Historic Trauma and Aboriginal Healing

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Prepared for

The Aboriginal Healing Foundation

by

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Definitions

This glossary of terms has been provided as a way of ensuring clarity throughout the document. Please read through these definitions and refer to them as needed.

Aboriginal people or Aboriginal - includes Métis, Inuit and First Nations, regardless of where they live in Canada and regardless of whether they are "registered" under the *Indian Act* of Canada.

Aetiology - cause, origin; all of the causes of a disease or abnormal condition.

Altruism - unselfish regard for, or devotion to, the welfare of others.

Asperity – rigor; severity; hardship.

Assimilation - the social process of absorbing one cultural group into another.

Binary - something made of or based on two things or parts.

Bubonic plague - a severe and often fatal disease caused by infection with the bacterium Yersinia pestis (formerly Pasteurella pestis), transmitted to man by the bite of fleas, themselves usually infected by biting infected rodents.

Colonial subjugation - the establishment of settlements in populated foreign lands through social control by domination or by overcoming or subduing by force, whether physical or moral.

Colonization - the establishment of settlements.

Contagions - contagious diseases.

Deleterious - harmful, often in a subtle or unexpected way.

Eidetic - of visual imagery of almost photographic accuracy.

Egalitarian - favoring social equality: "a classless society."

Endemic - anything resembling a disease.

Ethnographic - relating to the study and recording of human cultures.

Execrable - of very poor quality or condition.

Extirpate - to destroy completely; wipe out.

Hegemonic - preponderant influence or authority over others: domination.

Lakota Takini Network Inc. - a native non-profit collective of traditionalists, helping professionals and service providers and is recognized for its research in historic trauma.

Definitions

Linear causality - relating to the relationship between a cause and its effect.

Micro-genesis - the sequence of events that are assumed to occur in the period between the presentation of a stimulus and the formation of a response or thought to this stimulus.

Ontogenesis - evolution of the tribe.

Ontology - a branch of metaphysics concerned with the nature and relations of being.

Pandemic - an epidemic that is geographically widespread.

Pathogens - any disease-producing agent (especially a virus or bacterium or other micro-organism).

Primeval - relating to the early ages, as of the world or human history.

Propagated - to cause to spread out and affect a greater number or greater area.

Proselytization - recruiting or converting to a new faith, institution or cause.

Psychogenic - mental or emotional rather than physiological in origin.

Renaissance – a movement or period of vigorous artistic and intellectual activity; rebirth; revival.

Residential Schools - the Residential School system in Canada, attended by Aboriginal students. It may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students or a combination of any of the above.

Theodicies - defenses of God's goodness and omnipotence in view of the existence of evil.

Executive Summary

This study proposes a model to describe the intergenerational transmission of historic trauma and examines the implications for healing in a contemporary Aboriginal context. The purpose of the study was to develop a comprehensive historical framework of Aboriginal trauma, beginning with contact in 1492 through to the 1950s, with a primary focus on the period immediately after contact. Aboriginal people have experienced unremitting trauma and post-traumatic effects (see Appendix 1) since Europeans reached the New World and unleashed a series of contagions among the Indigenous population. These contagions burned across the entire continent from the southern to northern hemispheres over a four hundred year timeframe, killing up to 90 per cent of the continental Indigenous population and rendering Indigenous people physically, spiritually, emotionally and psychically traumatized by deep and unresolved grief.

Following the work of Judith Herman (1997), *Trauma and Recovery: The Aftermath of Violence, from domestic abuse to political terror*, a new model is being introduced for trauma transmission and healing, citing the presence of complex or endemic post-traumatic stress disorder in Aboriginal culture, which originated as a direct result of historic trauma transmission (HTT). A variety of disciplines, including history, anthropology, psychology, psychiatry, sociology and political science, are called upon to illuminate the model of historic trauma transmission and provide different perspectives and information on how historic trauma can be understood as a valid source of continuing dis-ease and reactivity to historical and social forces in Aboriginal communities.

Purposeful *universalization* of the Indigenous people's historic experience is proposed as a means to explain the basis for the creation of a nucleus of unresolved grief that has continued to affect successive generations of Indigenous people. The process of the *universalization* of trauma is purposefully placed in direct opposition to the *particularization* of Aboriginal cultural and social suffering.

The stage for this theory is set with a comprehensive review of the historical records of the diseases, violence and de-population of the Americas during influenza and smallpox epidemics in 1493 to 1520, which also triggered successive epidemics until at least the nineteenth century. This section of the study addresses the early contact years and the subsequent demographic breakdown that eventually touched the Indigenous population across the continent. An estimated 90 to 95 per cent of the Indigenous population died within two generations of contact in 1492. The section of the study that addresses the epidemics is considered a critical component of the entire dialogue. It is set as the point of departure for the cumulative waves of trauma and grief that have not been resolved within the Aboriginal psyche and have become deeply embedded in the collective memory of Aboriginal people.

This study is broken down into five areas of impact: physical, economic, cultural, social and psychological. These areas of impact are then organized chronologically, according to the waves of colonization: cultural transition (early period), cultural dispossession (middle period) and cultural oppression (late period). Examples are provided as evidence of the genocidal nature of what befell Indigenous people in the Americas. Familiar stories of genocide from Australian, Polish and Tasmanian experiences illustrate the similarity in the characteristics of genocide in the Americas.

The following sections analyze a variety of healing models and First Nations' therapeutic interventions aimed at healing Aboriginal communities through facilitating specific aspects of Aboriginal knowledge and traditional values, such as: balance, inter-connectedness, intra-connectedness and transcendence.

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Finally, a new model of historic trauma transmission (HTT) is proposed to create a better understanding of the aetiology of social and cultural diffusion that disrupted Aboriginal communities for so many years. In this model, historic trauma is understood as a cluster of traumatic events and as a disease itself. Hidden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation, as are the maladaptive social and behavioural patterns that are symptoms of many social disorders caused by historic trauma. There is no "single" historic trauma response; rather, there are different social disorders with respective clusters of symptoms. HTT disrupts adaptive social and cultural patterns and transforms them into maladaptive ones, which manifest themselves into symptoms of social disorder. In short, historic trauma causes deep breakdowns in social functioning that may last for many years, decades and even generations.

The connectedness of Aboriginal people to their lands, their natural and spiritual environments, their systems of social and cultural action and economic practice are addressed throughout this study. One of the main considerations of this study relates to the inter-connectedness and intra-connectedness of Aboriginal people and how that connectedness contributes not only to their ability to maintain cultural and traditional values in the face of pressures from colonial and assimilationist tactics, but also makes Aboriginal people more susceptible to the deeper feeling of grief and trauma in their day to day lives.

The final words have been given to the Elders. Also included is a short section on their memories and understandings of how the past intersects with the present and the importance of keeping traditions alive in Aboriginal homes and hearts.

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> [A] healing ritual changes a person from an isolated (diseased) state to one of incorporation (health) … In the transformation from one state to another, the prior state or condition must cease to exist. It must die (Allen, 1986:80).

We have been witnessing a revival of Aboriginal strength and determination across Canada in recent decades. The impetus behind this revival takes many forms:

- the restoration of traditional systems of belief and practice;
- the resurgence and reclamation of languages;
- the growth of an Aboriginal sense of national identity; and
- the reconstruction and deconstruction of Indigenous people's history.

There are many factors contributing to the renaissance of traditional Aboriginal values and mores and the growing conviction that Aboriginal people are much more than victims of non-Aboriginal invasion and colonization. At least one of those factors can be traced to declining pressure within the last fifty years of active and aggressive colonization processes. Within the last several decades, Aboriginal people have been able to create enough cultural space and freedom to analyze and integrate concepts of "loss" and "impermanence" on their terms. They have taken opportunities that have been presented to inscribe a new relationship between themselves and the dominant culture, and to create new and renewed links between themselves and their immediate world. This has the effect of bringing Aboriginal people together to work on issues that have long been dormant and hidden, even from their own view, and allows them to confront other issues that have run rampant in their social structures for far too long. The growing, self-directed shift in Aboriginal communities from social and cultural disintegration to healing and community well-being provided the impetus for this research.

The telling of this story can best be regarded as an effort to remind people that Indigenous social and cultural devastation in the present is the result of unremitting personal and collective trauma due to demographic collapse, resulting from early influenza and smallpox epidemics and other infectious diseases, conquest, warfare, slavery, colonization, proselytization, famine and starvation, the 1892 to the late1960s residential school period and forced assimilation. These experiences have left Indigenous cultural identities reeling with what can be regarded as an endemic and complex form of post-traumatic stress disorder (PTSD). This concept is not new to Aboriginal people. The following quote by Luther Standing Bear, in reference to the residential school experience shared by Aboriginal people in Canada and the United States, articulates an understanding and recognition of this type of disorder and highlights a question of what Aboriginal people have been left with: "By and large the procedure was successful, although the legacy of damaged minds and crippled souls it left in its wake is as yet untold. Psychic numbing, Post Traumatic Stress Syndrome, battered wife syndrome, suicide, alcoholism, ennui - are there any names for psychecide?" (cited in Allen, 1994:112).

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PTSD is a syndrome that can occur following all types of extreme stressors. However, significant to this research is that:

> [I]t is not only the event itself that causes the characteristic symptoms. The psychological atmosphere in a society [culture] is clearly a factor that facilitates or hinders the process of coping with stressful life events. It may be precisely this climate that will enlarge or even cause the problems of victims and survivors (Kleber, Figley and Gersons, 1995:2).

As noted above, Aboriginal people have identified this disorder themselves. Many communities have requested that PTSD be considered a diagnostic tool in the newly created healing centres across Canada. More importantly, and in a more immediate sense, there continues to be compelling evidence of a negatively altered and unhealthy psychological atmosphere in Aboriginal culture that must be addressed and healing support must be made available. PTSD plays a role in the influence of historic trauma transmission (HTT) that will be discussed in a proposed model for healing (see Part III).

For many years, psychologists and social workers have directed their attention to continued dislocation and the social and cultural disintegration of Aboriginal people and their communities, while anthropologists have focused on specific cultural questions and chronicling ethnographic detail. There has been an understandable emphasis of researchers on the negative aspects of colonialism and historic hegemonic influences, such as the residential school experience. Most of these experiences have been viewed as "outside" influences impacting cultural mores and development. However, a hard look has not been taken at the "inside" influences of long-term psychological response and emotional impairment on community development and cultural sustainability. It has taken time for it to be generally accepted, even in mental health care circumstances, that traumatic situations may produce long, enduring changes in adjustment and personality.

During the past decade, Aboriginal people on the inside of these anthropological, psychological and social welfare studies have identified a phenomenon termed "generational grief" (a continuous passing on of *unresolved* and deep-seated emotions, such as grief and chronic sadness, to successive descendants). This research will examine the effects of psychogenic (of mental origin) trauma and unresolved grief, both historic and contemporary. The effects of unresolved psychogenic trauma on Aboriginal people, termed generational, intergenerational or multigenerational grief, has been described by the Aboriginal Healing Foundation as:

> Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as "normal", when we are children, we pass on to our own children. Children who learn that physical and sexual abuse is "normal", and who have never dealt with the feelings that come from this, may inflict physical abuse and sexual abuse on their own children. The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so (Aboriginal Healing Foundation, 1999:A5).

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This concept involves physical, mental, emotional and spiritual trauma, which can be understood within a similar framework. In Sandy Johnson's *The Book of Elders*, Carol Anne Heart Looking Horse discusses "the historical grief we bear [as a people] and its relation to not only the attempted eradication of our cultures, but also the trauma our parents experienced as they were forced through this (residential school) [experience]" (as cited in Morrison, 1997:65). She observes that:

> As tribal nations regain control over the education of their own children … Indian teachers have been able to teach our young people about the relationship between this history and our parents' personal experience (as cited in Morrison, 1997:65).

It is proposed that this history and its impacts go back further than is commonly acknowledged and begins with the infectious diseases that were brought ashore with the first European arrivals to this continent.

The experience of historic trauma and intra-generational grief can best be described as psychological baggage being passed from parents to children along with the trauma and grief experienced in each individual's lifetime. The hypothesis is that the residue of unresolved, historic, traumatic experiences and generational or unresolved grief is not only being passed from generation to generation, it is continuously being acted out and recreated in contemporary Aboriginal culture. Unresolved historic trauma will continue to impact individuals, families and communities until the trauma has been addressed mentally, emotionally, physically and spiritually. Research completed by the Aboriginal Healing Foundation has already demonstrated that as abused children grow up in our communities, they learn specific behaviours and build defense mechanisms to protect themselves. These behaviours and defense mechanisms can be seen as healthy and dysfunctional at the same time. They are healthy because they help the individual survive untenable situations; and unhealthy because the individual invariably ends up imbalanced and/or continues to blame himself or herself for the abuse experienced, may lack trust and may act out the abuse experienced in a variety of dysfunctional ways.

Judith Herman (1997) developed a theory of individual responses to psychogenic trauma she termed *complex post-traumatic stress disorder* (Appendix 1). Following Herman, a theory has been developed that examines the role of post-traumatic stress disorder in what is termed *historic trauma transmission* (HTT). This stems from the impacts of epidemics immediately after contact during the 1400s, followed by the transmission of overwhelming and unresolved emotions to contemporary generations. Aboriginal people are not only suffering from the impacts of generational grief, they are acting it out at personal and cultural levels and recreating trauma as a way of life. Not every single individual manifests overt PTSD symptoms in their lifetime, but the expression of latent symptomatology can be extrapolated from the high incidence of lateral violence, family breakdown and community dysfunction.

Over time, the experience of repeated traumatic stressors become normalized and incorporated into the cultural expression and expectations of successive generations, while trauma manifesting as culturally endemic will not be necessarily and readily identifiable as a specific or *individual* disorder. It is accepted, however, that "traumatic events often have widespread and devastating impacts on health and national and community stability, even when only a few individuals are primary victims" (Ursano, McCaughey and Fullerton, 1994:3). It is equally important to consider that "the meaning of any traumatic event is a complex interaction of the event itself and the individual's past, present, and expected future as well as

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biological givens and social context" (Ursano, McCaughey and Fullerton, 1994:5). For the past five hundred years, entire Indigenous communities have been traumatized by multiple deaths from disease, expulsion from their homelands, loss of economic and self-sufficiency, removal of children from their homes, assimilation tactics and incarceration in residential schools. Historic experiences of trauma were compounded by a loss of ceremonial freedom, dance, song and other methods that would have helped Indigenous people express and grieve their losses (Kehoe, 1989; Sullivan, 1989; Ross, 1992). It is understood today that massive suppression, when it is resorted to because of imposed hegemony, is particularly important to address, since it predisposes individuals to repeated traumatization in very specific ways (Freud, 1985; Furst, 1967; Figley, 1985; Wilson, 1989), as defined in Herman's (1997) *Trauma and Recovery*. Psychologists have stressed that no traumatic event is ever wholly assimilated and, to some degree, an increased vulnerability invariably persists, if only to create repetitions of the original trauma (Freud, 1985; Greenacre, 1958).

In the Americas, Indigenous people across the continent were subjected to severely depressing experiences, generation after generation, beginning in the late 1400s. Current reawakening and rebuilding of Indigenous cultural institutions can be regarded as a direct result of Indigenous people shaking off the yoke of endemic social-cultural depression and what is being termed complex and/or endemic post-traumatic stress disorder (Herman, 1997). The title of this paper suggests this complex is a direct result of what is termed historic trauma (HT) and historic trauma transmission (HTT), with one (PTSD) being the result of the others (HT and HTT); all of which are a result of unmitigated stressors.

In the past, the bulk of studies and research on post-traumatic stress disorder has been directed towards the consequences of war, violence, disasters, genocide, etc., on individual victims. Practitioners note: "Trauma destroys the social system of care, protection, and meaning that surrounds an individual [victims are set apart and] "[i]mpaired social relations are the result" (Kleber, Figley and Gersons, 1995:299). There is a belief that the meaning of trauma goes beyond the individual level and can be applied to a broader social and cultural context. As noted in Judith Herman's book, *Trauma and Recovery*: "Studies of war and natural disasters have documented a "dose-response curve," whereby the greater the exposure to traumatic events, the greater the percentage of the population with symptoms of post-traumatic stress disorder" (1997:57).

In order to create and define clear models and best practices to continue strengthening and reinforcing Aboriginal capacity for social resolution and social action, it is necessary to understand the mechanisms put in place by colonizers to marginalize and downgrade Aboriginal people's personal roles and life ways. These mechanisms served to destroy Aboriginal culture and social domains, to restrict their social mobility, to disfavour them in access to resources and to create or accentuate inequities within and between Aboriginal communities. Some of these mechanisms were not entirely or consciously deliberate; nevertheless, they had the same effect on Aboriginal identity and social capacity. Other influences included: waves of disease resulting in death and dislocation of healers, teachers and spiritual leaders; greed for lands and resources; and unwanted or forced interpersonal interactions between invaders and Indigenous people across the continent.

Contact with colonizers changed everything for Indigenous people. The epidemics caused severe social disorganization for Indigenous societies. Traditional social structures, alliances and kinship ties were disrupted. Confidence in traditional leaders and healers was undermined. Those left alive in the aftermath

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of war and disease lost hope and social disintegration followed. This "disease factor" differentiates the history of colonization of the Americas from other regions of the world. It explains why Europeans were successful in destroying civilization after civilization in the New World. As Wright proposes:

> Europe possessed biological weapons that fate had been stacking against America for thousands of years. Among these were smallpox, measles, influenza, bubonic plague, yellow fever, cholera, and malaria - all unknown in the Western Hemisphere before 1492 (1992:13-14).

Aboriginal people were separated from their land, which was always sentient to them and affected people's lives and their social constitution through time. The introduction of non-traditional coping mechanisms damaged families, altered gender roles and diminished cultural values. Indigenous people, before contact, lived in a complex socio-economic system that required co-operation to maximize the productivity of the landscape. After contact, Indigenous people were disfavoured in access to resources and social opportunities and killed by diseases. Colonial powers introduced sharp status distinctions, imposed strict rules for governing conduct, controlled the system of social rewards and punishments, and manipulated power and status symbols. These alterations are generally discussed in reference to past events, but it can be readily argued that the impacts have contemporary and generational application and effect. According to many, colonialism belongs largely to the historical past and was replaced by inequality and domination in other forms. This study is based on a proposition that the historical experiences of First Nation people, which disrupted the process of Aboriginal cultural identity formation, continue to resonate in the present and that the harm done in the past continues to manifest intergenerationally into the present.

The Scope of the Study

This study investigates the issue of generationally transmitted and universal historic trauma to which Indigenous people of the Americas were exposed during centuries of colonization. Intolerable, unresolved and cumulative stress and grief experienced by communities and nations became translated, in time, into a collective experience of cultural disruption and a collective memory of powerlessness and loss. In turn, this was passed on to successive generations as a collective contagion, manifesting itself in a variety of social problems that Aboriginal people across the continent continue to experience today. To substantiate this thesis, an historical background is presented, drawing on examples from Indigenous cultures that came in contact with forces of colonization and assimilation. These examples, which include Indigenous nations of South and Central Americas, help explain how First Nation people were traumatized in a global context and that this global context of trauma and suffering produces similar psychological and social reactions in trauma victims, regardless of their cultural background or direct experience with the original source of the trauma.

In his analysis of the Buffalo Creek disaster in southern West Virginia of the United States, which was a devastating flood, Erikson (1976) spoke of two traumas: first, the occurrence of the event itself; and second, the destruction of community life and the loss of social contacts. It has been repeatedly demonstrated, in the case of Aboriginal people, that traumatic impact was widespread and profound, and involved a shattering of family and community life. Alan Young (1995) argues the particularity of

trauma being *a disease of time* in the etiological sense. That is: "the pathology consists of the past invading the present in re-experiences and re-enactments, and of the person's efforts to defend himself from the consequences" (as cited in Antze and Lambek, 1996:97).

Young further notes that:

> [O]ur sense of personhood is not only shaped by our active or conscious memories, it is also shaped by our *conception of "memory"* which means that it is not only direct traumatic experiences that can create negative effect, it is also *present interpretations* of events that can continue to impact our lives (Young, 1995:4).

To back up the contention of effect and transmission of trauma and unresolved grief, examples are drawn from European history of disease and epidemics. In order to highlight the multiple layers of the process of colonization and historic trauma that influenced and keeps influencing lives of Aboriginal people in North America, the effects of colonization on five areas of impact have been identified:

1) **Physical**: associated with the first stage of colonization (cultural transition) and the introduction of infectious diseases that decimated the Indigenous population and resulted in an intergenerational and culturally propagated (endemic) form of complex post-traumatic stress disorder;

2) **Economic**: associated with the first stage of colonization (cultural transition) and a violation of Native stewardship of land and forced removal of people from their natural habitat and life ways;

3) **Cultural**: associated with the second stage of colonization (cultural dispossession) and the wave of Christian missionization intended to bring about religious transformation and cultural destruction through prohibitions imposed on Aboriginal culture and belief systems;

4) **Social**: associated with the second stage of colonization (cultural dispossession) and the stages of Aboriginal displacement through colonial settlement, which brought alien social structures, introduced non-traditional coping mechanisms and silenced "knowledgeable subjects" within the Aboriginal population; thereby, damaging families, altering gender roles, authority and diminishing cultural values and mores; and

5) **Psychological**: associated with the third stage of colonization (cultural oppression) and the marginalization of Aboriginal people, as their social selves became largely diminished and impoverished. As well, any perception of control that they had over their lives became reduced and badly undermined and, ultimately, placing perceptions regarding locus of control on the colonizers.

Findings have been organized chronologically according to the waves of colonization: cultural transition (early period), cultural dispossession (middle period) and cultural oppression (late period). It must be stressed that, for the sake of structural clarity, the five areas of impact have been categorized into three temporal stages. At each historical time, all five areas were being affected and altered, as rapid external changes kept altering Aboriginal cultural identity and eliminated the boundaries between the areas of impact and private and public spaces.

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Once the physical make-up of the colonized society was changed through the devastating effects of infectious diseases and restricted access to economic resources (cultural transition), both cultural and social structures became vulnerable to changes, modifications and, ultimately, deterioration and disintegration (cultural dispossession). Consequently, the destruction of cultural autonomy, social integrity and cultural identity, as well as hundreds of years of relentless cultural oppression caused profound changes in the psychological make-up of Aboriginal people, discontinuities on interpersonal and communal levels, social and interpersonal conflicts, psychological dissociation on cultural levels, and mental anguish on individual levels (cultural oppression).

It is further proposed that what was done to Indigenous people in the Americas had all the characteristics of genocide and, as such, evoked similar responses to trauma that researchers observe not only in people who survived genocide, but also in their children and grandchildren. To provide evidence for the theory of trauma response and transmission and to confirm the similarities, the issue of genocide is discussed. A variety of stories about Australian Aboriginal societies, detailed psychological research that deals with genocide victims' reactions to their terrible experiences, as well as current studies on post-traumatic stress disorder are presented. The myriad effects of historic trauma, known as a "complex or cultural post-traumatic stress disorder" have become deeply embedded in the worldview and collective consciousness of Aboriginal people, together with a sense of learned helplessness. A cognitive social theory of learned helplessness and of internal versus external locus of control are also discussed in the broader context of social identity formation and cultural reactions to historic and social forces continuously influencing inter and intra group relations in an Aboriginal context.

Next, based on comprehensive research that brings together information from a variety of disciplines, including history, anthropology, psychology, psychiatry, sociology and political science, the proposed model of historic trauma transmission (HTT) and discussion on possible implications it may have on Aboriginal communities in Canada, the general public and government institutions are presented. The study concludes with a few words from Aboriginal Elders whose experiences, narratives, wisdom and access to other spiritual planes and visions are the ultimate testimony of Aboriginal people's resilience and strength in their continuous battle for survival.

The argument is given that historic factors strongly influenced Aboriginal people's locus of personal and social control, engendered a sense of fatalism and reactivity to historical and social forces, and adversely influenced their social relations. In the eyes of the non-Aboriginal population, Aboriginal people became silent, powerless constructions of "otherness," which is a representation bounded but never relational. These complex processes, located between the inscriptions of marginality imposed on Aboriginal people by the dominant culture and Aboriginal integrity translated into cultural propositions, were never fully understood by Aboriginal people or non-Aboriginal societies.

This study brings to light the social consequences of the brutal colonization of the Americas that are trivialized by many politicians in their official discourse of power, which maintains the marginality of Aboriginal people and perpetuates the particularization of Aboriginal people's terrible experiences. Most Aboriginal people and most researchers who work with them agree that the "*present*" Aboriginal communities are a direct legacy of their traumatic "*past*." It appears that the "way" people remember

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their past and interpret those events as individuals and as a people is what contributes to continuing "dis-ease" in their communities. As yet, no one has successfully identified specific factors that set the foundation for on-going and unresolved grief and trauma experienced by Aboriginal people.

This research specifies historical agents and details social processes that changed Aboriginal social and cultural environments over centuries of oppression, at the same time recognizing the resilience of Aboriginal people's social and cultural knowledge, which is presently a vital and active component in the process of defining and redefining Aboriginal identity. Only by naming and deconstructing historic trauma and remembering the past, will Aboriginal and non-Aboriginal people be able to free themselves from the oppositional realms they occupy in existing dominant and resistant cultural structures.

Rod McCormick (1995/1996), who examined the facilitation of healing for First Nations people in British Columbia, states that the goal of healing for Aboriginal people "is concerned with attaining and maintaining balance between the four dimensions of the person: physical, mental, emotional and spiritual" (McCormick, 1995/1996:164). He also adds that effective healing in Aboriginal understanding focuses on inter-connectedness between family, community, culture and nature. Thirdly, "First Nations healing requires the individual to transcend the ego rather than strengthen it" (McCormick, 1995/1996:164). McCormick (1997) concludes that these three aspects: balance, inter-connectedness and intra-connectedness, and transcendence are the most important means and ends of the healing process, suggesting an interesting healing model he calls "healing through interdependence." It is beyond the scope of this study to outline specific healing modalities to be used in the Aboriginal context, as this requires yet another extensive study. Brief references will be made to best healing practices throughout this paper and will include a chapter on *Implications for Healing*. Nevertheless, it is acknowledged that McCormick's thesis of "balance, connectedness and transcendence" can (and should) be used as a starting point in an exploration of possible healing strategies for Aboriginal people. Many existing Aboriginal healing programs already employ the concept of inter-connectedness in their initiatives, using the symbolism of the Medicine Wheel or the Healing Circle that integrate different elements of Aboriginal philosophy of life. Just as the four elements (spiritual, emotional, physical and mental) in each person's life must work in unison for the balance to be achieved, all fragmented parts of Aboriginal people's past, present and future must be re-integrated again to facilitate healing on a communal level.

According to McGaa, "interdependence is at the center of all things" (1990:xv). With this concept of interdependence of all elements in mind, the model of historic trauma proposes that, in order to understand the present social conditions of Aboriginal people, one must examine how the various dimensions of Aboriginal people's lives became affected and changed during the process of colonization. Colonization caused disintegration and fragmentation of Aboriginal reality:

> The Government and Church were largely successful at separating First Nations people from their culture, language, religion, families, communities, and land. First Nations people have recognized the overwhelming need to be reconnected and to reclaim that which was taken, and now are acting to reconnect and strengthen these bonds (McCormick, 1997:178).

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Many historical facts from the Aboriginal past have been veiled by official discourses and sometimes by Aboriginal people themselves, because, as Neal says: "There is a tendency for the older generations to avoid talking about [the] experiences that were painful, while many members of the younger generations have little interest in [the] events that are now frozen in the past" (1998:x). Only by revealing what remains hidden and only by reconnecting people with their memories, one may achieve the inter-connectedness, interdependence and balance with the past that is so much needed for Aboriginal communities to heal at a deeper level. Once this balance of truth is achieved and all the painful elements properly connected, Aboriginal people will be able to transcend the pain and grief that has become embedded in their identity and in their social and cultural egos.

Nwachuku and Ivey (1991) propose that the healing process in Aboriginal communities must begin with the exploration of people's natural helping styles. In McCormick's (1995/1996) study, First Nation people utilized several healing modalities to heal their communities and themselves. These included: exercise and the expression of emotion to restore balance; establishing social connections to create inter-connectedness; and addressing spirits to achieve transcendence. All these modalities had one thing in common: they were intended to place an individual in the context of the community and were evolved around this concept:

> Throughout the history of First Nations people, the definition of health evolved around the whole being of each person - the physical, emotional, mental and spiritual aspects of a person being in balance and harmony with each other as well with the environment and other beings. This has clashed with the western medical model which, until very recently, has perpetuated the concept of health as being "the absence of disease" (Favel-King, 1993:125).

There is no doubt that restoring balance is of the utmost importance to Aboriginal people. What effect is one to expect if this balance is destroyed; not only shattered, not merely damaged, but almost entirely decimated by the multiple effects of death and destruction from the early epidemics, the early mass de-population and the wanton and vicious killing that went on, especially under Spanish occupation.

As Waldram, Herring and Kue Young say in their study on Aboriginal health in Canada:

> Epidemics were not simply medical events but had far-reaching consequences for Aboriginal societies … In some cases, whole communities were decimated … epidemics spurred on community break-up and migration … among the survivors, the loss of a significant number of community members altered leadership roles and disrupted the existing social structures … Still, relatively little is known about the health and disease histories of particular communities or reserves, so that the picture of health and disease up to the Second World War can be drawn in only the broadest of strokes" (1995:260).

In this study, an attempt is made to draw in more subtle strokes in order to find, at least, some answers to the burning questions of why the process of healing in Aboriginal communities seems to be slowed down by apparently powerful forces that, to this day, keep people imprisoned in their troubled memories.

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According to De Kerckhove, in an oral culture one only knows what one can recall, thus, "there is a heavy emphasis on memory, not merely the private memory … but the collective memory of the audience … This kind of memory is contained, not outside the rememberer, but in the words, rhythms, gestures and performances of enacted recollections" (1991:82). De Kerckhove also says that, in oral cultures, sense is made and organized around vivid images acting in context: "the oral discourse is build around narratives" (1991:83-84).

It is proposed that early periods of colonization, during which Indigenous (oral) culture experienced ultimate death and destruction and during which the images of death became, in a sense, imprinted upon Indigenous people's collective (non-) remembering consciousness, constitute the nucleus of traumatic memory. This nucleus is so condensed with sadness, so pregnant with loss, so heavy with grief that its very weight constitutes a good reason why people often do not talk about it or, as one Aboriginal woman said, "it is probably too horrible to turn our gaze in that direction."[1]

Probably, "it" is so horrible because the trauma is now on the inside, as its images and grief became an unspoken internalized narrative of Aboriginal people. This study (including the findings and conclusions) may cause some uneasiness in the reader. Difficult issues are discussed and painful memories are recalled. However, it needs to be done, together with a *purposeful universalization* of Aboriginal people's experiences. Making someone's experience (and his or her reaction to this experience) universal, means to make it available and understandable to everyone. The process of this *universalization of trauma* is in direct opposition to another process that has been employed so many times by researchers, government institutions and the general public: particularization. In this process, Indigenous people's experiences and their memories have been turned into something unusual and exotic, something singled out among many "normal" lives, "normal" reactions and "normal" memories; something minute, specific only to "them" and not to others; and something encapsulated, something marginal (and "marginal" also means close to the limit of acceptability). This study writes from these margins to which Aboriginal people were pushed by particularization of their suffering because, as McCormick says: "The time has come … to move beyond a culturally encapsulated view of the world" (1998:295).

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[1]   Personal conversation with the authors on 14 March 2003.

Chapter 1

Historical Background

European Arrival in the Americas

> Presently they saw naked people, and the Admiral [Columbus] went ashore in the armed ship's boat with the royal standard displayed. So did the captains of the Pinta and Nina … in their boats, with the banners of the Expedition, on which were depicted a green cross with an F on one arm and a Y on the other, and over each his or her crown. And, all having rendered thanks to Our Lord kneeling on the ground, embracing it with tears of joy for the immeasurable mercy of having reached it, the Admiral rose, and gave this island the name of San Salvador. Thereupon he summoned to him the two captains, Rodrigo de Escobedo secretary of the armada and Rodrigo Sánchez of Segovia, and all others who came ashore, as witnesses; and in the presence of many natives of that land assembled together, took possession of that island in the name of the Catholic Sovereigns with appropriate words and ceremony (Morison, 1942:228-229).

With appropriate pomp and ceremony, the lives of Indigenous people of the Americas were to be forever changed. Initially, there was little reason for the people of this small Caribbean Island to be alarmed. The strangers arrived, they likely appeared relatively friendly and there would not have been enough of them to cause any immediate concern. However, it would not have been very long before those feelings would have begun to change. As the Indigenous people became increasingly aware that the newcomers not only meant to stay indefinitely, they also meant to take over everything, including the Aboriginal people's lands, crops, homes and even their very lives. Then the people began to die (Indigenous people had their own tribal names and there is no way for us to know what term these people used other than that they were referred to as "Arawak" by the explorers). By 1493, the native population of San Salvador and its neighbouring Island Hispaniola was completely devastated by the first influenza epidemic and, by 1530, there remained only 28,000 of an original estimated population of 8-10 million people (Cook, 1998).

Several studies of the Indigenous population in the years immediately following 1492 have emphasized the biological and cultural catastrophes that occurred. Far beyond simply annotating distant historical events, these studies can also speak to and provide a greater understanding of the psychological elements of encountering once-isolated people (Larsen and Milner, 1994) and of the far-reaching historical consequences. Taking an anthropological viewpoint of historical research on epidemics can clarify specific elements of the psychological, social and cultural traumata that resulted. Intensive trauma would not only have contributed a great deal to the inability of Indigenous people to effectively protect their cosmological beliefs and social systems, it would have rendered reconstruction of their devastated social and economic systems impossible. Demographic collapse would have intruded upon the integration of changing circumstances into cultural practices and beliefs, and forced Indigenous people into a reactive stance against European influences.

Sustained contact with Europeans had an overwhelming effect on the size of the Indigenous population across the entire continent. From a larger perspective, "anthropologists … [have found] a causal relationship between size of a population and cultural change and evolution" (Denevan, 1976:xvii).

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Rather than experiencing the natural progression of cultural change and evolution, they were artificially thrust backwards into decline and breakdown. Mortality was mostly due to disease; in particular, influenza and smallpox epidemics. Early de-population, especially in the Caribbean Islands, can be equally attributed to severe and inhuman treatment generated by early Spanish conquest and slavery. The French and English who followed had somewhat different interests, but they also expressed little consideration toward the survival of Indigenous people or their cultures. In fact, the colonists often saw high mortality rates of Indigenous people as a gift from the Christian God who wanted the land cleared of pagan Indians and freed up for use and development by his chosen people (Cook, 1998). For the arriving colonists, the world's people and territory, including the newly discovered Americas, were to be divided up between those who were Christian and those who were not (Vecsey, 1996). Those who were not would simply be converted at once, at any cost and by any method, and many Indians died in the subsequent conversion process. The Spanish were of the opinion that it was better the Indians die as baptized Christians, than live as heathens without the knowledge of God (Hemming, 1978).

In 1492, an estimated ninety to one hundred and twelve million Indigenous people lived on the American continent, which would have included as many as eight to ten million people living on the Caribbean Islands, twenty-five million people living in what is now Mexico, twenty-eight million in South America, and perhaps fifteen to eighteen million living in what is now the United States and Canada (Vecsey, 1996). Dobyns (1983) has provided the most generous estimates of total numbers, and Ubelaker (1988) has provided the lowest population rate at 1,894,350, for what is now the United States (Macleish, 1994). Deneven (1976) has suggested a low population rate of 8.4 million. There are many estimates, some high, some low, but it is not the purpose of this study to finally determine what the most correct population estimates were, as they are being contested almost every year and it is impossible to get consensus or expert comment on these figures. Nevertheless, there is general agreement that mortality losses were staggering, that cultural impacts were profound and that an entire continent of people was severely traumatized, with the question of that trauma and its historic and generational impacts and implications being the main concern of this research. The original population levels and complete cultural integrity have never been restored to any of the many tribes and cultures impacted by the arrival of the Spanish and other Europeans who followed. Though "the sheer loss of people [in Medieval Europe] was devastating (Europe reeled for a century after the Black Death … [with an estimated 42 million people dying]) but … was also disease a political assassination squad … removing kings, generals, and seasoned advisors at the very time they were needed most" (Wright 1992:14), the American continent suffered an even deadlier fate.

The first smallpox (variola virus) epidemic began among the remaining Indians on the island of Hispaniola (christened Santo Domingo by the Spanish) in the Caribbean Islands during December 1517, twenty-five years after initial contact with the Spanish. Of the estimated eight to ten million native Caribbean inhabitants living on Hispaniola in 1492, there were only twenty-eight thousand left after the epidemic of 1518. By the middle of the sixteenth century, they were almost all gone. By late May of the year following the epidemic, the greater part of those natives who managed to survive the ravages of enslavement and mine work had succumbed to smallpox (Dobyns, 1963). By that point, the arrival of smallpox probably mattered little to the people of Hispaniola because the bulk of their population had already died in the influenza epidemics that repeatedly hit them immediately after contact. They would never recover from the disease, warfare or the crush of enslavement. By 1550, the entire Indigenous population in that region would be gone (Cook, 1998).

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In addition, once the Indigenous population on Hispaniola, the surrounding islands, South America and Mexico became too depleted of healthy Indians to keep up with Spanish demand for slaves, the Spaniards began to import black people from Africa (Newman, 1976). Various outbreaks of epidemics and pestilence can also be traced through historical records to black people being brought from the African continent into the area as slaves and left on Cape Verde and other Caribbean Islands. Spanish attribution of epidemics to black slaves brought from the Cape Verde Island via Panama is contained in their own records and provides strong evidence that at least one epidemic, which spread southward from Cartagena, was in fact introduced this way (Dobyns, 1963).

The Jesuit provincial reports of May 20, 1590 indicate that the epidemics eventually reached Chile. Immediately after their arrival, the epidemics wrought total havoc, not only among the hostile Araucanian Indians, but also among the Spanish. Local episodes of epidemics continued into 1591 and many people died on the Peruvian coast south of Lima. Smallpox mortality among these Indians has been placed at fully three-quarters of their population (Dobyns, 1963). In the spring of 1619, epidemic smallpox broke out again in Chile, causing an additional death toll in the neighbourhood of 50,000 individuals. This contagion reappeared once more in the autumn of 1620, again causing huge mortality and overwhelming fear among the Natives (Dobyns, 1963).

Until 1720, recurrent measles and smallpox epidemics struck approximately every seven to eleven years in these regions, until almost the entire Indigenous population was wiped out. Reports in the Archdiocese of Lima in 1720 indicated Indian mortality alone reached 72,800 people; and, for many years thereafter, the epidemic of 1720 was Peru's most terrible plague that the country had suffered (Dobyns, 1963). When questioned if there were any survivors, one Indian group simply tossed a fistful of sand into the air.

The disease spread across the mainland with the Spanish, consuming Puerto Rico early in 1519 before it moved into Mexico in 1520, where it created devastating mortality among the Indigenous people and played a critical role in breaking the Aztec military resistance to the Spanish conquest (Dobyns, 1963). The smallpox virus, along with measles, are described in the medical literature as "crowd type" diseases because they require a minimum population of 500,000 people to support widespread transmission. This would suggest that Aztec populations were substantial enough to sustain the virus as it moved rapidly among them (Newman, 1976). There is speculation that several viruses may have already been at work prior to Spanish arrival among the Aztec, having travelled along established Aboriginal trade routes throughout the empire and weakening any kind of resistance they possibly had; but the Spanish most certainly brought it with them as well. The disease severely weakened Aztec defenses and allowed the Spanish to defeat them with little or no resistance. The Aztec were a literate people and the following account gives their own graphic description of the suffering they experienced from a smallpox epidemic. This particular epidemic is recorded as having raged among them for 70 days. The entire empire was struck down and rendered completely immobile by the disease, which killed thousands of their people:

> Sores erupted on our faces, our breasts, our bellies; we were covered with agonizing sores from head to foot. The illness was so dreadful that no one could walk or move. The sick were so utterly helpless that they could only lie on their beds like corpses, unable to move their limbs or even their heads. They could not lie [sic] face down or roll from one side to the other. If they did move their bodies they screamed with pain.

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> A great many died from this plague, and many others died of hunger. They could not get up to search for food, and everyone else was too sick to care for them, so they starved to death in their beds. Some people came down with a milder form of the disease; they suffered less than the others and made a good recovery. But they could not escape entirely. Their looks were ravaged, for wherever a sore broke out it gouged an ugly pockmark in the skin (Leon-Portilla, 1962:93).

The Indians fell quickly, even before the Spanish arrived with their swords, each victim cut down painfully by an unseen foe they were helpless to fight. As in Europe during the Black Death, those who could, left the city and surrounding areas seeking shelter from the disease (with other people) in more remote villages, spreading the infection as they went. The virus may have come into the Aztec city by trade routes and with the Spanish, but it undoubtedly left in the lungs and on the bodies and clothing of people as they fled, unsuspectingly and rapidly infecting and killing other victims wherever they found shelter. Smallpox caused a mortality, which has been reckoned in some areas of Mexico, at more than half the population (Wright, 1992).

It spread widely and quickly because, within Mexico's very large population, the virus ignited like a fire set in dry grass and there was no way to stop it. It burned through several small provinces of Mexico before moving south at the end of 1521 to consume almost the entire Indigenous population of Vera Cruz, and then finally reaching Guatemala in the following year where it again carried off half the Indigenous population (Dobyns, 1963). Once the virus left the Caribbean Islands, it was introduced into virgin populations of large Indigenous cities and towns on the continent. The virus rapidly assumed epidemic proportions, killing millions of people as it quickly spread across the land (Dobyns, 1963). In the epidemic that struck Meso-America on the eve of Spanish conquest in 1521, mortality was high enough to completely cover the streets of the cities and roadways with human carnage:

> The streets, the squares, the houses and the courts of Talteluco were covered with dead bodies; we could not step without treading on them, and the stench was intolerable … Accordingly, [the Indians] … were ordered to remove to the neighbouring towns, and for three days and three nights all the causeways were full, from one end to the other, of men, women, and children so weak and sickly, squalid and dirty, and pestilential that it was a misery to behold them (Ashburn, 1947:84).

Waves of the epidemics raced back and forth across the continent, devastating the Indigenous population as it went. In 1546, another epidemic occurred where people died in great numbers (Dobyns, 1963). It has been estimated that in Peru alone, ultimately, a total of eight million Indigenous people perished from infectious diseases (Fernandez, 1949).

There is one clear and well-documented account, remarkably reminiscent of the ravages and responses to the Black Death in Europe, of an epidemic that struck the city of Arequipa in 1589:

> The onset of the disease brought severe headaches and kidney pains. A few days later, patients became stupefied, then delirious, and ran naked through the streets shouting. Patients who broke out in a rash had a good chance to recover, reportedly, while those who did not break out seemed to have little chance. Fetuses died in the uterus. Even

patients who broke out in a rash might lose chunks of flesh by too sudden movement ... No count of victims was possible in Arequipa, where they had to be interred in open ditches in the public squares during the three month long episode (Joralemon, 1982:114).

In 1719, an epidemic in Cuzco, Peru, said to have been even worse than the epidemic of 1589, which killed 90 per cent of the Indian population, struck down Indigenous survivors and some Spanish colonists. It is recorded that those who suffered the most were the Aboriginal people due to their "complexion" (Dobyns, 1963). This reference may refer to the severe disfigurement, which was often a legacy of surviving smallpox, and the deep pockmarks it would have left on dark skin. By August 10th of that same year, Indian mortality passed 700 individuals per day (Dobyns, 1963). In this devastation, there were so many dead bodies that they could not be buried. The following quote from the *Annals of the Cakchiquels* comes from the Mayan Indians, but it easily expresses the grief and loss that all Indians in the region experienced:

Great was the stench of the dead. After our fathers and grandfathers succumbed, half of the people fled to the fields. The dogs and vultures devoured the bodies. The mortality was terrible. Your grandfathers died, and with them died the son of the king and his brothers and kinsmen. So it was that we became orphans, oh, my sons! So we became when we were young. All of us were thus. We were born to die! (Cook, 1998:vi).

The Andean area was subjected to severe pandemic de-population from 1517 through 1720. These Natives shared the devastation of early New World smallpox epidemics with the Caribbean Islands, Mexico and Central America; but in all likelihood, this region sustained the most severe loss of Indigenous people that has ever occurred (Dobyns, 1963). The fact that smallpox struck an immunologically virgin population seems to have rendered it especially destructive on this continent, but not necessarily because the disease was actually more deadly in the Indigenous population. Newman (1976) has suggested that there is growing evidence that Indians may not have been more susceptible to new pathogens than other virgin soil populations and, thus, their immune systems need not be considered less effective than those of other people. Smallpox infections readily occurred in all previously uninfected hosts with little or no immunity. It can be demonstrated, through various records, that once settlers began to arrive and children were born on this continent, American-born Spanish and European children, and sometimes adults as well, also died. For Indigenous people, it was a combination of their virgin soil susceptibility to the virus, a complete breakdown in food production, unrestricted mobility as they fled (and unwittingly infected others), upset social structures and ineffective medical treatment that most seriously affected their ability to survive (Carmichael and Silverstein, 1987).

The smallpox infection does appear to have been especially virulent and, therefore, more deadly to the Indigenous population. But, there is no hard evidence that it was due to faulty native genetics. There are a number of reasons cited throughout the literature that the Indigenous population had no previous experience with epidemic diseases, like smallpox, which seems to have encouraged certain viruses to spread more quickly and do more damage. Clearly, various Indigenous people were able to survive the sickness or to get far enough away before they got sick to protect themselves from infection. Perhaps some tribes were not part of the larger trade routes and remained unexposed to direct infection. Even in Aztec accounts, there is evidence that some people remained relatively unaffected: they fell ill but recovered. Although they received pock scarring from their experience, they managed to hang onto

their lives. Not everyone, however, was grateful to survive. Those who managed to recover found they no longer wished to live. According to Adair (1966), the effects of these diseases on people's minds and bodies also took their toll and many Indigenous people who survived measles or smallpox chose to end their lives rather than live with the shame of horrible disfigurement: "some shot themselves, others cut their throats, some stabbed themselves with knives, and others with sharp pointed canes; many threw themselves with sullen madness into the fire, and there slowly expired, as if they had been utterly divested of the native power of feeling pain" (Adair, 1966:245).

Resorting to suicide (Duffy, 1951) is mentioned in several texts that discuss the responses of Indigenous people to the indignity of severe smallpox scarring in the aftermath of the epidemics (Thornton, 1987). They regarded smallpox disfigurement the same way they would an untenable birth deformity: as a death sentence. According to various contemporaries, it was impossible to keep victims from scratching themselves and this behaviour left them with "monstrous ugliness in faces and bodies" (Cook, 1998:128). However, once it is understood what they went through, it is no wonder that those who survived the disease fell into deep depression. They were dealing with huge death tolls, horrible disfigurement, displacement from their homes and deep despair at a world that seemingly turned against them. "Terror was universal. The contagion increased as autumn advanced; and when the winter came, its ravages were appalling. The season of the Huron festivity was turned to a season of mourning; and such was the despondency and dismay, that suicides became frequent" (Cook, 1998:166).

Suicide was not peculiar to this continent in these circumstances. As noted in the history of Medieval Europe, people took similar measures in the aftermath of plagues that devastated their families, cultures and societies, with many people choosing to kill themselves rather than suffer a prolonged death of sickness and potential starvation. From the following quote, it is clear that the sense of dejection and despair was a common response to what happened in Europe as well:

> By far the most terrible feature in the malady was the dejection which ensued when any one felt himself sickening, for the despair into which they instantly fell took away their power of resistance, and left them a much easier prey to the disorder; besides which, there was the awful spectacle of men dying like sheep, through having caught the infection in nursing each other. This caused the greatest mortality (Deaux, 1969:18).

Comparing similar responses from one continent to another confirms that it is critical for socio-psychological effects be examined, along with physical effects, if one is to fully understand the implications and impacts of European diseases on people of newly contacted lands (Bailes, 1985). As in Europe, when plagues devastated medieval populations in 1348, terrible and unknown diseases ravaging the Aboriginal population left more than disease mortality in their wake. So many fell ill to infection that there was virtually no one left to feed and nurse those who survived and those who were trying to recuperate from initial onslaughts. Countless people fled to avoid the contagion: parents left their children, children their parents, husbands their wives. "Many died from it, but many died only of hunger. There were deaths from starvation, for they had no one left to care for them. No one cared about anybody else" (Sahagún, 1992:791 as cited in Cook, 1998: 66). Certainly, panic and flight were all too common reactions to unrelenting death and disease during plague and smallpox pandemics on either continent (Duffy, 1951). For those that managed to survive, the guilt of leaving their loved ones would have been equally overwhelming and would have exacerbated their susceptibility.

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From the earliest epidemics, Aboriginal people made attempts to save themselves from contracting diseases by fleeing. In addition, they made efforts to heal sicknesses using their own medicines and treatments. The methods of most shamans and medicine people would likely have included using various plants and bark remedies, along with healing ceremonies and rituals, and the use of the sweat lodge is mentioned frequently in historical texts (Wood, 1987). The following quotation raises a question of whether treatments they were observed using in 1589 were in fact "indigenous," even at that early point in time. Cook (1998) indicates that French descriptions of east coast Indigenous people in America used bloodletting and purging to treat sickness and were common in 1565. By 1589, there were still some Indigenous people using this method, which may have caused a high mortality rate among the Indigenous people (Dobyns, 1963).

This statement suggests it was "pre-contact" treatment that they were using to treat illnesses and this may well have contributed to their deaths. At Sao Paulo and probably many other places, it was the Jesuits who often "resorted to bloodletting, using feathers as lancets" (Hemming, 1978:140) in efforts to heal people. It is possible that practicing bloodletting did, in fact, have a dire effect on the Indigenous people's ability to survive the epidemics, but it is also very likely that they learned to do this from the missionaries among them. In the end, it would suggest that death from bloodletting was nothing in comparison to the sheer horror of falling to the illness itself. The following passage attests to the suffering of Aboriginal people, who had the grave misfortune to be infected with the smallpox virus, and describes a condition far beyond a "normal" attack of smallpox, as most Europeans knew it:

> The disease began with serious pains inside the intestines which made the liver and the lungs rot. It then turned into pox that were so rotten and poisonous that the flesh fell off them in pieces full of evil-smelling beasties … the skin and flesh of the sick often remained stuck to the hands; and the smell was too strong to endure … This was a form of smallpox or pox so loathsome and evil-smelling that none could stand the great stench that emerged from them. For this reason many died unattended, consumed by the worms that grew in the wounds of the pox and were engendered in their bodies in such abundance and of such great size that they caused horror and shock to any who saw them (Hemming, 1978:142).

The suffering and shock people experienced from this sickness would have sent anyone reeling in horror and despair. This kind of attack is directly related to the concept of "virgin soil" epidemics mentioned earlier. Basically, this means that a disease is introduced to a population that has never suffered or experienced the illness and, therefore, has no immunity whatsoever.

> Such diseases appear with extraordinary virulence and at times exhibit symptoms quite unlike the ones we normally associate with them. After a period of acclimatization, which may last three or four generations, say, eighty to one hundred years, a virgin soil epidemic will usually settle down to a somewhat milder form with symptoms that we are more accustomed to [today, and may even subside into a childhood disease with little or no mortality] (Cook and Lovell, 1992:8).

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Adding to their trauma would have been the growing awareness that this disease could not be treated or cured by their own medicine people (Thornton, 1987). Tribal shamans initially used European diseases to discredit the Jesuits and other missionaries, saying it was they who brought sickness among them and, for the most part, they were correct (Bailey, 1969). Later, because they could do nothing to stop the illness, they gave up trying and began to lay down their own holy things in defeat:

> When they found their theological regimen had not the desired effect, but that the infection gained upon them, they held a second consultation, and deemed it the best method to sweat their patients, and plunge them into the river - which was accordingly done. Their rivers being very cold in the summer, by reason of the numberless springs, which pour from the hills and the mountains - and the pores of their bodies being open to receive the cold, it rushing in through the whole frame, and they immediately expired; upon which all the magi and prophetic tribe broke their old consecrated physic-pots, and threw away all the other pretended holy things they had for physical use, imagining they had lost their divine power by being polluted; and shared the common fate of their country (Adair, 1966:245).

It is not known how long surviving shamans and holy men laid down their medicines and holy objects. It is known, or at least suspected, that much of what survived of ceremonies and medicines were taken underground and hidden away to be preserved in many tribes. In northeastern Canada and the United States, the rejection of Indigenous healing practices and spirituality saw the origin and development of several Ojibwa religious movements. One of these movements is the Midewiwin Lodge or Grand Medicine Society, which emerged in response to colonial repression and on-going Aboriginal suffering. Several writers have suggested that this society could not have been in existence prior to contact with non-Aboriginal people and missionaries because of its somewhat dogmatic ceremonialism and hierarchical structure, which were too complex to have found support in traditional Ojibwa culture. Early family systems were relatively small and simple, as well as isolated from each other for much of the year. They would not have been structured appropriately to sustain such a complex system. Only later, when Aboriginal people were forcibly brought together because of starvation and settlement, would there have been sufficient numbers in one place to support this type of lodge.

Christopher Vecsey (1983) wrote an in-depth study of how the Ojibwa responded to spiritual repression in the historic period and how they formed alliances to protect and preserve tribal knowledge. The Midewiwin Lodge or Grand Medicine Society has been described as a blending of traditional and Christian elements, such as devotion to a supreme being and numerous manitous. It blended origin myths and elaborate ceremonialism, emphasizing the connections between morality and an after-life. There are a number of comparisons that can be drawn from the Midewiwin Lodge and the structure of the Catholic Church. The society was known for its elaborate pictographic records (scrolls) and hierarchical priesthood. There were a number of Christian ideas and rituals used in Aboriginal ceremonialism and expression, including conceptualization of a Supreme God, which was presented by Jesuit missionaries and later adopted as the central focus of Midewiwin practice in North American territories (Vecsey, 1983). The formation of the society was necessary to provide access and assistance for healing illness when there was no recourse for Aboriginal people to other medical attention. It is

also more than likely that Midewiwin spiritualism developed in response to a forced imposition of Christianity and by the eventual adoption of Christian practices. The Midewiwin Society or Lodge is still active and going through a process of rejuvenation today.

Shamans regularly adopted various Christian practices, as demonstrated by the adept use of baptism in Huron healing ceremonies when a smallpox epidemic devastated Huronia in 1636:

> [T]he suspicious act of baptism caused the death of their relatives and loved ones. Yet enough did recover after baptism so that by the time of the 1636-37 Huron epidemic, one aspiring shaman used for a cure 'a mysterious water with which he sprinkled the sick' (Cook 1998:195).

In spite of attempts to heal themselves and keep sicknesses from their people, shamans and medicine people were not successful. The English knew what measures could be put in place to save them and might have helped to quarantine the sick. They did not do so, not because they were afraid, but because they "unabashedly welcomed the providential removal of the original inhabitants of the land" (Cook, 1998:200). Within two generations, smallpox had completely destroyed one-third to one-half of the Indigenous population of the American continent. It is alarming that this death toll appears to have been persistent for at least one hundred years after the first epidemic had begun. In 1587, in Sante Fe de Bogota, there were ninety out of a hundred Aboriginal people killed by a smallpox epidemic (Dobyns, 1963). It is noteworthy that this reference mentions only ninety out of one hundred, rather than the thousands that were being referred to not long before.

At least until 1918, various epidemics devastated the lives of Indigenous people across the continent, some reaching as far north as Alaska and west to British Columbia. Dobyns (1983) suggests that 90 to 95 per cent of the Indigenous population was wiped out by epidemic disease, warfare, slavery, starvation and complete and utter despair, with most dying within one hundred years of contact (Cook, 1973). Martin (1987) suggests that high smallpox mortality continued among North American Indians of the northern Plains and Upper Great Lakes in 1781 to 1782, with perhaps as much as 60 per cent of some groups still succumbing to the disease.

There is general agreement that the Native population must have been large enough to enable smallpox and other infectious diseases to continue to spread for so long and so far from their origins on the southern extremes of this continent and the Caribbean Islands. Cook (1998) notes that other diseases were being spread at the same time: measles, influenza, typhoid, typhus, as well as a number of diseases endemic to the Indigenous population. However, none seemed to create as much havoc as the smallpox virus. Epidemics were able to ignite in different parts of the continent approximately every dozen years and continued to kill susceptible people. Epidemics hitting every 7 to 14 years meant that the existing population had no time to reproduce a fully immune generation or even to barely reproduce (Thornton, 1987). New babies born to survivors regularly died in subsequent epidemics and, in this way, population levels were kept severely depressed for centuries (Cook, 1998). Suicide, infanticide and a deep despair would have further suppressed a desire to procreate. These would have contributed to declining or low Indigenous population levels (Cook and Lovell, 1992). Cook refers to the "extremely adverse reaction to foreign invasion" (1973:497) that was the response of many Aboriginal women who simply chose not to give birth because of fear and resentment.

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In areas that now constitute the United States, records of death and depopulation were equally grim. Journal entries by French colonists living on the St. Lawrence River are worth noting since they appeared to have kept accurate records on the affairs of Aboriginal people. "Between 1634 and 1640, a series of epidemics broke out, with smallpox being a principle component" (Cook, 1998:194). "By 1640 there were only 10,000 Huron left out of an estimated 20,000 to 35,000 in the early 1600s … The Iroquois themselves suffered a similar fate two decades later" (1998:195-196). Taking into consideration the number of cases and estimates of death since the introduction of smallpox to North America, it would not be unreasonable to consider a seventy per cent or higher overall mortality rate.

Cook (1973) argues that medical implications of European-Indigenous contact fall into two categories. The first category consists of the well-known epidemics of 1518 to 1519, 1617 to 1619 and of 1633, which killed close to one hundred per cent of the Indigenous people in specific areas of the continent. The second category consisted of chronic disease and its long-term effects on the Indigenous population, which steadily contributed to weakening Indigenous health. Habitual food scarcity and chronic illnesses, including tuberculosis, pneumonia, dysentery and venereal disease, continued to undermine the surviving population. Long-term chronic illnesses produced physical disturbances (such as displacement) that, in turn, were exacerbated by the effects of civil disorder, beginning with the first century of non-Aboriginal occupation. These endemic maladies, coupled with warfare and social instability, further undermined an already struggling Indigenous population and sapped moral and spiritual resistance. Cook (1973) accepts a relatively low estimate of the American Indian population in New England, although his conclusions about rates of mortality among these people alone, as late as the seventeenth century, remain shocking no matter what the original population base might have been. In his estimation, the fact that there are any Native descendants alive today loudly declares the stamina of Indian endurance and highlights a will to live in the face of huge and opposing odds.

In 1717, the Governor of New York held a conference at Albany, with representatives of the Five Nations of the Iroquois. In his address, he expressed sympathy to the Iroquois for their loss of friends and family due to smallpox. He then pointed out that, as Christians, they believe being inflicted with a disease is considered punishment for their "misdeeds and sins" (Leder, 1956). This message was not well received by the Five Nations people who were well aware of the source of the disease. By the late 1700s, the Indians were all too aware of what the source of the disease was and were not impressed with the explanation. In reply to the threat of further illness, they responded: "they intended to dispatch someone to Canistoge, Virginy, or Maryland to find out who had been sending the contagion and to prevent them from doing so" (Duffy, 1951:334).

Death by disease was not the only problem the Aboriginal people were facing. Their numbers were also being extirpated by increasing warfare. In the battle among the Europeans, new Americans and the Indigenous people, there is little doubt who came out the losers. As the United States Bureau of Census asserted in 1984:

> [I]t has been estimated that since 1775 more than 5,000 white men, women, and children have been killed in individual affairs with Indians, and more than **8,500** Indians. History, in general, notes but few of these combats. The Indian wars under the Government of the United States have been more than 40 in number. They have cost the lives of 19,000 white men, women, and children, including those killed in individual combats,

and the lives of about **30,000** Indians. The actual number of killed and wounded Indians must be very much greater than the number given, as they conceal, where possible, their actual loss in battle, and carry their killed and wounded off and secrete them … **fifty percent additional** would be a safe estimate to add to the numbers given (Thornton, 1987:48; U.S. Bureau of Census, 1984:637-38).

By the eighteenth century, there was a growing sense of unequal battles that had been waged against the Indigenous people on this continent and a reluctant acknowledgement of the number of lives that had been lost in the "Indian wars." What was still missing was the huge numbers lost in the viral wars after contact, which waged unseen for an additional three hundred years.

And the People Were Dancing

In the last chapter, terrifying images of death and a painful narrative of destruction were presented. That part was not intended as a comprehensive socio-cultural analysis of a tragic period in Aboriginal history. The intent was to present the reader with a certain image that became imprinted in the Aboriginal people's collective memory. This image, in time, entered the Aboriginal people's system of symbols that represented (and still represents) what they knew (and what they know now) about their perceptual world.

Psychologists agree that imagery is like language and, as such, serves to communicate people's knowledge about their past, present and future. What was presented is an eidetic image (Haber and Haber, 1964) that persists long after the actual event that created it. For centuries, this image became a cognitive map for Aboriginal people to make inferences about the world around them. This image became the nucleus of their collective memory of trauma; a nucleus that today is buried deep inside under layers of other traumatic recollections. This is not to say that Aboriginal people, faced with unspeakable suffering, were just passive victims kneeling in front of their oppressors, waiting for the worst to come. The behaviour of the Paiute people, who lived in what is now the state of Nevada, within the circumstances surrounding the nineteenth century Ghost Dances, gives us a sense of what was happening in their spiritual arena and how this particular spiritual experience can be compared to other tribal beliefs and behaviours of the time. This tribe, like many others, experienced unrelenting waves of epidemics and attempts by Europeans to completely eradicate any expression of their traditional ways of life. They were able to give themselves hope and preserve a sense of unity and future by attempting to fulfill a vision of renewed life and health through dancing the "Ghost Dances."

Unfortunately, with no written records of personal responses of Indigenous people to the massive death rates and the utter destruction they experienced, other than in the southern hemisphere of this continent, we can only look at the effects of immense mortality from afar. Limited written records, from early European observers, notes that stricken Indians often committed suicide and hid their dead. There were manifestations of shock and trauma similar to that of the aftermath of the Black Death and subsequent plagues. Although there is little or no information about what the Indigenous people thought or how they dealt with their grief, it is known that they did try to release collective and personal pain through the many dances and songs created. Like the Dances Macabre in Europe during the times of epidemics, the "Ghost Dances" (Vecsey, 1983) were a direct result of the Indigenous response to

unrelenting de-population and trauma from disease. They were direct and "deliberate efforts to confront, and even reverse, demographic collapse" (Thornton, 1987:xvi), which they continued to experience well into the 20th century.

There were two dance cycles: one began in 1860 and lasted approximately one decade; and the other began in 1889 and lasted only two years. Non-Aboriginal people ultimately suppressed both dances. Both involved a vision or message from "God" and prophesied that the Aboriginal dead would return to re-populate the earth and turn it into a paradise for Aboriginal people. The Ghost Dances have often been regarded as a reformation or revitalization movement generated by Native people moving away from, rather than towards, European society (Thornton, 1987). The dances originated in western Nevada. The first began in 1860, when Paviotso "Wodziwob" (northern Paiute) received a vision directing him to spread the word that the people must dance to bring back those who had died. This earlier dance took in a relatively small geographic area, reaching west from Nevada into Oregon and California. The later Ghost Dance cycle began in January 1889 and ended on 29 December 1890 with the Wounded Knee Massacre. This dance took in a much larger geographic area, spreading primarily north, east and south to Idaho, Montana, Utah, Dakota, Oklahoma, New Mexico and Arizona, as well as a very small part of Canada along the southern border (Thornton, 1987). Not all Indians participated because many had been converted to Catholicism in the intervening twenty years (Kroeber, 1961; 1925), especially those in the state of California. Eventually, many of those who did participate abandoned the practice, "losing interest" when it didn't work (Thornton, 1987:145).

There was a family link between the two dances with the 1889 prophet, Wovoka (Jack Wilson), being the son of a disciple of Wodziwob. Wovoka received a commission from "God," just as Wodziwob had in 1860. The revelation received in 1889 by Wovoka directed him to:

> [T]ell his people they must be good and love one another, have no quarrelling, and live in peace with the whites … that they must put away all the old practices that savoured of war; that if they faithfully obeyed his instructions they would at last be reunited with their friends in this other world, where there would be no more death or sickness or old age. He was then given the dance he was commanded to bring back to his people. By performing this dance at intervals, for five consecutive days each time, they would secure this happiness to themselves and hasten to the event (Mooney, 1991:772).

Throughout 1890, thousands of Indians across the United States danced the round dance proselytized by Wovoka's gospel. "Many felt uplifted by the release of tension th[r]ough hours of circling rhythmically, and [were] strengthened by the fellowship of the celebrants" (Kehoe, 1989:17). It was an opportunity to come together and share fears, pain and to lament their losses. By this time, much of their former activities and ceremonies had been denied, they were no longer able to hunt at will or to live the way they chose.

The Ghost Dances played a powerful role in helping to restore some of the societal bonds shattered in the aftermath of the pandemics. However, the dances were not sustained long enough to have created a lasting spiritual reformation for the people involved in the exercise. They provided a means to come together and were grounded in Indigenous spirituality, but they also reflected a fair level of Christian beliefs as well. It is understandable that, by this time, the transition from traditional beliefs to Christian

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beliefs would have been widespread and, because of the circumstances, it would have been an easy conversion. The unrelenting death and the inability of their own shamans to stop the carnage would have prompted survivors to turn to anyone who offered comfort and a pathway home to the many lost. Kehoe has pointed out that: "Some of the parallels between Christian and American Indian religious behavior go deep into human physiology" (1989:101). The similarities in building up rhythms from fast to slow, and voice from soft to loud, in order to build up excitement, all contribute to feelings of hypnosis. "Frenzied dancing tends to induce hyperventilation and cause that mental dissociation we term trance. These basic human physiological responses are likely to have been independently discovered in many societies and also to have facilitated the borrowing of rituals from culture to culture" (Kehoe, 1989:101).

The dances did provide an avenue of release and were practiced by several tribes . They did not provide an enduring form of religion strong enough to revitalize the Indigenous population over the long-term or stem the tide of dysfunction that accompanied the next cultural onslaught, which arrived under the guise of education: the residential school system.

A Legacy of Death and Suffering

In their wake, the smallpox pandemics left an emotionally depressed people lost in a cultural and spiritual wasteland (Bailes, 1985). There would have been no one to stem the tide of colonialism because so few would have been left standing and those who survived did not have the strength of mind or body (Dobyns, 1963). Nations, such as those of the Iroquois Confederacy, survived many attacks and, in intervening years, were able to reproduce sufficient numbers to keep their population relatively even, if not flourishing. For most tribal groups, the greatest damage was the loss of cultural and ceremonial knowledge, and socio-cultural order and expectations. Tribal knowledge lost through almost total de-population could not be passed on to successive generations. People under constant siege would have focused on personal survival because it would easily have become a more important concern than cultural transmission of mores and cosmological beliefs. In those uncertain physical and spiritual environments, Aboriginal children would have been subjected to a constant siege mentality, living with parental survival responses to huge death tolls and cultural chaos. This area has not been fully examined when studying the lives of distant ancestors, especially by Indigenous people.

Intervening disasters, such as residential school, theft of Indian children for outside adoption, post-traumatic stress disorder and rampant alcoholism, have blocked historical memory and inhibited a deeper understanding of higher obstacles to Indigenous cultural survival, health and well-being. Through deliberate particularization of Aboriginal people's experiences, the "world outside" pushed Indigenous people into the margins of denial and forgetting, and into the depths of a grieving whose causes has been lost in antiquity.

Death, disease, destruction and pain have become a "dark nucleus" of Aboriginal people's memories that riveted them in spiritual and emotional positions of loss and grief for centuries. Aboriginal people feel deep pain and chronic sadness, and many have expressed this reality during their healing processes and in sharing circles. Not knowing where some of this pain is coming from must be even more

debilitating. Not fully knowing and, therefore, not being able to actively acknowledge what lies buried deep within their collective psyche because it has silently been carried forward generationally from the distant past, may stand in the way of any true healing that will be necessary to repair their collective self.

It is important that Aboriginal people understand that conquest of the Americas did not come only by sword or through battle, as depicted in a plethora of early westerns on television, paperback and school text books; it came silently and unbidden, with a stealth unlikely to be found in any man. In the form of a bacillus (virus), it attacked, killed and seared the souls of Indigenous people right across the entire continent, from Latin America to the Arctic Circle. Viruses virtually ensured Aboriginal defeat by conquest and colonialism, as surely as Spanish conquistadors ensured their death by sword and slavery. Slavery seared skin off their backs, chopped hands from their wrists, dragged babies from their arms and tore many lives from this world; but it was four hundred years of unrelenting loss and death from rampant disease that left a deeply imbedded impression on the minds, hearts and cultures of Indigenous people (Cook, 1998). It was the horrific impact of those 400 years that planted an endemic sense of loss and grief into the psyche of Indigenous people across the continent and left an entire population grappling with a form of complex post-traumatic stress disorder that is only now beginning to be acknowledged. In Canada and the United States, the residential school experience, following right on the heels of four hundred years of epidemics, further served to ensure a sense of hopelessness and defeat.

Indigenous people continuously suffered right into modern times; not only from recurring epidemics, starvation and forced removal, but eventually from a myriad of stress disorders that ultimately became endemic to their cultural experience. This trauma is only now beginning to come to the surface of Indigenous culture as Aboriginal people across this continent participate in a massive healing movement. The healing process is still far from complete, because even though infectious diseases have been brought under control, the damage they rendered to the Indigenous culture has raged on, deeply embedding itself within the very fabric of Aboriginal identity. It is a different form of disease, a type of dis-ease or cultural uneasiness, engendered by unresolved pain from repeated and multiple assaults turning themselves inward. Endemic stress disorder in the Aboriginal population has been repeatedly illustrated through rampant sexual abuse and incest, apathy, physical and emotional infirmities, spousal assault, alcoholism and drug addiction. Each of these maladies is indicative of a shattered and fragmented Aboriginal socio-cultural experience.

Death is Always Death

It may be considered somewhat ironic that the very source of the pain and loss on this continent, European contact, can now shed light on the societal breakdown and dysfunction that is the Aboriginal legacy of the arrival of Europeans into the "New World." Books and articles that have been compiled from European letters and journals tell a shocking tale of psychological and social collapse following the aftermath of each plague and, in particular, the Black Death. European and Aboriginal cultures were left with a profound sense of loss and helplessness, spiritual crisis, psychological and moral breakdown. They both had to grapple with inadequate medical care, economic failure and experienced widespread (debilitating) famine. There is a continuing anthropological debate about the number of lives lost during the 400 years of disease pandemics on this continent. Few discussions have been generated about the effects of the shock of rapid de-population or individual mortality from the perspective of Indigenous people. Unfortunately, most Indigenous people did not write letters, keep diaries or write

journals that could be read in the present to grasp the depth of the pain and grief they experienced. One cannot read how Aboriginal people might have helped each other through their fear and confusion that, in turn, makes one unable to empathize with their feelings in a contemporary context. However, there are many letters and journals that have been preserved from the 400 years of plague that devastated European populations. A general comparison of the aftermath of these horrific continental debacles is a useful exercise that may help to fill in some of the blanks. It is possible that the experiences of Medieval Europeans might reflect the early historic experiences of Indigenous people in the Americas, and explain known responses to similar European devastation, such as rampant alcoholism, social apathy and anomie, cultural and moral breakdown, spiritual rejection and reformation, as well as profound mental and emotional withdrawal.

Recovery from the Black Death in Europe was eventually achieved through the processes of spiritual, economic and social adjustment. For some, the return to normal activities was relatively simple. Many cities and towns found they were able to survive the occasional loss of large portions of their population. People were quickly replaced through births and immigration. In fact, in many European cities, immigration was encouraged, in order to re-establish human and material resources and rebuild economic bases. In similar fashion, after the worst epidemics hit the Americas and the death rate slowed sufficiently to allow some kind of recovery, many Indigenous groups took in remnants of other tribes for much the same reason (Cook, 1998). Axtell (1992) makes reference to at least three adaptations used by various tribes to cope with demographic devastation, which included increased warfare to replenish populations with captured replacements, intermarriages with black Africans and white Europeans and joining together of rival tribes.

The speed of recovery for Medieval society was striking, considering the sheer horror of the experience for its citizens (Zeigler, 1969). After the Black Death, fatality statistics drawn up on the order of Pope Clement VI gave the number of deaths for the "whole world" at 42,836,486 (Nohl, 1961). This figure is said to have represented, at a minimum, half of the existing population of the entire Old World continent.

This level of population mortality was true, at a minimum, for Aboriginal people of the Americas as well. Unfortunately, an equally effective recovery process was not to be true for the Indigenous population on this continent. On the New Continent, while Indigenous people were trying to contend with never-ending waves of smallpox and influenza epidemics, they were also grappling with the additional burdens of slavery, murder, colonialism and the indignity of being forcefully removed from their homes and traditional territories.

For 500 years there was almost no sustained reprieve from physical, social and spiritual devastation that, in turn, would have allowed a steady and sustainable rebuilding process to occur. Even after epidemics ended, the Indigenous people remained under mental siege from colonial governments, assimilationist tactics, church and government-run residential schools and Christian missionaries. The huge loss of life they experienced immediately after contact virtually ensured the destruction of leaders, artists, teachers, warriors, healers and holy men. These losses would have had a huge impact, perhaps even bigger than that on Medieval Europe, since the majority of Indigenous cultures were not literate. There were no written records to preserve detailed aspects of their history, cultures and belief systems, which would not necessarily have been known to the "common man." Most had oral traditions that were

more than likely preserved only by practiced individuals, who may well have died in the epidemics. Medieval "men" were not all literate either. At a minimum, their churches and governments would have kept written records of their history, so that in times of crisis their deep cultural roots did not become destroyed and fragmented to the same degree as in the Americas.

Prior to the exodus out of Europe after the discovery of the Americas, Medieval Europe had experienced social, moral and spiritual disintegration from the trauma of hundreds of years of bubonic plagues. Nevertheless, once the crisis was over, Europeans could go back to their "roots" as their cultural memory remained intact. In a way, "they knew who they were" and this sustained identity helped in the recovery process. After contact with Europeans, Indigenous people of the Americas also experienced social, moral and spiritual breakdowns from the trauma of hundreds of years of infectious disease epidemics. However, their cultural identity became shattered and the discontinuity of cultural identity prolonged the recovery process; sometimes rendering it almost impossible.

During the 30 to 40-year intervals between major plagues, Medieval Europe was able to experience gradual reconstruction of social order and people were able to re-populate. Indigenous people were not able to reconstruct their societies or re-populate because subsequent epidemics hit every 7 to 14 years, leaving insufficient time frames in between for recovery. Nevertheless, European experience can explain what might have happened if Indigenous people experienced the same level of reprieve. When time frames to recover have been sufficient and assistance for healing is available, reconstruction and re-population can happen (is happening) among Aboriginal people. Comparison with European experiences during and after the plagues helps to illustrate that once traumatic events stop for a sufficient length of time (at least 40 years) socio-cultural reconstruction and healing (can) will begin.

The inclusion of historic European plague and Aboriginal epidemic experiences in a research project on historic trauma and Aboriginal healing helps demonstrate to Aboriginal people and the general public that Aboriginal people have the wherewithal to enter, define and complete a healing process. Given enough time, resources and support, Aboriginal people will rebuild and reconstruct thriving socio-cultural domains, just as people did in Medieval Europe.

The comparative component is also related to whether or not what happened in the aftermath of widespread death in Europe can be extrapolated to what happened in the Americas. Through a comparative analysis, a clear demonstration can be given that devastation to Aboriginal traditions, cultures and social domains is a direct consequence of human reaction to intense and unmitigated traumatic experience. It is reasonable to assume that human reactions in Europe to death that came suddenly, unbidden and ravenous in its quest, would have direct bearing on human reactions here. It is recognized that total population levels in Europe and in the Americas were very similar, with both populations being estimated at approximately 100 million. The death rate in Europe ranged around 50 per cent, although in the Americas, it was closer to 90 per cent. There were cities in Europe and in the southern hemisphere that sustained huge human losses; had tribal people living in smaller villages; had rudimentary medical care; had nature-based spiritual practices; and finally, had unprecedented mortality and demographic collapse in both geographical zones.

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The European continent experienced continuous assaults from bubonic and related plagues from 1333, when the Plague came out of central Asia, through to at least 1720 in Marseilles, France. In the Americas, time frames lasted from the first smallpox epidemic in 1518 in the Caribbean Islands through to at least 1918, when the continental United States was devastated by an influenza epidemic. Death marched relentlessly through the history of humanity on both continents for an amazing four full centuries. The Black Death in Europe and epidemics in the Americas were omnipresent. Epidemics were everywhere, killing at random and, unlike wars and persecutions, which are more or less confined to a place or a people. Plague and smallpox raged everywhere on each continent and took anyone, regardless of age, class, country or religion. Was this the kind of shock that would galvanize into action or that would stun into apathy? (Zeigler, 1969).

During the Black Death, the War of 1914 to 1918 and during the Indigenous contact experience with the Europeans, immense loss of life created psycho-physical shock. In each instance, it took time for the vitality and initiative of survivors to be regained. This happened effectively when there was time between initial traumatic events and a new trauma. In each case, textures of society were modified by events; new openings were created and old ones closed; old nobility largely passed away and new upstarts took their place; chivalry and courtesy in original forms vanished; manners became uncouth and brutish; and refinement in dress and class disappeared (Zeigler, 1969).

In a word, populations became shell-shocked and entered into states that they were not able to emerge from for many years. Although five to ten per cent of the Indigenous population remained alive in the aftermath of five centuries of epidemics, slavery, war and colonization, few remain where once there were so many that the refrain: "and then there were none" can be regarded as the absolute truth.

Aboriginal people were incarcerated on reservations and in missions, held against their will in residential schools and in prisons and forcefully assimilated and acculturated. Their own ways of life were impoverished, their culture rendered bereft and their needs as human beings utterly forsaken. Unlike the European experience, there was no opportunity to grieve their tremendous losses or effectively heal their shock and trauma; there was no recovery time. Post-death emotional and psychological responses were similar from an anthropological standpoint, but the response from each group was amazingly different as Indigenous people were branded one way and the people of Europe another. Both groups used songs, dances, stories, spiritual conversions and cultural experiences to address their traumata and loss from overwhelming calamity, making Aboriginal response to historic trauma legitimate and deserving of recognition and continuing support.

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Analyzing the Trauma

> In the Americas and Oceania, by contrast contact-induced disease was as much a prelude to European domination as its aftermath. Here domination was facilitated, and even made possible, by the devastating pandemics that decimated and demoralized whole populations (Kunitz, 1994:3).

Early Period: Cultural Transition - Physical Area of Impact

The timing of initial contact with the colonizers, who slowly and methodically overwhelmed and destroyed Indigenous societies, varied among the North American Aboriginal people. For the societies in the east, first contact may be dated around 1500. The Aboriginal people of Alaska met the settlers for the first time in 1740. According to Ubelaker (1988), the estimated population size of North American Aboriginal people in 1500 was 1,894,280, with a possible range from 1,213,475 to 2,638,900. Every hundred years that followed saw a rapid decline in the Aboriginal population: 1,801,080 in 1600; 1,404,745 in 1700; 1,051,688 in 1800; 770,981 in 1850; and the lowest population size in 1900 was 536,562. These figures represent a decline by over 1,364,00 persons or 72 per cent (Ubelaker, 1988). The magnitude of this demographic collapse has been debated and some researchers even believe that the population decline across the Americas was over 90 per cent. Severe decline in the population size has been attributed to outbreaks of introduced infectious diseases, such as smallpox, measles and influenza, to which the Aboriginal population did not have immunity. In general, food-foraging populations throughout history had relatively low rates of infectious diseases due to their small population size and mobility (Dunn, 1968). Diseases that require larger contagious populations in order to be transmitted were probably non-existent until the introduction of agriculture and pre-industrial cities. These infectious diseases that first evolved in animal hosts domesticated in Europe, were not present in the western hemisphere and were brought to the Americas by the colonizers.

Since the entire Indigenous population was exposed to these diseases and the majority of the exposed contracted the diseases, no one was left to care for the sick and no one to provide food or water. Often, several different infections were introduced at once or in quick succession. Traditional treatments did not work and there was no notion of quarantine. Aboriginal people did not know what caused the epidemics and could not find an effective cure. One researcher compared European contact with Aboriginal societies to a "biological war:"

> Smallpox was the captain of the men of death in that war, typhus fever the first lieutenant, and measles the second lieutenant. More terrible than the conquistadors on horseback, more deadly than sword and gunpowder, they made the conquest by the whites a walkover as compared with what it would have been without their aid. They were the forerunners of civilization, the companions of Christianity, the friends of the invader (Ashburn, 1947:98 as cited in Joralemon, 1982:112).

The Aboriginal societies who had the earliest and most frequent contact with Europeans were affected earlier and more severely than those populations who had later or little interaction with disease-carrying Europeans. According to Dobyns (1983), an outbreak was recorded as early as 1619, among coastal

groups that most likely had contact with European fishers and sailors. Differences in settlement patterns also affected the nature of epidemics within each group. Epidemics caused higher death rates among nations that lived in settlements with large populations than among the nomadic people that dwelt in smaller groups. This corresponded to the route of transmission for these diseases. In the case of measles, for example, relatively large micro-organisms spread over very short distances on droplets produced by talking, coughing or sneezing (Brachman, 1985; Evans, 1982). Salisbury (1982) proposes that in the more dense population centers, particularly of the Iroquois in the northeast, were repeatedly affected by smallpox epidemics from 1616 onwards. The more nomadic tribes, were not affected by these outbreaks until years later.

Successive waves of introduced infectious diseases also circulated in the 1630s and 1640s among groups known to Jesuit missionaries: Iroquois and Algonkian people; the Montagnais near the St. Lawrence, the Algonkian near the Ottawa River and Lake Nipissing; the Huron, Neutral and Petun in the area between Lake Huron, Lake Erie and Lake Ontario; and the Iroquois south and east of Lake Ontario (Johnston, 1987). The Huron had at least three epidemics (probably measles, smallpox and influenza) in seven years, during which entire villages were decimated. In some groups, mortality reached 100 per cent. As Johnston states:

> Not only did the usual cures not work, they made matters worse. The well, processing through longhouses, mingled with the sick (for whom they were processing), and both were present while dancing, singing, and drumming went on all night. The noise, the activity, the shock of the temperature extremes associated with the sweat bath cure, and the blood-letting performed by the French (which had killed many in Europe during smallpox epidemics) weakened the patients, and undoubtedly killed many (1987:17).

Famine often accompanied the disease. Since no one was left to hunt, gather food and prepare it, food supplies decreased dramatically. Already ill people with a dramatically compromised immune system did not have strength to survive hunger. Johnston quotes from the Jesuits' chronicles that give terrifying snapshots of what had happened:

> [A] very ill Huron being regarded as though already dead and therefore virtually ignored; a man, being ill for months and very poorly nourished; a little girl convulsing almost all night; an old grandmother, coping with three sick grandchildren (the mother having died), losing her sight and strength, and becoming too ill to grind corn or get firewood; a sick woman convulsing all alone in her cabin; a pregnant woman delivering her premature baby in the hot sun and then dying; an abandoned baby dying out in a field; and a very ill girl without a mat to lie on or a fire to keep her warm, and without sufficient covering (1987:17).

It is well documented that when an entire population experiences such debilitating losses and if a balanced epidemiological, nutritional and reproductive system is not immediately restored, it is outside the limits of a population's tolerance: the cumulative effect of multiple stressors over a short period of time threatens a group, as it may become extinct or no longer existing as a culturally distinct unit.

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Soon after contact with the colonizers, in the period termed the "cultural transition," Aboriginal people were stripped of their social power and cultural authority. Once they realized that they could neither control nor escape catastrophic events, they began to exhibit helpless "giving up" behavioural patterns. Many, by choice, withdrew socially, thereby lessening their social and psychological investment in communal and societal relationships. They reduced their cultural and spiritual activities and became engaged in displaced re-enactments of conflict that, in turn, led to disruptive behaviour, social alienation and profound psychological problems, such as alcoholism, drug addiction, domestic violence and sexual abuse. These maladaptive behaviours, acquired early in the cultural transition period and magnified later during the residential school period, left a legacy of cyclical dysfunction and disruptive behavioural patterns that can be directly related to upset cultural identity formation. Coupled with increasing external and internal abuses is the loss of story-telling as a traditional deterrent because of spiritual and government suppression of cultural activities and mores.

As mentioned earlier, Medieval Europe also experienced social, moral and spiritual breakdowns from the trauma of the Black Death of 1349 to 1351 and successive pandemics that raged across the continent until at least 1720. Medieval Europe experienced subsequent reconstruction of social order and people were able to re-populate in the 30 to 40 years between major plagues. Aboriginal people were not able to reconstruct or re-populate because epidemics hit every 7 to 14 years, leaving insufficient time frames in between.

Some Indigenous people hung on to some semblance of their socio-cultural structures through 400 years of epidemics. Some, like the Yahi Indians of northern California, became extinct. The Yahi case, as described by Kroeber (1961), an anthropologist who worked with the last surviving Yahi during the 1910s, provides a tragic example of what may happen when two populations encounter each other with one dominating the other.

About 400 Yahi once lived near the Sacramento River. During the gold rush of the 1840s, non-Aboriginal miners and settlers moved into the region. Hostile ranchers cut off the Yahi from their hunting and gathering territory. The settlers' livestock over-grazed the vegetation. The chemicals from the mines polluted the streams. The Yahi's access to food sources diminished and they began raiding the settlers' farms. In retaliation, the ranchers raided Yahi villages, shooting and hanging people, killing children, kidnapping and enslaving women. Those who survived the raids soon died from infectious diseases. By 1870, only twelve Yahi remained alive. They hid in the hills but failed to reproduce. By 1894, only five Yahi remained alive. When, in 1909, the settlers discovered the Yahi camp, there were just four of them left. One woman and an old man drowned while trying to escape. From the two remaining Yahi, an old woman and her son, the settlers took all their food, clothes, tools and utensils, but left them alive. The woman died soon after and the man lived alone in the hills for two years. In 1911, he was found near the town of Oroville. He was starved and exhausted and had burns on his head: a sign of mourning. The man, known today as Ishi ("man" in Yahi language) was taken to San Francisco where he lived in the anthropology museum at the University of California until his death from tuberculosis in 1916 (Kroeber, 1961).

The physical changes that Aboriginal people experienced in the early period of colonization (cultural transition) as a result of contact with the outsiders can be analyzed into four major categories of variables: epidemiological, demographic, nutritional and health resources. In terms of the epidemiological system

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and in the pre-contact conditions where there were few pathogens in the Aboriginal people's natural ecosystem, epidemics of introduced infectious diseases resulted in dramatic changes to the demographic system: the number of deaths increased, while the number of births decreased, which obviously resulted in a population decline. With famine interacting with epidemics and newly introduced types of food (mainly carbohydrate supplements), the nutritional patterns changed as well. People, who relied mainly on a high protein diet prior to contact, had to depend on high-carbohydrate rations from the missions and trading posts. The poor nutritional value of introduced foods perpetuated low disease resistance and demographic imbalance for several generations. Finally, traditional health resources were also altered. In a pre-contact stage, medicine men and mid-wives fulfilled medical and psycho-therapeutic needs; however, after contact, the medicine men were discredited and lost their power and credibility (as they were unable to help dying people), while missionaries adopted a dubious role of "health providers."

These physical changes caused profound alterations in social structures and cultural identity of Aboriginal people, changing everything from marriage rules to lineage relationships, from belief systems to psychological make-up of the groups. Initial psychological reactions to the physical damage that were sustained must have been severe distress, fear and feelings of uncertainty. People did not know what caused the crisis, they did not know how to treat the ill and they did not know what to expect. According to Johnston:

> [R]umours circulated within Huronia and throughout the northeast about what the epidemics meant and who was responsible. Various local spirits were suspected, as were human agents, some of whom were killed. But the main suspects were the Jesuits who were considered to have extraordinary powers. By 1639 the disaster had lasted five years, and they had no reason to believe it would end, especially if they could not discover the cause and thus the cure. They felt they were being intentionally destroyed as individuals, as families, and as nations. The Huron felt that the Jesuits were destroying them by refusing to share with them their powers over disease, famine, drought, and enemy attacks; by interfering with their own powers in many fields; and by conspiring with their enemy (1987:22).

Unfortunately, as already noted in the opening pages of this study, there are no written records of personal responses and behaviours of the northern Aboriginal people to the massive death rates and the utter destruction they experienced. However, there are written testimonials from early European observers indicating that grief-stricken Aboriginal people often committed suicide, hid their dead and that there were many manifestations of trauma and shock, apprehension, dread and despair. As Johnston notes, one Huron was reported to have said: "What wilt thou have? Our minds are disordered" (1987:22). The same source recalls that: "by the end of the second epidemic, at a council where the headmen were listing their dead, they looked at one another like corpses, or rather like men who already feel the terrors of death. By 1639, the Jesuits were reporting that "the death of their nearest relatives takes away their reason"" (Johnston, 1987:22). Moreover, all possible resistance resources (*normal* social relationships, community ties, social support, etc.) were already destroyed.

As in Europe, in times of the plague, tragic pessimism would pervade all aspects of life; death would become a dominant theme. Epidemics and their tragic effects became new pathogens that corrupted social and cultural structures.

Chapter 2

Early Period - Cultural Transition - Economic Area of Impact

Most encounters between human beings and their environment have entailed processes of change and adaptation. Nothing, however, was more devastating than the encounter between the colonial settler groups and Indigenous societies and the lands they conquered over the past five centuries. Aboriginal people exploited nature for subsistence and not for profit. In doing so, they demonstrated a profound respect for their natural surroundings, all of which they imbued with symbolic meaning. They understood that "men have the skill and technology to kill many animals, too many, and it is part of the responsibilities of the hunter not to kill more than he is given, and not to "play" with animals by killing them for fun or self-aggrandizement" (Feit, 1987:76). They always knew their land to a degree that was unthinkable for Westerners proudly equipped with scientific knowledge. Before first contact, the Indigenous population in North America subsisted on small and large game, fish from coastal and river areas, and with vegetable foods as the bulk of their diet.

As in all other hunting-gathering societies, the Aboriginal people had extensive knowledge about their environment and had developed the appropriate skills to utilize it. In that regard, they were more than ecological humanists. They were not just humanists because humanism often under-estimates the fact that humans are natural beings. They were not just ecologists because ecology often neglects implications of the fact that humans are also social and cultural beings. Somehow, Aboriginal people were able to acknowledge the specificity of humans without assuming that they were the only beings of value in the world. Their human interests did not conflict with interests of other beings (understood as environment). For them, wealth was possibly not seen as a means to the end of the good life (as in the Aristotelian tradition brought to the New World by the Europeans), growth was not seen as a means to the end of wealth (as the classical political economy dictates) and growth was not seen as an end in itself (as the modern economic theory prophesizes).

There were very dramatic differences between modes of production traditionally employed by Indigenous people and those introduced by the colonizers. Aboriginal people's reasons for production before contact were production for use with a low consumption level and sharing-based exchange. In contrast, industrial (capitalist) philosophy dictates that one produce for profit and exchanges are market-based (with a high consumption level). In the case of the former, the division of labour was family-based with overlapping gender roles. In the case of the latter, division of labour was (and is) class-based, with a high degree of occupational specialization. In Aboriginal societies, property relations were egalitarian and collective. In Western systems, they were (and are) stratified and private. Aboriginal people used their resources extensively but temporarily, while the intruders subscribed to systems of intensive and expanding resource use.

Finally, Aboriginal economic systems were marked by high sustainability; while in industrial systems, sustainability was always low. For economists, this means that capitalism involves world trade in goods and global transfers of labour and resources (Wallerstein, 1979) that, together with aggressive competition for markets, resources and labour, leads to the incorporation of peripheral societies by the core societies (Hall, 1996). Core societies specialize in manufacturing, while periphery nations provide raw materials. According to Wallerstein (1979) and Hall (1996), this system works to the advantage of core nations that experience economic growth and become wealthy and developed, and to the disadvantage of periphery nations, which ultimately become trapped in poverty and dependency.

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Aboriginal people of North America espoused spiritual beliefs about the land and nature, which always extended beyond any European sense of ownership and created no boundaries between human and non-human species. For example, "[i]n the culturally constructed world of the Waswanipi [Cree], the animals, the winds, and many other phenomena, are thought of as being "like persons" in that they act intelligently and have self-will and idiosyncrasies, and understand, and are understood by men" (Feit,1987:76).

Nature was the Aboriginal people's spiritual heritage, since it defined their culture, their way of life, their fundamental rights, their religious and cultural ceremonies, their patterns of survival and, above all, their identity. When the settlers expropriated, eroded, plundered, misused or spoiled Aboriginal lands, this amounted to cultural genocide or a destruction of a culture through physical extermination of Indigenous people (Chalk and Jonassohn, 1986). Lack of recognition of the relationship to the land was a denial of the cultural and spiritual heritage of Aboriginal people and, as such, became the root cause of the loss of identity, the loss of health and subsequent degradation.

Researchers today agree that Western colonialism brought to the New World a dualist view that separates nature from culture and places culture in a dominant position over nature. Research shows that pre-contact Aboriginal societies did not have this binary distinction between nature and culture and they did not place nature in a sub-dominant position. Examples from today's Aboriginal societies continue to support this contention. The Hagen people of highland New Guinea, for example, divide the world into three categories: humans and human activity, spirits, and the wild (Strathern, 1980). The Nayaka, a South Indian society, conceive of the natural environment with metaphors that involve relatedness and not separateness, with the forest perceived as a parent whom one thanks with affection (Bird-Davis, 1993). Almost all Aboriginal people who live in the 21st century have these metaphors of relatedness in regard to the natural environment.

For anthropologists, this is evidence that symbols and conceptions of relatedness (as opposed to metaphors of duality) must have been always present in pre-industrial societies. Since the arrival of Europeans and the introduction of the fur trade, Aboriginal people have been forced to adapt too many aspects of European lifestyle and have been gradually dispossessed from their traditional lands. Today, researchers agree that the fur trade was a disaster for Aboriginal people. The colonists brought with them the Western binary distinction between culture and nature and it supported research exploitation in their competition for economic growth. Economic growth that they experienced was possible through a series of inter-lined crises that the invaded societies experienced, which included: massive and growing impoverishment, food insecurity and non-availability, financial and monetary disarray and environmental degradation. Aboriginal people found it increasingly difficult to fulfill even the basic requirements of living and to survive from one day to the next. What social and cultural outcomes would one expect if this kind of economic philosophy was introduced to societies whose non-dualistic conceptualization of nature and its relatedness corresponded to economies and lifestyles that demanded less from the environment, in terms of resources, and contributed to sustainability in the long run? As Martin admits: "severe cultural disruption and often physical dislocation were commonplace … Missionization, the ravages of disease, and frontier encroachment acted in concert with the trade to bring about the Indian's eventual cultural demise" (1978:2). He further says: "The traders economically seduced the Indians by displaying their wares and in many other ways fostered capitalistic drives" (1978:9).

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For many decades, researchers debated why Aboriginal people got involved in the fur trade at all. Perhaps Washburn (1967) was best able to explain it from an Aboriginal perspective. For the Indigenous people, the fur trade embodied traditional principles of gift giving. The trade became a source of major prestige items and a forum for social and ceremonial gratification. Rich (1960) makes a similar point in that the Aboriginal groups involved in the trade were unresponsive to artificial incentives for increasing the volume of pelts exchanged. If the price was raised by the Hudson Bay Company, the Aboriginal would surrender fewer beaver skins with a limited supply of pelts being exchanged for a predictable number of Western necessities. The English wanted the beaver for the fur to be made into hats in England, which was a symbol of high status and a fashion trend that lasted almost 300 years. As the beaver population declined rapidly in the eastern part of North America, the trade moved to the west. The hunters, who were already decimated by infectious diseases and had lost their tribal identities, largely became incorporated into other groups. Some groups completely changed their modes of production, such as the use of guns, to acquire goods that could be exchanged for European products. As the economic differentiation in those egalitarian societies became marked, people began competing for hunting territories and warfare increased. The English and the French used this as an opportunity to manipulate Aboriginal people and to recruit some as military allies. Internal conflicts in Aboriginal groups deepened. People began to lose the sense of communal belonging, communal solidarity and loyalty, and they began to lose themselves, as social and cultural beings, in the midst of massive capitalist intrusion.

In addition, new forms of exchange brought new products and new foods that began to intrude on the indigenous diet, such as table salt and refined sugar. It is an obvious proposition that a people's diet is a product of environment and tradition. Traditional foods were always (and still are) symbols of ethnic identity and a type of diet can be highly resistant to change that, in itself, can also be very adaptive. "Traditional" foods in the Americas (as anywhere else in the world) have been subject to cultural and natural selection over a period of time. Today, nutritionists agree that any change is more likely to be deleterious. The shift from a diet consisting mostly of animal protein to dependence on introduced high-carbohydrate foods lowered disease resistance. It contributed directly to certain diseases such as diabetes and kidney disease. When a meat diet is changed to a diet high in sugar and flour, the change produces dental caries and a narrow dental arch with crowded, crooked teeth (Price, 1939). A diet rich in sodium contributes to hypertension; non-iodized salt in a diet causes endemic goiter: enlarged thyroid glands and iodine deficiency lead to multiple neurological disorders (Buchbinder, 1977). The Western diet, high in refined starch, sugar and fat, but low in fibre, has been implicated in many diseases of cholesterol metabolism, such as obesity, arteriosclerosis, coronary heart disease and gall bladder disease. According to Burkitt (1973), diseases related to a diet lacking in fibre, such as diseases of the large bowel, vein problems and haemorrhoids, were seldom reported from hunter-gatherers.

These nutritional stressors interacted synergistically with other stresses: epidemics, loss of cultural identity, dispossession and the loss of a social self. At one point, the pressures became so excessive and so prolonged, that the people's social and cultural defenses were exhausted. The effort to survive, generation after generation in the face of authentic, physical danger, contributed to maladaptive psychological adjustments and social pathologies, such as suicide, violence, drug and alcohol abuse, that we observe in contemporary Aboriginal societies. Survival of mind and body, both in an individual and social sense under conditions of excessive and abnormal pressures and deprivations, requires optimal adaptive responses. As studies of U.S. prisoners of war in Korea show, many people under siege cannot

attain this level. According to Moos (1976), 35 per cent died in prison camps in Japan and 38 per cent died in Korea (Moos, 1976). Those who survived seemed to have lowered resistance to new demands in the post-war environment, as if their adaptive capacity had diminished during the years of confinement, malnutrition and emotional suffering.

Alcohol was another product that colonizers introduced to the New World and traded for fur. Along with the alcohol came the maladaptive drinking patterns. As Levy and Kunitz (1974) showed in their study of Navaho drinking, the idea of consuming alcohol fit into traditional Aboriginal social relations: drinking together allows people to share and reciprocate, to develop group identity and to participate in ritual closeness; thus, allowing for an alternative pattern of behaviour. However, since the Aboriginal people's social immune system, both as individuals and as a group, was already compromised, drinking became an escape route to oblivion for many that led them directly into addiction. Aboriginal people picked up drinking not to share and reciprocate, but to hide from an oppressive situation and to become invisible to their own tormented selves. Aboriginal people began to drink because they were emotionally numb from what happened to them and wanted to feel something other than pain and despair. Their grandchildren and great grandchildren now drink for exactly the same reasons: to mentally disassociate themselves from cumulative painful memories; to feel something else and not just mental anguish; and to belong to a group with clearly defined boundaries that shares one's meanings, one's understanding, one's world (even if it is a group of alcoholics or drug addicts); and it is a plea for living on one's own terms. Paradoxically, excessive drinking (and now drug abuse) as a backdrop of erosion for social control and social power in Aboriginal societies, became the last, desperate attempt to regain self-control: *I can do what I want to my own body, to my mind, to my memory, to myself – I am making a choice.* This veiled resistance was (and is) an attempt to define limits and set boundaries of the social self; a final frontier worth pursuing when "the other" takes all other frontiers.

Indigenous methods of supporting their population was based on a concept of reciprocity between humans and their environment and the ability to regenerate resources for future generations. Aboriginal people's spiritual and religious beliefs reinforced their view of the world and helped them adapt to their specific ecological niche. Regarding contact with settlers and missionaries, Aboriginal cultural, social and spiritual domains were subject to pointed destruction and their social mobility was restricted. The changes that missionaries brought about can be regarded as instances of ethnocide or a destruction of a culture without physically killing its people (Chalk and Jonassohn, 1986), intended to cause religious transformation and cultural destruction through prohibitions imposed on Aboriginal culture and belief systems. Without access to economic resources, with a destroyed social structure stripped of their cultural mores that prohibited them from practicing their religions, Aboriginal people quickly became a marginalized group whose social self became largely diminished and deeply impoverished. Any perception of control they had over their lives became reduced and badly undermined, ultimately placing perceptions regarding locus of control onto the colonizers. What followed was the enforced loss of languages and ritual practices; re-education of Aboriginal people in government-supported and Christian mission schools; degradation of the status of women; devaluation of traditional spiritual leaders; and an almost complete loss of the power of self-determination.

Some may say that the fur trade was just an economic exchange. True, but with exchange being a transfer of something (material or immaterial) between people always carries cultural meanings and has a social life of its own (Appadurai, 1988). In the beginning, this exchange was seemingly balanced.

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Soon, it became apparent that it never was an equal exchange and Aboriginal people became increasingly dependent on trading posts, not only for European goods, but even for subsistence. It is clear, in the case of the fur trade, this economic exchange brought upon irreversible physical, social and cultural transformation that caused disastrous dislocations and adjustments in which Aboriginal people were forced to make. The hunt, what used to be a communal activity, then became individualized and performed for profit.

According to Martin, in pre-contact times:

> [T]he exploitation of game for subsistence appears to have been regulated by the hunter's attentiveness to the continued welfare of his prey - both living and dead, it is immaterial - as is suggested by the numerous taboos associated with the proper disposal of animal remains. Violation of taboo desecrated the remains of the slain animal and offended its soul-spirit. The offended spirit would then retaliate in any of several ways, depending on the nature of the broken taboo: it could render the guilty hunter's (or the entire band's) means of hunting ineffective; it could encourage its living fellows to abandon the hunter's territory; or it could inflict sickness. In all three instances the end result was the same - the hunt was rendered unsuccessful - and in each it was mediated by the same power – the spirit of the slain animal or its "keeper". [In any event,] [a]ny one of these catastrophes could usually be reversed through the magical arts of the shaman (1978:39).

No one will ever know whether or not the hunters kept to their ritual obligations when they were killing the beavers for profit. If the hunters did, they must have felt confused when the spirits would still retaliate by inflicting sickness on their families. The hunters must have felt abandoned by their spiritual realms, disillusioned, hopeless and lonely. If the hunters did not ritually reciprocate, they must have experienced guilt and shame, and feeling as if they crossed to another milieu outside the known world of social obligations. In any case, the shamans were not there to reverse the catastrophe as most of them were dead or dying, and those still alive did not believe in their magical arts anymore. It seemed as if only Christian religious beliefs and practices could have given some meaning to the alien and terrifying reality in which Aboriginal people unwillingly found themselves. The door to Aboriginal spirituality, forcibly and ruthlessly destroyed, was now wide open.

Middle Period - Cultural Dispossession - Cultural Area of Impact

The methods of creating categories and opposite images were the greatest aids for the colonizers in their bid for supremacy. They saw the world as divided in halves: the "civilized" and the "primitive." The primitive was bad and the civilized was good. However, as simplistic this statement seems today, in times of the first contact, it was the consistent modus operandi of the newcomers. Of course, these two halves were never relational to each other or, at least, the relational context was not a sufficient prerequisite for the preservation of identity. The realm of the civilized acquired and maintained its identity via its opposition to the primitive and through the colonizers who felt superior. Another process was necessary for their cultural identity to be heralded as a separate and superior identity, and its opposite had to be excluded: *if it is civilized, it cannot be primitive (if I am a European, I cannot be primitive* and vice versa *if he or she is an Indian, he/she cannot be civilized)*. Of course, the principle of exclusion operated

regardless of context and objective reality. However, this is how Aboriginal people became bracketed in the category of inferior human beings. Obviously, categories are simple to manipulate. Once the conquered world was organized into convenient groupings (*we* and *they*), both materially and conceptually, it was easier to control, command, supervise and order. It was like taming water: it cannot be carried unless it is put into containers and once it is contained, it is even possible to change its state from liquid to frozen.

The history of colonization of the New World is a tragic story in which the main protagonists are the powerful forces of dualism, domination, representation, enframing (categorizing) and instrumentalism. The Indigenous traditions were perceived by the dominant culture as an obscure repository of out-dated traditions, far inferior to the achievement-oriented, competitive and intrepid Europeans. As Wright states: "whites are soldiers, Indians are warriors; whites live in towns, Indians in villages; whites have kings and generals, Indians have chiefs; whites have states, Indian have tribes; Indian have ghost dances, whites have eschatology" (1992:x).

Before contact with European invaders, Aboriginal people had their own cultural world-view that was an objective and stable social fact to each and every individual born into Aboriginal societies. Their sacred universes were well articulated and their spirituality was validated in a variety of social situations; thus, reinforcing its own stability in a continuous social process. Aboriginal people's world-view, however alien to the newcomers, was an objective system of cultural meanings by which people, past and future, were integrated into a coherent cultural biography. In this biography, passed from generation to generation through means of social transmission, every Aboriginal person could locate herself or himself in relation to other members of the society or to the world outside, and could position himself or herself within the social order and in the sacred universe.

The continuity in individual and communal life is dependent on the coherence of meanings in the cultural world-view. When this coherence is disturbed and eventually destroyed, cultural and social transformation follow, which causes discontinuities in cultural identity formation. The shared cultural reality is destroyed and people are no longer able to find their way in the forest of new cultural idioms and symbols. When people's expert knowledge about the world around them is discredited, they are incapable of understanding the outside forces that forcibly shape their lives. Consequently, they stop participating in their own destiny, become marginalized as un-knowledgeable objects caught in the process of transition, dislocation and oppression.

A total cultural transformation in any society always begins with a change in the system of beliefs and practices. Indigenous people of the Americas always emphasized direct contact with *The Spiritual*. This was understood in both their immediate surroundings and what is beyond them. The focus was placed on establishing and maintaining close relations with spirits.

> In the beginning were the people, the spirits, the gods, the four-legged, the two-legged, the wingeds, the crawlers, the burrowers, the plants, the trees, and the rocks. There was the moon, the sun, the earth, the waters of earth and sky. There were stars, the thunders, the mountains, the plains, the mesas and the hills. There was the Mystery. There were

> the Grandmothers, the Mothers, the clans, and the people. At the end of the fifteenth century, Anglo-European time, the old world that the tribes, Nations, and Confederacies lived in began to be torn apart (Allen, 1986:194).

A bond of relatedness exists in Aboriginal cultural traditions, which connects the natural environment and the Aboriginal system of social and cultural action and economic practice. Destruction of the "physical sphere" in the early period of colonization damaged this bond of relatedness. Unlike the dominant (western) traditions where the environment is linked to the social system primarily through its instrumental value, in Indigenous traditions, a complementary relationship holds between the landscape and economic and social actions. This landscape provides a physical manifestation of truth of the Aboriginal spiritual system and gives the system a sense of solidity, resilience and resistance to change. Aboriginal creation mythology established a bond of a shared life force between humans and non-human species. This bond is a moral, social and psychological nexus connecting humans, animals and the landscape. Contrary to the dominant western societal paradigm, Aboriginal social and economic realms do not stop with the human species. Aboriginal ritual and economic participation in the environment is intended as a form of control and what happened (and is happening) in the environment. There is also a personal commitment to the well-being of the Aboriginal people's landscape that, for them, has meaning beyond utility.

In general, spirituality is defined as an attachment to all that concerns the life of the soul. Jacques Maritain, a Catholic philosopher, once said:

> A spiritual soul cannot be corrupted, since it possesses no matter; it cannot be disintegrated, since it has no substantial parts; it cannot lose its individual unity, since it is self-subsisting, nor its integral energy, since it contains within itself all the sources of its energies … [It] … cannot die. Once it exists, it cannot disappear; it will necessarily exist for ever, endure without end (1952:60).

It is beyond the scope of this study to discuss why missionaries believed that they could change the spiritual soul of "the savages," even though, according to their own belief system, it was eternal and self-substituting. The only answer would probably be that missionaries did not believe Aboriginal people had a soul at all. As soul-less beings, Aboriginal people were not aware of the Christian ultimate divine reality or of the eternal, which is infinitely other and greater than man, and they were in dire need of becoming enlightened. Enlightenment was achieved by imposing many strict prohibitions on the traditional ritual life of Aboriginal people. Those who converted were forbidden to practice any aspect of their traditions: "Converts were required to destroy their charms … and were forbidden to use dreams as guides to their actions. Because they could no longer consult with shamans about desires of the soul, Christians [Indians] were deprived of an important means for resolving personal frustrations within the context of a highly conformist society" (Trigger, 1985:256). Aboriginal people were not allowed to participate in public feasts and celebrations and could not take part in the network of economic reciprocity and redistribution. New converts were prohibited from contacting their "traditional" friends or even helping them when they were sick and traditional burial ceremonies were prohibited. Converts were encouraged to wear rosaries around their necks. Community after community became divided and segregated into Christians and traditionalists.

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The fact that people were dying from infectious diseases, secondary infections and famine only seemed to help the missionaries in their quest: "To the conquered and conqueror alike, it seemed as though God really was on the white man's side" (Wright, 1992:14). The Natives were sinful and lawless; they did not want to experience God's grace and they were being rightfully punished for their lack of piety. They were sinners and God wanted them to die for their sins. It was put forth among settlers by clergy members that God had deliberately made Indians die in order to clear a path for "his chosen ones" and those people that would cultivate land properly (Cook, 1998). Christian judgement made it easier for settlers to hate Aboriginal people, revel in their demise or, at the very least, wish them dead. There was no sympathy for dying Indians because the settlers and the missionaries saw Indigenous death and destruction as a clear statement of support from their Christian God (Crosby, 1972). Only the wicked and faithless had cause to worry about pestilence and death from plagues and epidemics. It was sinfulness of Natives that inspired God to send horrible diseases among people and Indians must have deserved their punishment (Duffy, 1951). The Christian tradition of attributing plague and pestilence to God's wrath provided colonists with a space of reason and acceptance of the massive de-population of Aboriginal people.

For Christians, spirituality is the awareness of God as One who is terrifyingly mysterious, the awareness of an intensity of being in relation to which men are virtually nothing. Although many Aboriginal people had the concept of the Great Spirit who was the creator of all things, the Creator was too omnipotent to influence people and nature directly: "his will was executed by a descending hierarchy of subordinate manitous, each of whom had a unique function and abode" (Martin, 1978:72). To the missionaries, the idea that Aboriginal people were able to communicate with higher powers (the manitous) on a day-to-day basis (and that these multiple, powerful entities even existed) was simply incomprehensible. For the missionaries, it was a terrible blasphemy that showed contempt and irreverence for the one and only God in which they believed; thus, they taught the Ojibway that Nanaboozho, the main protagonist and the culture-hero in their ontology, never existed. They told the Iroquois that their Peacemaker, the heavenly messenger, was just a figment of their imagination. They told the Navajo that Spider Man and Woman never played a role in creation. They convinced people that they were irrational and illogical, their beliefs meaningless and empty, their moral and ethical systems perverted and corrupted. "Polygamy was condemned … as immoral, the consultation of shamans was discouraged, the custom of interring material goods was criticized, eat-all feasts were denounced as gluttonous and improvident, and the Indians were successfully "disabused" of many of their so-called superstitions" (Martin, 1978:60). In the case of the Huron, for example, Trigger states: "the Jesuits had believed that because the Hurons had no full-time priests or special religious buildings, they held few firm religious beliefs and would be easy to convert. They saw themselves engaged in a battle with Satan himself rather than with the Hurons for the souls of these people" (1985:251).

With their traditional belief systems under attack, Aboriginal people were confronted with increasing cultural vagueness and social fragmentation. What usually followed is termed by anthropologists as "diffusion:" the process in which people borrow ideas and concepts from another people and incorporate them into their way of life. Borrowing is ideally selective on the basis of perceived usefulness and acceptability of the idea or item borrowed. This process is followed by acculturation that involves continuous and intense contact between two previously autonomous cultural traditions, usually leading to extensive changes in one or both systems (Woods, 1975).

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Acculturation is more than just the borrowing of material goods or the acceptance of certain ideas. It entails large-scale re-organization of a society to accommodate the presence of another cultural group. It may affect a society on different levels. According to Hobart (1975), people's health problems and practices are often related to their level of acculturation. Hobart (1975) found that Inuit infant mortality rates differed according to the parents' acculturative levels. In larger towns where no more than 1,000 Inuit dwell, the more acculturated families had higher infant death rates. The more modern parents provided poorer nutrition and hygiene to their children than the more traditional parents. They were also more apt to spend money on alcohol, and the mothers were more likely to be employed and to wean their babies early. In cultural terms, an acculturated group slowly loses its ability to remember its cultural past. What was believed as happening in the past becomes a myth and, according to Vecsey: "The popular Western mind to this day equates myth with falsehood, stupidly believed and foolishly studied" (1988:8).

Moreover, since Aboriginal people in North America lost so many of their chiefs and shamans to the epidemics (people who were repositories of cultural and historical knowledge), there was often no one left who could remember the past and beyond. Without cultural remembering, there is no cultural knowledge, nothing to pass on to next generations, nothing to teach young people and nothing to use as social resources in times of crisis. Without shared cultural knowledge, there are no societies, just groups of culturally orphaned individuals unable to create their shared future. As such, people can be pushed into the margins of the dominant society and this is exactly what happened to the Aboriginal people of North America. As Allen says:

> No Indian can grow to any age without being informed that her people were "savages" who interfered with the march of progress pursued by respectable, loving, civilized white people. We are the villains of the scenario when we are mentioned at all. We are absent from much of white history except when we are calmly, rationally, succinctly, and systematically dehumanized (1986:49).

Finally, without cultural consensus (with society members sharing precisely the same cultural knowledge), collective social action becomes more and more difficult to achieve, people are pushed into the marginal social sphere and eventually a state of disintegration or social disorganization sets in. And, as Jackson says:

> [T]he more marginal a person feels, the more likely it is that he or she will be attracted to this kind of essentializing and foundational discourse of identity, self-definition, and transpersonal belonging. Ontological insecurity and political weakness promote a search for an invincible category - an ur-culture [higher than], nation, parent, or cosmos - to which one can assimilate oneself, in which one may be reborn, to which one can say that one unequivocally belongs 1998:199).

When one is faced with a terrible crisis of meaning, what can better provide the sense of invincibility, belonging and being reborn than a religion promising salvation, access to the Eternal and a new set of meanings explaining what is happening in this world and what awaits one in the world beyond? A new religion that was brought by the missionaries to the New World was to support the new social order and define the place (or lack of it) of the Aboriginal people in a new society. In a sense, like alcohol, it was

to provide Aboriginal people an escape from reality. In the new beliefs of an after-life or the coming of the Messiah, disempowered Aboriginal people who lived in harsh and deprived circumstances could create an illusion of hope.

Before contact, Aboriginal people had their own system of meanings that was able to integrate most routine and extraordinary events into an understandable and meaningful pattern. As Allen explains:

> Traditional American Indian systems depended on basic concepts … including cooperation … harmony … balance, kinship, and respect … They did not rely on external social institutions such as schools, court, and prisons, kings, or other political rulers, but rather on internal institutions such as spirit-messengers, guides, teachers, or mentors; on tradition, ritual, dream and vision (1986:206).

When the entire Aboriginal population in North America went through a series of traumatic experiences that could not be explained by the existing social meaning system, these experiences also appeared to contradict important aspects in a social and cultural sense. Aboriginal people were experiencing a crisis of meaning. As Wright says: "The Indians own religious values had been corroding from the day they begun to hunt for foreign exchange instead of sustenance" (1992:233). What the missionaries had to offer to the disillusioned Aborigines were so-called "theodicies" (Weber, 1963) or religious explanations that provided meaning for meaning-threatening experiences. Theodicies told by the missionaries were to assure Aboriginal people that the disasters and deaths they experienced were not meaningless; rather, these were part of a larger system of order; something along the lines of a *Grand Design* for which God has a reason for one's suffering. For people who lost hope and direction, it is often just knowing that an order exists behind traumatic events that is far more important than knowing what that order is.

However, contrary to the missionaries' beliefs, Aboriginal people have a soul. The Ojibway believe that: "Man and Nature were conceived of as tripartite beings: each has body, soul and shadow. The soul was the seat of being, the life principle. Should it ever become lost (in sleep or unconsciousness) or stolen (by a malevolent conjurer), the individual would be accounted dead, even though his life signs might show him alive and healthy" (Martin, 1978:72). When sociological terms, such as "disorganization" or "disintegration" are used, it is in reference to a stolen soul. The missionaries had many means to steal Aboriginal souls. As Trigger writes:

> By 1640 the Jesuits had realized that their most stable and useful converts were older men who played a prominent role in the fur trade. These men, especially the chiefs, were influential in Huron society and once they were converted, the other members of their families were likely to seek baptism so that their souls would be reunited after death (1985:252).

Also, the Jesuits soon realized that "the Huron's had a complex set of religious beliefs that had to be destroyed or discredited before genuine conversion was possible" (Trigger, 1985:254). Among ingenuous tactics employed by the missionaries to achieve genuine conversion, were tricks such as converting married and prominent men, giving prospective converts gifts, treating them with honour and selling guns only to baptized Indians: "In 1643 the Jesuits informed the readers of their Relations that God had obviously sanctioned the selling of firearms as a way of making Christianity acceptable among the

Hurons" (Trigger, 1985:255). It was not long before the missionaries achieved their goal in establishing Aboriginal people in a position of spiritual dependence. Norms became open. The old regulations no longer held, new ones had not yet been crystallized. The situation of crisis in the group meaning and order is well described by Durkheim's concept of anomie (which means "without order"). According to Durkheim (1951), "anomie" means a crisis in the moral order of a social group. Spiritual beliefs function as a protection from anomie. When the spiritual beliefs of Aboriginal people were discredited, anomie (already experienced because of epidemics and loss of economic independence) grew, while crisis in cultural meaning deepened. Meaning is fundamental to a perceived sense of order as, without it, there is chaos. According to Berger, chaos is the opposite of sacred: "The sacred cosmos, which transcends and includes man in its' ordering of reality, thus provides man's ultimate shield against the terror of anomy" (1967:27). With destruction of their religious and cultural beliefs, there was nothing to shield Aboriginal people from further disintegration. Anomie entered their social sphere.

Middle Period - Cultural Dispossession - Social Area of Impact

If theodicies were all the missionaries brought, the effects of the introduction of the new system of belief would probably not be as disastrous in a social sense as they unfortunately were. However, Christians brought with them *The Book*, their sacred testament to the existence of the Supreme Being, which prescribed proper and improper conduct rules, a new ethical system of behaviour and thought, and a new system of punishment for behavioural and moral infractions. The missionaries brought the word about sin and salvation, heaven and hell, and the strict belief in the superiority of their religion. The "word of God" changed Aboriginal cultural mores and social structures. In the socio-cultural world where there was a strong sense of communal responsibility for the deeds and misdeeds of people, the missionaries brought ideas that morality lies beyond the circle of interdependence and depends upon an individual, not a group.

The community was the main vehicle for social cohesion in Aboriginal societies prior to contact. No one was left alone or beyond the circle of communal identification and affiliation. When a crisis arose, all community members were responsible for its resolution. This shared responsibility was, in a sense, a psychological shield protecting members of a society from helplessness and demoralization. The community worked to nurture its members and to create accepting, genuine and emphatic interpersonal relations. It was a means for social self-actualization understood as a shared social need for fulfillment and growth. People could develop their self-concept. Instead of waiting for individuals to break down, the community was there to intervene ahead of time to offer nurturing support systems and teach culturally appropriate coping skills. On the other hand, both Protestants and Roman Catholics agreed that nothing could be substituted for personal responsibility for sin and salvation, for life on earth and for rewards or punishments in the after-life. The notion of individual responsibility for one's life was to become a substitute for communal moral imperatives and obligations. It isolated people from traditional patterns of community identification and left them alone to face the uncertainties of new life. It also assigned Aboriginal people the responsibility (and blame) for their own social condition.

Said (1994) states that the manifestation of colonialism is through the configurations of power. The political culture of colonial rulers operated within the frames of conquest, exploitation and repression to break existing social patterns and reassemble them according to European standards. Citizenship was to replace kinship; and institutions, law and bureaucracy substituted for face-to-face communal

relations. Acts of encroachment, caused by missionaries, settlers or governments, destroyed the central meaning of culture and its entire social structure. People deprived of their cultural traditions have no meaning in lives that become reduced to a mere physiological routine. With the loss of moral values and a sense of heritage, social deterioration inevitably follows.

The colonizers came to North America with their voracious appetite for new lands and economic resources. When they met with Aboriginal cultures, they quickly realized that, in order to achieve their ambitious economic goals, they had to apply fixed, dual categories to the inhabitants of the New World. If the newcomers were "we," then Aboriginal people had to become "they" or "other" in order for the colonizers to steal what they wanted, simply because one does not steal from oneself. The invaders did not see order in the Aboriginal social organization because without familiar structures (British or French laws), a known code (Christian morality), a text (Bible), they were lost. The invaders clung to the belief they brought with them. If their conceptual constructions, such as an organized economy, evolution and development, were fruitful in achieving desired economic ends in this new place, their Aboriginal opposites (with an emphasis on maintaining balance, different belief systems, oral traditions, reciprocity and redistribution) must have been detrimental, primitive and, therefore, would lead to stagnation. For growth (in the European understanding) to be achieved, the colonizers would have to impose their conceptual constructions on colonized societies to order the perceived chaos.

European desire to command what they saw as chaos was exercised by a method of enframing (categorizing) or breaking up the existing Indigenous order of spiritual relatedness and substituting it with an order of known signs and representations (or what became new laws, new religion, new morality) and containing it into dual categories (*ours* and *theirs*). Abstract notions, such as authority, law and order, were brought to life within the conceptual realm and proclaimed as "objectively existing." Apparent objective existence of these notions was evident only through their representations: organized army, obedient citizens, churches full of practitioners and carefully arranged economic structures. Once the existing Aboriginal social and cultural structures were rearranged and organized according to the new laws brought by the colonizers and once the other Indigenous culture was separated from its reality and incorporated into an abstract meta-reality of new European signs and representations, the process of colonization was complete and North America fully discovered, regardless of the fact that Dehatkadons, a traditional chief of the Onondaga, said to Ronald Wright: "You cannot discover an inhabited land. Otherwise I could cross the Atlantic and discover "England"" (cited in Wright, 1992:5).

Thus, through contact with the missionaries and settlers, Aboriginal people were introduced not only to new beliefs, but also to a dramatically different canon of acceptable social behaviour. In any stable society, social actions that people perform follow directly from the norms. The social norms prescribe what is to be done in any given situation and action follows almost automatically. This kind of automatic, agreed upon action is vital to social integration and to the integration of the social personality. If people pause to consider the meaning of every act, their ability to make decisions would be seriously hampered; they would get frustrated, confused and, eventually, would be unable to act at all. Social norms develop from moral values. The latter develop from people's experiences, from the teachings of religions and from socially accepted ethical principles. Before first contact, Indigenous societies had their own culturally prescribed norms of proper and acceptable social conduct. These norms developed from years of shared experiences, from contact with nature seen as a spiritual domain and from what worked in their societies. Aboriginal people's morality before contact placed more value on ensuring that relationships between

people (and people versus spirits) were maintained and on seeing that the needs of the vulnerable (elders, children, women) were met through caring. Aboriginal people saw morality in terms of protecting the integrity of relationships and minimizing the hurt. Their perception of what was appropriate and right was dramatically as different from the convictions that non-Aboriginal people hold as their respective perceptions of reality. Dorothy Lee, an anthropologist interested in how people from different cultures perceive their immediate environment, described what she saw while looking at trees outside her window: "I see trees, some of which I like to be there, and some of which I intend to cut down to keep them from encroaching further upon the small clearing I made for my house" (1959:1). In the same passage, she contrasts with the perceptions of Black Elk, a Dakota Native who "saw trees as having rights to the land, equal to his own … "standing people, in whom the winged ones built their lodges and reared their families" "(cited in Lee, 1959:1).

For non-Aboriginal people who invaded Aboriginal lands, morality was a system of rules for adjudicating rights with competitive individualism defining their social relations. Overlaid on these conceptions was a sense of linear-directed change, a kind of evolutionary progress, by which the future was not only to be different from the past but also inevitably better. If they could only change how the Aboriginal people thought and acted for them to participate in the new dawn of civilization!

The missionaries and the settlers also brought into the New World an old European social hierarchy: "a woman's proper place was under the authority of her husband and that a man's proper place was under the authority of the priests" (Allen, 1986:38). Their Bible gave permission to use corporal punishment when women and children misbehaved. Their one and only God was not eager to share his absolute reign over earthly domains with Aboriginal spirits and manitous. Those not subscribing to Church dogma were savages in need to be civilized. As Allen (1986) observes, the old social systems of Aboriginal people were cooperative and autonomous, peace-centred and ritual-oriented, based on ideas of complementarity and inter-connectedness. For the missionaries and settlers, Aboriginal philosophical and spiritual concepts were beyond their comprehension, as for most of the Europeans at that time. Just like in the Americas, Australian missionaries also taught the Aborigines that "men were to be responsible for the "masculine" productive tasks of the vegetable gardens, and the women were to care for the feminine decorative display of the flower gardens" (Attwood, 1989:20).

> Aboriginal women … who had been the basic providers in the traditional hunter-gatherer society-had functions in the mission economy which were very limited and marginal … Like women generally in the nineteenth century, the Aboriginal women … were confined in small domestic and vocational spaces … As a result of missionary policies, then, the women lost most of the power they had previously enjoyed in traditional society (Attwood, 1989:44-45).

As Attwood (1989) further explains, missionaries not only emphasized the boundaries between private and public space, but also wanted to implant into the Aboriginal minds a duality of mind and body, a concept totally alien to the federative philosophy of Aborigine people, in order to "civilize" them.

Allen (1986) writes about Father Paul LeJeune, the Jesuit, and his quest to civilize the Montagnais-Naskapi of the St. Lawrence Valley in the mid-sixteenth century. Father LeJeune's plan had four parts. First, LeJeune wanted to establish permanent settlements governed by official authority. "If someone

could stop the wanderings of the Savages, and give authority to one of them to rule the others, we would see them converted and civilized in a short time" (Leacock, 1906:27 as cited in Allen, 1986:39). Second, he advocated the institution of punishment: "How could they understand tyranny and respect it unless they wielded it upon each other and experienced it at each other's hands? He was most distressed that the "Savages", as he termed them, thought physical abuse a terrible crime" (Allen, 1986:39). Third, he believed that Aboriginal children should be taken from their families and placed in Jesuit-run institutions, located far from the children's homes: "The Savages prevent their [children's] instruction; they will not tolerate the chastisement of their children, whatever they may do, they permit only a simple reprimand" (Leacock, 1906:28 as cited in Allen, 1986:39). As Allen observes, "what he had in mind was more along the lines of torture, imprisonment, battering, neglect, and psychological torment – the educational methods to which Indian children in government and mission schools would be subjected for some time after Conquest was accomplished" (1986:39).

Lastly, Father LeJeune wanted to introduce a new social structure in which Aboriginal people would adhere to the rules of patriarchal institutions of male dominance and female submission. Following instructions of his Church, Father LeJeune taught that a sacrament of marriage binds a man who has all the authority and his obedient wife for life. Divorce would not be allowed under any circumstances if the marriage had been consummated. Birth control was absolutely forbidden and birth prevention was to be considered a grave sin. Father LeJeune was not alone in his quest to civilize Indigenous people. All Aboriginal communities across the Americas and in the Pacific region met "their Father LeJeune" at one point or another in their life, who, like all other missionaries, brought the same message: replace "a peaceful, non-punitive, non-authoritarian social system wherein women wield power by making social life easy and gentle with one based on child terrorization, male dominance, and submission of women to male authority" (Allen, 1986:40-41). Often, the missionaries succeeded in altering Aboriginal behavioural patterns. Trigger says that in 1648: "A Christian woman who lived in Ossossane is reported to have beaten her four-year-old son, a form of behaviour hitherto not reported among the Huron's and one that they would have regarded as disgusting and inhumane. The Jesuits, who believed that the Huron's had to acquire a new sense of discipline in order to be good Christians, heartily approved of her action" (1985:267).

When Aboriginal people were forced to convert to Christianity and transform their morality to adhere to Christian ethics, they were also forced to transform their social self concurrently with a transformation of their basic meaning system. A transformation of social self changes the sense of who people are and how they belong to the social situation. New moral norms became a defining factor for the appropriate gender behaviour of men and women. New religion shaped norms pertaining to sexual behaviour and it influenced norms of dress, physical activities, entertainment and rituals. New religion also legitimated gender distinction in work roles, home responsibilities, child care obligations, education, marriage commitments, political duties and legal status. Women were to become subordinate to men, according to Saint Paul's view of the proper place of women:

> Let a woman learn in quietness with all subjection. But I permit not a woman to teach, nor to have dominion over men but to be in quietness. For Adam was first formed, then Eve; and Adam was not beguiled, but the woman being beguiled hath fallen into

transgression; [and became a transgressor;] but she shall be saved through the childbearing, if they continue in faith and love and sanctification, with sobriety (1 Timothy 2:11-15, ASV).

Many contemporary Aboriginal thinkers are convinced that, historically, the destruction of the social sphere began with a rearrangement of gender roles in Aboriginal societies and the devaluation of women. Traditionally, in many Indigenous societies around the world, women, together with men, were the repositories of cultural knowledge, responsible for handing down tribal law and custom. They were one of the forces that made possible the stability and continuity of life. Aboriginal women traditionally shared with men a common religious heritage based on their relationship with nature. Women, as well as men, were linked without discrimination to the same founding ancestors. Social benefits, as well as social responsibilities, were, in principle, the same for both sexes. Those societies, in which the centrality of women to social well-being of the entire community was never questioned, were also characterized by an equal distribution of goods with the welfare of children and elders of paramount importance. According to Allen:

> Christian missionaries, like their secular counterparts, could not tolerate peoples who allowed women to occupy prominent positions and decision-making capacity at every level of society … The colonizers saw (and rightly) that as long as women held unquestioned power … attempts at total conquest of the continents were bound to fail. In the centuries since the first attempts at colonization in the early 1500s, the invaders have exerted every effort to remove Indian women from every position of authority … and to ensure that no American and few American Indians would remember that gynocracy was the primary social order of Indian America prior to 1800 (1986:3).

When all the compartments of a social structure become damaged, a society cannot exist anymore; it loses its social self, which is a group's cognitive, psychological, and emotional definition and understanding of themselves as social beings. It includes people knowing where they begin and where they end in a social and cultural environment, what aspects of the cultural world are parts of the social self and what aspects are parts of others. It encompasses self-understanding of the group's capabilities and limitations, strengths and weaknesses, emotions and cognitions, and beliefs and disbeliefs. On an individual level, the social self is acquired through a process of socialization. However, this process becomes disrupted and sometimes impossible when the socializing agents (parents, teachers, shamans) manifest a profound sense of social worthlessness and inadequacy, and when the social norms become discredited. According to Sotomayor:

> The self-concept can suffer irreparable damage if the socialization process prevents significant and familiar symbols to be present and reinforced at various levels of experience. The sense of belonging, crucial in the development of the self-concept, becomes blurred if one's language, cultural patterns, and ethnic experiences are not reflected and supported, but rather given a negative connotation in the environment (as cited in Bloom, 1980:51).

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All these persistent changes in the social structure of Aboriginal societies had profound psychological effects on the social psyche of the people, which included social fatalism (the world was approached with distrust) and impoverishment of communication (there was no connection between Aboriginal people and the world outside). Being depersonalized as a social and cultural entity, having lost their social autonomy, their sense of social integrity and inter-dependence, without any semblance of social control, Aboriginal people became objects of non-Aboriginal constructions of the *otherness*. Being isolated from meaningful contacts with the world, cut off from their own traditional social meanings, resulted in social depersonalization that, according to Cattell and colleagues, is characterized by "feelings of unreality in reference to the self, the external world, or the passage of time; feelings of unreality or detachment, and loss of affective response" (1963:88-100).

Psychologists agree that severe stress, caused by a traumatic event (military combat or other catastrophe) can be a predisposing factor to a personality disorder. Dissociated states can occur in people who have been subjected to periods of prolonged and intense coercive persuasion (e.g., brainwashing, thought reform, or indoctrination while the captive of terrorists or cultists). In children, dissociated states may occur following physical abuse or trauma. The course of the disorder is generally chronic with a psycho-active substance use disorder as a complication. If it occurs primarily in identity, the person's customary identity is temporarily forgotten, and a new identity may be assumed or imposed (American Psychiatric Association, 1994). When translating psychological findings to social contexts, one can clearly delineate the process of social identity dissociation in which the Aboriginal social self was forced into invisibility for generations to come.

Late Period - Cultural Oppression - Psychological Area of Impact

> When loss is converted into absence, one faces the impasse of endless melancholy, impossible mourning and interminable aporia [sic] in which any process of working through the past and its historical losses is foreclosed or prematurely aborted (LaCapra, 1999:2).

It is very difficult to envision the incredible loss that Aboriginal people experienced after years of physical and cultural destruction. What is a society to do when it loses its collective behavioural rules, its social structure, and its collective cultural memory that shape how the meanings of past, present and future are being internalized and externalized for the generations to come? What about people (children, adults and elders) who are embedded in their memory-less, void and hollow social post-trauma milieu, in the absent past, in the ambiguous present and in their depersonalized future? How can people begin life again in such circumstances, with their memories dormant, silent and almost fossilized in time, with their inner collective gaze fixed on the tragedy that once happened and with all other horizons of hope blurred beyond recognition? As Wig (2001) proposes, psychological symptoms are very common among the survivors of disasters. The symptoms are often serious and last a long time, disrupting life's routine and causing considerable suffering. The immediate reactions to disaster are most disturbing.

> One … [may have] suffered physical injuries … [may have been] exposed to extreme danger, [may have] witnessed death of dear and near ones or [may have] seen mass deaths and destruction. During a disaster, one experiences the feeling of helplessness.

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There is often the feeling of guilt associated with the conflict of saving oneself or saving others. Maladaptive psychological reactions during a disaster include paralyzing anxiety, uncontrolled flight reaction and group panic (Wig, 2001:3).

Different emotional reactions may occur after a disaster.

In the beginning, many people feel numb. Some may even feel elated or relieved that they have been saved, but soon the enormity of the tragedy becomes obvious [and] [t]he effects of mental stress start showing. Post-disaster reactions include an intense feeling of anxiety, accompanied by "flashbacks" or frightening memories of the painful experience. Nightmares are usual in which the person wakes up with a frightening dream and the feeling of panic. The suffering individual remains tense all the time and fearful that something terrible may happen again. He or she tries to avoid any reference to the events of the disaster. Other common symptoms are the loss of sleep, poor appetite and social withdrawal. Some become very sad and depressed, losing interest in all activities. Various kinds of bodily symptoms also appear (Wig, 2001:3).

In two types of cases, the symptoms can last for many months and even years.

These [two types] are: (a) prolonged grief reaction and depression after the death of close relatives; and (b) Post-Traumatic Stresses Disorder (PTSD). In the case of PTSD, a person continues to get "flashbacks" of painful events; the mood is anxious, irritable and depressed. In addition, there may be multiple bodily symptoms like headache and giddiness. The patient complains of poor sleep, bad dreams, poor concentration and the inability to work. Such symptoms can last for a long time (Wig, 2001:3).

The development of characteristic symptoms following a psychologically upsetting event occurring outside the range of normal human experience is the key feature of post-traumatic stress disorder (American Psychiatric Association, 1994). Typically, the traumatic event may be re-experienced in several ways. Based on the clinical categories listed in the Diagnostic and Statistic Manual of Mental Disorders (DSM-IV), several psychological symptoms may be displayed:

- the person may have recurrent and intrusive recollections of the event or recurrent distressing dreams. There are dissociative states during which the components of the event are relived, and the person behaves as if he or she is experiencing earlier events at that moment;

- there may be intense psychological distress when the person is exposed to events that resemble an aspect of the traumatic event or that symbolize the traumatic event;

- there may be persistent avoidance of stimuli associated with the trauma, or a numbing of general responsiveness that was not present before the trauma;

- the person may commonly make deliberate efforts to avoid thoughts or feelings about the traumatic event and about activities or situations that arouse recollections of it; and

- the person may manifest diminished responsiveness to the external world, referred to as *psychic numbing* or *emotional anaesthesia*.

As early as 1889, psychologist Pierre Janet noted that emotionally intense events are made traumatic when the integration of the experience is interfered with. This would have been the experience of Aboriginal people as they fought to survive increasingly hostile and unrelenting attempts to assimilate and destroy their social and cultural environments. "Janet believed that intense emotions cause a dissociation of memories from consciousness and result in the memories being stored as anxieties, panic nightmares, and flashbacks. Janet observed that his patients had difficulty learning from their experience and seemed to focus a great deal of energy on keeping their emotions under control" (cited in O'Meara, 1997:71).

According to the Diagnostic and Statistic Manual of Mental Disorders, 4th edition (DSM-IV), a person who suffers from PTSD may complain of feeling detached or estranged from other people. His or her ability to feel emotions of any type, especially those associated with intimacy, tenderness and sexuality is markedly decreased. Many report change in aggression and a form of irritability with a fear of losing control. The fear is conscious and pervasive and the reduced capacity for modulation may express itself in unpredictable explosions of aggressive behaviour or an inability to express angry feelings. Symptoms of depression and anxiety are common and impulsive behaviour can occur. Impairment may be severe and affect nearly every aspect of life. Phobic avoidance of situations or activities resembling or symbolizing the original trauma may interfere with interpersonal relationships such as marriage or family life. Emotional lability (state of being unstable or changeable), depression and guilt may result in self-defeating behaviours or suicidal actions. Psycho-active substance use disorders are common complications (American Psychiatric Association, 1994). Symptoms of PTSD are even more complicated in children. Children have the sense that they are reliving the past; that they are reliving the occurrence of trauma in action, and there is a marked change in orientation toward the future. This can include a sense of a foreshortened future (American Psychiatric Association, 1994).

What happens when an entire population experiences post-traumatic stress disorder compounded by recurrent stressors? What happens if the disturbing, intrusive memories of genocide become internalized by a society that, as a whole, disengages itself from life and gets involved in circular re-living of trauma, generation after generation? What happens when individual multiple symptoms of PTSD become expressed by entire populations and begin to be passed through overt behavioural patterns to their children, grandchildren and great grandchildren, together with unanalyzed and, therefore, unresolved memories of loss and separation? According to Hallowell:

> The old Ojibwa character was also built on a psychological foundation which required a maximum of *inner* control, since, from the standpoint of their social organization, highly institutionalized outer controls and sanctions were practically absent. This psychological feature of the Ojibwa is also the basis of the so-called "social atomism" of their [A]boriginal society (1967:236).

What happens when a whole nation loses a sense of control over its own psychological resources?

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There are many consequences of post-traumatic stress disorder experienced on a communal level. According to a study (Weine et. al., 1995) that examined the "trauma testimonies" (narrative account of terror and suffering) of twenty Bosnian refugees who were resettled in the United States, these survivors of genocide carry with them constant images of death and atrocity. One man described them as films that play in his head, others have lost their memories of the events and one woman was unable to remember the "trauma story she told three weeks earlier: All kinds of things come together. Being expelled. Things we lost. Twenty years of work – then suddenly being without anything … All the memories come at the same moment and it's too much" (Weine et. al., 1995:541).

Recurrent recollections of trauma, experienced by individual members of the society will, sooner or later, enter into a social narrative of the group and become transmitted to next generations. They will enter into cultural collections of symbols and meanings, into rituals and ceremonies, into the group's shared cultural memory and into behavioural patterns. Parents will tell children stories of terror at bed-time, instead of soothing fairly tales that always end well. At worse, they will act out stories of terror at bed-time instead of creating soothing social narratives of well-being and love. Adults, who constantly re-live horrifying experiences in their minds and in their behaviours, will be less able to cope with their parental and social obligations. Some will not be able to cope at all. Relations between people will be disturbed, marriages will fall apart and children will be damaged. Some will be unable to express love or tenderness, being numb themselves and they will raise numb, anaesthetized children who are unable to express their emotions.

The combined effect of numerous incidents of emotional abuse may lead to similar symptoms of repressed emotions, numbness and the irrational thinking that comes with unresolved issues and loss of inherent identity. People will not respond to the world outside. They will perceive the world as hostile and beyond their control. They will feel alienated, detached, alone and lonely. They will pass their loneliness and alienation onto their children who will also become lonely and despairing. Their bodies will be the only things over which they will have control and, even then, the sense of control will be tenuous because of their own lifetime experiences. They will start abusing their bodies; they will drink themselves into oblivion, they will sniff glue and gasoline, they will cut their arms and they will kill themselves. They will not be able to love. Their helplessness will make them angry and they will beat and rape their wives and children, and each other. Their children will not have the sense or the knowledge that they are reliving the past of their parents, grandparents and great grandparents. For them, the terror will be happening here and now. Abandoned and neglected, they will not see the future as anticipated opportunity. They will not see any future at all.

This is not just a terrifying possibility. It is not a script for a futuristic horror movie. This is what happened and is still happening to generations of Aboriginal people in the Americas and beyond, just as it happened to other victims of genocide. This is happening now.

As noted earlier in the text, Alan Young (1995) and Furst (1967) identified how the present interpretation of past events can continue to impact lives and how the conception of memory shapes one's sense of personhood and active or conscious memories. There is no doubt that the way Aboriginal people remember their past and interpret those events as individuals and as a people contributes to contemporary social problems in Aboriginal communities. There is no doubt a strong relationship between continuing First Nation cultural and social dysfunction and the psychogenic trauma generated by centuries of

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genocide, de-population, cultural dislocation and forced assimilation exist. New research supports the idea that psychological trauma does not only result from such events as combat and natural disasters, but also from everyday modern life and the sequelae of childhood abuse and spousal assault, rape, family violence, abandonment and neglect. These forms of trauma not only produce post-traumatic stress disorder, but also "precipitate the development of other psycho-pathologies, such as borderline personalities, substance abuse, and depression" (Tseng and Streltzer, 1997:143).

The setting for chronic, complex or endemic PTSD first manifested itself in Aboriginal communities over 500 years ago. It has never disappeared from Aboriginal people's lives, from their past, present and now from their future. These various forms of post-traumatic stress disorder are part of an historic trauma. This phenomenon is defined by the Lakota Takini Network Inc. as cumulative emotional and psychological wounding across generations resulting from massive group tragedies (Yellow Horse Brave Heart, 1998; 1999). According to psychiatrists, the massiveness of suffering experienced by people who "felt" genocide (even if only vicariously, as repeated in memories of their ancestors), extends beyond the bounds of the current diagnostic category of PTSD (Weine et. al., 1995). There are other elements, other factors and even deeper suffering that played a role in disrupting Aboriginal cultural and social continuity in times of first contact.

The historical trauma that affected Aboriginal people in North America did not stop with the epidemics. It did not stop with the invaders taking away Aboriginal lands. It did not stop with the missionaries taking away Aboriginal belief systems. Another type of cultural genocide was attempted from the 1880s to 1950s - the period known as the residential school era. Much has already been written about this new brutal form of colonial control. To summarize briefly: First Nation children were removed from their families and sent to schools operated by missionaries and later by the Government of Canada. The forceful removal of children from their families was, at that time, a lawful governmental practice intended to destroy Aboriginal social and cultural identity.

According to Dr. Yellow Horse Brave Heart's studies among the Lakota Nation, Indian children who were taken to boarding schools were subjected to starvation, incarceration, physical and sexual abuse, prolonged separation from families and even death. Children were punished for speaking their own language, praying the way their grandparents taught them and virtually anything they did that had to do with being Indian (Weaver and Yellow Horse Brave Heart, 1999). Chrisjohn and Young (1997) compiled a list of human rights violations that children experienced. These include physical abuses (including sexual assaults, beating, burning, electric shock), as well as psychological and emotional abuses (including verbal abuse, racism, prohibitions imposed on speaking Aboriginal languages and forced labour).

According to Roth, a traumatic event is:

> [A]n event whose very intensity makes it impossible to take in through our cognitive structures. This event is therefore impossible to recollect in the normal processes of memory … Traumatic phenomena seem to wound us in ways that cannot be represented. One way to deal with that is to give up on the process of representation. But this seems unlikely or perhaps even impossible because ignoring trauma just makes the automatic

repetition of traumatic events more likely; people who are not able to represent to themselves a traumatic event find themselves acting it out or suffering from automatic memories - flashbacks - in some excessive, symptomatic way (1999:1-2).

Aboriginal people are beginning to understand that many of their social problems they deal with everyday have roots in the extensive historic trauma experienced and was never properly represented. The meta-narrative of the Western world simply did not include the entire Aboriginal story of loss and impermanence. Collectively, one may refer to Aboriginal people as "the bereaved:" those who have been deprived of something dear - their cultural identity and their social self. Bereavement is always associated with grief. If one perceives loss as separating oneself from a part of life to which one was emotionally attached, Aboriginal grief may be understood as an attempt to restore equilibrium to their social system. It involves all of the emotional, cognitive and perceptual reactions that accompany such loss. Ideally, it should be followed by a recovery that involves survivors restructuring their lives.

According to Spikes (1980), grieving has three broad stages. In the first stage, called *denial and anger*, the bereaved feels angry and frustrated by their loss. The second stage, *depression*, is characterized by apathy and disorganized behaviour. Finally, in the third stage, called *acceptance and readjustment*, the bereaved reorganize their lives.

For Aboriginal people, loss of their cultural identity was not an abrupt event, but continued in one form or another through centuries of intense pain and suffering, and they were never able to reach the recovery stage. In a sense, they are still grieving their losses with only limited outside social resources to help them in the process.

An Aboriginal discourse of loss was always treated as marginal to a Western narrowly-defined historical memory. Researchers, anthropologists, social workers and mental health practitioners working with Aboriginal people consistently failed to identify focal issues in Aboriginal history of dispossession and oppression. They failed to integrate Aboriginal people's narratives into the history of colonization that, for the invaders, always included themes of power and hierarchy; never of relationships between them and the rightful owners of the lands they came to occupy. Even if the history of oppression was critically analyzed, the analysis always followed rules of linear causality, and denying the importance of the inter-dependence of historical facts that influenced Aboriginal people's lives.

Since the issue of repetitive and circular historical trauma never truly entered into Western perception, as it was never properly analyzed and never understood, no healing modality was designed to assist Aboriginal people to prepare for, or respond to, the demands associated with such a profound social crisis and cultural loss. The crisis victims were never, in any sense, assisted in understanding the development stages through which the trauma has passed or will pass, in recognizing the specific problems resulting from that crisis, in re-organizing their lives and, particularly, in identifying and applying viable problem-resolution strategies or in what Slaikeu (1984) describes as "working through the crisis."

Instead of working through the trauma, people became caught up at the second stage of grieving; somewhere between anger and depression, apathy and disorganization. They began practicing social disengagement that, according to social theorists, can be a consequence of several factors. One of the most prominent of these is role loss as the individual's position in society changes. With an increasing

awareness and not possessing internalized representations of the dominant culture that could be manipulated to their benefit, and without a strong representation of their own self-identity, people become "absent" from their own culture.

Focusing on the Lakota Nation, Weaver and Yellow Horse Brave Heart explain that:

> [T]he sense of self, traditionally, is intimately bonded with the group, or the Oyate. Being Lakota means carrying the welfare of the Oyate in one's heart, making all decisions with the well-being of the Oyate in mind, and at times sacrificing oneself for the good of the Nation. Connection with all of creation, both the present universe and the spirits of those who have gone before, is essential to positive self-esteem. The sense of self and one's identity does not exist apart from the spiritual world, the Oyate, and all of creation. To truly be Lakota, one must embrace the values of the Oyate and participate in the sacred ways and responsibilities (1999:3).

Weaver and Yellow Horse Brave Heart (1999) also state that people identify with ancestors massacred at Wounded Knee and develop a "victim identity" and identification with the dead. This identification with dead ancestors may have led many Lakota to feel as if they were dead and may have contributed to higher rates of suicide. With their original Lakota identity being altered, they incorporated features from the historical experience of persecution and oppression, including a devalued self-image and victim status projected onto them by the oppressors.

The Takini Network Inc., a Lakota collective of clinical social workers, addiction counsellors, educators, community leaders and traditional healers, adopted a definition of historical trauma as cumulative emotional and psychological wounding spanning generations, which emanates from massive group trauma (Yellow Horse Brave Heart, 1999), in order to devise proper healing methods for Aboriginal people. Dr. Maria Yellow Horse Brave Heart (Lakota), associate professor of social work at the University of Denver, developed the concepts of historical trauma and historical trauma response (HTR).

According to the HTR theory, a set of behavioural and psychological responses is formed in reaction to the trauma that a group of people has endured. It is comparable to the survivor syndrome manifested by Jewish Holocaust survivors and their descendants. The combination of symptoms may show up differently in communities and individuals, but the roots are still the same, originating from cultural genocide (Yellow Horse Brave Heart, 1999). According to the theory, HTR symptoms include elevated suicide rates, depression, self-destructive behaviour, substance abuse, identification with the pain ancestors endured, fixation to trauma, somatic symptoms that do not have a medical reason, anxiety, guilt and chronic grief. Yellow Horse Brave Heart states that the symptoms associated with social disorders related to historical trauma manifest themselves differently with respect to the genders:

> As the genocide began, men lost their traditional roles and experienced a sense of failure as protectors and providers. HTR theorizes that this sense of loss has been transmitted down through the generations, affecting many generations of Indian men with a deep sense of pain, anger and powerlessness. These destructive feelings manifest themselves as violence toward their loved ones, substance abuse, suicide, and an inability to communicate feelings and experiences. Many Native men adopted the oppressor's ways

of operating: power through control, intimidation, manipulation, lack of respect for equality and nurturance of women, abandonment of family and responsibility, and a lack of honesty. For Native women, the traditional role of educator, healer, nurturer, head of the home, and sustainers of the family and Nation was gone. Faced with being victims of abuse and abandonment, women turned to substance abuse, suicide and hopelessness. In trying to provide for and protect children alone (as well as coping with traumatic events in their lifetime such as past sexual, physical and emotional abuse), Native women found themselves and their children in poverty, and many times, unable to cope with all the stressors involved with going it alone (Yellow Horse Brave Heart, 1999:4)

As Yellow Horse Brave Heart (1999) proposes, an important element in the HTR theory is that the trauma is transmitted through generations. As descendants of people who have suffered genocide not only identify with the past, but also emotionally re-experience it in the present. Research also shows that descendants can have a tremendous loyalty to their ancestors and relatives who suffered and died, and often find they perpetuate suffering in their own lives as a result.

In the historical trauma response model, a cluster of symptoms characteristic to HTR is very broad and may suggest many different psychological and social diseases, including post-traumatic stress disorder (PTSD). However, according to Cecil White Hat, director of the Chemical Dependency Program at the Minneapolis American Native Center and representative to the Minnesota American Native Chemical Dependency Advisory Council:

PTSD and HTR are different … PTSD happens around an event, an event with a beginning and end. For Native people, the trauma continues. There hasn't been an end. It is seen in the racism Native people face every day, and in the ignorance of the dominant society. It is especially seen in the school systems, the mental and chemical health systems, and in the lack of appropriate resources which are culturally meaningful (The Circle, 2001:5).

The Known and the Unknown Genocide

Historic trauma became a part of Aboriginal people's common experience, covertly shaping individual lives and futures, and devastating entire communities and regions. Since contact, First Nation people have experienced several waves of traumatic experience on social and individual levels that have continued to place enormous strain on the fabric of Aboriginal societies across the continent. Throughout this report, the term "genocide" is used many times when referring to the Aboriginal people's experiences in America. Since psychologists, psychiatrists and anthropologists all agree that victims of intense trauma, as well as their offspring, show the same emotional responses as the survivors of genocide, it is necessary to address this issue, anticipating possible controversy over the use of the term "genocide" in the Aboriginal context. Recently, more and more socio-cultural researchers and historians venture into this delicate area of study, pointing out that the Aboriginal civilization witnessed many "unknown" or "silent" genocides that often left various cultural groups badly damaged and even extinct (such was the case with the Aboriginal population of Tasmania). More researchers dare to use the term genocide; whereas before, people talked about oppression, relocations, stolen generations, and so on, and risking a strong critique

from their more conservative colleagues. This report sees the necessity of discussing issues of genocide in a public and/or academic arena. This part of the study is intended to initiate a discussion and illustrate the contention that Aboriginal people in the Americas, throughout the centuries, had to deal with strong, relentless forces of annihilation that were as evil and destructive as the Nazi's power was during World War II. It is only due to their cultural strength that some Aboriginal people survived to pass painful memories onto the generations after. Again, Aboriginal people's experiences were not particular in the world history of oppression.

It has been pointed out that historic colonialism produced a profound alteration in the socio-cultural milieu of all subjugated societies, but Aboriginal people in North America do not stand alone in the annals of historical injustice. Glaring examples include the forced relocations of Indigenous people in South Africa, slavery on the African continent and the stolen generations of Indigenous people in Australia. Terrifying examples of oppressive tendencies in other historical contexts include the Jewish Holocaust and the internment of Japanese nationals in Canada. A few examples of societies and cultures affected by visible genocide were presented. However, the reader should note that there were many others.

The Oxford Advanced Learner's Dictionary (1989) defines genocide as a "the murder of a whole race or group of people." The term was adopted after World War II to describe, according to the definition of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide (adopted by resolution at the United Nations General Assembly), an organized, planned action to destroy, in whole or in part, a national, ethnical, racial or religious group. Genocide may manifest itself in killing members of the group, causing serious bodily or mental harm, deliberately inflicting conditions calculated to bring about its physical destruction, in whole or in part, and forcibly transferring children of one group to another group. Genocide is a punishable crime under international law. The world became conscious about genocide only after World War II, in which the xenophobic nationalism of the German Nazi movement had destroyed millions of lives across Europe and beyond.

The Nazis believed that the Aryan race (of which the Germans supposedly represented the purest strain) was the superior race; the one destined to rule over inferior races in the East. In Hitler's pathological obsessions, the Jewish people were a counter-race whose aim was to enslave and ultimately destroy the Aryan race (Carr, 1979). The Jewish people had to be exterminated to satisfy Hitler's irrational mania. A possible four and a half million Jewish people perished during the Holocaust, although some estimates are much higher. "Special camps were constructed at Chelmno, Belcec, Sobibor, Treblinka, Majdanek and at Auschwitz, where gas chambers were built on Himmler's orders … The camp commandant at Auschwitz calculated in 1945 that two-and-a-half million Jews had been gassed there and a further half million had died of hunger and illness" (Carr, 1979:350).

The same fate awaited the Romanian people (Gypsies) and Slavs, as they were considered inferior. "[I]t was known at least thirty years ago that between 500,000 and 750,000 [Gypsies] died in camps … More recent research shows that there were as many as a million more Gypsies exterminated" (Churchill, 1998:37). Hitler's plan for the de-population of Eastern Europe and the resettlement of Aryan colonists was laid out by his right hand, Himmler, and involved depriving Polish people, Czechoslovakians,

White Russians and Ukrainians of any possibility of advancement: physically, materially or spiritually. Initially, people from those occupied territories were deported to Germany, to work in slave labour camps.

According to historians:

> The worst treatment was meted out to Russians, Poles and Greeks as racial inferiors fit only for slave labour; of the 4,795,000 foreign workers in Germany at the end of the war nearly two millions were Russians living in frightful conditions, brutally treated and systematically worked to death in the interests of the German war-economy (Carr, 1979:348).

The Slavs were classified by the Nazis according to their racial characteristics. The ones who appeared Aryan were deported for further racial examination. More than 200,000 Polish children who possessed Aryan-characteristics were forcibly taken from their Polish parents and placed in German homes to be raised as Germans. Another approximately 2,000,000 Polish people were sent to Germany to work in slave labour camps.

Deportation to Germany was just one way for Hitler to realize his ruthless plans: "it was on his express orders that mass executions of members of the Polish ruling class took place in 1939 in a cold-blooded attempt to deprive the Poles of their natural leaders" (Carr, 1979:349).

> On August 22, 1939, a few days before the official start of World War II, Hitler authorized his commanders with these infamous words, **to kill "without pity or mercy, all men, women, and children of Polish descent or language.** Only in this way can we obtain the living space [*lebensraum*] we need" … Heinrich Himmler echoed Hitler's decree: "All Poles will disappear from the world…. It is essential that the great German people should consider it as its major task to destroy all Poles" … By October 8, 1939, Polish Jews and non-Jews were stripped of all rights (Pencak Schwartz, 2003:1).

As in other countries that were brutally attacked by the Nazis, young Polish men were forced to join the German army where German was the only language allowed. All secondary schools and colleges were closed. Germany then went to great lengths to destroy all that is Polish (i.e., art, history, culture). There were hundreds of public executions of community leaders and professionals (i.e., government officials, clergy, doctors, journalists). The remaining majority of the leading class was sent to concentration camps where they later died (Lukas and Davies, 2001). During the period of the Holocaust, Poland lost the majority of its professionals, as three million Polish people were killed (Pencak Schwartz, 2003).

In many European countries, the Nazis committed this same and carefully planned act of genocide. This was the known genocide, the known evil that, at least in retrospect, is easily identifiable by its tyrannical tendencies and moral decadence; the evil that everyone dreads. Not many remember, or even know, that it all happened before; the same aggression to bend dependent others to an oppressor's will was once before exercised to doom millions to death with the same zeal, same ambition and same dedication.

Chapter 2

During the four centuries spanning the time between 1492, when Christopher Columbus first set foot on the "New World" of a Caribbean beach, and 1892, when the U.S. Census Bureau concluded that there were fewer than a quarter-million indigenous people surviving within the country's claimed boundaries, a hemispheric population estimated to have been as great as 125 million was reduced by something over 90 percent. The people had died in their millions of [*sic*] by being hacked apart with axes and swords, burned alive and trampled under horses, hunted as game and fed to dogs, shot, beaten, stabbed, scalped for bounty, hanged on meathooks and thrown over the sides of ships at sea, worked to death as slave labourers, intentionally starved and frozen to death during a multitude of forced marches and internments, and, in an unknown number of instances, deliberately infected with epidemic diseases (Churchill, 1998:1).

This was genocide too: the destruction of a culture and its people through physical extermination. This was genocide that manifested itself in killing Indigenous people, in causing serious bodily or mental harm to them, in deliberately inflicting on them conditions of life calculated to bring about their physical destruction and in forcibly transferring Aboriginal children to another group. Just as in Germany-occupied Europe during World War II, Indigenous people in the Americas were stripped of all their rights. The Indigenous language was never to be spoken again. Indigenous teachings were considered evil and primitive. The Indigenous ways of life were liquidated. Shamans and Elders were killed or discredited. Indigenous art and culture were destroyed. Aboriginal ceremonies and rituals were forbidden. Communities were demolished. Names of places and sites were changed to new English, French or Spanish names. Even tribal identity was renamed in languages of the invaders: Indigenous people of the Americas became "Indians." Thousands of Indigenous community leaders, Elders, shamans, teachers and healers were executed in public. Many Indigenous people were sentenced to die, in one awful way or another. All that was done to Indigenous people in the Americas would certainly have made Hitler and Himmler proud because, as Churchill says:

> [C]olumbus and Himmler, Nazi Lebensraumpolitik and the "settlement of the New World" bear more than casual resemblance to one another … Columbus did not sally forth upon the Atlantic for reasons of "neutral science" or altruism. He went, as his own diaries, reports, and letters make clear, fully expecting to encounter wealth belonging to others. It was his stated purpose to seize this wealth, by whatever means necessary and available, in order to enrich both his sponsors and himself. Plainly, he prefigured, both in design and intent, what came next. To this extent, he not only symbolizes the process of conquest and genocide which eventually consumed the Indigenous people of America, but bears the personal responsibility for having participated in it (1998:69-90).

To invoke an eidetic image, which is described by Haber and Haber (1964) as a persistent icon that stays in people's memories, the conquest of Mexico by Hernando Cortes had the following demographic results: the destruction of Tenochtitlan, which contained many cities and inhabited approximately 350,000 people; before contact, central Mexico contained approximately 25 million people and seventy-five years later, approximately one million were left of the total population; ninety-five per cent of

native people in western and central Honduras died within one-half of a century; and ninety-nine per cent were killed in western Nicaragua, from more than one million to 10,000 people within sixty years (Stannard, 1992).

In another tragic example of genocidal destruction, the Beothuk, the Indigenous inhabitants of Newfoundland, were actively hunted and killed by British farmers, fishers and trappers who settled on the bays that had been the Beothuk's summer camps. From the time of the island's discovery in 1497, the Beothuk had been repeatedly pushed further inland and away from their own resources. Weakened by hunger and diseases, such as smallpox, measles, influenza and tuberculosis, the population decreased from approximately 345 in 1768 to 72 in 1811. The last Beothuk, Shanadithit, was captured and brought to St. John's in 1823 where she died of tuberculosis in 1829 (Price, 1979; Marshall, 1996).

In Australia the colonists treated the Aborigines with equally terrifying genocidal ambitions. It is now well-documented that the settlers' treatment of the Indigenous people was unjust and often murderous (Critchett, 1990) and the genocide, which took place in many parts of the land, was matched by herbicide and domination over the natural environment. Taken to an extreme, this attitude called for the annihilation of Aboriginal people (Thorne, 1990). In Tasmania, for example, where the settlers arrived in 1803, the killing of the Indigenous people began just three years later. As Tatz says:

> In retaliation for the spearing of livestock, Aboriginal children were abducted for use in forced labour, women were raped, tortured, and given poisoned flour, and the men were shot … In 1824, settlers were authorized to shoot Aborigines. In 1828, the Governor declared martial law. Soldiers and settlers arrested, or shot, any blacks found in settled districts. Vigilante groups avenged Aboriginal retaliation by wholesale slaughter of men, women and children. Between 1829 and 1834, an appointed conciliator, George Robinson, collected the surviving remnants: 123 people, who were then settled on Flinders Island. By 1835, between 3000 and 4000 Aborigines were dead. This wasn't simply a murderous outbreak of racial hatred. They were killed, with intent, not solely because of their spearing of cattle or their "nuisance" value, but rather because they were Aborigines. The Genocide Convention is very specific on this point: "the victim group must be at risk because they are that group (1999:14-15).

Between 1824 and 1908, white settlers killed approximately 10,000 Aborigines in Queensland. In Western Australia, there were hundreds of massacres during early settlement and the 1920s, and with the last of them, the Forrest River killings, happening as late as 1926. In South Australia at the start of the nineteenth century, the early whalers and sealers were equally brutal. "There was a massive population loss in central Australia" (Tatz, 1999:15). About 20 per cent may have died from influenza, typhoid and other introduced diseases. Approximately 40 per cent of the Aboriginal populations were eventually shot in what was euphemistically called "dispersal."

In establishing sovereignty over Australia, England relied upon the doctrine of terra nullius, which was a denial of the long presence of Aboriginal Australians and came to symbolize the contempt that the settlers had for Aboriginal people. The Aborigines were seen as savages and as lawless, hostile and

immoral people who had no concept of property (Williams, 1986). The Europeans saw the seemingly wandering and homeless tribes as not being aware of the value of land they walked upon. Such a view allowed the Europeans to justify the appropriation of Aboriginal lands (Attwood, 1996).

There was no respect for the existing Aboriginal law and culture: "We must starve them off to get rid of them - they are a squalid dirty lot" (Elder, 1988:54). Elder cites opinions of many non-Aboriginal people: "The best thing that can be done is to shoot all the blacks and manure the ground with their carcasses" (William Cox, Landowner, 1824 as cited in Elder, 1988:42). "I look at blacks as a set of monkeys, and the earlier they are exterminated from the face of the earth the better" (cited in Elder, 1988:9). Those who resisted British domination were killed as being "nothing better than dogs, and … it was no more harm to shoot them than it would be to shoot a dog when he barked at you" (Reverend William Yate, 1835 as cited in Elder, 1988:9).

The non-Aboriginal people represented the attitude of domination over nature: "Consciousness is human, and involves reason. A serious gap exists between us and the rest of nature. Nature is to be watched, pitied, and taken care of if it behaves" (Bly, 1980:8). Aborigines, like the wildlife, were bracketed in the category of worthless species: "it will be a happy day for Western Australia and Australia at large when the natives and the kangaroo disappear" (Whitelock, 1985:43-44), as one member of the Western Australian legislative assembly said in 1892. In only 200 years of settlement, this contemptuous attitude for the land and its Indigenous people, coupled with the genocidal tendencies of the invaders, generated a profound change in the social, cultural and physical landscape of the Aboriginal world. Then came the missionaries who, as Tatz admits, were:

> [A]ctive agents of various governmental policies, such as protection-segregation, assimilation, so-called integration and some of the latter-day notions like self-determination and self-management. More than agents, they were delegated an astonishing array of unchallengeable powers. Uniquely - in terms of modern missionary activity in colonized societies - mission boards became the *sole* civil authority in their domains. They ran schools, infirmaries, farms and gardens, provided water, sewerage and similar public utility services, established dormitories, built jails, prosecuted "wrongdoers", jailed them, counselled them, controlled their incomes, forbade their customs and acted as sole legal guardians of every adult and every child. Almost incidentally, they also tried to Christianize the inmates according to their varying dogmas and doctrines, with little success (1999:18-19).

As Tatz says, for non-Aboriginal Australians today:

> [G]enocide connotes either the bulldozed corpses at Belsen or the serried rows of Cambodian skulls, the panga-wielding Hutu in pursuit of Tutsi victims or the ethnic cleansing in the former Yugoslavia. As Australians see it, patently we cannot be connected to, or with, the stereotypes of Swastika-wearing SS psychopaths, or crazed black tribal Africans. Apart from Australia's physical killing era, there are doubtless differences between what these perpetrators did and what we did in assimilating people and removing their children (1999:2).

Chapter 2

In many parts of Australia, the government practiced the forceful removal of children from their families; a genocidal practice intended to destroy Aboriginal social and cultural identity and was exercised well into the 1980s. A common practice was simply to remove the child forcibly, often in the absence of the parent, but sometimes directly taking the child from its mother's arms. The children were then sent to non-Aboriginal institutions where they were kept until the age of 14. Then, in the case of girls, sent to domestic services where they experienced sexual, psychological and physical abuses of unprecedented proportions. They were constantly monitored by their non-Aboriginal "protectors" and forced into social submission. On the other hand, Aboriginal men and boys often ended up in isolated detention centres as a result of their "delinquent behaviour." Stripped of their Aboriginal status and identity, they were left to their troubled selves. Rose also talks about the bitterness experienced by Aboriginal men who were not paid wages and could not support themselves or their families:

> In order to obtain the food and other necessities that they needed, they had to rely on women who would get the goods from Europeans and share the goods with them. As fathers and brothers they were unable to protect their daughters and sisters, as their own Law requires them to do; and as husbands they were unable to protect their wives. They were forced to accept that European men could have unlimited sexual access to the women they were meant to protect. Both men and women were also forced to accept that the government would take their mixed ancestry children, and that they themselves could be left with no descendants. Men and women all knew that their own survival, both in the short and long term, depended on acquiescing to these painful and perverted practices (1991:187-188).

Australia is a unique country in which colonialism had retained its primeval, brutal force for a much longer period than in other dominated lands.

> In the Northern Territory, from 1911 to 1957 and again from 1957 to 1964, when all "full-blood" Aborigines were declared "wards," protection included the need for permits to leave reserves and the Territory, prohibition on alcohol, prohibition on inter-racial sex, prohibition on inter-racial marriage unless with official permission, inability to vote or to receive social service benefits and employment at specified, statutory Aboriginal rates of pay (Tatz, 1999:21).

Prior to June 3, 1992, Australia was the only former British colony that had failed to acknowledge, in law, the prior land ownership of its Aboriginal inhabitants (Hocking, 1993). In 1992, in Eddie Mabo and others vs. the State of Queensland, the High Court of Australia handed down an historic judgment that signaled a significant legal, as well as symbolic, transformation in relations between the Indigenous people and non-Aboriginal of Australia. For the first time, the Court accepted the argument that, under common law, the native title of the Indigenous inhabitants of Australia could be recognized. In so doing, the Court abandoned a 200-year-old legal fiction held at the time of the first British settlement that the continent was terra nullius - "a land without owners" (Tonkinson, 1998:289).

Chapter 2

Today, Australia is caught in a post-colonial socio-political realm and its leaders deny that genocide ever happened there. But, as Tatz says:

> Australia is guilty of at least three, possibly four, acts of genocide: first, the essentially private genocide, the physical killing committed by settlers and rogue police officers in the nineteenth century, while the state, in the form of the colonial authorities, stood silently by (for the most part); second, the twentieth-century official state policy and practice of forcibly transferring children from one group to another with the express intention that *they cease being Aboriginal*; third, the twentieth century attempts to achieve the biological disappearance of those deemed "half-caste" Aborigines; fourth, a *prima facie* case that Australia's actions to protect Aborigines in fact caused them serious bodily or mental harm. (Future scholars may care to analyse the extent of Australia's actions in creating the conditions of life that were calculated to destroy a specific group, and in sterilizing Aboriginal women without consent) (1999:6).

This carefully planned genocide of Aboriginal people in Australia is now well-documented. However, Tatz admits that almost all historians of the Aboriginal experience avoid this word. "They write about pacifying, killing, cleansing, excluding, exterminating, starving, poisoning, shooting, beheading, sterilizing, exiling, removing - but avoid genocide" (Tatz, 1999:2).

The same "pacifying, killing, cleansing, excluding, exterminating, starving, poisoning, shooting, beheading, sterilizing, exiling and removing" (Tatz, 1999:2) has been going on for decades in the Americas. The results were equally tragic here. According to Churchill:

> [T]he average nadir population for surviving indigenous peoples everywhere in the Americas is about 5 percent (meaning we [Aboriginal people] experienced a reduction of 97-98 percent during the history of invasion, conquest, and colonization which afflicted us all). Moreover, the processes at issue cannot be relegated to some "tragic and regrettable" - but unalterable - past. Instead, they are very much ongoing … imbedded in the policies of the various settler-states of North, South, and Central America, and in the attitudes of the immigrant citizenry of these states (1998:97).

The world saw many deaths from genocidal oppressors in the last centuries. It is estimated that one and a half million Armenians perished between 1915 and 1923 in what is called the Armenian Genocide, which was centrally planned and administered by the Turkish government against the entire Armenian population of the Ottoman Empire. The Armenian people were subjected to deportation, expropriation, abduction, torture, massacre and starvation. The bulk of the Armenian population was forcibly removed from Armenia and Anatolia to Syria, where the vast majority was sent into the desert to die of thirst and hunger.

Large numbers of Armenians were methodically massacred throughout the Ottoman Empire, and women and children were abducted and horribly abused. The entire wealth of the Armenian people was expropriated. By 1923, the entire land mass of Asia Minor and historic West Armenia had been expunged of its Armenian population. The destruction of the Armenian communities in this part of the world was total (Kojian, n.d.).

Chapter 2

In 1975 through to 1979, the world witnessed the Cambodian Genocide ordered by Pol Pot, the head of the Khmer Rouge regime, in which 1.7 million people lost their lives (Yale University, 2003). Through 1991 to 1994, the Tutsi elite in Rwanda killed off almost an entire population of the peasant Hutu (Human Rights Watch, 1999).

There were witnessed genocides that did not look like genocides. Marilyn Young reviews the devastation of the American war against Vietnam:

> [I]n the South, 9,000 out of 15,000 hamlets, 25 million acres of farmland, 12 million acres of forest were destroyed, and 1.5 million farm animals had been killed; there were an estimated 200,000 prostitutes, 879,000 orphans, 181,000 disabled people, and 1 million widows; all six of the industrial cities in the North had been badly damaged, as were provincial and district towns, and 4,000 of 5,800 agricultural communes. North and south the land was cratered and planted with tons of unexploded ordnance, so that long after the war farmers and their families suffered serious injuries as they attempted to bring the fields back into cultivation. Nineteen million gallons of herbicide had been sprayed on the South during the war (as cited in Neilson, n.d.:6).

Zinn adds: "By the end of the war, the U.S. had dropped seven million tons of bombs on Vietnam … or almost one 500-pound bomb for every Vietnamese" (as cited in Nielson, n.d.:3). The same source states that in a study conducted by the University of Massachusetts in 1992, Americans, on average, estimated 100,000 Vietnamese deaths, missing the true figure by only 1,900,000.

The consequences of genocidal acts are always tragic: people become dehumanized, terrorized, enslaved and sacrificed. Clinical experience and research with survivors of massive psychological trauma (such as witnessed or remembered genocide) indicate that these people are especially prone to suffer from post-traumatic stress disorder, depression, and changes in memory, consciousness, identity and personality. Researchers also agree that the memories of genocide, trauma and tragedy stay in people's collective memory for generations to come. In his book, *Blood on the Wattle*, Bruce Elder describes massacre after massacre in which Aboriginal people were killed in Australia. These massacres, as Elder says:

> [L]ive on in the Aboriginal memory - as if the tribal group survived. At night, beside the camp fire or under the stars, the story would be told and retold. The massacre, or massacres, became tribal history. They were told in the peculiarly clipped, and poetically repetitive style, which characterizes so much Aboriginal storytelling. The central truth of the tragedy is revealed and the details are spun around it like a beautifully symmetrical spider's web. It is only when someone - an Aboriginal person, a researcher, a government officer - records them in print or on tape that they are revealed to people outside the tribal group. They are like fossils. They lie dormant, waiting to be exposed (1988:192).

Chapter 3

A New Model: Historic Trauma Transmission (HTT)

This study proposes a new model of historic trauma transmission to create a better understanding of the aetiology of social and cultural diffusion that devastated Aboriginal communities for so many years. In this model, historic trauma is understood as a cluster of traumatic events and as a causal factor operating in many different areas of impact; not a disease itself. Hidden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation, just as the maladaptive social and behavioural patterns are the symptoms of many different social disorders caused by the historic trauma. According to the proposed model, there is no single historical trauma response (HTR) (proposed by Yellow Horse Brave Heart); rather, there are different social disorders with respective clusters of symptoms. *Social disorders* are understood as repetitive maladaptive social patterns that occur in a group of people and are associated with a significantly increased risk of suffering, (for example, post-traumatic stress disorder, disassociative disorders, etc.).

A *symptom* is understood as a manifestation of maladaptive social patterns, (for example, suicide, domestic violence, sexual abuse, interpersonal maladjustment). Symptoms are not caused by the trauma itself; the historic trauma disrupts adaptive social and cultural patterns and transforms them into maladaptive ones that manifest themselves in symptoms. In short, historic trauma causes deep breakdowns in social functioning that may last for many years, decades or even generations. The clusters of symptoms associated with specific disorders that manifest themselves as a result of historic trauma may be *passed* to next generations in a form of socially learned behavioural patterns. In a sense, symptoms that parents exhibit (family violence, sexual abuse) act as a trauma and disrupt adaptive social adjustments in their children. In turn, these children internalize these symptoms and, not to trivialize, catch a "trauma virus" and fall ill to one of the social disorders. In the next generation, the process perpetuates itself. In this sense, White Hat (The Circle, 2001) was correct in stating the trauma continues: the trauma, understood as a relentless causal agent. Yellow Horse Brave Heart (1999) describes it as:

> With the break-up of the extended family, many indigenous women found they had no role models to teach them parenting skills. As many Native people were raised in boarding schools, the traditional roles and ways of parenting by both Native men and women were lost. The attitudes and norms, which then sprang up in parenting styles, such as harsh physical punishment, emotional abandonment, lack of parental involvement, and insensitivity to children's needs added to imbalance in the family. As generations continued with these ways of parenting, the trauma was passed down until many believe it has become a cycle of despair and desperation (1999:70).

The model describes possible social and psychological manifestations of historic trauma, bringing together findings from recent psychological and sociological research. Next, it describes the modes and channels of transmission through which the trauma experienced by previous generations of Aboriginal people enters their "here-and-now." Finally, it discusses the possible implications the model may have on devising more culturally-appropriate healing strategies for Aboriginal people in Canada.

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Learned Helplessness

Faced with inescapable situations, such as physical extermination, cultural genocide and colonial subjugation, individuals and groups often exhibit what social psychologists label "learned helplessness." According to Peterson and Seligman (1984), this kind of behaviour occurs when an individual (or a group) perceives that his or her behaviour cannot control events and that no action on his or her part will control outcomes in the future. Moreover, if the traumatic experience should endure across time (in the Aboriginal context, through three major periods of colonization and four hundred years of epidemics) and should be applicable across settings (or areas of impact: physical, economic, cultural and social), then failure in the present should create generalized expectations for failure in the future. Eventually, via the learned helplessness phenomenon, the trauma enters into the psychological makeup of people. In consequence, even if a person finds herself or himself in a situation where she or he could act and react to outside pressures, she or he fails to make any attempt to do so. A person or a group becomes passive, inactive and hostile, ascribing social failures to personal, internal causes and blaming themselves for their helplessness (internal attribution). It is this internal attribution of failure that results in decreased self and social esteem. Peterson and Seligman (1984) also state that individual differences in how people typically account for negative events in their lives will affect how they will generalize the traumatic event to affect their subsequent behaviour. Thus, those people who typically draw upon global, stable and internal explanations for the undesirable things that happen to them are said to be vulnerable in the face of adversity to becoming depressed. The propensity to make these kinds of attributions for negative outcomes is labeled the "depressive attributional style."

Learned helplessness affects the following psychological processes: motivation (which becomes reduced as there are no incentives to try new coping responses, there is passivity and a lack of response initiation); cognition (with an inability to learn new responses to overcome prior learning that trauma is uncontrollable and cognitive representation of uncontrollability); and emotion (the helpless state resembles depression with feelings of worthlessness, guilt and thoughts of death or suicidal attempts). Socially learned helplessness may become a prerequisite for social invisibility: people unable or unwilling to act according to dominant social standards and passively (instead of actively) resisting assimilation. There are many examples from different parts of the colonized world that show acculturation (and a loss of the social self) is often associated with alcoholism, drug addiction, family disintegration and suicide. The dominant society perceives the passively aggressive group as socially undesirable, as "invisible-by-necessity" and, thus, as needing the knowing subject to represent it.

Internal Versus External Locus of Control

Learned helplessness causes people to ascribe social failures to personal internal causes and to blame themselves for their helplessness (*I got sick because I deserved it; it is my fault that I got sick*). On the other hand, in inescapable situations that are beyond one's control, internal locus of control (or the perception of events as being a consequence of one's own actions) becomes drastically reduced (*My sickness is beyond my control; I cannot do anything about it*). If levels of internal locus of control are diminished, levels of social motivation also diminish and an inability to initiate social behaviour increases (Rotter, 1966). The subjugated social and cultural group will experience a loss of the sense of self-sovereignty and may react with obedience, passivity and passive aggression. Gershaw (1989) compiled a list of

characteristics more typical of people with internal locus of control who believe that they control their own destiny versus "externals," or people who believe that their lives are determined by forces outside themselves.

Internals	**Externals**
• After experiencing success in a task, internals are likely to raise their behavioural goals.	• More likely to lower their goals.
• After failing a task, internals re-evaluate future performances and lower their expectations of success.	• After failure, externals raise their expectations.
• More likely to prefer games based on skill.	• Prefer games based on chance or luck.
• More likely to work for achievements, to tolerate delays in rewards and to plan for long-term goals.	
• Better able to resist coercion.	
• More likely to learn about their surroundings and learn from their past experiences.	
• Find solving their own bouts of depression easier.	
• Likewise, they are less prone to learned helplessness and serious depression.	
• Better at tolerating ambiguous situations.	
• Less willing to take risks.	
• More willing to work on self-improvement and better themselves through remedial work.	
• Derive greater benefits from social supports.	
• Make better mental health recovery in the long-term adjustment to physical disability.	

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According to Gershaw (1989), the development of locus of control is associated with family style and resources, cultural stability and experiences with effort leading to reward. Many internals have grown up with families that modeled typical internal beliefs. These families emphasized effort, education, responsibility and thinking. Parents typically gave their children rewards they had promised them. In contrast, externals are typically associated with lower socio-economic status. Many psychologists believe that internals are more psychologically healthy than externals, seeing a correlation between external control orientation and abnormal personal functioning. Sidrow and Lester (1988) found that people who contemplate suicide are more likely to have an external locus of control. Minore, Boone, Katt and Kinch (1991) analyzed the results of the consultation that the Nishnawbe-Aski Nation undertook in the wave of youth suicides in their communities. Researchers state that the problem can be analyzed by applying "an external/internal locus of control model which identifies internal factors over which a community perceives it has control and those which are believed to be rooted in external and, hence, less controllable sources" (Minore, Boone, Katt and Kinch, 1991:2). According to Rotter (1966), the psychological concept of external and internal locus of control mirrors the sociological concept of alienation and powerlessness versus empowerment and control. As Rappaport and others state: "empowerment is easy to define in its absence: powerlessness, real or imagined; learned helplessness; alienation; loss of sense of control over one's own life" (1984:3).

Jayne Gackenbach, a researcher and instructor at the Athabasca University at Blue Quills Native College in St. Paul, Alberta, discussed an issue of external versus internal locus of control with two of her Native students by asking them: "to fill out Rotter's (1971) Locus of Control Scale" (Gackenbach, Coutre and Singing Woman, n.d.:1). One of them, a Cree from central Alberta, although rated as an *internal*, said that she strongly identified with the external position:

> An example of this conflict is knowing that forces beyond our control are at work in our communities. By this I mean, in our culture we have powerful spiritual medicine men/ women. These forces can shape and destroy an individual. No matter how much internal locus of control a person has. An individual bounces between either extremes of being in control or submitting to forces beyond their control. Adapting to either fate or forces simultaneously in given situations I believe is just a coping mechanism (Gackenbach, Coutre and Singing Woman, n.d.:1).

Another student, said:

> I am a member of the Nehiyow (Cree) Nation and many of our beliefs are based on the idea of pre-destination. This means that upon conception my life was already predetermined, dependent on what purpose I would serve in this lifetime. It also meant how I treated the environment (Mother Earth) would largely determine the outcome of my purpose. Early in my life, the idea that the Higher Power (Kisemasitow) is in control was instilled in me. Respecting the Plant Nation, 4-Legged Nation, the Insect Nation, etc., was one of the natural laws that I was expected to adhere to. Violating this law would result in repercussions from the Spirit World (Gackenbach, Coutre and Singing Woman, n.d.:1-2).

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It is reasonable to think that, before contact, Aboriginal people used a balanced attributional style that allowed them to have a culturally appropriate locus of control. Although some aspects of life seemed beyond people's control (and quite rightfully, as some of them truly are), people's actions would also determine the outcome. Just as one of the women said: "Adapting to either fate or forces simultaneously in given situations … is just a coping mechanism" (Gackenbach, Coutre and Singing Woman, n.d.:1). What this statement suggests is that people were aware of a choice that could be made in terms of choosing their locus of control; they were aware that their psychological well-being depended on choosing a right coping pattern in any given situation. In doing so, they were acquiring a great degree of self-control. Cognitive social learning research has clearly demonstrated that self-control, or lack of control, is an important mediator of stress on both individual and social levels. The inevitable loss of personal and cultural dignity and social control will be manifested in self-doubt, self-rejection, anxiety and depression. It is also clear that one of the alarming aspects of the loss of social and cultural self-esteem and a lack of self-recognition is that, in the absence of protective mechanisms, social disintegration may take place. As each individual member of the society is engaged in a "dialogue of conflict," in which negative expectations and negative self-statements block the execution of socially appropriate behaviours, the whole society is, by necessity, focused on conflict and not conflict-resolution. Moreover, as traumatic events keep replicating themselves, a community at large is more likely to adopt a social illness orientation that, on top of everything else, may be reinforced and sustained by public opinion. Feeling ill and being perceived by the general public as such leads to social stigmatization: Aboriginal people become *(in)visible* to other people as deviants and it is indisputable that *Aboriginal (in)visibility* is defined and controlled by the dominant culture. Certainly, representations of Aboriginal people created by the dominant system, if understood as attributional processes, have an impact on social interactions. Certain representations and attributions may make certain behaviours more likely that, in turn, may elicit responses from others that maintain the initial behaviour, even if the original attributional analysis is forgotten or no longer applies.

In the long run, Aboriginal people may become even more vulnerable to feelings of inadequacy and may fail to develop adequate coping skills that may increase the likelihood their chronic social difficulties will be seen by others as a manifestation of an irremediable social illness. All these factors interact to form a vicious circle exacerbating Aboriginal people's problems and working against the development of more adaptive behaviours in their daily lives. To note several alarming facts:

> According to the National Data on Mental Health, American Indians who reside on or near reservations have twice the suicide rate of the United States' overall rate, and 1.5 times higher than the overall rate for all American Indians. In Minnesota, American Indians have the highest rate of suicide of any group. One in four American Indian adolescent Minnesota women in the ninth grade reported attempting suicide. Prevalence of depression disorders among Natives may be six times the rate for the U.S. population. American Indian adolescents have more serious mental health issues and problems than other racial groups in the United States with respect to depression, suicide, anxiety, running away and school drop-out rates. The rates of substance abuse among American Indians nationally are very high. In Minnesota, the use of alcohol, tobacco, marijuana and other illicit drugs is generally higher for Native people than among others in the

state, according to recent reports from the Minnesota Department of Human Services. In addition, American Indians have the lowest life expectancy and die earlier than other ethnic groups (The Circle, 2001:3).

The relationship between loss of control and the onset of poor health has also been well-documented in psychology literature. In the Schmale and Iker (1966) studies, it was found that people who are high in feelings of helplessness and hopelessness are more likely to develop cancer. Uncontrollable events are consistently more strongly associated than controllable events with depressive outcomes (clinical depression, depressive symptoms, suicide attempts).

Physiological research also shows that both the endocrine and immune systems are responsive to the uncontrollability of the stressful event (Sachar, 1975), in that the levels of corticosteroids become elevated, leading to a reduction in immune functioning (Gabrielsen and Good, 1967). Since a loss of control leads to elevated corticosteroid levels, it may weaken the immune system and, thereby, affecting the development of problem conditions. Consistent with these findings, feelings of helplessness and an inability to control one's environment are associated with the onset of immune-related diseases, such as some cancers (Schmale and Iker, 1966; Skalar and Anisman, 1981).

Helplessness also lowers levels of a brain neuro-transmitter, norepinephrine, which leads to an emotional depression that reduces the probability of successful coping, leading to failure and further depletion of norepinephrine, and so on, in a vicious circle. The very process is also indicated in nicotine dependence. Since smoking increases levels of norepinephrine, the habit can be seen as a coping (albeit clearly maladaptive) response under anxiety-provoking or stressful conditions (Pomerlau and Pomerlau, 1984). For people with no adaptive coping methods, smoking becomes the only available coping strategy that, paradoxically, helps them to deal with over-powering stress.

Dohrenwend (1978) identified the additive burden hypothesis that explains higher prevalence of maladaptive behaviours in socially disadvantaged people, in terms of the independent and additive influences of stressful events, personal dispositions and available support. From this perspective, maladaptive social behaviours are seen as a result from a cumulative process (such as an historic trauma), in which people with limited personal resources to deal with adverse and stressful conditions exist in a very demanding environment and are confronted with a series of stressful events that exacerbate the intensity of these demands. The occurrence of stressful events on a frequent, if not daily, basis has been shown to relate to a sense of limited control over one's environment (i.e., external locus of control; Eron and Peterson, 1982), a fatalistic view of the future (Ross, Mirowsky and Cockerham, 1983), and a state comparable to learned helplessness (Strauss, 1979).

People confronted with such pressures are also ineffective in acquiring and utilizing available sources of social support in times of difficulty (Caplan and Killilea, 1976). Arsenian and Arsenian (1948) also propose that a culture, in which a disadvantaged group is located, greatly influences the development of maladaptive social behaviours. A "tough" culture (such as a dominant non-Aboriginal culture in the Aboriginal context) would have few mechanisms available for tension reduction and would limit the effectiveness, efficiency and acceptability of those that are available. Within such a culture, disadvantaged people would exert considerable effort for minimal gain, find many paths to goal attainment inaccessible and experience considerable frustration. Moreover, a tough culture would also limit the range of goals

available. Consequently, tough cultures would be tension-producing and tension-sustaining and, thereby, elicit self-defeating and pathological behaviours in their members. Arsenian and Arsenian (1948) also predict that disadvantaged people, who live in such a culture, would have disproportionate high levels of nervousness, suicide, diagnosed mental disorders, crime and substance abuse.

However, it is also well-documented in the literature that people's beliefs in their social efficacy and social control can be enhanced in several ways (Bandura, 1986). One way is through mastery-experiences. Not only does the successful accomplishment of challenging tasks (completing an education, getting a job) build a sense of social competence, but some set-backs and difficulties may also be useful in learning to persevere in the face of adversity. Belief in one's competence can also be strengthened by observing models and seeing other people, who are similar, succeed by sustained effort. Finally, social support and reinforcement are useful in enhancing social efficacy. Acting independently and taking responsibility for their needs reinforce individuals or groups and their sense of social self-efficacy is increased (Baltes and Reisenzein, 1986).

Modes of Transmission

Social researchers, anthropologists and health practitioners all agree that: "Traumatic events of the … past are important ingredients of our social heritage and continue to convey implications for the prospects and limits of the world in which we live" (Neal, 1998:x). Although as "collective" (universal) the trauma experienced by the Aboriginal people of the Americas was, equally collective were the images of traumatic events that became embedded in social memory of Aboriginal people. Neal (1998), in his book, *National Trauma and Collective Memory: Major Events in the American Century,* also suggests that, with time, boundaries around traumatic events become blurred, stereotyped and selectively distorted and, as such, they enter the collective image of the past that people pass from generation to generation.

Someone born in the twentieth century does not remember the suffering of his or her ancestors; what he or she carries are the "images of ourselves and of our external environment (that) are shaped by memories that are passed on by legions of men and women we have never known and never shall meet" (Neal, 1998:202). As the oral transmission of information and memories is very pronounced in Aboriginal societies, through this process, the traumatic memory perpetuates itself and, in a sense, traumatic events continue into the present. Moreover, since Aboriginal people of today still experience profound social problems caused by their marginalization within a dominant society, those memories of the traumatic past must seem relevant to them or, in other words, the past is real today even though the times have changed. Neal agrees when he says: "who are the keepers of collective memories? In the final analysis, we all are. The intersection of personal biography with historical events is crucial to the many aspects of knowing who we are and what we are to become" (1998:213).

The question still remains of what exactly was passed on from the ancestors to today's Mohawks, Ojibways and Aboriginal people generally? How did the transmission occur? "At first glance, the concept of transmission is difficult to grasp. It is as if saying that someone's headache is caused by the fact that his father was hit on his head by a stone some 50 years ago. Or, that a woman is afraid of becoming pregnant because her mother had lost a child during the war" (Kellermann, 2000:7).

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Kellermann, is the Chief Psychologist of the National Israeli Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation (AMCHA) in Jerusalem. During the course of psychotherapy, one of his patients recounted one of his dreams:

> I am hiding in the cellar from soldiers who are searching for me. Overwhelmed by anxiety, I know that if they find me they will kill me on the spot … Then, I am standing in line for selection; the smell of burning flesh is in the air and I can hear shots fired. Faceless and undernourished people with striped uniforms march away to the crematoriums. Then, I am in a pit full of dead, skeletal bodies. I struggle desperately to bury the cadavers in the mud, but limbs keep sticking up from the wet soil and keep floating up to the surface. I feel guilty for what has happened, though I do not know why. I wake up in a sweat and immediately remember that these were the kinds of nightmares I had ever since I was a child. During a lifelong journey of mourning, I have been traveling back to the dead; to the corpses and graveyards of the Second World War with a prevailing sense of numb grief for all those anonymously gone (Kellermann, 2000:2).

This patient was not a Holocaust survivor. As Kellermann (2000) says, he was the child of a woman who had survived the Auschwitz-Birkenau concentration camp. He was born long after the war had ended in a country far removed from the horrors of the Holocaust. This case prompted Kellermann to ask questions of why his patient was dreaming such dreams half a century after the war? Why are children of Holocaust survivors still experiencing the effects of the Holocaust as if they had actually been there? How do we explain the so-called "second generation" who seem to share the grief and terror of their traumatized parents?

A lot of publications have been devoted to the issues of the transmission of traumatic memories. The process has been described as trans-generational (Felsen, 1998), intergenerational (Sigal and Weinfeld, 1985), multi-generational (Danieli, 1985) or cross-generational (Lowin, 1995). However, there is no consensus on how to define the phenomenon reported in entire generations of people whose ancestors survived the trauma. Prince points out in his analysis of memory transmission in Holocaust survivors that, in all cases:

> [T]he mechanism of second generation effects is seen as an extremely complex one in which cumulative trauma of parental communication, the aspect of the parent-child relationship determined by the Holocaust context, and the historical imagery provided by the parent and by other cultural processes are mediated by interaction with normative developmental conflicts, family dynamics independent of the Holocaust, variables of social class, culture, Jewish heritage, and immigrant status (1985:27 as cited in Kellermann, 2000:3).

According to Kellermann:

> While the content of transmission has been also described in positive terms as a "legacy" and/or as a capacity for resiliency, it has most often been negatively associated with some kind of psychopathology. Most frequently, the transmission has been assumed to

contain some kind of secondary posttraumatic stress disorder, suggesting that since many Holocaust survivors suffer from PTSD, their offspring will also suffer from such a syndrome (Baranowsky, et al, 1998) … According to clinical experience and empirical research, this clinical population, compared to other people with emotional problems, seems to have specific disturbances more or less focused on difficulties in coping with stress and a higher vulnerability to PTSD (2000:4-5).

Researchers use different terms to explain the process of the transmission of traumatic memories. Miller, Stiff and Ellis (1988) call it *emotional contagion*. Dixon (1991) talks about *peripheral victims*. McCaan and Pearlman (1990) discuss vicarious traumatization and Danieli (1982) describes trans-generational effects of trauma. Other related concepts include secondary survivor effect, the ripple effect and trauma infection (Remer and Elliot, 1988). Other researchers also make a distinction between primary and secondary traumatic stress (Bolin, 1985).

According to Figley and Kleber, secondary traumatic stress refers to the behaviours and emotions resulting from the knowledge of a traumatizing event experienced by a significant other of the actual victim of the trauma: "For people who are in some way close to a victim, the exposure to this knowledge may also be a confrontation with powerlessness and disruption … It is the stress resulting from hearing about the event and/or from helping or attempting to help a traumatized or suffering person" (Figley and Kleber, 1995:78). In the understanding of this process, it is not necessary for a person to witness the trauma, as it is enough to know about it. As mentioned before, Aboriginal cultures are orally-based. Once the themes of trauma and suffering entered the cultural narrative and social story-telling, they simply stayed there as cognitive categories or, as Vecsey calls them, "mythemes" that "point repeatedly to the problem areas experienced by people, the situations where individuals and cultures feel uncertainty, ambiguity, tension, and fear" (Vecsey, 1988:17).

To explain how traumatic memories of the past entered the present of the Aboriginal people of today, an integrative view is proposed, similar to the one developed by Kellermann (2000), which stresses the interplay among different levels of transgenerational transmission, including physical, cultural, social and psychological factors, at the same time recognizing the fact that trauma is contagious. Kellermann grounds his therapeutic work in recent (for some, very controversial) genetic research, which suggests that parental traumatization may be transmitted in the same way as some hereditary diseases are passed on from one generation to another. According to Kellermann's (2000) recent research, genetic memory codes of a traumatized parent may thus be transmitted to the child through electro-chemical processes in the brain. The neural organization of various memory systems in the parent would lead to a similar organization and constitution in the child. Since psychic trauma is assumed to have long-term effects on the neuro-chemical responses to stress in traumatized parents (van der Kolk, et. al., 1996), it may also lead to the same enduring characterological deficiencies and to a kind of biological vulnerability in the child. Children of Holocaust survivors, who are born to severely traumatized Holocaust survivor parents, would then be predisposed to PTSD (Kellermann, 2000).

Although the theory of a genetic memory code is still a contentious one and is included in this study as food for thought, evidence for genetic transmission of trauma can also be found in reputable contemporary physiological research. Yehuda and others (2000) found that low cortisol levels were significantly associated with both PTSD in parents and lifetime PTSD in their offspring; whereas, having a current

psychiatric diagnosis other than PTSD was relatively, but not significantly, associated with higher cortisol levels. Offspring with both parental PTSD and lifetime PTSD had the lowest cortisol levels of all study groups. Yehuda and others conclude that:

> [P]arental PTSD, a putative risk factor for PTSD, appears to be associated with low cortisol levels in offspring, even in the absence of lifetime PTSD in the offspring. The findings suggest that low cortisol levels in PTSD may constitute a vulnerability marker related to parental PTSD as well as a state-related characteristic associated with acute or chronic PTSD symptoms (2000:1252 as cited in Kellermann, 2000:13).

Although there is no clinical research on the further transgenerational transmission of the PTSD predisposition, it is safe to hypothesize that the effect may replicate itself in future generations in a similar manner. Having purposefully avoided the word "unconsciousness" in this analysis, it is proposed that the sense of loss and grief reported by many Aboriginal people in the present may be a direct legacy of the genetically coded trauma that manifests itself in the not-fully-remembered memories of past suffering (however controversial this theory may seem). This area of study certainly requires further research.

This is not to say that Aboriginal people have been programmed and doomed by their heredity. It has been well-documented in psychology literature that the development of collective memory is influenced by both heredity and environment in such a way that the two factors are inseparable (Gottlieb, 1983). It is more productive to think of the Aboriginal people's traumatic endowment as setting certain limits on their interaction with their social environment, mainly causing cultural discontinuities and creating a cultural cohort effect (a cohort here is a group of people who share similar socio-cultural experiences). Today's Aboriginal people's narrative of grief and their present reality confirm the past narrative of loss. In a sense, today's generations and their ancestors who lived centuries ago are the same cultural cohorts, connected by the nexus of past loss and present grief. Collective memories of the trauma encoded by Aboriginal people centuries ago have been stored in cultural memory repositories (stories, narratives and myths that also serve as memory cues) and, today, are being retrieved and reclaimed.

The process of traumatic memory transmission may be even better understood by employing standard psychological terms. According to Tulving (1985), there are three types of information stored in long-term memory. The first relates to specific events in one's life and functions as a sort of autobiographical reserve. This type of memory is called episodic memory. A second type of information stored in the long-term memory is concerned with general knowledge and is referred to as semantic memory. Along with episodic and semantic memory, there is also a separate information system called procedural memory that involves the formation and retention of habits.

Tulving (1983) also proposed that events retrieved from episodic memory are recalled with much greater conviction than semantic memory items. In this study's proposed model, once the traumatic memories became encoded in the episodic memory of Aboriginal people, they became deeply embedded in the social psyche of Aboriginal people because of elaborate rehearsal. Aboriginal people were exposed to unrelenting waves of trauma (colonialism, settlement, displacement, starvation, fur trade, economic disorganization, religious persecution and, eventually, residential schools) and they had no time to stop and deal with what was happening to them. Centuries of destruction facilitated this elaborate rehearsal

of traumatic memories and the formation of associations between new traumas and the memories of past traumas already stored in the long-term collective memory of Aboriginal people. This process of elaboration served to integrate the incoming information into a coherent (although sad and tragic) network of cultural thoughts and cultural ideas. Today, researchers agree that the recall of memories is progressively enhanced by the number of elaborations generated by new items (Craik and Tulving, 1975; Reder and Ross, 1983). Along these lines, it is safe to hypothesize that every subsequent trauma experienced by Aboriginal people facilitated recall of memories of previous loss.

Every new traumatic experience had a profound effect of what was already stored in collective memories of people until it became converted into collective imagery of loss; something akin to eidetic imagery described by Haber and Haber (1964). They reported several cases involving young children who could store a duplicate picture of a visual stimulus in memory in photographic detail, saying that the picture was "still in their minds." Thus, if one agrees that the traumatic memories are still in Aboriginal people's minds, what happens when people find themselves in a traumatic context again? To use insights from psychological research, it is proposed that the context itself provides retrieval cues that aid recall of traumatic memories. For an Aboriginal teenager who lives in an isolated, marginalized and impoverished community, the very social context in which he or she is spending all his or her life becomes a retrieval cue for memories of dispossession and marginalization encoded by his or her parent. That parent's own life was a retrieval cue for traumatic memories of his or her parents, grandparents and so on. In Kellermann's words:

> [B]acteria may be transferred from one person to another in the spreading of disease and various physical forms of passing something over from one body to another, or from one place to another, are parts of our daily experiences. The transmission of sound waves in telecommunications is a commonly accepted phenomenon and may serve as a suitable analogy that also illustrates the process of trauma transmission. Thus, in the same way as heat, light, sound and electricity can be invisibly carried from a transmitter to a receiver; it is possible that … experiences can also be transmitted from parents to their children through some complex process of extra-sensory communication. In fact, such quasi-naturalistic terminology is frequently applied when describing how the "vibrations" within a Holocaust family "atmosphere" may affect the offspring in a variety of indirect and subtle ways (2000:6).

Additional evidence for the hypothesis that traumatic memories can be transferred intergenerationally comes, again, from psychological research on state-dependent memory and relates to the fact that bodily conditions or states evoke contextual stimuli that influence retrieval of memory. If people initially process information under specific physiological conditions (hunger, pain, etc.), they will remember more if they recall these memories while being in a similar physiological state (Horton and Mills, 1984). Translating these findings to a social context, one may see clearly why traumatic memories of loss and destruction may easily be recalled in times when a community finds itself in a similar situation. For many centuries, Aboriginal people have been dispossessed, impoverished, ill and hungry; again, their physiological state became a contextual retrieval cue for the memories of their ancestors' loss, for their hunger and for their trauma. Researchers agree that people can recall more negative memories and

more negative life events when they are depressed (Bower, Gillian and Monteiro, 1981). Only when such contextual cues are absent (as they would be in the changed social condition of Aboriginal people of today), the tragic memory matrix would be destroyed (Teasdale and Russel, 1983).

Transmission of trauma always takes place in a social environment, which is assumed to have a major impact on children. It is true that Aboriginal children of today did not witness the death, terror and suffering of their ancestors. However, it is also true that many of them witnessed rampant domestic abuse, alcoholism and drug addiction of their parents who witnessed the lack of self-esteem and unresolved grief of their parents. According to Kellermann (2000), traumatized parents influence their children not only through what they do to them, in terms of actual child-rearing behaviour, but also through inadequate role modelling. As pointed out by Bandura (1977), children learn things vicariously by observing and imitating their parents. Children of traumatized parents may be assumed to have taken upon themselves some of the behaviours and emotional states of their parents. This matrix of unhealthy family relations frames the process of memory transmission and locates this social phenomenon on an individual level, thus affecting every person in Aboriginal communities and beyond. This is how universal trauma enters the lives of individuals.

Questions have been raised many times on why the process of trauma transmission is so prevalent and so strong among Aboriginal people. Recalling the situation in Europe after its inhabitants experienced waves of epidemics, it should be repeatedly stressed: the Europeans had enough time to reconstruct their memories of trauma and their damaged lives. However cliché this statement may seem, time is responsible for the loss of memory and not just because the memory decays. Forgetting is assumed to occur because something prevents memory access. The interference theory of forgetting proposes that the "something" blocking the usual process of retrieval is present in the form of established associations that conflict with what people are trying to recall (Crowder, 1976). In the European context, this "something" was the established association between what was happening to people (disease) and the fact that the trauma eventually stopped, allowing for restructuring of damaged social relations, demographic and cultural losses. Aboriginal people, on the other hand, were never able to regroup their coping strategies. They were never able to acquire competing memory associations because, for them, there was only one association: one trauma is followed by another and one loss precipitates another loss. For Aboriginal people, there was never enough time in between various traumas to prevent the recall of traumatic memories still residing in their collective memory. With no access to resources to reformulate their culture and identity, the trauma became layered and cumulative, thus, affecting successive generation.

To recapitulate our model of trauma transmission: the traumatic memories are passed to next generations through different channels, including biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels. The complexity of the transmission process, as well as the complexity of the "image of loss" that is being passed on, must be recognized in order to fully understand why unresolved grief and the residue of despair are still present in the Aboriginal people's collective psyche.

Chapter 3

Implications for Healing: Recovery of Awareness

In order for Aboriginal people to devise culturally appropriate healing modalities that will help them overcome social disorders resulting from the historic trauma they experienced, a people-centred and a people-directed approach has to be adopted. The first step to initiate a meaningful healing process is to identify a focal problem that lies at the bottom of contemporary social difficulties in Aboriginal communities. By identifying several different areas of impact affected by powerful historical forces that operated through three major stages of colonization, and the death and destruction of the epidemics on this continent, this study contributes to an understanding of the inter-connections between the historical and the social, the social and the cultural, the cultural and the psychological, as they continually affect Aboriginal people's lives. Based on this research, a recommendation that assessment methods to specifically target concrete social disease clusters (such as PTSD, dissociative diseases and learned helplessness) and their manifested symptoms be devised. On a smaller scale, a similar initiative was undertaken to initiate a grief resolution process for a group of forty-five Lakota human service providers. The methodology included assessment at three intervals, using a Lakota grief experience questionnaire and the semantic differential, as well as a self-reported evaluation instrument and a follow-up questionnaire (Yellow Horse Brave Heart, 1998). Based on this assessment, an experimental curriculum intervention has been delivered to a group of ten Lakota parents and two Lakota parent facilitators on a Lakota reservation (Yellow Horse Brave Heart, 1999).

Similar healing modalities can be devised and successfully implemented to help Aboriginal people negotiate and successfully practice their social and cultural knowledge in a contemporary world, and use their disastrous experiences of de-population and forced assimilation to their benefit. It is of vital importance for Aboriginal people's survival, in both a physical and cultural sense that, during times of change and possibility, they are able to create a new social formula from the conflicting cultural meanings that Aboriginal people were forced to internalize. Only then, Aboriginal people will be able to resolve the tensions inherent in the task of formulating their contemporary social and cultural identity. Hopefully, this will also disprove social judgements of Aboriginal people expressed by the non-Aboriginal population and change the dominant causal attributions of Aboriginal behaviour and Aboriginality, eliciting a new cognitive appraisal, changing internalized cultural standards and opening avenues for self-actualization for Aboriginal people. For Aboriginal people, self-actualization means one simple thing: to become everything that they are capable of becoming.

Aboriginal people never had enough time, between various sequences of new world epidemics, genocide, trauma and forced assimilation to develop tools for passing through the periodic social and cultural disintegration of their nations. Aliens in their own land, under constant siege from their oppressors and separated from their own cultures, Aboriginal people slowly subsided into despair and a hollow silence, punctuated by tragic outbursts of self-defeating behaviour. First, their elders and youth perished in the waves of epidemics that wiped out entire communities and lineages. One must remember that these diseases were not always spread by natural means.

Lord Jeffrey Amherst, for example, who was Governor General of British North America, openly advocated biological warfare against the Aboriginal people in Canada. In letters to his subordinate officers in 1763, Amherst suggested they "inoculate the Indians by means of [smallpox infested] blankets,

as well as to try every other method that can serve to extirpate this execrable race" (History Television, n.d.:1-2). Several officers followed his suggestion, which resulted in smallpox epidemics among several Aboriginal communities.

Very few were left to pass traditional knowledge as leaders, philosophers and healers to others in the community. Surviving community members, deprived of experienced leadership and vast amounts of traditional knowledge, became more reliant on European trade goods and more vulnerable to the missionaries' pressure to convert to Christianity. The Aboriginal way of life that enabled Indigenous people to be masters of their socio-cultural universe for thousands of years was broken apart by disease, violence, hunger, despair and an increasing reliance on the fur trade. When the fur trade finally collapsed in the 1920s, Aboriginal people in North America suffered exorbitant asperity. Epidemics of tuberculosis and influenza continued to decimate the population of Aboriginal communities. By the 1930s, officials in the Canadian government assumed that the Aboriginal people were a dying race.

Defined as such, generation after generation, Aboriginal people began shutting out their sensory perceptions, their needs and feelings and their hopes and dreams as individuals and as a social group. Aboriginal people also ignored the fact they were shutting out everything to the point that this shutting-out process began to fail to function. Instead, their *raw memories* of experienced trauma began to flood into awareness; for many, it was without an understanding of where those memories were coming from. Many Aboriginal people began acting out what could not be fully represented (or fully remembered) in their own minds and a new kind of disintegration followed: alcoholism, drug addiction, violence, sexual abuse and suicide. This acting out was like confronting ugly, faceless ghosts in a dark room: a losing battle with the frightening shadows of the past.

Avoidance of awareness of experienced personal trauma or trauma collectively experienced in the near and distant past is the way people protect themselves from painful and fearful experiences in the present. In the introduction to her book, *Trauma and Recovery,* Herman says: "The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*. Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work" (1997:1).

The goal of any healing process is a recovery of awareness, a reawakening to the senses, a re-owning of one's life experience and a recovery of people's enhanced abilities to trust this experience. In a successful healing process, this will be coupled with the recovery of a social ability to create a new cultural paradigm, to bring order out of what has been chaos. The aim of a healing process is to recover a full person (culture) and to develop anew lost capacities for feeling and expression. The goal is to recover and reintegrate the past into the present. Many different healing modalities have been proposed to deal with the effects of trauma (and/or with the post-traumatic stress disorder) and it is believed that the conventional treatment for PTSD does have a place in the initial phase of healing the effects of historic trauma. The treatment usually has three principal components: 1) processing and coming to terms with the horrifying and overwhelming experience; 2) controlling and mastering physiological and biological stress reactions; and 3) re-establishing secure social connections and inter-personal efficacy. The aim of these therapies is to help traumatized people move from being dominated and haunted by the past to being present in the here and now, capable of responding to current exigencies with their fullest potential. Thus, the trauma needs to be placed in the larger perspective of a person's (or group's)

life (van der Kolk, van der Hart and Burbridge, 1995). In the Indigenous context, this "perspective" must be inclusive to encompass all the inter-connected elements of Aboriginal cultures and philosophies. One of several approaches in the treatment of PTSD that has been used, for example, is the testimony method in conjunction with supportive therapy. The testimony method involves asking people "to tell in detail the story of what happened to them, many clinicians agree that having individuals tell the story of their traumatic experiences in a safe and caring interpersonal setting helps them to live better with traumatic memories" (Weine et. al., 1995:536-537). This re-telling and re-remembering helps remodel the past that, for trauma survivors, has been something akin to an inert, undigested foreign body carried with them. This is in agreement with Maslow (1954), who once said the past is active and alive only insofar as it has re-created the person and has been digested into the present person. The person is alive only insofar as he or she has re-created and re-integrated the past.

However, this healing process is long and tedious. Fragmented souls do not heal in a year. There is no quick, efficient band-aid-like remedy to correct extensive damages that have been perpetuated for so many years and, in the instance of Aboriginal people, generation after generation. After centuries of depersonalization, isolation from a sound culture and social milieu, with the group identity removed, all previous ideals and beliefs destroyed or stolen and being objects of ruthless exploitation, Aboriginal people became extremely vulnerable and almost naked in the face of their powerful oppressors. Being treated with utmost contempt and derision and being brutally stripped of every reminder of their previous cultural identity and their predictable social environment, they lost their strength as a people and as individuals. The almost complete destruction of their social context and their social identity left them unbearably anxious, tremendously uncertain and miserably subject to a new and uncertain world. One must always remember that, in past centuries of mortal terror, the Aboriginal people's intra-social structure was shattered.

In consequence, today's Aboriginal people do not often have models of desire and expectation to inhibit their underlying fears and to guide their hopes. They have been rendered vulnerable to their worst fears, their most chaotic psycho-social states and their most severe depression. Centuries of trauma left Aboriginal people in a complex diseased state. The psychological legacy of disasters they experienced includes psychological and social numbness, impaired sociability, loss of self-esteem and depression. Psychiatrists, psychologists, anthropologists and social workers agree that experiences of violence and trauma from massive and horrific death, coupled with the loss of everything safe and familiar, have profound influences on psychological functioning; sometimes, to such an extent that people are unable to think or behave flexibly anymore.

Clinicians at the Dutch Foundation Centrum '45, who treat victims of war, recognize that in such a state:

> It becomes difficult to distinguish between dangerous and harmless situations. Between trustworthy and untrustworthy people. Between then and now. The vision of the world and the future changes. We begin to think differently about ourselves, we lose certainty. Our behaviour towards others changes. We feel insecure. Personal development can be inhibited through being very involved in violence that other important people, for example parents, have experienced. As the child of a traumatized parent, you incur certain deficiencies through the relationship alone. As a parent with

a background of violence, you are sometimes unable to give your growing child what he needs. You unintentionally involve your child in what you yourself have experienced. In this way a second-generation problem can occur (Foundation Centrum '45, 2003:1).

The clinicians at the centre offer many healing modalities to help people who have experienced trauma; among them, insight-giving psycho-therapy, behavioural therapy, group therapy, relationship and family therapy (Foundation Centrum '45, 2003). All these modalities have been proven effective in helping people who experience learned helplessness and possess an external locus of control. These healing modalities can successfully be re-worked to deal with socially transmitted, albeit muted, memories of trauma and despair. They can successfully be adapted to heal communities and their members, as long as the healers remember to address the whole spectrum of conditions associated with the responses to trauma.

In designing any program intended to help people deconstruct the terrible legacy of the past, one must pay close attention to the dialectical interplay between what happened to people and how they (non-) interpret it. Together, these two factors will determine the parameters of Aboriginal people's freedom, resilience and life span development in the present, and in the days and years to come. Praxis is thus a matter of negotiating a path between the past and the future. For Aboriginal people, this path is *now*. The ultimate goal of any healing modality, to be employed in these cases, is to restructure the past and to reconnect people to the present, to empower, to incorporate and, in the end, to help people recover from fear and despair. As Herman says:

> [T]he survivor who has accomplished her recovery faces life with few illusions but often with gratitude. Her view of life may be tragic, but for that very reason she has learned to cherish laughter. She has a clear sense of what is important and what is not. Having encountered evil, she knows how to cling to what is good. Having encountered the fear of death, she knows how to celebrate life (1997:213).

The only way to address the healing needs of Aboriginal people is to open culturally-appropriate avenues for producing change in existing memory structures and belief systems that will allow Aboriginal people to regain their collective strength. Recently, a lot of work has been done in the field of psychological study called human strength. According to Aspinwall and Staudinger (2003), to understand the micro-genesis and ontogenesis of human strength, one must take under consideration the situations and experiences that promote or reduce it.

This study looked at how the situations and experiences that shaped Aboriginal people's lives were inter-connected and how they worked against the development of Indigenous people's communal and individual strength. Many operational definitions were used, such as areas of impact, stages of colonization, etc. These are ways of *punctuating* the Aboriginal historical reality in order to find and define circular causality. Other definitions could be used to convey the same message; such as, in order to initiate the process of re-telling the story of Indigenous historic trauma with the intent to decolonize the Aboriginal story of loss and absence, one must analyze the interactive effects of the historical and the cultural, at the same time using multiple vantage points for assessing change. Recent research, for example, has demonstrated that the advent of losses often promotes growth or that some growth may only be possible because of losses (Baltes, Lindenberg and Staudinger, 1998). It is certainly true that, as

a result of contact with colonizing powers, the Aboriginal people's social reality became divided by "the other" and its contradictions, and was almost totally destroyed. It is also true that many people were symbolically and/or physically extricated from their traditional cultural context; they lost their autonomy, dignity, self-mastery and, indeed, their very identity. Nevertheless, these people are still here. As Allen says: "they survived colonization, acculturation, assimilation, beating, rape, starvation, mutilation, sterilization, abandonment, neglect, death of their children, their loved ones, destruction of their land, their homes, their past, and their future" (1986:190).

Although they lost their strength temporarily, their social locus of control, their Aboriginal identity and one of the avenues for its construction: affiliation to a particular social group or a particular set of beliefs, one must believe that, eventually, they will be successful in escaping (at least partially) victimization at the hands of colonialists. Being exposed to the dominant system at such a high degree, being painfully familiarized with both its strengths and its weaknesses, Aboriginal people will be able to realize their own potential and fully appreciate the integrity of their beliefs and practices.

In recent years, an emergence of a relative degree of easing up of the oppressive attitude toward Aboriginal people in Canada has been observed, which has incited the Indigenous population to divert some of their attention away from the struggle for mere survival. This availability of choices, virtually unknown until now, leads Aboriginal people to ask questions about the existing order of things; to perceive, though still vaguely, a broadening of what is possible and becoming tangible. From this conscious perception of an attainable future comes the energy that will allow Aboriginal people to tear themselves free from the burdensome condition imposed upon them. They will find, buried deep within themselves, marvels of possibilities, infinite potentialities and, especially, power to shape their own destiny. The embodiment of these aspirations and these empowering energies will be a total and generalized confrontation with their existing social system.

However, their past must first be de-colonized in order for it to become a healing tool and not a devastating, relentless force of destruction. The first step is re-conceptualization or providing Aboriginal and non-Aboriginal people with an alternative construct system for existing observations or experiences. In other words, the general public and, in many instances, Aboriginal people themselves, must be given enough information about their history to recognize the often illogical nature of the convictions some people hold on Indigenous people and an opportunity to revise their beliefs. In order to change opinions held about Aboriginal people by non-Aboriginal and Aboriginal people alike, a highly coordinated information campaign is needed to publicize accurate, reliable and valid historical facts and bring them to schools, social institutions, mass media and political organizations. A properly rewritten history of Aboriginal people must be included in the school curriculum. A properly de-colonized account of the Aboriginal people's suffering must replace falsified images often spread by public media. A properly deconstructed narrative of Aboriginal people's lives must accompany any social or political action directed at helping those who have been dispossessed and marginalized.

Other processes must be involved as well. Said (1994) once said that the intellectual cannot speak for all humankind, in terms of a claim to be objective or neutral. In the same way, people who work with, and for, Aboriginal people must ally themselves with the oppressed and non-represented that, according to Said, is an ethical and political commitment. This should be done "on the basis of universal principles: that all human beings are entitled to expect decent standards of behaviour concerning freedom and

justice from worldly powers or nations, and that deliberate or inadvertent violations of these standards need to be testified and fought against courageously" (Said, 1994:11-12). Weenie once suggested that: "Naming and defining the problem is the first step toward post-colonial recovery and healing" (2000:65). The story must be told and told so loud that everybody will listen: Aboriginal people who were silenced and forgot how to remember; non-Aboriginal people who often know the Aboriginal world only from biased western movies and text books; and government institutions who still have the power to decide on the fate of Indigenous people. The story must be told and discussed in a very public forum. As Herman says:

> [R]ecovery requires remembrance and mourning. It has become clear from the experience of newly democratic countries in Latin America, Eastern Europe, and Africa, that restoring a sense of social community requires a public forum where victims can speak their truth and their suffering can be formally acknowledged … Like traumatized individuals, traumatized countries need to remember, grieve, and atone for their wrongs in order to avoid reliving them (1997:242).

The world outside of Aboriginal communities must recognize that Aboriginal people live on Indigenous territory, which was once forcibly taken away. It must be recognized that, since Aboriginal people were never given back their rights to self-government, self-actualization and self-determination, they also never had an opportunity to work out their own solutions to problems created from their experiences. All over the Americas, people whose ancestors devastated, ravaged and plundered Indigenous worlds are still living on Indigenous people's lands. Although history cannot be undone, it can be re-told so that it includes all the forgotten stories about the terror of warfare on innocent people, the horror of smallpox and other infectious diseases and the myriad attempts at genocide, murder, subjugation, fear and despair. True, these are sad and unpleasant stories, but so are the lives of people who were and are their main protagonists.

Today, Aboriginal people fight to overcome learned social helplessness, to re-appropriate their internal locus of social control and to produce their own representations. Today's Aboriginal people of North America, like many other dispossessed and colonized groups, constantly have to re-negotiate their cultural and political identities, and their historic memories, vis-à-vis a legal and economic context created for them by a non-Aboriginal government. This is what many researchers have acknowledged and noted. What lacks in cultural analysis is the attention to the internal processes and mechanisms put in place by colonizers to marginalize and downgrade the Aboriginal people's personal roles and life ways, and the resonance of the historical experiences of Aboriginal people that continue to be loudly audible today. One must also pay close attention to contemporary re-negotiations as they occur between Aboriginal understandings of tradition and change, and between their cultural and ritual practices and their social action. In recent decades, a revival of First Nations' strength and determination across Canada is being witnessed. The impetus behind this revival takes many forms: the restoration of traditional systems of belief and practice, the resurgence and reclamation of languages, the growth of a First Nations' sense of national identity and the reconstruction and deconstruction of Aboriginal people's history.

Aboriginal people constantly negotiate what it means to be Aboriginal in today's world and they constantly re-define and refine their criteria, taking into consideration who has the traditional knowledge, who (and how) remembers what happened before, who is strong and healthy enough to pass the knowledge

and memory on to next generations, and who is best able to shift the emphasis on knowledge from a traditional to an everyday canon of narratives. Narrations of the tragic past, memories internalized to the point of silenced voices that still resonate in people's collective (non-) remembering of the tragic past and people's relationships to the past, become the groundwork for future discussions and negotiations. There is also an underlying conflict between Aboriginal and non-Aboriginal people over who will have the authority to link memory, experience, practice and meaning for Aboriginal people and, thus, produce value, power and authority for the self and social group in today's world.

In this climate of revival and change, it is vitally important to understand the mechanisms by which practice (Aboriginal people's lives, today and in the past) and identities (how Aboriginal people interpret themselves and their positions in the world outside their communities) are linked with past events and past experiences. This understanding is far more important to the healing process necessary for Aboriginal people to regain lost social and cultural selves than just finding a handy (albeit empty and dry) definition for the underlying fabric of these identities and practices used when dealing with their non-Aboriginal counterparts.

It is also necessary to pay close attention to the dialogical and contested nature, value and meaning of Aboriginal action. Disputes people have over the meaning of events that occurred in the past have very different political and sociological consequences when held within and outside their communities. Non-Aboriginal people are mostly unaware of the impact of the history of colonization on contemporary Aboriginal lives. Disputes that Aboriginal people have over these issues do not often resonate outside their communities. Unfortunately, except for the controversial re-enactment of Riel's trial on CBC in the fall of 2002 and the highly publicized residential school issue over the past decade, Aboriginal people's past and present do not enter into the non-Aboriginal people's social conscience. Meanwhile, it is impossible to discuss Aboriginal cultural and social contemporary identity without considering the impact of historic trauma on many generations of Aboriginal people. This fact has a sobering effect on the sometimes overly-romanticized view of Aboriginal placement in the dominant culture that still exists in popular media. For the healing process to be complete, one must adopt a method of strategically essentializing the past of Aboriginal people. Even though the historical body of knowledge about the effects of historic trauma on Aboriginal people is constantly negotiated by both Aboriginal and non-Aboriginal people, and its political context, social context is recognized as critically influencing what part of that knowledge is to be revealed and the actual body of historical knowledge itself must not be altered by political, social context or climate. Those negotiations of what can or cannot be told are often silenced in the company of non-Aboriginal people for various reasons. Also, the Aboriginal cultural organization of knowledge is itself on trial; people ask themselves when and where does one begin to look for the existing "past" in the multiple conceptions and structures of history.

Although Aboriginal traditions are constantly gaining stability and solidity today, one must remember that Aboriginal people all over North America live under a Western gaze: how they act is apprehended by a Western political-economic framework and is assessed by Western models of productivity. Aboriginal people need tools to inscribe a new relationship between themselves and the dominant culture and to create new and renewed links between themselves and their immediate world(s). There will be changes in Aboriginal social and cultural structures.

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One must then underline the importance of analyzing Aboriginal traditions as constantly reacting to and interacting with the non-Aboriginal culture around them. In order for Aboriginal people to regain the status of full incorporation and health, their past must be re-negotiated vis-à-vis the non-Aboriginal cultures.

Within the last fifty years, Aboriginal people have been given enough cultural space and freedom to enable them to analyze historical losses and the impermanence these loses brought to their lives. Now, the healing process is entering a new phase of solidifying these understandings. The next step will be, to paraphrase the words of Paula Gunn Allen, to change Aboriginal people's social and cultural status from an isolated, dispossessed victimhood to one of incorporation into the fabric of society as knowledgeable, empowered and belonging equals. "In the transformation from one state to another, the prior state or condition must cease to exist. It must die" (Allen, 1986:79-80).

Chapter 4

The Elders Speak

> Today, seven generations later, you turn to us as your own culture is failing. The land you took from us, tricked us out of, is becoming too poisoned to feed you. Your rivers and streams are dying. I wonder, why do you turn to us now? Is it because through it all we never stopped praying? Never stopped beating our drums, dancing and singing songs to the Creator? And that somehow, somehow, you couldn't silence us? (Sioux Elder cited in Johnson and Budnick, 1994:1)

In closing, it is important to conclude with a chapter that captures the voices of Elders and their views on Aboriginal memory, tradition and healing. It is understood, in spite of the turmoil and human destruction that spewed across the entire continent after contact with Europeans, that there was much in the way of the spiritual that was preserved by Indigenous people in both the southern and northern hemispheres. Ceremony and traditional teachings were spirited away and safely stored in the homes, minds and hearts of those that survived the terrible holocaust of the epidemics. From the elders still living across the continent, it is known that even though the epidemics tore through the Indigenous population like fire across a field of dry grass, were followed in rapid succession by genocidal policies spewed forth by colonial governments and, later, multiple and unrelenting attempts at assimilation and genocide, the people carried their life ways forward in their hearts and spirits.

Bertha Groves shares her thoughts on the question of continuing life ways, and on how Aboriginal people have remembered to be in this world:

> Spirituality is what holds the world and mankind together. When it is gone, there is nothing. Like a dead person when their spirit leaves them. It takes years to learn to be the type of person you have to be. It's not like going to school where you graduate from four years of college and then you know everything. Spirituality is not like that. To be a healer or a pipe carrier, you have to be humble. The way of my teachings is that the creation came into being, all the trees, animals, insects, and then at the end was mankind. We are supposed to be his most wonderful creation, and yet they always tell us that we have to be more humble than the insects, the lowest crawling creature (as cited in Johnson and Budnick, 1994:168).

Throughout this paper, the past was looked at in-depth to formulate hypotheses based on historic trauma and its effects, and to create a better understanding of why Aboriginal people continue to suffer on a more global basis than would seem reasonable, given the apparent survival of Aboriginal teachings and the sense of cultural continuity that is prevalent in oral tradition and in more contemporary historic texts. This study could not be complete without an understanding of how the elders (grandmothers and grandfathers) see the unfolding of Aboriginal history. Lavine White from the Haida Nation speaks to the devastation of loss and the optimism of herself and her people for recovery:

> There were three different epidemics among the Haida people. I'm seventy-three now, and I remember when I was little hearing the elders speak about them. They remembered the first time that our people were decimated through contact with white people, the

diseases killed so many of them. There were once 80,000 Haidas on our island, after the last epidemic there were only 500 left. Today, there are about 6,000, but we're scattered all over. The island is about eighty miles below Alaska and about eighty miles off the mainland. It's called Haida Gwaii, "Island of the Haidas." You know it as the Queen Charlotte Islands, but we're taking our names back, of our homelands, our mountains, and our rivers. I hope the whole country does this on this (as cited in Johnson and Budnick, 1994:189-190).

It is precisely because of the problems that continue to manifest in Aboriginal communities that this report was written from an historical standpoint that contemplates a deeper, more psychological reason for the myriad of mental, emotional and spiritual issues that Aboriginal people are continuing to grapple with at a contemporary cultural and social level. It was felt that casting one's gaze even further back, beyond residential schools, proselytization and colonial occupation, one would encounter additional data and answers to what seemed like unanswerable questions. It was also felt that reviewing not only historic, but anthropological and psychological texts for clues might provide a different kind of hypothesis; one that would deepen and support proposals for healing on an inter-connected or collective level. Elder Lavine White addresses this consideration for connectedness when she notes that:

> [B]efore white people came we had an educational process and our own way of governing ourselves, depending upon which part of the country you were from. In ours it was the Longhouse. And we don't have divisions, everything is connected, so this whole Western system of education was very difficult to try and fit into. Goodness knows we tried, but we don't fit in where everything is separated (as cited in Johnson and Budnick, 1994:191).

This study focused on the theme of inter-connectedness throughout. This theme is prevalent throughout most First Nation cultures and has been aptly described as a series of relationships, starting with the family, that reaches further and further out so that it encompasses the universe (Brown, 2001). In this regard, the nucleus of pain generated by the massive loss of life at contact and subsequent acts of genocide is seen as a similar product of inter-connectedness of Aboriginal people; albeit, one born out of trauma. That nucleus of pain has generated strong emotions of grief and loss that, in turn, has reached out further across time until all have been encompassed in its web.

This is something that Elders have also stressed in explaining how Aboriginal people are connected within the circle, from the past into the present and from the present into the future. Throughout this study, liberty has been taken of moving from the present into the past and back from the past into the present, in an effort to explain and situate current complex post-traumatic stress disorder and its effects within the concept of historic trauma transmission. Therefore, this study has been written from both a past and present standpoint, looking back into antiquity to confirm and define an historic impact that has moved forward into the present with continuing cycles of traumatic impact, despair, loss, displacement and unresolved grief. The effects of historic trauma on Aboriginal lives then and, more importantly, now are described. This concept of historic trauma and healing is beautifully articulated by Alanis Obomsawin who, among other methods, has used the medium of film to address the pain of Aboriginal loss in the past and as a means of healing in the present. She asks to reclaim Aboriginal voices in the present, as well as reclaim the Indigenous past:

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> [T]he basic purpose is for our people to have a voice. To be heard is the important thing, no matter what it is we're talking about … and that we have a lot of [sic] offer our society. But we also have to look at the bad stuff, and what has happened to us, and why … We cannot do this without going through the past, and watching ourselves and analyzing ourselves, because we're carrying a pain that is 400 hundred years old. We don't just carry out everyday pain. We're carrying the pain of our fathers, our mother[s], our grandfathers, our grandmothers – it's part of the land (Alioff and Schouten Levine, 1987:13).

It is understood that one must contemplate a deeper core reason for the myriad of mental and emotional issues that Aboriginal people are grappling with in the cultural present. At the same time, one must accept and embrace the understanding that many individuals have risen above those impacts, have managed to hold the spiritual web for others and are able to provide access to the spiritual past.

> The cosmos of the Native North American was, and to a large degree still is, a universe shaped by and viewed through the spirit. Certain women and men of the hundreds of different American Indian Nations have always answered the calling to be medicine people, priests, healers, doctors, and shamans – specialists in the realm of the sacred. Yet people of the nations have always understood that every human being can have direct access to the spiritual realm and that no intermediary is ever needed to be able to gain wisdom or to pray (Bruchac, 1995:2-3).

This study supports the contention that accessing the collective memory, through dreams and visions, is a way that Aboriginal people always used to create healthy mores and maintain traditional life ways. It is agreed that, in spite of those many and merciless onslaughts from contact, ceremony and tradition have survived and have been carried forward and passed on to successive generations. However, even the Elders have agreed that: "We Native people have had a shattered past. Now, today, we are trying to pick up all the pieces and put them back together so that our future will not be so fragmented. We want to transform our future" (Johnson and Budnick, 1994:61).

The concept of a shattered past must be defined and understood so that Aboriginal people can begin the work of putting things back together again. There is much hope and future orientation in Aboriginal people. It is also apparent in Mike Haney's words:

> More and more I understand how important our traditional teachings are, and how important it is to keep them alive by talking about them in classrooms and over the dinner table at home. The real reason we are still here five hundred years after Columbus is that we kept the original instructions sacred and holy as the Creator instructed us to do. We still speak our languages, and we still do the same ceremonies that we have been doing for generations. Our reward is in our youth. I became a grandfather for the first … time last year. That's evidence to me that [the] Creator wants my bloodline to go on, and I feel good about that (as cited in Johnson and Budnick, 1994:226).

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Today, traditional teachings seem to be as important as they ever were for Aboriginal people. In an earlier issue of the *First Nations Messenger's Fast Facts*, it is noted that: "Eighty-two percent of female respondents in the First Nations and Inuit Regional Health Survey (1999) said a return to *traditional ways* [emphasis added] was the way to promote community wellness" (2000:9). Following this viewpoint, Waldram makes a good point in regards to healing and the use of traditional forms of spirituality, and even speaks to the thesis of this paper in stating that: "spirituality as a form of symbolic healing can be understood within the discourse of oppression, liberation, and cultural repatriation" (1997:217). His observations also speak very clearly, in some ways, to the stated need to *return* to traditional ways by Aboriginal people who are recognizing that something was, and is, amiss. Waldram goes on to say that: "This form of healing [spiritual] speaks not only to the individual's affective or emotional state, but also to the whole of his existence as understood in cultural as well as *historic terms* [emphasis added]" (1997:217). This study fully subscribes to Waldram's viewpoint that, like this research, addresses the spiritual and historical continuum through which Aboriginal people have, and can create their own interpretations and understandings of self, personal, family and community health and well-being. Throughout this study, it was suggested that the tremendous impact from the period directly after contact, which rocked and shattered the world of Indigenous people's ancestors, has continued to ripple forward and upset the psychological and emotional states of Aboriginal people in a contemporary context.

> We are the keepers of time. We must know the places of invasion in our histories and in ourselves so that we may illumine the paths of those who cannot see or who do not know. Because our pain is a "part of this land," we are also the Uncomfortable Mirrors to Canadian society. And few can look at the glaring reflections our mirrors provide (LaRocque as cited in Perreault and Vance, 1990:xxvii).

The fragmentation and shattering that the Elders speak of is a very real phenomenon, but thankfully, the current movement towards wholeness is equally real and has been in progress for at least the past two or three decades. Sara Smith from Six Nations near Brantford, Ontario, articulates the choice that Aboriginal people have made towards healing by noting that:

> We are given choices. Which ones are we going to make? Where do we see our lives taking us? And what about the little ones and the ones still to come? I think it is time to begin the deepest search within ourselves for the coming generations … They are coming into new understanding with their new thoughts and many of them are coming with a good, clean mind (as cited in Johnson and Budnick, 1994:92).

It is essential to dig deep and make connections to those parts of the Indigenous past that have not been explored in-depth because Aboriginal people did not have complete access to those earlier historical facts and figures. According to Mike Haney, even non-Aboriginal people did not always have access to those facts and figures and are more recently developing their own tools for understanding what happened to Indigenous people on an increasingly deeper level:

> Lately researchers are getting into what is called microbiology and microarcheology. They're just now finding out with their scientific data what my grandfather told me forty years ago. Everything that was ever done in my ancestor's time is hidden in

information in my DNA Structure. A close examination of that DNA can tell us about the migrations, the diseases, even what our diet was (as cited in Johnson and Budnick, 1994:226).

It is also true that one now knows more about what happened directly after contact and in the few centuries following contact. Written historical records and the events that brought Aboriginal people to where they are now, in ways that were not possible even fifty years ago, can now be addressed. One has access to historic knowledge that speaks to Aboriginal people not only from oral tradition, but also directly from the *outsiders'* historic records that stand as firm testaments and stark declarations written and legitimized by the forces that brought the diseases and purposefully contributed to Indigenous suffering. From that same record, one can confirm that this utter destruction has continued to be passed down to Aboriginal people, albeit in silent, unseen and even more insidious ways. There are other aspects of historic trauma transmission that has not been addressed in-depth, although it did raise the effects of a changing diet and the introduction of life ways that do not fit what the Elders have tried to teach. Mike Haney speaks of his understanding of the adoption of foreign substances and beliefs, and its effects:

> It's my understanding from our legends that the reason we have the four colours is that we were all children of God. Not four races, but one race of four different colours: white clay, red clay, black clay, and yellow clay. And we feel that all people were given original instructions from [the] Creator. Those who have gotten away from them have suffered. I'm told that in Africa, beer was and continues to be, one of the treatments given by their medicine men. But alcohol and sugar were not indigenous to this area, therefore our chemical makeup couldn't metabolize it. Just as diseases ravaged us when they were introduced into our culture because we had no defense mechanism to fight them. The same is true with sugar and alcohol. Our metabolism was affected by it then and still, to this day, continues to be. This can be proven and documented, and it is exactly what our elders have always taught us (as cited in Johnson and Budnick, 1994:225).

The type of historic information that has been put forward in this study does not create the most comfortable basis from which to argue the current status of Aboriginal people in contemporary settings, because *it is* a story of almost total loss and destruction. Rather, it has become more acceptable to speak and write of the Aboriginal history with the ceremonies and teachings preserved and brought forward as intact. This research is an attempt to elucidate the darkest side of the most distant, written and yet forgotten past so that one can throw light on inexplicable behaviours that so determinedly oppose the beliefs and behaviours postulated by the Elders. Through returning to the period directly after contact, and exploring the collective and continental degree of sheer destruction, this study has attempted to expose the deeper rivers of grief that continue to course through the Aboriginal people's collective consciousness. These dark waters have coursed along beneath the re-membering of ceremony, traditions and ancient beliefs for the past five hundred years. It is as if the grief cannot be detected or even seen through dreaming or visions. It is as if a dark curtain fell over that period in Indigenous history when Aboriginal people bid for psychogenic survival; however, the grief can be felt. It is suggested that those times continue to be remembered and acted out by the collective spiritual selves. This, in turn, suggests that while all was lost in a figurative sense, when death took Indigenous people by the millions so long

ago, the need to find that period in the people's collective memories and reintegrate it into their shattered and fragmented selves continues to be important for the integration of Aboriginal people's social and cultural identity. Preston (1999) heard the importance of the past to the present and the future in Aboriginal stories and memory as he interviewed and recorded the narratives of the late John Blackned, a Cree Elder. "[S]piritual authenticity is not possible without fidelity to the past. 'Fidelity' here denotes not sentimentality, but a kind of deliberate *attention* to reality that, while having 'no one version,' contains, perhaps paradoxically, emotional, psychological, and social truths that are inextricably linked with the present and future" (as cited in Preston, 1999:156).

It is part of this study's hypothesis that if the Aboriginal people's collective memories re-remember the ceremonies and the teachings and once these become resurrected by the Elders and reclaimed by youth, then the collective memory can also re-remember and re-feel the trauma and the deeper grief that exists far below the surface of Aboriginal identity and the full reclamation of self. It is necessary for Aboriginal people to acknowledge and explore the possibility that those ripples of collective trauma and grief continue to play an active role in inhibiting the ability of Aboriginal people to flourish as a whole and healthy people, generation after generation.

In some ways, separating the contemporary knowledge of on-going teachings and understandings from the much deeper nucleus of pain that is represented in the historic trauma outlined in this study is needed. Historic trauma can stand alone as a point of departure from the well-being and health of Indigenous people on a continental basis. There is no dispute that Elders, in their wisdom, have been and continue to access and speak traditional truths. The thesis that all was not lost is accepted and supported. However, this study tries to outline and bring to full awareness a much earlier devastation, bringing it back into the collective memory where it can be felt and acknowledged, and then more completely released.

There is an inherent sensitivity and access to the stream of collective memory and spirituality in all Aboriginal people, although the exploration of this particular theory would be another paper entirely. However, it is this very sensitivity that Rose Auger, a Woodland Cree from the area near Edmonton, Alberta, expressed about her grandfather when she notes that:

> [H]e was a medicine man, and I remember that he had to hide in the hills to heal people. There was a great TB epidemic that was rampant everywhere on the reserves. Our traditional people saw this coming in their dreams. But even knowing was not enough. Some of the medicine people, like my grandfather, knew that they could help and did. But they had to hide in the hills to cure people because they weren't allowed to practice what they knew (as cited in Johnson and Budnick, 1994:137).

In that regard, another component of this spiritual sensitivity and knowledge also involves accessing the multiple effects and impacts of the huge devastation of those earliest contact years. This is drifting as powerful and unresolved grief in the Aboriginal stream of collective consciousness, just as the knowledge and wisdom of Indigenous ancestors have drifted and been accessed from that same collective stream by those with the right sensitivity.

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Further, the spiritual or psychic sensitivity that makes it possible for the Elders and the more spiritually advanced to "know, hear and see" the ancient spiritual teachings and keep them alive, has also made Aboriginal people more susceptible to the deep under-currents of grief that drift in the deep waters of our collective stream of consciousness. Rose Auger notes that she works directly with the spirits that teach her:

> I work with 126 of these spirits. They are my ancestors, my people. I am still very young, so I still have a long way to go to learn who they all are. Each year more come to work with me and tell me that this is who I am, and that this is my duty. There's one grandmother who's been coming to me called Earth Blanket Woman. She's coming here to tell us what we need to do for what's coming. Through this winter, she came and told us that we have to make special medicines and teas so that we can stay healthy because there were going to be flu's [*sic*] worse than there had ever been. That a lot of people would end up in the hospital because of something in the atmosphere. It's going to be like that more and more, diseases that aren't here yet but are coming (as cited in Johnson and Budnick, 1994:143).

Historical records show that her understanding is not the full story, that nothing yet has ever matched those first four hundred years of disease and destruction. However, the knowledge of what happened in the early contact period, for the most part, was left silenced in the past, as other more immediate trauma manifested.

This study's theory contemplates the idea that if "traditional" people could pick up the vibrations of coming epidemics in their minds, they and other inter-connected Indigenous people could pick up the vibrations of grief that would also be freely floating in the universe from earlier times. This means that Aboriginal people would be reading, hearing or feeling their own stream of consciousness. The stream would be uniquely Aboriginal in experience and transmitted through a genetic marker or code, as Haney suggested. Memory of the past would also become a matter of interpretation as time went by. Although, as noted earlier, there was no place on the continent where Aboriginal people were able to deal with their shock and grief in the moments and years of the most terrible events happening, as everything had to be set aside for the sake of survival of the few.

Perhaps now it is time for a descent into the deeper depths of historic despair where Indigenous people can make their way back through memories, oral traditions, written words and deeper sorrows. Then, Indigenous people can collectively create newer understandings and go willingly through the painful memories, once again, in order to resolve and release the historic trauma and free themselves from its tyranny.

This is strongly stated by Elder Jeannette Henry who noted in 1970 that:

> One of the most important elements to be found in the history of this nation, as well as in the history of the Native races of this country, is that of conflict between the Europeans and the Indians from the time of first contact, through the ages and until the end of the 19th century. Nearly four hundred years of such conflict occurred, perhaps the longest period of war and near-war in human history. While it is perfectly true that blood has

been spilled on *both* sides, even the most biased of historians must admit that ours has been enormously the greatest loss … especially when considering the facts of genocide, foreign diseases, the destruction of our culture and the loss of our country. The whole story of conflict has still not been told … Today, our posture is that of a defeated people, yes. But a people who did not bend, and had to be broken. And even when broken, we are a people who arose again and again to fight once more. Today, in a different arena and with tools of policy, strategy, and legal negotiation, we are fighting still. We often read about Indian "terror, wars, resistance to progress." Nowhere has there been told the full story of courageous Indian resistance to the onslaught of the European, or the open and brutal attacks upon the Native by the white invaders (Henry in Indian Voices, 1970:111).

Today's Elders know that, although some aspects of the Aboriginal social self were deeply hurt and damaged, there is yet another side of the Aboriginal psyche: the Aboriginal spiritual self that is full of positive energy, waiting to be revealed and used in the right way. The Elders see the effects of colonization and the subsequent collapse of Aboriginal social structures as central to the cause of the disintegration of Aboriginal communities, traditions and, in turn, individuals. One Elder states:

> In the early days, when our families and communities were ripped apart by colonialism, when our communities were disintegrating and you had kids taken away from the parents, the children removed and put into residential schools or missions, then you had parents who were already into alcoholism, you had grandparents of that same generation that were stripped from the practice of their ceremonies, their spirituality (Elder cited in Ellerby and Ellerby, 1998:x).

Another Elder further states:

> Our dignity was taken away … and a lot of people don't realize that. They don't really understand about how our dignity was taken away from us, how we were taught to be ashamed to be Natives. Then our self-respect was gone. Once you lose your self-respect, how can you respect someone else? Then you take your frustrations out on other people (Elder cited in Ellerby and Ellerby, 1998:ix-x).

Battiste, a member of the Mi'kmaq Nation and a professor at the University of Saskatchewan, says in the introduction to *Aboriginal Education: Fulfilling the Promise* that, in order for the "new Aboriginal story" to unfold, people's fully actualized selves must be:

> [R]ecognized as the foundation for their future. But we are not whole yet, having been diminished by our past, and we do not know who will articulate that future, that new story. Aboriginal government? Aboriginal politicians? Elders? Educators? The responsibility ultimately rests with Aboriginal people themselves in a continuing journey of collaboration and negotiation, healing and rebuilding, creating and experimenting, and visioning and celebrating (2000:ix).

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Lee, who is of Cree ancestry and works as a researcher and curriculum developer at the Saskatchewan Indian Institute of Technology, adds: "because traditional healing is within each of us, we are all capable of healing ourselves, sometimes with the assistance or support of others such as Elders, Healers, and Helpers" (1996:2).

It must be stressed again that the Aboriginal past must be fully acknowledged in order to fully experience the Aboriginal present and to realize the Aboriginal future. People working in collaboration with Aboriginal people (therapists, researchers, psychologists, anthropologists) may take upon themselves the role of *helper*; however, they must remember that:

> [I]t is inadequate only to affirm that a people was dispossessed, oppressed or slaughtered, denied its rights and its political existence, without … affiliating those horrors with the similar afflictions of other people. This does not at all mean a loss in historical specificity, but rather it guards against the possibility that a lesson learned about oppression in one place will be forgotten or violated in another place or time (Said, 1994:44).

The Elders are here to help with their wisdom, experience and healing force. Although the roles traditional healers play in Aboriginal communities are clearly different than the roles of the "outside" therapists, there is a possibility that these two approaches have the potential to complement each other, as was evidenced in a study, *Understanding and Evaluating the Role of Elders and Traditional Healing in Sex Offender Treatment for Aboriginal Offenders,* sponsored by the Solicitor General of Canada (Ellerby and Ellerby, 1998). The study opens with two quotes, one from a psychologist and one from an Elder. It is appropriate to end this paper with the very quotes that call upon the ideas of inter-connectedness and inter-dependence that are so central to Aboriginal philosophy.

> My hope is that psychology someday will follow a path that allows people to share and heal in a way that can touch some of those deepest parts of people's experience; we can learn a lot from Elders (psychologist cited in Ellerby and Ellerby, 1998:ii).

> We must all work together to heal our people. Us Elders and the psychologists can come together and share so that the men can heal and our communities can be safe. (Elder cited in Ellerby and Ellerby, 1998:ii).

Appendix 1: Complex Post-Traumatic Stress Disorder

1. A history of subjugation to totalitarian control over a prolonged period [of time] (months to years). Examples include hostages, prisoners of war, concentration camp survivors and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse and organized sexual exploitation (Herman, 1997:121).

2. Alterations in affect regulation, including:
   * persistent dysphoria;
   * chronic suicidal preoccupation;
   * self-injury;
   * explosive or extremely inhibited anger (may alternate); [and]
   * compulsive or extremely inhibited sexuality (may alternate).

3. Alterations in consciousness, including:
   * amnesia or hyperamnesia for traumatic events;
   * transient dissociative episodes;
   * depersonalization/derealization; [and]
   * reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation.

4. Alterations in self-perception, including:
   * sense of helplessness or paralysis of initiative;
   * shame, guilt and self-blame;
   * sense of defilement or stigma; [and]
   * sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand or non-human identity).

5. Alterations in perception of perpetrator, including:
   * pre-occupation with relationship with perpetrator (includes preoccupation with revenge);
   * unrealistic attribution of total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's);
   * idealization or paradoxical [relationship]…
   * sense of special or supernatural relationship; [and]
   * acceptance of belief system or rationalizations of perpetrator.

6. Alterations in relations with others, including:
   * isolation and withdrawal;
   * disruption in intimate relationships;
   * repeated search for rescuer (may alternate with isolation and withdrawal);
   * persistent distrust; [and]
   * repeated failures of self-protection.

7. Alterations in systems of meaning, [including]:
   * loss of sustaining faith; [and]
   * sense of hopelessness and despair.

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