts, in turn, were identified by some respondents as being linked to higher rates of domestic violence and divorce within their communities. Interpersonal difficulties due to residential school, however, also extended to other relationships, especially among individuals who had experienced sexual abuse at the residential school. G.M. discussed how her residential school experience had affected her relationship with her husband:

It took me a long time to finally say okay, I will get married, if you want to get married for so long. I had previous relationships with other boys, other men. I was so afraid for so long because I was ashamed of my body. I was ashamed of who I am.

Former IRS attendees talked about the loss of connection to culture and language that resulted from residential school. It is important to note here that pre-IRS culture was described by many former students as one that placed emphasis on values of love and respect. It was one that emphasized harmony in the relationships between people, as well as with the natural world. R.C. shared a memory from his childhood that exemplifies these types of values:

The traditional values were strong back then. They were very, very strong, sharing, you know working together, helping out . . . at one point on the travel to Cree Lake, I remember there was one spot there where it looked like there was- there had been somebody camping there and we stopped there and there's moose weed in the water, at Hind Lake. Dad cut out some moose weed and mom cooked it. And as we were leaving I asked my dad- I said, "What about that moose weed that's in the water?" and he said "There's we leave it here for them." That's the type of sharing that they had back then, a lot of it- a lot of good memories.

In contrast, J.M. talked about the loss of his culture and also related that loss to his own difficulties with interpersonal connections:

Our community [was], fun loving, trusting people. But that trust was forever taken away when a lot of us had got hauled off to residential school. . . . I do not trust very well. When people break my trust I do not respond and as a result sometimes I'm an introvert. I keep to myself, I'll do it on my own, that has been always my model. . . .

I'm not a very trusting person and that is the hardest part to be[ing] a community member. And I would like to be a good community member.

Another survivor, M.B., discussed how the experience at residential school had affected his relationships with his own community:

Residential school has made me a very angry person. As I was growing up. I got into alcohol. I lost respect for my family, my friends, and the whole community. I wanted to get back to people for what they have done to me, but those weren't the people of my community that had done this to me. I finally realized that it wasn't them.

As these quotes illustrate, the residential school experience not only affected family and intimate partner relationships, but it also affected individuals' abilities to trust others and participate in community. This suggests that another of the broader effects of the residential school system may also have been a negative effect on community engagement. Other survivors theorized that residential school was responsible for widespread health challenges in their communities, including suicide, substance abuse, and physical health problems. R.S. shared the following during his testimony:

I'm in my 50s and I believe I kept these things in me for 50 years. Just imagine what kind of damage it does when the sore or wound is in you for that many years. I wonder if these diseases of diabetes, the cancer, the heart problems, whatever problems we have... maybe because these things were in us all the time and pretty soon it manifested into a disease and maybe that's why it's happening in all our communities.

Looking closer at the experiences of individuals in residential school, it becomes clear that multiple mechanisms explain the interpersonal losses that individuals experienced: a) Separation from family of origin: this includes both through removal from home and separation from siblings within residential school. This can be linked not only to a lack of learning about parenting and a lack of modeling loving relationships, but also with the necessity to learn to survive on one's own, without many social and emotional supports; b) The effects of abuse: Respondents linked the experience of abuse within the residential school, in particular sexual abuse, with difficulty in interpersonal relationships and trust in others; and c) Loss of culture: not only is cultural transmission interrupted through removal of individuals from their homes and communities, but specifically cultural values that prioritized social relationships were demeaned in favor of a more individualistic, hierarchical set of relationships based on power differences between adults and children, and between Euro-Canadians and Indigenous peoples.

Thus, the combination of these three phenomena, rather than any one in particular, may explain some of the profound effects of loss experienced by individual survivors, as well as the extent to which these affects permeated communities in the forms of widespread anger, loss, disengagement, domestic violence, and other health challenges. It is not just that individuals suffered violence and loss, but that such violence and loss, as well as silencing, affected their abilities to participate as full members of family and community.

Healing from IRS

The theme of healing was discussed by 36 participants in terms of *types of healing* and comments about the *healing process*. This section will provide an overview of these two subthemes, as well as a more detailed look at survivors' discussion of healing in their own words.

Overview of subthemes of Healing from IRS

Types of healing, which were discussed in 34 testimonies, included reconnection to others through being able to express and experience love, developing connections to children and grandchildren, receiving support from others, and reconnecting to family of origin. Another type of healing was reconnection to culture, either through rediscovering a culture of mutual support among community members that had existed before IRS or reconnecting with traditional spirituality. Survivors also discussed finding their own voices through telling their own stories and getting to a point of wanting others to know their stories. Finally, survivors emphasized the importance of forgiveness as part of healing, understanding who was responsible for the abuse they experienced, and reconnecting to self through a process of sobriety or finding themselves again.

The *healing process*, discussed by 22 individuals, included an understanding that survivors must actively seek and participate in healing for it to occur. Survivors also used active language in describing their healing, such as "I've done my work for myself," "One morning I decided enough was enough," "I went into healing with all my heart," and "I've been using my strength to work on myself." This concept of "work" was common language to describe the healing process. Survivors also emphasized that healing from IRS is possible. At the same time, participants mentioned that monetary compensation offered by the government had little meaning, and that healing was a long and ongoing process.

Connections between subthemes of Healing from IRS

Considering the effects of the residential school on connections to family, community, and culture, survivors emphasized the importance of reconnection with others, as well as with culture, as part of their healing process. However, to reconnect with others, survivors first had to find their lost voices so that they could then share these experiences with significant people in their lives. In this way, they had to overcome the way in which they had been conditioned at residential school to not talk about their experiences. For example, T.M. focused on the importance of her own testimony for allowing her husband and family to hear her story:

My husband has heard parts of my story, but not in full detail. Today he has the opportunity. He may really understand me. I'm a survivor of Beauval Indian Residential School. . . . I have a big stumbling block where when I want my grandchildren to know what happened to grandma. I want to tell them. The thing is I don't know how to approach it. Is nine years old a good age or should I wait until their teen years or? That's the only stumbling block I have right now.

Toward the end of her testimony, she concluded, "Today I told my story about the Residential School. I feel a little more relief. It's not as heavy and I am not ashamed to talk about it anymore." Similarly, E.C. shared a significant experience of sharing and support that he had experienced with his uncle:

My uncle said, "You know, you guys have done a lot of healing wellness [in the community].... I want to tell you about my days in [residential school]." It was almost midnight when my uncle finished sharing [his experiences of sexual abuse at residential school].... We [went] back to the graveyard. As we were entering the graveyard he told me to wait at the entrance and he went to his mother's grave and he sat down and I watched a full grown man cry like a baby. I always wondered why he had asked me to go there. Now I know it was an honor that he chose me to help him all through this process.

This powerful story shared in testimony illustrates that disclosure of IRS is not only important for its role in helping individuals free themselves from their experiences, but also for the power that such disclosures have to bring families closer together. Thus, finding voice serves as a vehicle for other important types of healing, particularly reconnection with family. This story also brings to light another quality of this reconnection: that reconnection with family of origin is not necessarily conceptualized as something that will happen in this lifetime:

I watched him cry. He'd hug that cross once in a while and I just sat there and I waited and I waited and then he called me. He stood up there and he said, you know, "I'm gonna move on now in my life. I will see my mom one day...." He made me make him a promise that if he dies before me that we would have to take him to where his mom was buried so he could be with his mom again.... We walked back to the cabin and I haven't seen that bright a sunlight in a long time. My uncle was on his healing journey. I had started mine. To some extent I guess there were a few more obstacles in my way, but I could see my uncle was moving on.

T.M. also echoed this understanding in her own testimony:

The thing that really, really hurts me the worse is, I wanted so much to tell [my mom] so much about my being molested from [age] seven, eight, and nine when my childhood was taken away. I never, ever, ever did tell her, but I know up there where she is, is beautiful. I know now she knows.

At the time that respondents gave their testimony, they found themselves at different steps in the process of disclosing their residential school experiences to others. Some had already disclosed to family. Others wished they had disclosed, but had not had the opportunity to do so. And some used their public TRC testimony to disclose their full experience for the first time. One woman, H.M., hinted that her testimony may have been one of the first, if not the first, times that she had disclosed her residential school experience:

I prayed this morning. I was crying, [wondering]. I asked God, "God let me do this... because I've been holding this thing- for so many years [I] wanted to tell what happened at the residential school when I started 1960.

Expressing residential school experiences also allowed former students to connect with their families and to receive social support. R.F., for example, took time in his testimony to express gratitude to the two “emotional support” persons who had accompanied him to give his testimony:

I want to thank [my emotional support people] here supporting me and also those that are out there supporting me also. The reason why I asked [my first support person] here to support me because you know we've been friends for many years and we travelled together for many years in sporting events and we went through a lot through not only the good times, but also the bad time. So, I take him as my friend. I take him as my supporter. I take him as somebody that I can rely on if I ever get into trouble or somewhere down the road in the future and I know he'll be there. And [the other support person], she is my co-worker ... went to school [in the same school] and she knows the experience that I'm gonna be telling you also.

In addition to connecting with family of origin and peers, participants also expressed the importance of connections to future generations in their own healing. For many, such connections with children and grandchildren were healing with respect to helping them understand unconditional love. This was illustrated in the following testimony by M.M.:

Today I understand what [love] means. I have this every day. My granddaughter comes to me and says, “Grandpa I love you.” That gives me a great joy to understand a little child coming up to me and say, “Hey I love you.” Because as a child I never had this. I never knew the meaning of love through my parents or anything. Our parents were residential school victims too. My dad was a victim of residential school and love was never taught to him. To me, today, love is something that I cherish with my grandchildren. I have two grandchildren I see every day and my oldest, my granddaughter, she comes every day and says, “Hey Grandpa, I love you.”

Finally, in addition to reconnection with family, receiving support from others, and being able to express and experience love, former IRS students emphasized the need to reconnect to culture, both as individuals and as a community, to facilitate healing. For some, such emphasis was indirect. For example, rather than referencing culture specifically, M.J. discussed particular needs in the community:

We all need to start somewhere. We need to show love to our kids, we need to show patience. Kids are not bad. And you don't have to send a kid out of the community to fix the kid. We can work as a family to fix the family, not just one person; fix the whole family. I work as a mental health counselor now ... I get approached by parents to take the kid out of the home so they can go learn something somewhere else, but I don't believe in that. I believe the whole family needs to work together in order for us to be strong as a community, as a nation.

This quote illustrates a call to return to traditional values of love, respect, working together and supporting each other. Such values were echoed in testimonies by other survivors such as E.B.:

My mom never used violence as a means of behavior modification. I never saw a willow [switch]. I never saw anything. She would literally sit me down at the end of

the day and I would lie on her lap and she would talk to me and tell me what I did wrong. And I was given the choice to either change my behavior or not. And that's how I was brought up.

Others speakers, such as G.B., were more direct in their calls for their communities to return to traditional ways:

Elders I will let you know a few things. Love your children. Love the youth of this community. Teach them how they can listen to you. Young people, if people are talking to you, listen to them. The Elders, teach your children, your grandchildren. That's how it used to be in the past. Elders teach us. Be our role models. Help us. Whatever culture and language has been taken away from us, help us to bring it back. We are all the same. We were brought up in this world, we were given a gift from our Creator. Those were the things that were taken away from us. Help us to bring this back. When are we gonna start doing this again? If we bring this back together we will be a stronger people.

In sum, the loss of connection to family and culture that resulted from the residential school experience created a need for healing through reconnection to the same. Such reconnection was multigenerational in nature, including reconnection to family of origin, reconnection to peers and siblings, and reconnection with future generations. Respondents also called on their communities to enter into healing together, which would lead to stronger communities as a whole. These types of connections were possible, in part, due to the ability of former residential school attendees to express themselves and use their voices to tell others what had happened to them in residential school. Reconnection also meant, for many, a return to traditional culture that had been taken away during residential school: one that values relationships between people, and emphasizes love, respect, and mutual support among all generations.

DISCUSSION

This research sought to gain a more in depth understanding of residential school survivors' experiences as reflected in testimonies given to the TRC by survivors of one IRS. It focused particularly on perceptions of trauma, loss, and healing among residential school survivors. Survivors discussed both IRS effects and healing from the IRS in holistic terms. It should be noted here that the focus and discussion of healing in this article is not meant to minimize the harms of the IRS system on individuals, families, and communities across Canada, nor the need for the government and churches of Canada to engage further in reconciliation with Indigenous communities in response to these harms. In describing the effects of the IRS system, survivors discussed impacts at the individual, interpersonal, and broader community levels. Individual losses included loss of wellness, voice, meanings, sense of self, and educational opportunities. Losses of connection included damage to connections to family, community, and culture. Broader impacts included widespread suicide, substance abuse, physical health problems, domestic violence, and divorce. Survivors also discussed healing from residential school at multiple levels that involved reconnection to family, culture, self, and finding voice. Survivors described healing as an active, ongoing process that required the entire community.

Limitations

All studies have limitations, and ours is no exception. First, it must be noted that the research team was in many ways disconnected from the participants who originally gave their testimonies to the TRC (Burrage, 2020). Public testimonies were drawn from communities with which the principal investigator had no prior experience or contact, which means that transcripts could not be double-checked with participants to verify their accuracy. Follow-up and clarifying questions could not be asked and results were not presented to community members in order to receive feedback on the author's conclusions. These are inherent limitations of analyzing secondary data from the TRC without taking a community-based approach to the design and conceptualization of the project.

Other limitations have to do with the design of the TRC itself. Participants self-selected for participation, which means that they had both the ability and desire to speak in public about their residential school experiences. Those who are comfortable speaking in public about such negative life experiences are likely to be those who have had more positive outcomes, considering the level of emotional stability needed to provide a coherent narrative about very personal details of one's life in front of an audience. Indeed, some respondents did reference others who they wished could tell their stories, but were not at a place in their own healing to participate. Thus, it is likely that those who spoke are unrepresentative of very extreme cases in terms of outcomes. Additionally, the TRC held hearings in a limited number of communities, which could have restricted geographical access to those hearings.

Conditions and experiences varied widely between residential schools, and conclusions drawn from testimonies given about one particular school are not necessarily generalizable to other schools. Another limitation is a linguistic one. Seven testimonies contained phrases in Dene or Cree that were excluded from analysis due to the lack of time and resources to identify and contract a translator for this project. Considering that people often switch to another language to express ideas that cannot be expressed in English, it is very possible that these phrases would have contained important information about residential school attendees' conceptualizations of their experiences. Another nine testimonies were given fully or in part in Dene or Cree, but with simultaneous translation to English. Due to the difficult spontaneous nature of simultaneous translation, it is possible that some information was skipped or translated in a manner that was not entirely accurate.

Ultimately, with respect to our analyses, it is unlikely that these limitations would have systematically skewed the testimonies toward a sociocentric framing (and away from a psychocentric focus) by the participants themselves in their own accounts of their IRS experiences. We now reflect further of the implications of these contrastive frames for psychological inquiry with Indigenous peoples.

Connections to Psychological Trauma

Survivors' descriptions of residential school effects and healing both converge with and diverge from mainstream psychological theory in multiple ways. To begin with, several of survivors' descriptions of the effects of IRS match diagnostic criteria for Posttraumatic Stress Disorder (PTSD). For example, long-lasting pain and suffering, difficulty relating to others, feelings of inferiority, and a sense of loss of self could easily be interpreted as meeting DSM criterion D, negative

alterations in cognitions and mood (American Psychiatric Association, 2013); ongoing reactions to IRS reminders, as well as long lasting anger and resentment, are easily interpreted as arousal symptoms under criterion E; while silence about IRS experiences and hiding of emotions could be considered types of avoidance under criterion C. This is also true for Complex PTSD, which is defined in the ICD-11 as stemming from prolonged trauma exposure that is difficult to escape, ongoing issues with affect regulation and negative self-belief, feelings of shame, guilt, or failure, and difficulties with interpersonal relationships, all of which are present in the overarching theme of “Effects of IRS” (World Health Organization, 2020).

Several other effects that survivors mention as stemming from the IRS experience also resonate with the psychological literature, although not within the context of PTSD. For example, there is evidence regarding the link between traumatic experiences and substance use disorders (Simpson & Miller, 2002; Wilsnack, Vogeltanz, Klassen, & Harris, 1997), traumatic experiences and declines in physical health (Maschi, Baer, Morrissey & Moreno, 2013; Pacella, Hruska & Delahant, 2013), and traumatic experiences and loss of meaning (Van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). In terms of family effects of IRS, parenting difficulties have also been linked to prior trauma (Cohen, Hien, & Batchelder, 2008; DiLillo & Damashek, 2003). Attachment issues have also been linked to psychopathology, difficulty with interpersonal relationships and difficulty with emotional regulation (Kinniburgh, Blaustein, and Spinazzola, 2005).

Disconnections from psy-entific discourse

Despite these surface similarities in how survivors described the effects of IRS with symptoms of PTSD or the proposed symptoms for Complex PTSD, such individual effects were only a small part of the survivors' discourse surrounding their experiences, and the language they used to describe such effects does not suggest a primary psychological framing of IRS effects. As already outlined, survivors' descriptions focused on interpersonal losses as well as broader family and community impacts. A brief post-analysis word search of testimony transcripts revealed that only four of the forty participants used the words “trauma” or “traumatic” to describe their experiences. Of these, two used the words to describe experiences in a way that was synonymous to “abuse” or “violence,” without focusing on the impacts of those experiences (e.g. “I experienced trauma,” or “the traumas . . . that went on in residential school.”) The other two respondents used the words to describe sounds or smells that triggered distressing memories as “traumas.” Only two used “depression” or “depressing” (e.g., “a really depressing place” and “I would go into depression”) and none used “anxiety” or “anxious” to describe IRS outcomes.

Thus, survivors did not frame the effects of IRS in terms of particular diagnoses, nor with psychological language, but rather as a number of different outcomes that could be observed in individuals, families, and communities. Participants often directly and casually linked these outcomes to IRS experiences, rather than explaining them through psychological mechanisms. For example, participants talked about having trouble with trust and interpersonal relationships because they learned not to trust others at the IRS. They also directly linked physical symptoms of present illnesses to specific experiences they had had at the residential school, and attributed the high prevalence of physical health problems in the community to experiences from residential school. In addition, survivors described other effects of IRS that do not fit within psychological framings of trauma, including loss of voice, loss of educational opportunity, destruction of family bonds, loss of language and culture, and broader impacts of the IRS system on communities.



Furthermore, participants did not reference clinical psychology in their discussions of healing. One woman mentioned going to see a “nurse” for help with nervous reactions related to IRS experiences, which she conceptualized as a “disease” but not necessarily a mental illness. Rather than discussing clinical approaches to healing, survivors emphasized the importance of family, friends, and community members, including Elders in their community as part of the healing process. Nor was all healing individual in nature. Healing included reconnection to multiple generations of family, community, and culture. Reconnection to culture was specifically described in terms of cultural norms of mutual support at the community level, which involved taking care of each other and coming together as a community. Healing was considered to be a long and ongoing process, as well as an active one. Survivor T.B., for example, expressed: “I can’t say I am completely healed; I will be when I die. That’s the only time I say I will be healed.” Such a long and ongoing healing process that is centered on family, community, and culture stands in stark contrast to the individualistic approach to healing that is found in clinical psychology.

Self-orientations and healing approaches

Clinical psychology begins first by defining and identifying a particular psychopathology and then focuses on reducing or tolerating symptoms of the identified disorder, primarily through time-limited individual therapy, although some group modalities have also been identified as effective (Bisson et al., 2007). But discrepancies between the field of psychology and Indigenous views of trauma and healing have been documented by a number of other scholars. Kirmayer (2007) differentiated between egocentric self-orientations generally found in Euro-Western environments and sociocentric, ecocentric, and cosmocentric self-orientations that are found in many Indigenous communities around the world. Egocentric orientations emerged from values such as individualism, entail robust psychological-mindedness (or psychocentrism), and prescribe (frequently secular and dyadic) psychotherapy as a remedy for distress. Such systems reflect and represent colonial, Euro-American ontologies that prioritize an emphasis on the autonomous, inward-turning individual.

In contrast, sociocentric self-orientations emerged from values of interdependence (or collectivism), and focus on more expansive, outward-looking selves-in-relation-to-others (whether kin or community). Ecocentric orientations focus on balance, harmony, and exchange with the places and spaces of the surrounding world, and rely on shamanistic healing processes. Cosmocentric orientations emerged from sacred understandings that value holistic approaches and that understand human beings as part of a larger cosmic order, often with multiple deities, in which the self may be defined with reference to one’s ancestors. In this tradition, healing depends on interactions with spirit beings. Sociocentric, ecocentric, and cosmocentric self-orientations can be found in most Indigenous traditions, and importantly are not mutually exclusive. In the context of this study, respondent descriptions of healing were closely aligned with socio-, eco-, and cosmocentric understandings.

Indigenous healing in TRC testimonies

Most respondents spoke generally about reconnection to culture and spirituality as part of healing, rather than discussing specific tenets of that culture. However, one can see an example of

sociocentric, ecocentric, and cosmocentric understandings of the world in a description of Dene culture by respondent C.C.:

Taught by my parents are Dene unwritten laws. The first one is give thanks every day for creation and life. The second one, protect environment. Third, respect nature. The fourth, take only what you need from the land. The fifth, know your roles and responsibility as male and female adult. And sixth, respect and love your children. These laws, when practiced every day creates a strong, beautiful, healthy lifestyle for Dene people. Dene people still practice the law, integrated with modern, European culture and Roman Catholic theology.

Hodge, Limb, and Cross (2009) noted that, while diverse in nature, North American Indigenous conceptualizations of wellness are generally holistic and focus on balance and harmony between spirit, body, mind, and context, with context including family, elders, cultures, and traditions. Such holistic commitments are generally recognized as agglomerative and constructive (rather than dissective or deconstructive) and outward-looking (rather than inward-turning). In this sense, many First Nations communities in Canada have promoted a return to shared traditional cultural practices as a means of healing, particularly from historical trauma (Gone, 2013). A report that was cosponsored by the Aboriginal Healing Foundation and the Solicitor General of Canada (Lane, Bopp, Bopp, and Norris, 2002) explored understandings of healing from the effects of colonization among multiple Indigenous communities. Lessons learned from the project included that healing is long-term process; is not specific to a single issue or outcome; must take place within a community development plan; includes personal, cultural, economic, political, and social development; and is ultimately an expression of community self-governance. In discussing healing from the IRS system, Green (2012) noted that Indigenous conceptualizations of healing generally include the idea that healing is an ongoing process, avoid ascribing specific pathologies to Indigenous experiences, and tie healing and health to justice, self-determination, and policy change beyond physical and mental wellbeing.

Re-socializing trauma

Although there are notable contrasts between the effects of IRS expressed in testimonies and psychological theories of trauma, other domains of inquiry present views of trauma in ways that more closely reflect participants' descriptions. This is particularly the case for collective trauma frameworks that draw on sociological or ecological approaches and are more prevalent in the fields of disaster, conflict, or humanitarian studies. Such approaches look beyond the individual psychological effects of trauma and attempt to understand how trauma experienced by large groups of people affects not only the individual but also families and the communities. Collective trauma scholars also take a more holistic and environmental view of the effects of these collective experiences; they recognize, for example, that it is often systemic changes, losses, or other stresses created from the aftermath of such experiences that require the most attention in healing, rather than individual psychological responses to trauma exposure (Miller and Rasmussen, 2010; Abramson, 2015).

Given the pervasive and longstanding impacts of the IRS system on Indigenous communities in Canada, it should be obvious that formal medical services of any kind—including psychosocial counseling activities—cannot be expected to remedy the postcolonial tide of social suffering

that has overwhelmed these communities. This is not, however, grounds to completely dismiss any role for counseling services in supporting present-day Indigenous resurgence. Indigenous people are modern people who adapt to challenging life circumstances by adopting (and adapting) paradigms, practices, technologies, and tools to meet their needs and advance their interests. Counseling and psychosocial “mental health” treatments are among these, and specific Indigenous communities in Canada have adopted/adapted these in different ways (for case illustrations, see Waldram, 2008).

In perhaps any Indigenous community in North America, one can encounter Indigenous people who sought counseling for their difficulties and who benefited from participation in it. At the same time, it often appears that the reigning position of government officials and policy makers is to presume that counseling (or even psychotropic medication) is the solution for Indigenous suffering in the wake of colonial depredations. But there are many Indigenous people for whom counseling and professional mental health treatments remain unintelligible or even suspect (Gone, 2007, 2008). Their resistance may emerge from social, cultural, or ideological concerns, including deep-seated skepticism surrounding the value of verbal confessions of personal pain to a credentialed (frequently non-Indigenous) stranger who is employed by the government to socialize one into the “talking cure.” Nevertheless, Indigenous communities routinely sponsor and support counseling services even as most of them seek to adapt these to local orientations and experiences (Gone, 2011). Such adaptations can benefit from assessments not just of the cultural competence or humility of service providers, but also from appraisals of the cultural commensurability of the interventions themselves (Wendt & Gone, 2012).

Practical implications for Indigenous healing

In terms of practical implications for this study, many Indigenous communities are already implementing culturally-grounded healing programs, whose models can be expanded or replicated. For example, recently academic and community partners came together to create a standardized traditional spirituality education program for people of mixed tribal backgrounds in an urban American Indian environment with traditional healers as facilitators (Gone et al., 2020; Pham, Pomerville, Burrage & Gone, *in press*). In another example, a digital storytelling project of Indigenous women sharing health stories with medical personnel included accounts of colonization, loss of cultural identity, the negative impact on health and holistic health practices, and led to increased engagement from medical practitioners (Wiert, 2020). Lastly, a land-based wellness program was created for residents of the Inuvialuit Settlement Region for those dealing with addiction, trauma, poverty, which focuses on trapping, whaling, and berry-picking to improve health and wellness (Ollier et al., 2020). Similar have shown the importance of connection to place, connection to others, and cultural identity for emotional wellbeing among Native Hawaiians (Burrage et al., 2021). Land-based concepts of therapeutic treatment serve to include an ecological sense of self rooted in the land and connecting to non-human species and/or persons (Gone, 2008; Kirmayer, 2007). Finally, many Indigenous communities are also using activism, art, and online technology for collective healing (Ficklin et al., 2021).

Programs like these are examples of the decolonization of psychology in practice (Gone, 2021), as they include many of the components that Indigenous scholars have identified as being integral to decolonization efforts, and incorporate sociocentric, ecocentric, and cosmocentric worldviews. As Tuck and Yang (2012) advocated, such programs reveal the dynamics of settler colonialism, privilege Indigenous worldviews and ways of knowing, support the restoration of cultural and

traditional practices and, importantly, highlight the significance of a return of land to Indigenous peoples as a core component of wellness promotion. On the individual level, providers, educators, and researchers can build trust to serve Indigenous people through a variety of means, including recognizing the health significance of traditional foods and ceremonies, learning (and remedying) the history of systemic and internalized bias that exists with health care providers, incorporating family and Indigenous healers in treatment when desired by the client, and encouraging Indigenous self-advocacy and the pursuit of health careers (Manta-Look, 2020). At a systemic level, advocacy is needed to provide funding for these types of wellness programs, increase research to show efficacy of such programs, and find ways to incorporate access to Indigenous healing into clinical settings so as to provide improved services for Indigenous peoples.

In addition to the prevalence of these understandings of healing among Indigenous communities, there is evidence that such approaches to mental health may be appropriate for other communities of color who have been deeply impacted by the effects of colonization. Increasingly literature supports improvement of cultural competency in mental health treatment of Latinos through the integration of traditional healing, oftentimes associated with spirituality, which has been influenced by Indigenous teachings and culture (Castellanos & Gloria, 2016; Cervantes, 2010; Comas-Diaz, 2006; Hoogasian & Lijtmaer, 2010). With these cultural and spiritual values, Latinos re-author and make meaning of life experiences which is necessary for survival, and to finding strength and wellness (Castellanos & Gloria, 2016). This makes sense, given that many Latinos identify as either Indigenous themselves or descended from Indigenous peoples. Also, some Indigenous African worldviews support the belief of humans being “one with nature” and focus on the survival of the people, cooperation, interdependence, responsibility for the collective, commonality, the sense of the group and focuses on similarity (Meyers, 1991; Nobles, 1992). In a recent study, Whaley (2019) examined help-seeking from Indigenous healers by persons of African ancestry in the U.S., and found that Indigenous help-seeking was associated with fewer psychiatric disorders in this population. Thus, healing focused on sociocentric, cosmocentric, and ecocentric understandings of the self can be found in many communities that have experienced colonization.

In sum, our study adds to a growing body of literature that understands experiences of trauma and loss in Indigenous communities as sociocentric and holistically framed rather than psychocentric and individual in nature. For individuals such as the respondents in this study, the imposition of purely clinical practices for healing from trauma might not only seem irrelevant or perhaps alienating, but in fact promoting of a neo-colonial therapeutic agenda, all in the name of helping. That is, at its worst, such an approach can be seen to reflect colonial desires to rescue Indigenous populations through their assimilation to Euro-Canadian or Euro-American understandings of health and wellness, something that reinforces the same oppressive relationships of power that brought about these harms in the first place. A decolonization of psychology in this case means a recognition that the tools of mainstream professional clinical practice may not be apt to address the widespread social effects of colonial violence such as the IRS system. Psychologists and other mental health professionals should not only examine the potentially neo-colonizing effects of their own practices, but also examine the structural barriers that exist within health systems that prioritize and perpetuate the exclusive use of such approaches at a societal level.



CONCLUSION

Based on a thematic analysis of 40 testimonies from former attendees of one Indian Residential School (IRS), this study sought to explore conceptualizations of trauma by IRS survivors in Canada. Participants' descriptions of traumatic experiences, while containing some overlap with psychological notions of these concepts, extended far beyond psychological understandings to include holistic impacts of the IRS system on individuals, families, and communities. Healing in the aftermath of the IRS system must incorporate more holistic conceptualizations of both distress and wellness that draw upon the strengths of Indigenous individuals, families, and communities and focus less on pathologization. Additionally, healing must focus at the community level on involving residential school survivors in healing efforts to promote the inclusion of lost voices as well as strengthen cultural values that emphasize trust and mutual support within Indigenous families and communities.

The reparations provided for survivors of the IRS system were largely centered around professional conceptualizations of trauma and distress. This analysis offers a different framework for understanding the effects of the IRS system, one that is centered around the words and experiences of survivors themselves. Any attempt at decolonization within the field of psychology must a) recognize the negative psychological impacts of colonization on Indigenous communities, b) center Indigenous epistemologies and understandings of wellbeing, and c) seek to understand and implement Indigenous conceptualizations of healing. Although the outcomes of the IRS Settlement Agreement were criticized for individualizing the distress of Indigenous peoples within a professional framework, analysis of the testimonies given by IRS survivors can further decolonial projects of healing by centering Indigenous understandings of the effects of the IRS system, as well as highlight approaches to healing that fall outside of the clinical paradigm. This brings us to one final, challenging conclusion, left here for the reader as food for thought: the project of decolonizing psychology may well entail, in many respects, the seemingly paradoxical de-psychologization of the discipline itself.

ORCID

Rachel L. Burrage  <https://orcid.org/0000-0003-0143-1147>

REFERENCES

- Abramson, D.M., Grattan, L.M., Mayer, B., Colten, C.E., Arosemena, F.A., Bedimo-Rung, A. & Lichtveld, M. (2015). The resilience activation framework: A conceptual model of how access to social resources promotes adaptation and rapid recovery in post-disaster settings. *The Journal of Behavioral Health Services & Research*, 42(1), 42–57.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Bisson, J.I., Ehlers, A., Matthews, R., Pilling, S., Richards, D. & Turner, S. (2007) Psychological treatments for chronic post-traumatic stress disorder: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 190(2), 97–104. Available from: <https://doi.org/10.1192/bjp.bp.106.021402>
- Bourbonnais, J. (1966b) Beauval was a Remote Place. Voice of the North, Volume XI, 1-3.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. Available from: <https://doi.org/10.1191/1478088706qp063oa>
- Bourbonnais, J. (1965) History of Beauval Indian School. *Voice of the North*, XI, 4–5.
- Burrage, R.L. (2020) Concerning disconnects: The place of secondary analysis in Indigenous research. In: N.K. Denzin & J. Salvo (Eds.) *New directions in theorizing qualitative research: Indigenous research*. (Vol., 4, pp. 23–38). Stylus Publishing.

- Burrage, R.L., Antone, M.M., Kaniaupio, K.N. & Rapozo, K.L. (2021) A culturally informed scoping review of Native Hawaiian mental health and emotional well-being literature. *Journal of Ethnic & Cultural Diversity in Social Work*, 30(1-2), 13–25. Available from: <https://doi.org/10.1080/15313204.2020.1770656>
- Caldwell, G. (1967) *Indian residential schools: A research study of the child care programs of nine residential schools in Saskatchewan: Prepared for Indian Affairs and Northern Development, Government of Canada*. Ontario: Canadian Welfare Council.
- Castellanos, J. & Gloria, A.M. (2016) Latina/os – Drive, community, and spirituality: The strength within (Somos Latina/os – Ganas, comunidad, y el espíritu: La fuerza que llevamos por dentro). In E. C. Chang, C. A. Downey, J. K. Hirsch, & N. J. Lin (Eds.), *Cultural, racial, and ethnic psychology book series. Positive psychology in racial and ethnic groups: Theory, research, and practice*. American Psychological Association. Available from: <https://doi.org/10.1037/14799-004>
- Cervantes, J.M. (2010) Mestizo spirituality: Toward an integrated approach to psychotherapy for Latina/os. *Psychotherapy Theory, Research, Practice, Training*, 47(4), 527–539. Available from: <https://doi.org/10.1037/a0022078>
- Cohen, L.R., Hien, D.A. & Batchelder, S. (2008) The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child maltreatment*, 13(1), 27–38.
- Comas-Díaz, L. (2006) Latino healing: The integration of ethnic psychology into psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 436–453. Available from: <https://doi.org/10.1037/0033-3204.43.4.436>
- Corntassel, J., Chaw-win-is, & T'lakwadzi (2009) Indigenous storytelling, truth-telling, and community approaches to reconciliation. *ESC: English Studies in Canada*, 35(1), 137–159.
- DiLillo, D. & Damashek, A. (2003) Parenting characteristics of women reporting a history of childhood sexual abuse. *Child Maltreatment*, 8(4), 319–333.
- Evans-Campbell, T. (2008) Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338. Available from: <https://doi.org/10.1177/0886260507312290>
- Fanon, F. (2004) *The wretched of the earth*. New York: Grove Press.
- Ficklin, E., Tehee, M., Killgore, R., Isaacs, D.S., Mack, S.A. & Ellington, T. Fighting for our sisters: Community advocacy and action for missing and murdered Indigenous women and girls. (2021) Unpublished manuscript.
- Gone, J.P. (2007) “We never was happy living like a Whiteman”: Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology*, 40(3-4), 290–300.
- Gone, J.P. (2008) So I can be like a Whiteman”: The cultural psychology of space and place in American Indian mental health. *Culture & Psychology*, 14(3), 369–399. Available from: <https://doi.org/10.1177/1354067X08092639>
- Gone, J.P. (2011) The red road to wellness: Cultural reclamation in a Native First Nations community treatment center. *American Journal of Community Psychology*, 47(1-2), 187–202.
- Gone, J.P. (2013) Redressing First Nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment. *Transcultural Psychiatry*, 50(5), 683–706. Available from: <https://doi.org/10.1177/1363461513487669>
- Gone, J.P. (2021) Decolonization as methodological innovation in counseling psychology: Method, power, and process in reclaiming American Indian therapeutic traditions. *Journal of Counseling Psychology*, 68(3), 259–270. Available from: <https://doi.org/10.1037/cou0000500>
- Gone, J.P., Hartmann, W.E., Pomerville, A., Wendt, D.C., Klem, S.H. & Burrage, R.L. (2019) The impact of historical trauma on health outcomes for Indigenous populations in the USA and Canada: A systematic review. *American Psychologist*, 74(1), 20. Available from: <https://doi.org/10.1037/amp0000338>
- Gone, J.P., Tuomi, A. & Fox, N. (2020) The Urban American Indian Traditional Spirituality Program: Promoting indigenous spiritual practices for health equity. *American Journal of Community Psychology*, 66(3-4), 279–289.
- Hall, A.J. (2011) Treaties with Indigenous Peoples in Canada. In *The Canadian encyclopedia*. Available at: <https://thecanadianencyclopedia.ca/>
- Hartmann, W.E., Wendt, D.C., Burrage, R.L., Pomerville, A. & Gone, J.P. (2019) American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance. *American Psychologist*, 74(1), 6–19. Available from: <https://doi.org/10.1037/amp0000326>
- Hodge, D.R., Limb, G.E. & Cross, T.L. (2009) Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work*, 54(3), 211–219.
- Hoogasian, R. & Lijtmaer, R. (2010) Integrating Curanderismo into counselling and psychotherapy. *Counselling Psychology Quarterly*, 23(3), 297–307.

- Kinniburgh, K.J., Blaustein, M., Spinazzola, J. & Van der Kolk, B.A. (2005) Attachment, self-regulation, and competency. *Psychiatric Annals*, 35(5), 424–430.
- Kirmayer, L.J. (2007) Psychotherapy and the cultural concept of the person. *Transcultural Psychiatry*, 44(2), 232–257. Available from: <https://doi.org/10.1177/1363461506070794>
- Kirmayer, L.J., Gone, J.P. & Moses, J. (2014) Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 300–319. <https://doi.org/10.1177/1363461514536358>
- Lane, Bopp, Bopp & Norris (2002) *Mapping the healing journey: The final report of a First Nation research project on healing in Canadian Aboriginal communities*. Ottawa, Ontario: Aboriginal Healing Foundation.
- Maschi, T., Baer, J., Morrissey, M.B. & Moreno, C. (2013) The aftermath of childhood trauma on late life mental and physical health: A review of the literature. *Traumatology*, 19(1), 49–64.
- Mantla-Look, L. (2020). *Bridging the gap between two world views: Perspectives of an Indigenous nurse*. Northern Public Affairs, 6(3), 25–27. <http://www.northernpublicaffairs.ca/index/volume-6-special-issue-3-special-issue-on-hotii-tseeda-working-together-for-good-health/bridging-the-gap-between-two-world-views-perspectives-of-an-indigenous-nurse/>
- Miller, K.E. & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science and Medicine*, 70, 7–16.
- Myers, L.J. (1991) Expanding the psychology of knowledge optimally: The importance of world view revisited. In R. L. Jones (Ed.), *Black psychology*. (pp. 15–28). Berkeley, CA: Cobb and Henry.
- Nobles, W. (1992) African philosophy: Foundations of Black psychology. In R. L. Jones (Ed.), *Black psychology*. (pp. 47–64). Berkeley, CA: Cobb and Henry.
- Ollier, M., Giles, A.R., Etter, M., Ruttan, J., Day, P., Elanik, N., et al. (2020) Project Jewel: Innovation in evaluating an on-the-land program. *Northern Public Affairs*, 6(3), 45–50.
- Pacella, M.L., Hruska, B. & Delahanty, D.L. (2013) The physical health consequences of PTSD and PTSD symptoms: a meta-analytic review. *Journal of Anxiety Disorders*, 27(1), 33–46.
- Pham, T.V., Pomerville, A., Burrage, R.L. & Gone, J.P. (in press). An interview-based evaluation of an indigenous traditional spirituality program at an urban American Indian health clinic. *Transcultural Psychiatry*.
- Rimke, H. & Brock, D. (2012) The culture of therapy: Psychocentrism in everyday life. D.R. Brock M.P. Thomas & R. Raby (Ed.), *Power and Everyday Practices*, (pp. 182–202). Toronto: Nelson Education.
- Simpson, T.L. & Miller, W.R. (2002) Concomitance between childhood sexual and physical abuse and substance use problems: A review. *Clinical psychology review*, 22(1), 27–77.
- Smith, L. T. (2021). *Decolonizing methodologies: Research and indigenous peoples*. Zed Books Ltd.
- Sotero, M. (2006) A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93–107.
- Tong, A., Sainsbury, P. & Craig, J. (2007) Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. Available from: <https://doi.org/10.1093/intqhc/mzm042>
- Truth and Reconciliation Commission of Canada (2015a) Honoring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Retrieved from <http://www.trc.ca/websites/trcinstitution/index.php?p=890>
- Truth and Reconciliation Commission of Canada (2015b) Canada's residential schools: The history, part 1: Origins to 1939. The final report of the Truth and Reconciliation Commission of Canada Volume 1. Retrieved from <http://www.trc.ca/websites/trcinstitution/index.php?p=890>
- Tuck, E. & Yang, K.W. (2012) Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, 1(1), 1–40.
- Van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S. & Spinazzola, J. (2005) Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18(5), 389–399.
- Waldram, J.B. (Ed.). (2008) *Aboriginal healing in Canada: Studies in therapeutic meaning and practice*. Ottawa, Ontario: Aboriginal Healing Foundation.
- Weems, L. (2016) Decolonial education at its intersections. In M. A. Peters (Ed.), (pp. 1–6). *Encyclopedia of educational philosophy and theory*.
- Wendt, D.C. & Gone, J.P. (2012) Rethinking cultural competence: Insights from indigenous community treatment settings. *Transcultural Psychiatry*, 49(2), 206–222.

- Wiat, S. (2020) *Decolonizing health care: Indigenous digital storytelling as pedagogical tool for cultural safety in health care settings*. Northern Public Affairs, 6(3), 55–62.
- Wilsnack, S.C., Vogeltanz, N.D., Klassen, A.D. & Harris, T.R. (1997) Childhood sexual abuse and women's substance abuse: National survey findings. *Journal of Studies on Alcohol*, 58(3), 264–271.
- Whaley, A.L. (2019) Help-seeking from indigenous healers among persons of African ancestry in the United States: Ethnic and racial disparities in mental and physical health. *Complementary therapies in medicine*, 45, 222–227.
- World Health Organization (2020) International statistical classification of diseases and related health problems (11th ed.). <https://icd.who.int/>
- Yellow Horse Braveheart, M & DeBruyn, L.M. (1998) The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56–78.

AUTHOR BIOGRAPHIES

Rachel L. Burrage, MSW, PhD is an Assistant Professor of Social Work at the Thompson School of Social Work and Public Health, University of Hawai'i at Mānoa. Her research revolves around Indigenous mental health, resilience, and trauma recovery. She is particularly interested in the development and evaluation of culturally grounded interventions.

Sandra Momper, MSW, PhD is an enrolled member of the Bad River Band of Chippewa Indians and since 2008 she is an Associate Professor of Social Work at the University of Michigan. She collaborates with American Indian Health and Family Services of Southeast Michigan on SAMHSA grants addressing suicide prevention and intervention, and substance misuse among rural and urban American Indians and Alaska Natives (AI/ANs).

Joseph P. Gone, PhD, is an international expert in the psychology and mental health of American Indians and other Indigenous peoples. A professor at Harvard University, Dr. Gone has collaborated with tribal communities for 25 years to critique conventional mental health services and harness traditional culture and spirituality for advancing indigenous well-being.

How to cite this article: Burrage RL, Momper SL, Gone JP (2022) Beyond trauma: Decolonizing understandings of loss and healing in the Indian Residential School system of Canada. *Journal of Social Issues*, 78:27–52. <https://doi.org/10.1111/josi.12455>