Aboriginal People, Resilience and the Residential School Legacy

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Aboriginal People, Resilience and the Residential School Legacy

Prepared for

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Definitions

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.

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

Amulet - a charm or ornament.

Ethnographic/Ethnography - the study and recording of human cultures.

Ethos - beliefs or ideals.

Legacy of Physical and Sexual Abuse in Residential Schools - (often referred to as "Legacy") means the on-going direct and indirect effects of physical and sexual abuse at residential schools. The Legacy includes the effects of Survivors, their families, descendants and communities (including communities of interest). These effects may include, and are not limited to, family violence, drug, alcohol and substance abuse, physical and sexual abuse, loss of parenting skills and self-destructive behaviour.

Longitudinal research - the repeated observation or examination of subjects over time with respect to one or more study variables.

Marginalized - relegated to a minimal position within a society or group.

Pathologize/pathology - the study of the essential nature of diseases and especially of the structural and functional changes produced by them.

Pedagogy - the profession of teaching.

Qualitative research - research based on material other than statistical procedures.

Quantitative research - research based on the analysis of numerical data.

Definitions

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

Survivor - an Aboriginal person who attended and survived the residential school system.

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

Executive Summary

Introduction

The government of Canada established the Aboriginal Healing Foundation (AHF) in March 1998 to address the Legacy of Physical and Sexual Abuse suffered by Aboriginal people in residential schools. Since the Foundation supports research that promotes healing, a priority to study the resilience of individuals, families and communities within the context of the residential school legacy has been acknowledged.

In this report, a critical analysis of the resilience literature is undertaken and is considered against the cultures, lived experiences and larger social contexts of Aboriginal Survivors of residential school. The findings, summarized below, serve as the basis for recommended actions in the areas of planning and research, interventions and evaluation.

Understanding Resilience

Resilience, along with its practical applications, has been studied and debated since the 1970s. The concept is most often defined as the capacity to spring back from adversity and have a good life outcome despite emotional, mental or physical distress.

Risk factors, such as poverty or parental alcoholism, increase the probability of a negative outcome. Risk can reside in the individual, family or wider environment, with vulnerability to a negative outcome increasing exponentially with each additional risk factor. This process is known as "risk pile-up."

Protective factors (for example, above average intelligence or nurturing parents), help to counteract risk and decrease individual vulnerability to adverse conditions. Although children who experience wide-ranging protective factors generally have good life prospects as adults, positive coping strategies are difficult to sustain against major or on-going trauma.

Regardless, the adoption of "mature defenses" (i.e., humour and altruism) can help individuals overcome a lifetime of adversity; whereas anti-social or self-injurious coping strategies can aggravate existing risk factors and conditions. Breaking with the past and disrupting negative chain reactions are, therefore, critical steps in desisting from such negative strategies.

Executive Summary

At a more theoretical level, resilience enhancement initiatives require longitudinal research for tracing the outcomes of cognitive abilities, emotional competence and physical health over individual lives. Interventions are more likely to be successful if: "keystone" risk factors are isolated; the cumulative effects of multiple risk factors are identified; and risks that emerge in later life are recognized.

Resilience characterizes individuals and families alike because they are both subject to the interactions between risk factors like poverty and protective factors like flexibility. Families are not static entities and, therefore, their coping strategies change over time, reflecting internalized or situational responses to stressors.

Resilience and Aboriginal People

Culture and resilience intersect and help shape traditions, beliefs and human relationships. Traditional Aboriginal societies have placed great emphasis on fostering resilience for children and youth, but an oppressive colonial experience has often cut off Aboriginal parents from such cultural moorings. Notwithstanding, the resurgence of Aboriginal beliefs and practices, accompanied by traditional resilience promotion strategies, has given rise to promising interventions.

Resilience and the Residential School Experience

Enrolled on the pretext that they would receive a "Christian" education and be protected from their parents' "backward" influence, many thousands of Aboriginal children were sent to residential schools during the time the schools existed. In 1991, roughly 13 per cent of the country's Aboriginal population self-identified as Survivors of the residential school system.

Status Indian, Métis and Inuit children had varied residential school experiences, both in intensity and duration. Although status Indians formed the majority of attendees at any given time, many Métis children were accepted, often to boost school enrollment figures. Meanwhile, the number of Inuit children grew quickly in the 1950s when a network of schools was built across the North. Despite the manner in which they found themselves enrolled, status Indian, Métis and Inuit Survivors have all had to contend with risk factors related to the residential school experience.

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Still, Survivors report protective factors including pre-school supports from parents and families. Once at school, many children also benefited from the positive relationships they developed with other students or adult relatives. They also gained strength from competitive sports, prayer, religious beliefs and anticipated reunions with their families. However, because of the high degree of risk associated with the schools' disciplinary regimes, corporal punishments and estrangement from families, Survivors have, in many cases, suffered long-term consequences, especially in how they perceive themselves and interact with others.

Detachment, reinterpretation, accommodation and resistance were the general coping strategies in residential schools. Survivors who practiced detachment effectively distanced themselves from the source of hurt, whether by "shutting down," not speaking or hearing or joking and laughing about the source of pain. Others reinterpreted negative situations in positive ways by maintaining strict composure during beatings, living out fantasies about present and future circumstances and idolizing those who ran away from school.

Accommodation involved currying favour with those in power. While some did so by working hard and cooperating with school personnel, others felt they could obtain protection by giving in to sexual advances of staff members. Finally, resistance provided children with opportunities to register their opposition to an oppressive system. Direct resistance was overt and it entailed activities such as stealing food from the pantries of the schools, defending younger children from mistreatment and running away. Indirect resistance or covert actions included wearing a "mask" to hide one's true feelings.

Some of the attitudes and behaviours learned in residential school proved to be destructive for Survivors. However, their resilience is evident in the steps they have taken to counteract negative outcomes. Many former students found support in Elders, Alcoholics Anonymous and healing circles. They have also opted to share memories and stories with other former students, pursue further education, relearn Aboriginal languages and follow spiritual paths to reinforce Aboriginal identity.

The residential school experience had a direct impact on Survivors and has spilled over to their descendants. Issues pertaining to identity, culture and parenting have created conflicts and unresolved anger for them. Faced with these challenges, they are turning to the expertise in their midst, showing their resilient nature yet again.

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Based on the issues identified above, the following suggested actions are organized in three main theme areas:

Planning and Research: to identify risk and protective factors affecting adjustment outcomes in First Nations, Inuit and Métis populations, including direct and intergenerational Survivors of residential schools, it is suggested that longitudinal and ethnographic research be undertaken, along with developing a resilience enhancement strategy focussing on keystone risk factors and processes at the individual, contextual and structural levels.

Intervention: to enhance Survivor family cohesion, build parenting skills and support family members in the midst of key life transitions, such as divorce or the death of a child, it is suggested to implement multi-compartmental interventions that target relevant risk and protective processes at each stage of personal development, carry out culturally appropriate initiatives, integrate the Takini Network's historic trauma response framework into initiatives designed to address the traumatic effects of abuse among direct and intergenerational Survivors of residential schools; plan and implement initiatives that disrupt risk chains and open up educational, career or personal growth opportunities for Aboriginal youth and integrate, where appropriate, resilience enhancement interventions into existing healthy community projects in settings where there is a significant Survivor population.

Evaluation: to allow stakeholders gauge success in promoting resilience in all relevant areas, it is suggested that the development of adjustment outcome measures at the beginning of each project cycle be undertaken and to carry out quantitative and qualitative evaluations of changes in the coping skills and level of adjustment of participants.

1.   Introduction

1.1   Background

Among its recommendations, the Royal Commission on Aboriginal Peoples (RCAP) called for the creation of an independent agency that would assume a leadership role in addressing the Legacy of Physical and Sexual Abuse suffered in residential schools across the country. The government of Canada, responding to the RCAP's findings, announced in January 1998 that it would set aside $350 million in support of a community-based residential school healing strategy.

The Aboriginal Healing Foundation (AHF) was formally established in 1998 with a mandate to fund community-based initiatives. The Foundation is a non-profit corporation under Aboriginal control operating at arm's length from the government. The AHF undertakes research that contributes to effective program design/redesign, implementation and evaluation of healing projects.

Given the growing importance attached to resilience within the health policy literature, the AHF commissioned this study to understand the relevance of resilience for Aboriginal individuals, families and communities dealing with the Residential School Legacy. Understanding resilience can serve as a basis upon which to plan interventions to foster greater resilience among Aboriginal residential school Survivors.

1.2   Purpose and Objectives

The purpose of this report is to undertake a critical analysis of the resilience literature and assess how its concepts and insights might be used to foster healing among Aboriginal people affected by the Legacy of Physical and Sexual Abuse arising from the residential school system. Specific objectives may be summarized as follows:

- review key concepts and theories within the resilience literature in the context of Aboriginal people's cultures and experiences;

- assess, with particular reference to resilience, the impact of the residential school system on Survivors and their families;

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- identify means by which resilience enhancement interventions might be integrated into existing approaches to residential school healing; and

- formulate recommendations to serve as the basis for future AHF interventions in the area of resilience enhancement.

1.3   Methodology

In preparing this report, a number of information-gathering activities were undertaken. These are summarized below:

- a key word search was carried out on the Internet, major CD-ROM databases (including Child Abuse, Child Welfare and Adoption Database; Family and Society Studies Worldwide; PsycINFO; Social Work Abstracts; and Web of Science) and the library catalogues of York University, Carleton University and University of Ottawa; and

- the library holdings of the Aboriginal Healing Foundation, Health Canada, Indian and Northern Affairs Canada and the Assembly of First Nations were reviewed.

Every effort has been made to ensure that the lives of all Aboriginal people are reflected in the report. However, because First Nations have received more attention in the residential school literature than other groups, a special effort was made to locate accounts describing the experiences of Inuit and Métis Survivors.

At the same time, one must also acknowledge the absence in mainstream discourse of the ways in which Aboriginal children and youth have kept well and safe despite the tremendous odds imposed by the residential school experience. Several reasons account for this oversight, including the tendency to ignore or pathologize Aboriginal children and youth's agency, while discounting their natural inclination to pursue best health and life-long healing strategies. In other words, experts have failed to see, understand or interpret health and healing experiences from the perspective of Aboriginal children and youth themselves. Similarly, because Aboriginal children, youth and adults are often reduced to mere victims

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of abuse, they are given no opportunity to act as key agents in their own health development and healing efforts. Often, their health beliefs, values and practices are dismissed by health professionals and others as superstitious and non-sensical.

2. Understanding Resilience

Stories of marginalized individuals and groups, whose intelligence, perseverance and good humour allowed them to achieve success or win a great victory despite all the odds being stacked against them, have always fascinated people. Examples of such stories can be found in the mythologies of Aboriginal nations across the country, as well as in the popular culture of Canadian society. At the same time, there are many seemingly ordinary people who overcome years of marginalization, illness or abuse to become community leaders and role models to the younger generations.

For example, despite a childhood marked by poverty, tuberculosis and relocation far from home in a residential school, one individual went on to gain notoriety in politics and become one of the most important Aboriginal political leaders in the country (Comeau, 1993). If this individual is one example of someone who was able to rebound in the face of serious life difficulties, there are many others who have been unable to do so, instead finding their hopes and aspirations shattered by alcohol, criminality or dysfunctional relationships.

How can one explain the difference in outcome? Since the early 1970s, there has been a growing body of literature arguing that resilience is a key factor distinguishing "high risk" individuals who manage to avoid negative outcomes from those who do not (Fergusson, 1999). While these findings have aroused the interest of policy makers hoping to address social problems through resilience promotion, these findings have also prompted long-running debates on the exact nature of the processes involved and how best to translate research findings into meaningful interventions.

2.1 Basic Building Blocks

In order to make sense of these debates, it is first necessary to unpack the concept of resilience itself. Although scholars have defined the term in various ways, it is most easily understood as the "capacity to be bent without breaking and the capacity, once bent, to spring back" (Vaillant, 1993:284). In other words, a resilient person is someone who manages to have a good life outcome (for example, a steady job, long-term marriage and overall well-being) despite being exposed to situations that carry a high risk of emotional, mental or physical distress (Rutter, 2001). While it is common in the popular media to explain such resilience purely in terms of individual character traits, it is, in fact, the result of an interplay between risk on the one hand and a variety of protective factors on the other (Fraser and Richman, 2001).

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Figure 1 provides a simple means of conceptualizing the relationship between risk and protective factors. The falling rain denotes the adversity (risk) to which a person is exposed over his or her course of life. Meanwhile, the umbrella is indicative of the personal and social assets (protective factors) available to counter the effects of this risk. Seen from this perspective, an individual who successfully deploys his or her umbrella (assets) to counter the ill-effects of risk factors (i.e., abuse or parental divorce) may be called resilient. What is important to remember, however, is that resilience only operates in response to the presence of risk conditions and that possession of appropriate personal and social assets is not sufficient in and of itself to guarantee a positive outcome. Also crucial is the individual ability and willingness to make effective use of these resources.

Figure 1: Risk and Protective Factors Framework

Risk (Adversity)

Protective factors (assets)

2.   Understanding Resilience

2.1.1   Risk Factors

Given that risk is a precondition for the existence of resilience, it is important to understand precisely what is meant by this term. According to social work professors Jack Richman and Mark Fraser, risk refers to the "presence of one or more factors or influences that increase the probability of a negative outcome" (2001:2). For example, research has shown that, in comparison with the population at large, children of an alcoholic parent are at heightened risk of becoming substance or alcohol abusers later in life (2001).

Similarly, there is evidence of a link between childhood experiences of abuse and the perpetration of abuse as an adult (Gilgun, 1999). However, it is worth noting that while both parental alcoholism and suffering abuse as a child are markers for a negative outcome, the majority of people in these risk categories never exhibit any problems with alcohol or engage in child abuse. As such, being a "member of an at-risk group can predict only a vulnerability to the outcome" (1999:45), with the degree of vulnerability dependent on the risk factor in question.

Risk factors are usually categorized according to whether they originate within the individual, the family or the wider socio-physical environment. Commonly cited risk factors are presented in Table 1. In this context, it is important to distinguish between specific and non-specific forms of risk. Non-specific risk factors, including, for example, membership in a small community or being raised in a large family, are not directly correlated with any particular problem.

Instead, they are deemed to be "predictive of a variety of poor developmental outcomes" (Richman and Fraser, 2001:3). In contrast, specific risk factors, such as those described in the previous paragraph, are linked to specific negative outcomes, namely alcohol involvement or perpetration of child abuse (2001). Of course, specific risk factors can also be non-specific to the extent that they are correlated with other types of problems in childhood or later in life.

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Table 1: Commonly-cited Risk Factors

Individual	Family	Environment
• Anti-social behaviour • Membership in a minority racial/ethnic community • Stressful life experiences • Male gender • Difficult temperament • Serious medical condition	• Parental pathology or illness (such as alcoholism, depression or chronic illness) • Exposure to violence • Separation from parent or lack of parents • Life stress • Young mother • Large family size	• Low socio-economic status • Poverty • Violent neighbourhood • Deviant peer group • Malnutrition

Source: Mangham *et. al.* (1995)

At the same time, it is clear that individual exposure to risk varies. While some people might experience a single traumatic event (such as witnessing a parent's death) that results in long-term developmental consequences, it is more common for individuals to experience multiple risk factors, spanning individual characteristics, family traits and the larger environmental context (Mangham *et. al.*, 1995). This is a significant point because numerous studies have shown that vulnerability to a negative outcome increases exponentially with the presence of each additional risk factor (Gilgun, 1999; Richman and Fraser, 2001; Rutter, 2001).

For example, in a longitudinal study of under-privileged children in the United Kingdom, pioneering resilience researcher Michael Rutter identified six risk factors of importance: severe marital discord; over-crowding/large family size; poverty; father's involvement in criminal activity; mother diagnosed with a psychiatric disorder; and foster home placement of children in the family (cited in Mangham *et. al.*, 1995). The presence of one of these risk factors was associated with a one per cent increase in the incidence of a psychiatric disorder among study participants, two risk factors were linked to a five per cent increase, while four or more risk factors were associated with a 21 per cent increase in the incidence of such disorders (1995).

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In an Aboriginal context, the effects of what Jane Gilgun (1999) calls "risk pile-up" are brought into stark focus by James Tyman (1989), a young Métis man from Saskatchewan. Writing his autobiography while in prison in the late 1980s, he shows how the problems he faced in his early life, including rampant discrimination, abuse at the hands of his father and adoption by a non-Native family, were directly linked to a subsequent downward spiral of violence, incarceration and substance abuse (1989).

While the near total absence of empirical resilience research dealing with the Aboriginal population makes it impossible to analyze Tyman's experiences in the context of culturally specific risk factors, it is clear that systemic racism influences individual self-perception and interaction with others, heightening vulnerability to a range of negative outcomes.

Still, it bears emphasis that Tyman was, in the end, able to turn his life around, enrolling in university and feeling pride in his Métis identity. While this positive development may be, in part, due to the fact that sensitivity to various types of risk changes over the course of one's life (Rutter, 2001), it is also likely related to the existence of protective factors that helped inform the coping strategies ultimately adopted by Tyman.

2.1.2 Protective Factors

Indeed, it is impossible to understand fully the concept of resilience without reference to protective factors. As noted by Richman and Fraser, these refer to individual characteristics or environmental conditions that help people "resist or otherwise counteract the risks to which they are exposed" (2001:4). In other words, protective factors diminish the likelihood that an individual deemed vulnerable to a particular outcome will, in fact, suffer any ill effects associated with this vulnerability. Like risk factors, protective factors are generally categorized according to whether they spring from individual characteristics, from supportive relationships within the family or from supportive environments outside the family sphere (Mangham *et. al.*, 1995). Examples of protective factors identified in the literature are found in Table 2.

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Table 2: Commonly-cited Protective Factors

Individual	Family	Environment
• Good genetics	• Positive parent-child attachment and interactions	• Positive relationship with an adult
• Easy temperament		• Participation in extra-curricular activities
• Intelligence/cognitive ability	• Quality parenting	• Church involvement
• Self-esteem	• Structure and rules within the household	• Positive school experiences
• Sense of control over one's life	• Family hardiness	• Taking responsibility (in home or at work)
• Planning for the future	• Father involvement in childcare	• Opening of opportunities
• Optimism regarding future events	• Parent or caregiver expectations of a positive future for their child	• Extra-familial support for mother
• History of competence or success	• Mother's education	• Community involvement
• Experiencing a positive event before or after a stressor	• Small family size	
• Ability to detach from conflict in the home	• Detachment from troubled background as adults	
• Sense of responsibility or helpfulness	• Supportive/non-deviant spouse	
• Hardiness	• Positive perceptions of mother	
	• Maternal employment	
	• Positive marital relationship	

Source: Mangham *et. al.* (1995)

2.   Understanding Resilience

As for the question of how protective factors actually work to offset the effects of risk, resilience researchers generally fall into one of two camps. On the one hand, there are some who subscribe to an "additive" model in which risk and protective factors are simply seen as polar opposites (Craig, 1999). In this view, low intelligence is a risk factor to the degree that it increases the likelihood of a negative outcome (i.e., criminal behaviour). By contrast, high intelligence does exactly the reverse, acting as a protective factor by making criminal activity less likely.

On the other hand, there are many scholars who take an "interactive" view in which protective factors are thought only to come into play in combination with risk factors. In other words, while protective factors remain largely inactive in low-stress situations, they tend to emerge in individuals experiencing a high degree of adversity. There are three principal ways in which they do so. First, protective factors may act as a buffer cushioning the negative impact of risk situations (Craig, 1999).

For instance, strong social supports within the family can counter the risk associated with membership in a deviant peer group. Second, protective factors may serve to interrupt a negative chain of risks, as seen, for instance, in children raised in institutional settings who have positive school experiences (1999; Rutter, 2001). According to research by Quinton and Rutter (1988), children who have such experiences are more likely to "plan in relation to life decisions concerning both marriage and careers" (cited in Rutter, 2001:28). Third, protective factors may prevent the initial occurrence of a risk factor, as in the case with infants whose easy temperament enhances bonding with care givers, thereby making abuse or neglect less likely (Craig, 1999).

In the past decade, considerable research attention has also been devoted to assessments of the relative importance of various protective factors. While a number of recent studies have highlighted the key role played by genetics in mediating certain risk conditions, such as poor reading skills or childhood conduct disorder (Fergusson, 1999), scholars like Werner (1993) have found that successful outcomes among high-risk children are the result of a mix of factors, including: an easy temperament; possession of skills and values that allow them to make effective use of personal abilities; parenting styles promoting child competence and self-esteem; presence of supportive adults outside the family; and the opening-up of opportunities at life transition points (cited in Mangham *et. al.*, 1995).

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Meanwhile, others have sought to create a composite portrait of children likely to exhibit positive outcomes in adult life. For example, Fergusson argues that those most likely to be resilient:

> ... have above average intelligence and problem[-solving] skills; are female; tend to have interests outside of their family and good relationships with a significant adult figure; tend to have good attachment and bonding to their parents; have an "easy" temperament; and affiliate with prosocial peers (1999:7).

At the same time, it should be emphasized that the attributes of resilient individuals are dynamic and in a constant state of evolution. Thus, while a key protective factor characteristic of infants is the ability to elicit care giver nurturing and support, by the time of adolescence, the protective factors exhibited by resilient children have blossomed into a "sense of autonomy, advanced problem-solving skills, communication skills, social skills, and cognitive-integrative abilities" (Ladd-Yelk, 2001:9-10).

Before considering the relevance of research on protective factors or, indeed, any aspect of resilience to Aboriginal people, it must be acknowledged that most empirical studies are based on large samples of predominantly non-Aboriginal participants. In those cases where research has been undertaken with minority communities (predominantly Americans of African descent), resilience was found to arise from a somewhat different set of protective factors, with a larger role ascribed to supportive social networks and a strong sense of religious conviction (Ladd-Yelk, 2001).

In an Aboriginal context, Zimmerman and others (1998) argue that a strong sense of Aboriginal identity acts in combination with high self-esteem as a protective factor against substance and alcohol abuse (Ladd-Yelk, 2001). While it is likely that other aspects of Aboriginal culture (for example, the valuing of children as gifts from the Creator or the development of close relationships with extended family members) also serve as protective factors, more empirical research is needed to document the significance of these processes.

The importance of pursuing such research is underscored by the childhood recollections of Aboriginal people. In many cases, these point to child-driven possibilities for coping with the effects of personal trauma. For example, Monica Goulet, a Métis woman, recalls her reaction when, as a five-year old

child, she received news of her mother's death (Mukherjee, 1993). Unable to understand the meaning of death, yet uncomfortable with the fact that all of her family members were crying, she started laughing in an attempt to counteract the sadness of others.

If one is to come to grips with Goulet's health-seeking behaviour, one must adopt an approach that views Aboriginal children and youth as social actors capable of making a difference in the world around them. At the same time, to ignore their needs and the challenges they face risks limiting the scope for healing. The degree to which long-term consequences can arise from the failure to have one's basic needs met as a child is highlighted by another of Goulet's recollections. In this case, she expresses sadness at the missed opportunities for closeness with her mother while she was still alive (Mukherjee, 1993). Viewed in this light, seemingly inconsequential acts like hugging or comforting one's child can result in extraordinary bonding experiences or, in their absence, the reinforcement of hurt and trauma.

However, it bears emphasis that even in difficult situations, such as those faced by Aboriginal youth living on the streets of Canada's large cities, individuals devote a great deal of effort in their search for love and acceptance. Indeed, as Carol La Prairie (1994) argues, the street friends and "family" of homeless Aboriginal youth play a critical role in their survival, offering comfort, bonding and an escape from destructive home lives.

2.2   Overcoming Adversity

Although there is no question that risk and protective factors play a critical role in shaping individual responses to adversity, by no means should they be seen as determining these responses. Rather, they serve as forces that either facilitate or constrain particular courses of action, while also conditioning how people view the world around them. This is an important point because, as Gilgun argues, "how individuals interpret life events is pivotal in how they respond" (1999:42). Thus, even though an individual possesses the free will to react either constructively or destructively when faced with a traumatic situation, prior experience makes some responses more likely than others.

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2.2.1 *Coping strategies*

In general terms, researchers have found that resilient people cope by engaging in "flexible, problem-solving, and help-seeking behaviors rather than through brittle and rigid responses to adversities and other stresses" (Gilgun, 1999:44). Moreover, such individuals are likely to have a repertoire of different ways of dealing with problems rather than one particularly effective coping strategy they always use (Rutter, 2001).

At the same time, scholars believe that successful coping produces a "steeling effect," strengthening individual capacity to adapt positively in the face of subsequent challenges (Rutter, 2001; Vaillant, 1993). Perhaps to best characterize success breeding success is when people who are able to do well under certain conditions (for example, in academic studies or competitive sports) can achieve gains in self-confidence that give them an edge when placed in risk situations (Rutter, 2001). By the same token, a major setback or string of failures can have the opposite effect, sapping self-esteem and pushing an individual toward non-constructive coping strategies.

However, even as one acknowledges the role of luck in creating unexpected challenges or opportunities, individuals tend to cope with adversity in ways that are reflective of personal risk experiences and protective factors. Drawing on the results of a longitudinal study of 456 American men whose childhoods were marked by extreme adversity, George Vaillant (1993) contends that the resilience exhibited by some participants was a function of their capacity to muster "mature defenses" to deal with their problems.

Key defenses cited by Vaillant consist of altruism, suppression (ability to focus attention and control impulses), humour, anticipation (ability to plan realistically and hopefully for the future) and sublimation (ability to channel energy into productive activities). Despite under-going serious difficulties during the course of their lives, including jail time and alcohol abuse, numerous participants were able to turn their lives around through coping strategies ranging from a dogged commitment to a particular job, involvement in community causes or always trying to find something positive in any situation (1993).

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Meanwhile, Gilgun argues that coping should be understood as an attempt to regain a sense of "self-efficacy,[1] control and mastery over self and the environment" (n.d.:1). In this context, coping can either be pro-social, anti-social or self-injurious, with the course of action adopted, in large part, a function of the interplay between risk and protective processes.

Basing her findings on research with survivors of child abuse or neglect, Gilgun asserts that pro-social coping usually involves one or more of the following: seeking comfort and affirmation from caring adults and peers; talking about hurt and confusion; engaging in behaviours which soothe emotional pain; and re-interpreting the meanings of abuse. By contrast, examples of anti-social behaviour include property destruction, bullying, attacking others, bragging and inappropriate sexuality; while self-injurious coping strategies range from eating disorders, substance use and cutting, to recklessness, spending money and suicide attempts (Gilgun, n.d.).

Although it is noteworthy that the pro-social coping strategies cited by Gilgun appear grounded in such mature defenses as sublimation, humour and suppression, one must also acknowledge the knock-on effects of the negative coping strategies she describes. That is to say, individuals who attempt to deal with family conflict by using alcohol or drugs, becoming pregnant or dropping out of school are in all likelihood aggravating risk conditions rather than relieving them.

In effect, they are contributing to negative chain reactions whose effects may dog them the rest of their lives. The potential impact of these chain reactions is seen in Robins' (1966) longitudinal study of individuals exhibiting anti-social behaviour as children. He found that, in adult life, research participants were "much more likely to fall out with their friends, to have repeated marital breakdowns, to lose jobs through arguments and unreliability, and to lack social supports" (as cited in Rutter, 2001:27).

If nothing else, these findings underscore the importance of disrupting negative chain reactions by providing a break with the past and opening up new opportunities. Rutter refers to these breaks as "turning points" and cites studies documenting the positive effects of military service or a harmonious marriage to a non-deviant spouse on individuals from disadvantaged backgrounds who had previously

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[1] Self-efficacy refers to the sense of personal control associated with one's capacity to produce positive outcomes (Fraser and Richman, 2001).

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exhibited anti-social behaviour. By broadening horizons, building self-esteem and creating new networks of support, individuals placed in these situations show a marked tendency to desist from negative coping strategies while achieving positive life outcomes (Rutter, 2001).

Among people of Aboriginal ancestry, Nunavut Premier Paul Okalik provides a good example of how turning points can play a crucial role in breaking a negative chain reaction. As an adolescent and young man, Okalik exhibited a range of maladaptive behaviours. He drank alcohol excessively, was expelled from school in grade 10 and served a three-month prison sentence at age 17 for breaking and entering. Upon his release from jail, Okalik took a welding course which allowed him to secure a job. However, the major turning point in his life occurred when the Tungavik Federation of Nunavut (TFN) hired him to work on land claims negotiations (National Library of Canada, 2002).

By allowing him to focus his energies and build his self-confidence, Okalik's position at TFN provided him with the drive to return to school and then to seek public office. As he himself put it: "up to that point I didn't have much faith in myself. After I became a negotiator, I developed enough confidence that I could probably succeed" (*Cnews*, 1999:1). Although there can be little doubt that Okalik is an exceptional person, given his transformation from troubled youth to Canada's first Inuit lawyer and first leader of Nunavut Territory, his case, nonetheless, serves to highlight how an unexpected opportunity can significantly alter an individual's self-perception and, by extension, the ways in which one interacts with others.

2.2.2   Measuring Outcomes

While it may appear self-evident that someone who leads a happy, fulfilling life despite a high degree of risk exposure can be called resilient, there is, in fact, considerable disagreement among scholars regarding the level of success necessary before the label can be conferred (Fergusson, 1999). To borrow an example cited by Richman and Fraser: "does a high school student who is identified as 'at-risk' of school failure have to graduate at the top of his/her class to be considered 'resilient'? Or is graduation from high school significant?" (2001:6). Although researchers have yet to reach a consensus on this point, it is widely agreed that studies must, at the very least, "know what resilience is and how to identify it with consistency" (2001:6).

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For the most part, scholars working in this area have used behavioural competence as a key indicator of resilience (Mangham *et. al.*, 1995). Spanning variables as diverse as vocational success and whether or not one has a criminal record, these measures seek to assess the degree to which individuals have good social skills and are free from overt behavioural problems (please see Table 3 for a list of outcome variables). However, by focusing attention on cognitive abilities, other potential measures of resilience have been downplayed or ignored.

This is considered problematic by researchers like Mangham, McGrath, Reid and Stewart (1995), who argue that studies should also take into account measures of emotional competence and physical health in order to gain a truly holistic understanding of individual adjustment to stress. Indeed, this is an especially important issue when one considers that even those who generally are not faring well are often well-adjusted in some areas, while "fairly well-functioning persons may have areas of maladaptation" (Gilgun, 1999:44). For this reason, Gilgun contends that researchers should use general ideas of what constitutes a good outcome, for example working well, loving well or expecting well (being optimistic about the future), as guidelines to devise measures that best capture the issues of interest in their particular study (1999).

Table 3: Outcome Variables Cited in the Literature

Behavioural competence	Emotional competence	Physical health
• Academic achievement	• Anxiety	• Migraines
• Vocational success	• Depression	
• Positive social relations (friends, stable marriage)		
• Behavioural problems (criminal record)		
• Lack of mental health problems		
• Life satisfaction		
• Psychopathology		

Source: Mangham *et. al.* (1995)

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Moreover, in the view of some writers, the very notion of a resilience "outcome" measure requires caution, since it implies that individuals have reached an end point in their personal development; however, in reality, measures of resilience are nothing more than snapshots taken at a particular point in time (Gilgun, 1999). Given that adaptation in the face of risk and adversity continues after this snapshot is taken and ending only at the moment of death, researchers must be cautious in drawing conclusions based on the "good" or "bad" outcomes they observe.

For instance, while the literature examining the impact of parental divorce on children have found evidence of stronger effects on boys during childhood, recent research has suggested that the "competent functioning [of girls] in the early years after divorce [gives] way to the later emergence of problematic sexual behavior and dysfunctions in the attachment systems during adolescence" (Gore and Eckenrode, 1994:50). Needless to say, a study examining the resilience of boys and girls in such a situation would draw markedly different conclusions depending on when the assessment was made.

2.3   From Understanding to Intervention

Besides shedding light on the ways in which risk and protective factors shape individual responses to stress, resilience research also serves as the basis for interventions that enhance individual capacity to cope with and overcome adversity. Although such interventions have been implemented in a wide range of settings over the years, their fundamental purpose is invariably the same: to lower the target population's overall risk level and/or strengthen protective factors and processes (Fraser and Richman, 2001).

While funding agencies are often reluctant to commit themselves to projects requiring a long lag time before evidence of positive results is visible, there is no question that success in meeting the goals described above can result in significant benefits both to participants (by improving their quality of life) and taxpayers (by reducing the demand placed on the health, social welfare and criminal justice systems).

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2.3.1   Resilience Enhancement: Opportunities and Challenges

However, if these benefits are to be realized, policy makers and practitioners must, in the first instance, devote sufficient attention to project planning. In the view of Fraser and Richman (2001), this requires a clear understanding of the "keystone" risk factors and processes associated with a particular health or social problem. In some cases, for example, in the relationship between alcohol involvement by expectant mothers and the diagnosis of fetal alcohol syndrome, keystone risks are highly specific.

In other cases, such as poverty, they are more generalized in their impact and can be linked to any number of different health and social problems. However, regardless of the context, those planning an intervention must be sensitive to the factors responsible for generating a given outcome, so that attention can be focused on targeting the principal risks involved.

At the same time, the cumulative effects of multiple risk factors on individual well-being suggest that an effort should be made to reduce the overall level of risk, even if substantial risks remain (Rutter, 2001). In turn, this calls for multi-compartmental interventions addressing "a wide array of risk factors that span social, individual, familial and related factors" (Fergusson, 1999:3).

Also significant in this regard is the fact that risks change and evolve over the course of one's personal development, requiring a series of responses appropriate to each developmental stage. In Table 4, David Fergusson (1993) presents an overview of resilience enhancement programs targeting at-risk individuals from conception to adolescence. In all cases, the interventions seek either to protect individuals from risk factor exposure or compensate them for such exposure.

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Table 4: Typical Resilience Enhancement Programs Over a Life Span

Time period	Emotional competence
Antenatal period	Antenatal education; parenting programs; family support programs
Preschool period	Family support programs; early childhood educationprograms; programs for managing early onset behavioural or cognitive problems
School years	School and family-based programs to address behavioural problems or cognitive delays; development of positive school climates; school-based mental health programs
Adolescence	School and family-based programs; peer-based programs; early recognition of major psychiatric illnesses

Source: Fergusson (1999)

Resilience research undertaken in recent years also emphasizes the importance of limiting exposure to risk factors in the home or wider community, particularly among those who display a high degree of risk sensitivity. Thus, in cases where anti-social behaviour in children can be linked to involvement in a deviant peer group, parents can play a positive role by monitoring and supervising their activity (Rutter, 2001).

Along similar lines, interventions designed to reduce or interrupt negative chain reactions have also been shown to have beneficial effect on resilience (Rutter, 2001; Fraser and Richman, 2001). Although considerable research effort may be required to identify the links in a risk chain most susceptible to corrective action, this would prove a cost-effective investment if the resulting intervention brought about a decrease in the incidence of anti-social or self-injurious coping strategies among at-risk individuals.

By the same token, Fraser and Richman warn against the dangers of an over-emphasis on risk, arguing that interventions must equally seek to "create new opportunities and build on strengths" (2001:195). In practical terms, such an orientation demands initiatives that support children and help them to

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"develop new skills, new opportunities to use skills, and a reward structure" that reinforces positive behaviour (2001:195). In a similar vein, the provision of turning point experiences in early adulthood offers individuals a chance to break with the past while creating new opportunities for success. In this regard, Rutter (2001) also stresses the potential benefits of "neutralizing" experiences in adulthood. By counteracting the effects of earlier trauma, these experiences decrease the likelihood that mental health problems will spill over from childhood into adult years.

At a more general level, a greater emphasis on protective factors serves to shift attention away from individual pathologies to the issues underlying negative adjustment outcomes. However, by the same token this does not mean that the enhancement of resilience in marginalized people can be pursued in isolation from efforts to foster supportive environments. As Mangham, McGrath, Reid and Stewart assert: "[while] some victims of abuse may exhibit resiliency, this does not remove the responsibility to change the destructive environment, nor shift blame to the victim" (1995:16). In an Aboriginal context, this responsibility includes the need to combat prejudice and to support Aboriginal people in their pursuit of self-determination, healing and sustainable social and economic development.

2.3.2 Fostering Family Resilience

Although attention in the paper thus far has focused exclusively on resilience among individuals, one must also acknowledge the existence of a growing literature on family resilience. The usefulness in this context stems from the fact that adversity often strikes family members as a collectivity, eliciting responses that can be either constructive or destructive depending on the interplay of various psychological, cultural and socio-economic factors.

Furthermore, there is strong evidence of a feedback mechanism in which risk and protective processes unfolding at the personal level affect the resilience of the family and vice-versa. Thus, while family conflict increases the likelihood of negative outcomes in children living in the household, writers like Richardson and Hawks (1995) believe individual resilience is itself a precursor to family resilience: "once the individual has developed some of the traits of resiliency, then interpersonal resiliency at the couple/partner/parent level can be enhanced" (cited in Ladd-Yelk, 2001:13).

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Using the concepts and frameworks developed in research dealing with individual responses to trauma, family resilience scholars have identified a number of protective factors that enhance a family's capacity to recover quickly from adversity. On the one hand, these include what McCubbin, McCubbin, Thompson, Han and Allen (1997) call "family protective factors;" namely, behaviours and values that foster solidarity and a shared sense of purpose among family members.

Examples of such factors include celebrations, routines and traditions. On the other hand, "general family resilience factors" refer to attributes that promote adaption and elasticity. These include a sense of hope, good health, equality in the relationship between spouses, existence of social support networks (provided by friends or the extended family), problem-solving and communication skills, truthfulness and a strong spiritual base.

At the same time, one can point to risk factors associated with an increase in the danger of family conflict and disintegration. While structural issues, like poverty and discrimination, are undoubtedly relevant in this context and given the degree to which they influence individual coping strategies, scholars also refer to issues such as isolation, a care giver felony conviction or family history of mental illness, violence or substance abuse (Newman *et. al.*, 2002).

Through their interaction with protective factors, these risks shape family responses to stressful situations, leading members to engage in coping strategies that either bring the family closer together or push it apart. Moreover, it should be noted that families, like individuals, evolve and change over time, which can also impact their ability to cope with stressors like the death of a child or loss of employment. In this regard, single parent families may be viewed as particularly at-risk, since they frequently lack the web of social supports available in cases where both parents are present (Mangham *et. al.*, 1995).

Faced with situations such as these, responses from policy makers and practitioners should follow the same principles as those guiding resilience enhancement interventions at the individual level. That is to say, they should aim to lower the overall risk level of families while strengthening protective factors and processes (for example, by fostering the development of informal support networks among single parent families). As well, particular emphasis should be placed on initiatives targeting families at times of stressful transition, including divorce and the death of a child, when the level of vulnerability may be especially high (1995).

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2.3.3 Resilience and Aboriginal People

Culture is linked to resilience by two principal respects. On the one hand, cultural norms condition parent-child interactions in ways that can either facilitate or constrain the development of protective factors. On the other hand, manifestations of one's culture (for example, traditions, ceremonies and language) are often important sources of pride and self-esteem, serving to support individuals in their struggles against adversity. Moreover, Aboriginal parents do much to protect their children when they act in ways that validate and reinforce their survival capabilities.

This is seen in any number of traditional practices adhered to in Aboriginal communities across the country, such as the preservation of umbilical cords in amulets or the mounting of willow switches on the wall as a constant reminder for children to behave. By engaging in these acts, parents and guardians help to project a health and healing ethos in their children where the sacredness of all living things is recognized, along with the importance of self-reliance, community obligations and cultural continuity. A similar rationale underlies the telling of traditional sayings to one's children; for example, when one admonishes them to feed the animals before people sit down to eat, never to look into the darkness or to avoid wearing shoes on the wrong foot lest one meet a bear.

While at first glance these teachings may appear non-sensical, more careful examination shows not only the extent to which they may be considered "affectionate lecturing" (Native Council of Canada, 1990), replacing more abusive forms of communication, but also their value in promoting health-seeking behaviours. From this perspective, the sayings related above can be reinterpreted so as to emphasize their underlying messages, such as the inter-dependence of people and animals; the importance of consciousness, knowledge and love; and the need for children to be safe and injury-free, just like the fearsome bear.

As Aboriginal children grow older, they begin to link health and identity in a more explicit manner. For instance, when Inuit youth were asked to discuss healthfulness, they characterized the healthy individual as one who went hunting or camping, knew how to stretch and sew animal skins, worked hard and behaved properly in social relationships. A similar point is expressed by a First Nations adolescent who indicated that the values, language and traditions of his people have helped teach him to love and respect others. In yet another case, Ken Pateneau, a young First Nations man, spoke out against legislation

that excludes him from gaining Indian status and, in the process, separating him from his mother in a hurtful way. However, even as he did so, he emphasized that the law would not prevent him from leading a good life (Assembly of First Nations, 1992). Taken together, examples such as these, along with the many others of Aboriginal children and youth who are growing long hair, assuming traditional names, dancing at pow wows and learning their Aboriginal language, emphasize the degree to which individuals are making positive choices in their lives and entering into a dialogue about who they are and how they can pursue healing.

In this regard, Aboriginal parents have an important role to play in making sure that their children have sufficient opportunity to play, learn and watch the world around them (Native Council of Canada, 1990). This approach allows parents to ***draw on*** key features of traditional child-rearing, transmit knowledge through example and ***develop*** healthy relationships with their children. Even more significant, it creates a space in which all those involved in parenting can discover their own unique talents and fully develop them (Barsh, 1986).

At a more general level, traditional Aboriginal societies have always placed great emphasis on fostering child resilience, an outlook that must be sustained among Aboriginal families and communities if their children are to be full partners in the health and healing process. In the traditional view, children are seen as gifts, loans or souls sent by the Creator, with parents, extended family members and the community at large all taking responsibility for nurturing, protecting and guiding them (HeavyRunner and Morris, 1997).

In this way, traditional Aboriginal societies foster a spiritual understanding between adult and child, whereby the "sacredness" of children was a constant reminder that they should be treated with respect (Native Council of Canada, 1990). This approach to parenting stands in marked contrast to what is now prevalent among non-Aboriginal families, in which parents are expected to raise their children on their own, with minimal support or guidance from others.

At the same time, traditional Aboriginal societies are naturally inclined toward resilience promotion through the importance some attach to the four directions of the Medicine Wheel (1990). Subscribing to the belief that a balance must be maintained between the physical, mental, emotional and spiritual elements, they understand that each of these has to be nurtured in children if they are to become well-

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rounded, productive adults. In practical terms, this world-view entails a form of parenting that promotes physical prowess, critical thinking, a strong moral compass and an ability to empathize with others. Although the Inuit do not subscribe culturally to the medicine wheel as such, they too uphold its practical elements. Furthermore, in an Inuit context, it is noteworthy that the relationship between children and their families is enriched by the belief that newborn babies take in the spirit of a recently deceased relative. They are thus named after the dead family member who, in turn, gives the child certain physical characteristics, skills or personality traits (Pauktuutit, 1992).

Given the close parallels between the attributes cultivated by traditional parenting and many of the protective factors outlined in Table 2, it is understandable why HeavyRunner and Morris (1997) argue that, although resilience is a relatively new term, it is a concept that predates the arrival of Europeans in North America and has been a cornerstone of Aboriginal child-rearing for centuries.

Unfortunately, the resilience that characterized members of traditional Aboriginal societies in Canada has been seriously undermined by the colonial experience. Aboriginal languages and beliefs were devalued or suppressed, while the residential school system severed ties between children and their families and communities. Without access to their Elders' teachings, forbidden from speaking their language and frequently the victims of abuse, such children failed to receive the benefits of protective factors that would insulate them from the impact of at-risk situations.

However, by the same token, one of the most significant developments in recent decades has been the resurgence of interest in Aboriginal culture and traditions (Culture and Mental Health Research Unit, 2000). At the individual level, this resurgence has promoted pride and self-esteem among Aboriginal children and youth, with HeavyRunner and Morris (1997) pointing to ten distinct values or core beliefs associated with the fostering of resilience in Aboriginal settings. These include: spirituality; the importance attached to child-rearing and the extended family; the respect for age, wisdom and tradition; respect for nature; generosity and sharing; cooperation and group harmony; autonomy and respect for others; composure and patience; relativity of time; and non-verbal communication.

By adopting culturally appropriate interventions designed to help instill these values (for example, through story-telling or mentoring initiatives), educators, health providers and social workers can play a positive role in supporting the growth and development of young Aboriginal people.

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Moreover, as Aboriginal people themselves rediscover these values and put them into practice in their own lives, the spiritual dimensions of child development are increasingly coming to the fore, along with the understanding that children must be treated with the care and respect they deserve. In the past, children were thought to lack the capacity to feel adult emotions, however, there is now a realization that trauma affects them no less than anyone else (Pauktuutit, 1991).

3. Resilience and the Residential School Experience

Many thousands of Aboriginal children were taken from their homes and placed in the residential school system over the past 100 years. As recently as 1991 and more than a decade after most of the schools had closed their doors, 13 per cent of the country's Aboriginal population were residential school Survivors (DIAND, 1998). While figures such as these give one an idea of how many lives have been touched by the residential school Legacy, they cannot begin to capture the physical, psychological, spiritual and cultural harm the schools inflicted on Survivors, their families and communities.

However, despite evidence of a link between residential school attendance and all manner of negative life outcomes, including elevated rates of suicide, substance abuse and poor physical health (Deiter, 1999), there are also many Survivors whose resilience has allowed them to achieve remarkable happiness and success in their adult lives. Their stories, along with those of many others who resisted the assimilative practices imposed on them by school authorities, provide the focus for discussion in the following pages. First, however, a brief history of the residential school system is warranted.

3.1   Residential School System in Context

Although the pain and suffering endured by generations of Aboriginal children in the residential school system is shocking by any measure, their experiences cannot be divorced from the wider logic underlying origins and subsequent evolution of the schools. In effect, these origins lie in the very earliest days of European colonization of North America.

Even as diseases brought by the settlers decimated Aboriginal communities, with some researchers suggesting that close to 90 per cent of the continent's original population died as a direct or indirect result of contact (Culture and Mental Health Research Unit, 2000), various religious orders opened boarding schools in an early attempt to "Christianize" local people. For example, New France's first boarding school for Aboriginal children was established by the Franciscan monks in 1620, with both Jesuits and Ursulines following in their footsteps in the ensuing decades (Claes and Clifton, 1998).

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While the schools were generally unpopular and attracted few students, the religious institutions were not to be dissuaded. Believing that education was the best means of moulding Aboriginal individuals into good Christians with an appreciation for settler mores and values, churches persevered in their efforts, opening the first Indian industrial schools at the beginning of the 19th century (Claes and Clifton, 1998).

By the 1840s, the attempts by the churches to "civilize" Aboriginal people became a matter of official state policy (Claes and Clifton, 1998). This was an era of westward expansion and the government was anxious to prevent any Aboriginal interference with its colonization plans. Subscribing to an ideology that constructed Aboriginal people as backward and savage, government officials believed assimilation was in the population's best interests (1998; Culture and Mental Health Research Unit, 2000). For example, in 1847, the chief superintendent of education in Upper Canada indicated in a report to the Legislative Assembly that "education must consist not merely of the training of the mind, but of a weaning from the habits and feelings of their ancestors, and the acquirements of the language, arts and customs of civilized life" (cited in Claes and Clifton, 1998:15).

Faith in the principle of Aboriginal assimilation would guide government interventions to this day. On the one hand, this is seen in the desire to stamp out traditional cultural practices like the potlatch and Sun Dance. On the other hand, the government's treaty-making of the mid-19th century included commitments to provide each First Nation community with its own school (1998). However, these promises were not kept, with the government choosing to commit itself instead to a system of church-operated residential schooling in which Aboriginal children were given an education while being protected from their parents' "backward" influence (Culture and Mental Health Research Unit, 2000).

So began a partnership between the federal government and various religious institutions that would last roughly three-quarters of a century (Indian and Northern Affairs Canada, n.d.). Accepting the findings of the 1879 Davin Report, which recommended the establishment of "industrial schools ... as the most effective means of "civilising" the Indian population ..." (cited in Claes and Clifton, 1998:12), the government underwrote the rapid expansion of church-run boarding schools. Thus, while 11 such schools were operating in 1880, by 1896, the number had risen to 45 (Claes and Clifton, 1998).

3. Resilience and the Residential School Experience

The 1884 amendments to the Indian Act served as a particularly important impetus for growth. On the one hand, they made boarding school attendance mandatory for Native children under 16 years of age. On the other hand, the revised Act gave authorities the power to arrest, transport and detain children at school, while parents who refused to cooperate faced fines and imprisonment (Claes and Clifton, 1998).

Despite their claim to offer an education to Aboriginal children, industrial schools generally reserved only half days to academic subjects and the rest of the time was devoted to religious instruction and the development of vocational skills. Moreover, because the suppression of Aboriginal cultures was a priority of first order, the schools were characterized by a disciplinary regime that restricted interaction with family members, prohibited the use of Aboriginal languages and denigrated all aspects of Aboriginal life and customs (Claes and Clifton, 1998).

However, by the end of the first decade of the 20th century it was clear that the industrial school model was not working. As Claes and Clifton state, students were "not fitting into white society, nor doing well back in their home communities" (1998:12). This, in turn, led the government to shift the focus of its Aboriginal education policy from assimilation to segregation. In the new framework, students would be supplied with basic rural skills after which they were expected to return to their First Nation community (Claes and Clifton, 1998).

What followed was a period of sustained growth for Indian residential schools, as they were now known. By 1930, 75 per cent of First Nations children between the ages of 7 and 15 years were enrolled in one of 80 such schools across the country and in the 1940s, attendance was expanded to include Inuit children as well. Although the federal government did not acknowledge any responsibility for the education of Métis children due to their lack of Indian status, it should be noted that many were enrolled covertly by the churches operating the schools (Claes and Clifton, 1998).

However, the ability of residential schools to fill classrooms was not matched by a similar success in giving students a decent education. For example, of approximately nine thousand Aboriginal children enrolled in the system in 1945, "only slightly more than 100 are beyond grade 8, and none beyond grade 9" (Claes and Clifton, 1998:13). Statistics such as these were one of the reasons underlying the government's decision to move away from residential schooling in favour of Aboriginal integration into the mainstream school system.

3. Resilience and the Residential School Experience

While some Aboriginal students were enrolled in secular day schools as early as 1951, many children, particularly those from isolated communities, remained in the residential school system because no alternative was available. With time, however, more and more Aboriginal children gained access to provincial day schools. By 1969, the year the federal government ended church partnerships and assumed direct control of residential schools, 60 per cent of First Nations students were enrolled in provincial school systems (Claes and Clifton, 1998).

With the period since 1969 being marked by a growing trend towards Aboriginal self-determination in matters of education, most remaining residential schools ceased operations by the mid-1970s. Only seven such schools were still open at the end of the 1980s and the last federally-run residential school closed its doors in Saskatchewan in 1996 (Indian and Northern Affairs Canada, n.d.).

Many thousands of Aboriginal children were taken from their families and enrolled in the residential school system during its existence (Indian and Northern Affairs Canada, n.d.; Claes and Clifton, 1998; Culture and Mental Health Research Unit, 2000). While the majority of these children were status Indians, attendance also included many Inuit, Métis and non-status Indians (Claes and Clifton, 1998). However, regardless of the precise number of children involved, Aboriginal people across the country have paid a high price, both individually and collectively, for the government's misguided experiment in cultural assimilation.

3.2   Impact on Individuals

Without a doubt, this impact is most obvious at a personal level. Although some former residential school students have described their experiences in favourable terms, citing the useful skills and positive attitudes they learned, it is far more common to hear stories of loneliness, harsh discipline and abuse.

For many Survivors, the first trauma they endured was the sudden separation from their parents and family. Leaving behind the familiar world in which they had been raised, children suddenly found themselves far from home, confronting a new culture, language and role expectations without any support whatsoever. Furthermore, the deliberate policy of establishing industrial schools far from the home communities of students only served to reinforce their isolation, as did the active discouragement by school officials of contact between children and their parents.

3. Resilience and the Residential School Experience

However, the physical separation of students and their families was merely the first step in a more generalized attempt to sever any connection children had with their culture and history. As Isabelle Knockwood puts it in her description of life at the Shubenacadie Indian Residential School in Nova Scotia: "[w]e were being forcibly disconnected from everything our parents and elders had taught us ..." (1992:50).

In effect, students were made to feel ashamed of their ancestry, while teachers and other authority figures constantly sought to reinforce the innate superiority of "white" society and values. On the one hand, this indoctrination involved the devaluing of parents and all aspects of Aboriginal culture. On the other hand, schools attempted to disconnect children from their background by prohibiting communication in an Aboriginal language. A variety of punishments were reserved for those who failed to observe this rule, ranging from beatings to the shaving of one's head.

Indeed, the enforcement of a disciplinary regime where even minor transgressions were met with verbal, physical or sexual assault is one of the most shocking aspects of the residential school system. Characterizing this regime as one that was frequently severe and even abusive, Miller (1996) documents cases of children being beaten, confined in dark closets, sexual assaulted or forced to remain kneeling with arms outstretched for a prolonged period of time.

While the most severe punishments were usually reserved for children who attempted to run away (Grant, 1996), the capricious nature of the discipline administered in residential schools contributed to a generalized climate of fear within the student body. Moreover, further exacerbating this situation was the fact that many of the punishments were either explicitly or implicitly sexual in nature.

When one considers these abuses alongside the fact that residential schools were often characterized by an extremely high incidence of tuberculosis-related mortality among the children, it is understandable why many Survivors feel they were robbed of their childhood. Further contributing to this sense were the extensive work duties children had to fulfill. For example, in the case of the Shubenacadie Indian Residential School, Knockwood (1992) reports that because male students were forced to spend so much time performing agricultural labour, few acquired anything beyond the most basic academic skills. At the same time, the many hours devoted to chores, religious instruction and religious ceremonies meant that children had little free time or opportunity to engage in recreational activities.

3. Resilience and the Residential School Experience

Given the discussion in preceding pages, it comes as no surprise that former residential school students rate their school years as significantly less happy than their non-residential counterparts (Claes and Clifton, 1998). However, for many Survivors, the treatment endured while attending these schools left scars that would haunt them for the rest of their adult lives.

A number of studies have sought to document these effects, either through personal accounts, recorded statements or the administration of psychological evaluations (1998; Knockwood, 1992; Graham, 1997). Although respondents identified a wide range of impacts, nonetheless, it is possible to point to numerous commonalities in the findings. For example, many Survivors reported symptoms reminiscent of post-traumatic stress disorder, including nightmares, sleep problems, blackouts, apathy and depression.

Moreover, many also indicated that they found it difficult to relate to others as they were less loving, fearful of being touched and more likely to resort to violence or misdirect their anger towards loved ones. Others reported low self-esteem, feeling alienated from their parents and communities, ashamed of their Aboriginal heritage and consumed by anger and guilt (Claes and Clifton, 1998).

The impact of residential school is also seen in the destructive patterns of behaviour adopted by many Survivors. These range from an inability to say "no" and always putting oneself last to alcoholism, compulsive gambling and substance abuse (1998; Knockwood, 1992). Furthermore, researchers also point to the high incidence of sexual problems among former students of residential schools, including cases of sexual abuse and incest (Claes and Clifton, 1998).

However, perhaps the most telling legacy of the residential school system is the frequency with which Survivors have died an early death. This is seen not only in the high incidence of suicide, but also in the large number of deaths due to violence or alcohol-related causes (1998). Illustrating this point, Claes and Clifton (1998) describe a 1990 visit by the Royal Canadian Mounted Police to a community in British Columbia to interview eight individuals believed to have been sexually abused while attending a residential school. Only one was still living; the others had died from a variety of causes, including at least two suicides.

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3.3   Impact on Families

Like a pebble dropped in a pond, the effects of trauma tend to ripple outwards from victims to touch all those who surround them, whether parents, spouses, children or friends. There is ample evidence to support this view among residential school Survivors, where the consequences of emotional, physical and sexual abuse continue to be felt in each subsequent generation.

However, before discussing this legacy, it is necessary to first consider the impact on the parents of those who were sent to residential school. Forced to accept their children's removal from the home under threat of legal action, parents were devastated by the separation and all the more so when they knew their children were likely to experience abusive treatment at the hands of school officials. Further suffering was inflicted because of the lack of subsequent contact with sons or daughters. Indeed, in some cases children became sick and died while attending a residential school, yet the parents never received any notification to this effect, only finding out when the child failed to return home at the appointed time (Claes and Clifton, 1998).

Some indication has already been given in the preceding section of the problems faced by residential school Survivors upon their return home. While feelings of alienation, shame and anger were, in many cases, directed towards parents and grandparents, spouses and children were equally likely to feel the effects of the school experiences of Survivors.

For example, in a study undertaken jointly by the Caribou Tribal Council and the University of Guelph, participants whose fathers had gone to a residential school were considerably more likely to report physical violence perpetrated by their father against their mother. At a more general level, failure of Survivors to be taught positive strategies for dealing with inter-personal conflict has, in many cases, led to high rates of family breakdown and divorce (Claes and Clifton, 1998).

Furthermore, many former students indicate that their confinement in the residential school system has left them ill-prepared to become parents in their own right. Raised in an institutional setting characterized by rigidity, authoritarianism and lack of emotional support, Survivors report problems such as difficulty showing affection to their children or use of harsh discipline methods. At the same time, former students also express regret that they never had the chance to learn child-rearing techniques

from their parents, leaving them without a strong base of knowledge as they raise children of their own. The consequences of this state of affairs are summarized by Haig-Brown in her study of Survivors of Kamloops Indian Residential School:

> Former students who are now parents recognize the deficiencies in their experience with family units ... [c]hildren learn parenting skills by the way they are parented. Those who spent eight, ten or more years at [residential school] had limited experience as family members. In the same way that their language use is based on the knowledge they gained before going to school, so their parenting skills must draw on that limited experience (1998:111).

What is especially troubling about this aspect of the residential school legacy is the way in which it is has reverberated down to the children and grandchildren of Survivors. On the one hand, this is seen in high rates of youth suicide among children of Survivors. On the other hand, several writers have noted how dysfunctional patterns of behaviour may be seen in the adult children of former students, leading them to conclude that: "native child-rearing patterns have been indelibly marked by residential schools in ways that will last for generations" (Claes and Clifton, 1998:43).

3.4   Impact on Communities

Despite the fact that abuses committed at residential schools were directed towards specific individuals, one must not forget that they were part of a larger project to suppress Aboriginal culture and identity in its entirety. Although this effort was not successful, Aboriginal communities continue to feel the impact of what some call attempted "cultural genocide" (Claes and Clifton, 1998).

Most evident among these effects is the loss of connectedness with Aboriginal languages and traditions. With several generations of children having grown up in a setting where any manifestation of Aboriginality was disparaged and devalued, it is scarcely surprising that the cultures and languages of many communities are now under severe threat. The implications of this state of affairs for community members are far-reaching. As one observer puts it:

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> If people suddenly lose their 'prime symbol', the basis of their culture, their lives lose meaning. They become disoriented, with no hope. A social disorganisation often follows such a loss, they are often unable to [e]nsure their own survival . . . The loss and human suffering of those whose culture has been healthy and is suddenly attacked and disintegrated are incalculable (Claes and Clifton, 1998:38).

However, Aboriginal people are dealing not only with the harm done to their linguistic and cultural traditions, but also with a legacy of widespread sexual and physical abuse within the residential school system. Taken together, these issues have contributed to the development of serious social problems in some communities, including a lack of initiative, dependency on others and high rates of alcoholism and communal violence (Furniss, 1995).

While these problems are reinforced by the racist attitudes that continue to permeate Canadian society, they have also developed a self-perpetuating logic of their own: the existence of social pathologies has become an obstacle in the way of effective communal healing efforts.

Still, there are reasons to be hopeful, particularly when one considers study findings that show confinement in a residential school has, in fact, strengthened rather than weakened a sense of Aboriginal identity in some individuals (Furniss, 1995). Furthermore, a number of communities have achieved impressive results when working together to implement healing initiatives that address aspects of the residential school legacy.

At a more general level, communities have found strength in another unanticipated residential school impact; namely, the friendships and alliances built among students from different communities, nations and people. As Lindy-Lou Flynn makes clear, these contacts have provided the basis for a "network of loyalties and political activists throughout Indian country. The mutually shared stories became the basis of a new discourse and a common issue on the contemporary political agenda" (cited in Claes and Clifton, 1998:50).

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3.5   Between Risk and Protection

Reading the accounts of their years that Survivors spent in residential school and, particularly, their descriptions of the abuse, neglect and mistreatment routinely perpetrated by school staff, one is left wondering how anyone could survive such an experience without being irreversibly scarred. While it is clear that the abuses committed in the residential school system have pushed many Survivors toward destructive coping strategies, others have bounced back to lead remarkably well-adjusted lives despite their past. In order to make sense of the reasons underlying this diversity in outcomes, it is useful to draw on a resilience framework as a basis for conceptualizing some of the key factors that condition the responses of individuals to stress and adversity.

3.5.1   Survivors' Protection

Although resilience is, to some extent, a product of genetics and other innate characteristics of the individual, environmental factors also play a critical role in protecting children from the effects of trauma they may subsequently face. Thus, it comes as no surprise that many Survivors report that the years spent with their family before being sent away to residential school were both profoundly happy and a source of strength in the years that followed. For example, Celia Haig-Brown cites one of her informants as saying:

> To me when I look back, I can see me, especially in the spring when the little birds come back and you can hear them—makes you feel so good and I could just see me running around trying to catch a butterfly. And we never had bought shoes, we always had moccasins all the time. And I guess those were the nicest most beautiful times of my whole life ... that freedom, my life so full of love (1988:35-36).

Moreover, when one considers family protective factors identified in the resilience literature, it is clear that several of them, including positive parent-child interactions, quality parenting and family hardiness (Mangham *et. al.*, 1995), would have been present in the early childhood lives of many residential school Survivors. Isabelle Knockwood, for instance, describes bonding experiences with her parents while participating in family hunting or berry gathering trips:

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> At night, we slept in front of the campfire with the night sky overhead. Daddy would sit at one side of the lean-to and tend the fire while Mom sat on the other side with us five kids in between ... My parents would talk late into the night until we fell asleep and when we woke up in the morning, they were still there. It seemed to me they were guarding their children all through the night (1992:17).

Meanwhile, other Survivors emphasize the nurturing and teaching role played by parents, grandparents and other members of the extended family. By acting as role models and imparting skills by involving children in their daily activities, older family members helped to foster self-esteem, compassion and independence. This is particularly evident in the comments of Kamloops Indian Residential School Survivor Robert Simon, who credits his grandparents with teaching him "how to be a good person in the family or in the community" (Secwepemc Cultural Education Society, 2000:105).

Although discipline was also a feature of the early home lives of Survivors, it was very different from that administered by residential school staff. In the first instance, Aboriginal child-rearing did not condone the use of physical violence against children (Assembly of First Nations, 1998). Instead, care givers would make use of such methods as "teasing, modelling good behavior and ignoring naughty behavior, putting older siblings in charge of younger ones, and using storytelling to instruct" (1998:6-7).

Also significant in this regard is the extent to which the wider community would take an active part in child-rearing, making sure that children were raised in a safe, healthy and nurturing environment (Johntson, 1983; Galey, 1995). The Inuit also stress the importance of communal involvement in the raising of children by engaging in a form of adoption when a child is given up. However, not only is the child told from a very early age that he or she is adopted and who the birth parents are, but both sets of parents engage in forms of teasing and playfulness that reinforce attachment to the adoptive family, while maintaining a sense of closeness to the biological family (Pauktuutit, 1991).

Although this approach to adoption is quite different from that practised in non-Aboriginal settings, it actually serves to reinforce resilience by teaching children how to negotiate fluid, ever-changing social environments. Moreover, it bears emphasis that Canadian society is also beginning to recognize the value of involving the wider community in child-rearing, with the Canadian Institute of Child Health

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(1994), for example, arguing that those working with children and youth must adopt a population-based approach in which everyone is included. Only in this way can one effectively address child risk factors and the determinants of health.

Despite the dislocation and culture shock that inevitably accompanied admission into the residential school system, in many cases, children found themselves in situations where they could continue to assimilate a positive outlook and values. Most notably, this is seen in the development of social support networks in which students sought to protect one another, teach useful skills, share stories or simply offer a sympathetic ear.

In some cases, this support was provided by siblings or cousins who would act almost as surrogate parents to younger relatives (Secwepemc Cultural Education Society, 2000). In other instances, support networks were created principally as a form of mutual protection, whether to obtain and share food among members of the group, or to discourage acts of bullying or abuse by staff-members (Secwepemc Cultural Education Society, 2000; Haig-Brown, 1988).

At the same time, it should be noted that children in residential school were, in some cases, able to benefit from another significant protective factor; namely, the development of a positive relationship with an adult. Family visit days provided an opportunity for such relationships to evolve, as is seen in the case of a male student who found that the "regular bi-weekly visits of a mentor-uncle were of great significance to his positive experiences at the school. This uncle who took the student away from the school during his visits, offered advice and encouragement, suggesting ways to make the most of his school experience" (Haig-Brown, 1988:81).

In other cases, former students refer positively to their involvement in extra-curricular activities, which ranged from choral and dance groups to soccer and basketball (Haig-Brown, 1988; Secwepemc Cultural Education Society, 2000). Such pursuits, which resilience scholars characterize as an important protective factor for children and youth (Mangham *et. al.* 1995), were a source of enjoyment and pride for many Survivors. Moreover, they also offered an escape from the difficult circumstances in which students found themselves. As Survivor Andrew Amos puts it: "it was through competitive sports ... that we were able to cope and survive the daily routine of life at the residential school" (Secwepemc Cultural Education Society, 2000:27).

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Along similar lines, Survivors frequently mention faith and hope as important sources of strength during their residential school years. On the one hand, some people recall turning to prayer and their religious beliefs as a means of transcending the neglect and mistreatment they faced (Secwepemc Cultural Education Society, 2000).

On the other hand, many children survived from one day to the next by remaining focused on the end of the school year and reunion with family members (2000; Deiter, 1999). In the words of a Kamloops Indian Residential School Survivor: "the thing that really helped me along through my years was yearning, I guess, to get back to my grandmother" (Secwepemc Cultural Education Society, 2000:152). In contexts such as these, optimism clearly has the capacity to act as a counter-balance to the risks associated with an institutional setting and prolonged separation from parents.

3.5.2   Risk and Residential School

By the same token, there is no doubt that residential school Survivors were profoundly affected by the risk factors to which they were exposed in their childhood years. In addition to parental illness or pathology, resilience scholars widely agree that separation from parents, exposure to violence and life stress are three of the most important family-level risks leading to an increased likelihood of negative outcomes later in life (Mangham *et. al.*, 1995).

In a few cases, individuals were exposed to adversity even before they were sent to school. As Haig-Brown notes, in the 1950s, the "influence of alcohol and the coming to parenthood of a generation of people, who through attendance at the residential school had little opportunity to learn parenting skills," (1988:37) placed some children in a destructive environment from a very early age.

For the majority, however, the greatest trauma in their young lives was the experience of being suddenly removed from the family home and immersed in an alien environment. Survivor Georgina Gregory describes her arrival at the File Hills Indian Residential School in the following manner: "the first thing that I remember was how it all smelled and looked. These long and gloomy hallways and dark colours were most forbidding and intimidating. I had never seen anything like this before" (Deiter, 1999:62).

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If the physical setting seemed foreign, the treatment students received at the hands of school staff only served to exacerbate their feelings of dislocation. Rather than playing the role of surrogate parents, staff behaved, all too frequently, like prison guards by acting coldly and without sympathy toward the children, while forcing them to adhere to a highly regimented schedule. For example, one Survivor recounts that:

> In the morning, we had to get up at six o'clock, perfect silence. We all took turns going into the bathroom: we'd fill our basin full of water and we'd take it to our bedside. We'd wash, take that basin, empty it, clean it out, put it back, fix our bed, get dressed ... and stand in line in perfect silence. If you're caught ever speaking one word, boy, you got cuffed around (Haig-Brown, 1988:54).

Moreover, not only do former students remember not having anyone to turn to when they were sick or in need of comfort but, in many cases, family estrangement was reinforced by the fact that children were forbidden from interacting with siblings, particularly those of the opposite sex. Peter Ernerk, an Inuk residential school Survivor, discusses the impact of this prohibition in an interview with David King: "I had no brothers or sisters at Chesterfield Inlet but a lot of the people had sisters right upstairs which was the third floor from the ground. I remember the other boys were not allowed to see their own sisters upstairs. Bonding with relatives was an important part of Inuit culture that we were denied" (1998:236).

Acts of physical, sexual and psychological violence were another notorious feature of residential school life that has contributed to the elevated risk status of Survivors. Although some commentators have suggested that the level of violence varied from school to school depending on the principal's willingness to condone such behaviour, Milloy argues that: "in the vision of residential school education, discipline was curriculum and punishment was pedagogy. Both were [regarded as] agents of civilization" (1999:44).

Certainly, there is ample evidence to support the view that the threat of violence was ever-present in residential schools across the country. On the one hand, this is seen in Knockwood's (1992) descriptions of beatings, humiliation and other forms of punishment administered by staff at Shubenacadie Indian

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Residential School, often for minor transgressions and "crimes" like bed-wetting or speaking Mi'kmaw. On the other hand, an Inuk Survivor provides a stark account of the disciplinary regime in force at Chesterfield Inlet Hostel where he was a student from 1958 to 1969:

> There were sexual abuses, there were mental abuses, there were physical abuses. I have been part of it ... I've seen students being pulled by two grey nuns by the ears, taking them upstairs ... They would hit us, they would slap us, they would pull us by the ear which was completely contrary to Inuit teachings. We were always told to never hurt people by the areas that broke easily such as the eyes, the nose, the ears and so forth. So when they gave their punishments they did their job very well (King, 1998:225).

At the same time, the widespread use of corporal punishment was also responsible for elevated stress levels among the student body. Not only has such stress been shown to impact negatively on school performance and overall physical health, but it is also considered a risk factor for negative life outcomes more generally (Mangham *et. al.* 1995). Indeed, in many residential schools, one might argue that fear and stress were constantly present as the children went about their daily activities.

Such feelings arose not only from the worry that one would inadvertently slip into one's Aboriginal language, thereby eliciting a reprimand or worse, but also from the systematic denigration of one's culture, history and values. As Knockwood puts it: "we were being forcibly disconnected from everything our parents and elders had taught us, and everything new was learned in an atmosphere of fear" (1992:50). In some cases, this sense of dislocation even led children to feel estranged from their family when they returned home for holidays (Haig-Brown, 1988).

As an example, David King (1998) points to the strain that arose between Inuit parents and their children on account of the schools' attempts to stop the consumption of country foods, which they did by claiming that raw meat was responsible for almost every illness affecting Inuit people. While it is difficult to quantify the long-term effects of such tension, there can be little doubt that this, along with the other risk factors discussed in this section, have profoundly influenced many Survivors' self-perception, as well as their interactions with others.

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3.6   Life at School: Resistance and Coping Strategies

When discussing patterns of abuse, neglect and cultural domination within the residential school system, it is important to remember that the children attending these schools were not only victims, but also agents who consciously implemented strategies and tactics to cope with the difficult circumstances in which they found themselves. Conditioned by prior exposure to risk and protective factors, these responses ran the gamut from the conciliatory to the subversive. Although some coping strategies were clearly self-destructive, many of those cited by Survivors are more akin to the flexible, problem-solving behaviours that Gilgun (1999) considers to be the hallmarks of a resilient individual.

This assessment is underscored in a 1994 Assembly of First Nations report, which argues that although children attending residential school were in a vulnerable position, they were not powerless. Among the coping strategies cited were the cultivation of a sense of solidarity among the children, refusing to inform on other students, speaking their language surreptitiously and protecting smaller children. In this way, children coped with the residential school experience by creating and maintaining their own world from which others were excluded. As a way of highlighting the variety of responses adopted by children within the residential school system, four examples of coping styles are discussed below.

3.6.1   Detachment

In reading the accounts of Survivors of their years spent in residential school, one of the most common strategies used to deal with traumatic situations was to distance onself from the source of the hurt. In some instances, children did so by suppressing any manifestation of feeling or emotion as a way of shutting out the pain and fear in their lives. For example, a former student at Kamloops Indian Residential School reports being whipped so often that: "eventually you get so tough that you block those things out and you can't feel things, you'd get hit and you can't feel it no more" (Secwepemc Cultural Education Society, 2000:116). Other Survivors corroborate this assessment by recounting, for example, that they would "shut down" their feelings or simply cease to hear or speak (Secwepemc Cultural Education Society, 2000).

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In other cases, children detached themselves through recourse to humour and laughter. In this context, jokes became both a way of defusing tension and suppressing pain. This is particularly evident in the comments of a female Survivor, who indicates that she acted like a clown "so that I wouldn't be hurt," adding that "right to this day I won't let anybody see me feeling hurt" (Secwepemc Cultural Education Society, 2000:30).

Meanwhile, others took a different approach, cultivating an inner toughness as a means of self-protection. On the one hand, this involved standing up to bullies and refusing to abide by their attempts to domineer or humiliate. On the other hand, this meant projecting a harsh and cold demeanor. As one former pupil puts it, she learned to survive by: "being mean to people that were trying to get close to me. Acting tough is a shield" (Secwepemc Cultural Education Society, 2000:139).

3.6.2 Re-interpretation

Another means by which residential school Survivors took control of the stress they faced was to re-interpret negative situations in ways that accentuated positive or hopeful elements. In some instances, this strategy took the form of rationalizations, as in the case of a former pupil who remembers accepting porridge for breakfast with the thought that it would not be realistic to expect the school to provide bacon and eggs to 400 children on a daily basis (Secwepemc Cultural Education Society, 2000).

Others adopted a different approach, casting themselves not as victims but rather survivors whose strength of spirit would see them through the residential school experience. This outlook is illustrated by the comments made by a number of Survivors regarding their refusal to cry out or show pain when they were being beaten by school staff (Secwepemc Cultural Education Society, 2000; Haig-Brown, 1988). Keeping their composure was important to them because it allowed them to maintain their sense of dignity in the face of oppression.

Survivors also remember using their imagination to construct a better life outside of the residential school. Not only did such flights of fantasy provide an escape from their present circumstances, but it gave them an opportunity to think optimistically about the future. For instance, Survivor Robert Simon indicates that he always enjoyed hearing accounts of students who ran away, even if they were later captured and brought back: "they were my heroes, I always thought, 'Wow,' I wonder if I can make

it" (Secwepemc Cultural Education Society, 2000:107). Along similar lines, Knockwood recalls a game she would play with other girls that involved scratching outlines of their dream houses in the dirt of the playground. Drawing inspiration from the priest and nuns' quarters, they would imagine windows with: "lace curtains and the floors ... covered with rugs with floral designs. Fancy dishes were drawn on the dining room table and a tea set sat on the buffet ... Some girls were very artistic and imaginative and for a while got lost in a world of electricians, interior decorators, architects and builders" (1992:73).

3.6.3   Accommodation

Confronted with a difficult environment, including heavy chores, lack of sufficient food, bullying by other children and abuse by school personnel, some students felt their best chance of survival was to reach an accommodation with those in positions of power. The decision to undertake such a course of action would undoubtedly have been difficult to make and students were driven down this path for a variety of reasons, ranging from pragmatism to desperation. In the case of Josephine,[2] a female Survivor from Kamloops Indian Residential School interviewed by Haig-Brown, her decision to co-operate with the nuns was made when she realized that this would be a way of gaining certain privileges, along with a measure of control over her life:

> Once I learned to respect the nuns ... when you done as you were told and worked hard, you got little promotions. You no longer have to work in the hallways or in the bathrooms. You don't have to scrub anymore. You went up the ladder. You went up in where the nuns are, their quarters. You started to work there and then from there, you got to graduate to where the priests' quarters are and then into the chapel part where it's cleaner and easier (1988:98).

Randy Reed, formerly a student at the residential school in Port Alberni, was equally pragmatic in exploiting the circumstances in which he found himself. Placed under the supervision of a man sexually attracted to the boys in his care, Reed reports that: "I learned to use sexuality to my advantage, as did many other students. Sexual favours brought me protection, sweets (a rarity in the school), and even money to buy booze" (1998:17). However, while Josephine's accommodation with nuns served

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[2]   "Josephine" is a pseudonym devised by Haig-Brown to protect the interview participant's confidentiality.

ultimately to enhance her self-esteem, the consequences engendered by Reed's actions were much more negative. By his own reckoning, they include: "alcoholism, the inability to touch people and an 'I don't care' attitude" (1998:17).

3.6.4 Resistance

In describing their residential school experiences, many Survivors refer to acts of individual or collective resistance. Although this resistance took many forms, it invariably had a profound impact on those involved by giving them a sense of control over their surroundings and solidarity with others who were also resisting. In effect, it provided children with a way of registering their opposition to an oppressive system, even if they realized they were not powerful enough to confront it directly. One of the most frequently cited acts of resistance was the stealing of fruit, bread and meat from kitchens or pantries.

Given that the meals provided by school staff often left the children feeling hungry, Survivors generally characterize food theft as a matter of necessity (Haig-Brown, 1988; Secwepemc Cultural Education Society, 2000). However, these activities were also the subject of elaborate planning, providing students with an opportunity to work together in pursuit of a common cause. Equally noteworthy is the fact that food stolen in this way was usually shared with smaller children who were too young to take part in the operation (Haig-Brown, 1988).

At the same time, there were also situations where acts of resistance were focused more directly on the underpinnings of the residential school system's legitimacy. This is seen, for example, in a story reported by Knockwood (1992) in which boys sent to work in the school's dairy operation were angered by the fact that the whole milk was always reserved for the priest and nuns. The boys protested this inequity by urinating in the milk before bringing it to them. In other cases, students would try to intervene to prevent staff members from mistreating younger children or those who were ill. For example, a Survivor interviewed by Haig-Brown recalls:

> I became a kind of an advocate for some of the people who I thought couldn't help
> themselves. I often became too outspoken in helping a person out of a jam. In trying to
> rationalize why they did it, why one was caught with carrots in his shirt, I had to explain

he was hungry, somebody took his meat or his porridge away from him. So he was punished and, I suppose because I challenged the supervisor in front of the whole group, I was punished with him (1988:95).

However, one of the most daring ways in which students expressed their resistence was by running away. A frequent occurrence in schools like Shubenacadie, where students would attempt to escape using means as diverse as bedsheets tied together or surreptitiously filed skeleton keys, the results were sometimes successful or sometimes tragic, as in the case of a male student whose frost-bitten toes had to be amputated after he was captured by police (Knockwood, 1992).

Indeed, Milloy (1999) argues that escape attempts were one of the most reliable indicators of abuse being perpetrated by staff members and cites several instances in which the Department of Indian Affairs was forced to launch investigations after children were injured or killed while on the run from their school.

In addition to visible manifestations of defiance such as those described above, Survivors also stress the importance of more subtle forms of resistance, including that which took place "inside our heads" (Knockwood, 1992:125). By wearing a "mask" or subverting orders given by school personnel, children found a way to maintain a sense of dignity that was beyond the reach of the oppressive system in which they found themselves. The effectiveness of this type of defiance is clearly illustrated in the following account by a Survivor who attended the residential school in Kamloops:

> And the thing I remembered when [the nun] used to strap me ... I knew I was going to get five or ten straps on each hand and I knew it was going to draw blood—but I would remind myself, "It's not going to hurt. Just so I can make you angry, I'm not going to let you know it hurts ..." and I would just stare at her in the face ... and I wouldn't even let a drop, a tear come down. God, that used to make her mad. She'd even take me and shake my head and say, "the devil is in you so strong. How am I going to beat the devil out of you?" She'd put me in a dark place and tell me to stay there. I was a bad example for the rest (Haig-Brown, 1988:92).

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Even if this act did not fundamentally alter the balance of power between the nun and the child she was beating, it represented a challenge to her authority and, more importantly, proof to the student that she possessed the necessary strength to confront a bully and win. Without a doubt, knowledge gained in incidents like this helped to sustain many Survivors as they subsequently grappled with the residential school Legacy during the course of their adult lives.

3.7 Survivors' Pride: Resilience Amidst Adversity

After spending much of their young lives within the confines of a residential school, pupils had little choice but to develop coping strategies that would allow them to survive in this institutional environment more akin to a prison than a loving home. However, once they had graduated and began to face the responsibilities of adulthood, Survivors found that the inter-personal skills they had learned in school (for example, to push others away or never show their feelings) were destructive rather than helpful.

In this way, people who were already at-risk because of issues like racism and poverty were further affected by a series of risk factors arising from their residential school experience. For many former students, this risk has led to a variety of serious problems, ranging from suicide attempts and addictive gambling to alcoholism and child abuse.

By the same token, others have managed to bounce back quickly, achieving success in their lives without exhibiting the sort of negative coping strategies that tend to exacerbate one's risk status. In a qualitative study of six First Nations individuals identified as "successful" residential school Survivors, Nichol (2000) found that their resilience could be linked to a series of protective factors they all held in common. These include a happy and nurturing early childhood, high intelligence, life-long interest in education, cooperative values, long-term marriage and strong spiritual beliefs.

Moreover, many of Nichol's findings are echoed in the accounts of other Survivors who have been able to turn their lives around after initially lapsing into destructive behavioural patterns. In doing so, they have drawn upon a range of resources of which four of the most important are explored next.

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3.7.1 Support

Previously, reference was made to the positive role that a non-deviant mate can play in fostering resilience in individuals who had previously displayed anti-social coping strategies. Thus, it comes as no surprise that Survivors often emphasize that the support provided by their spouse was central to their success in dealing with the residential school Legacy and moving forward with their lives (Secwepemc Cultural Education Society, 2000).

Meanwhile, others credit family members or Elders with the provision of advice that helped push them in the right direction. For example, a male Survivor interviewed by Haig-Brown recalls the admonition given to him by a community Elder in response to his complaints that he would never go to university because he was "just an Indian." As he puts it:

> She was a little tiny woman. She jumped up and stamped her feet ... She said, 'that's an excuse ... You have hands, you have a mind, you have people who lived long before you who had a control of life ... That is Indian. That is Shuswap. You have it flowing through your veins ... It is because you are an Indian that you do well whatever you do (1988:106).

In addition to the support provided through personal networks, former pupils also refer to the positive role played by more formal structures, such as Alcoholics Anonymous (AA) and healing circles. This is particularly evident in the comments of a Kamloops Indian Residential School Survivor, who directly attributes her success in overcoming a long-standing drinking problem to AA, along with her involvement in traditional healing ceremonies (Secwepemc Cultural Education Society, 2000).

In this regard it is also noteworthy that not all Aboriginal Survivors have equal access to federal health programming that would assist them in coping with the residential school Legacy. As Chartrand (2003) makes clear, the federal government's view that it does not bear responsibility for the delivery of health and social services to Métis and non-status Indians means that Survivors falling in these categories must make do with less support than either their First Nations or Inuit counterparts.

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3.7.2   Sharing

Also highlighted by residential school Survivors is the importance of being able to share stories and memories with other former pupils (Secwepemc Cultural Education Society, 2000; Knockwood, 1992). Indeed, the act of vocalizing feelings and exploring the past jointly with others who faced similar challenges is often characterized by Survivors as a form of healing. This is underscored in comments made by Knockwood as she recalls her long conversations with Betsey Paul, a fellow Shubenacadie Survivor: "now I realize that as we walked and talked, going over our memories and telling each other our dreams, we were healing each other through our friendship" (1992:10).

At the same time, humour has also become a means by which former pupils cope constructively with the residential school Legacy (Wabano Centre for Aboriginal Health, n.d.). In the words of a male Survivor who meets regularly with other former students to reminisce about their school days: "I think it's a good healing in itself is laugh about it now ... I think I'd be six feet under if I didn't talk about it" (Secwepemc Cultural Education Society, 2000:95).

3.7.3   Learning

During the period in which the residential school system operated, government and church officials regularly asserted that Aboriginal children were being provided with the skills necessary to succeed in Canadian society. However, not only were these claims cast into doubt by statistics pointing to the low academic achievement of residential school students (Claes and Clifton, 1998), but they were also challenged by the testimony of Survivors, some of whom were forced to spend so much time on chores that they could barely read or write upon discharge (Knockwood, 1992).

Given this context, it is not surprising that the pursuit of education has become an important vehicle for many Survivors on their healing journey. This pursuit has allowed Survivors to channel their energies toward a positive goal while reclaiming, as adults, what was denied to them as children.

For some, this has involved enrolling in university as a mature student. While returning to school after years spent raising a family or employed in the labour force is never easy, residential school Survivors have shown remarkable determination in the pursuit of learning both as a way of connecting with their

cultural history and gaining practical knowledge and skills. This doggedness is illustrated in an anecdote told by a Survivor of the Kamloops Indian Residential School. Having asked for a copy of his school transcript prior to submitting a university application, he was so incensed at his former teachers' highly negative assessment of his abilities that he vowed to prove them wrong and, in the end, did so by earning a Master of Arts degree.

Meanwhile, Aboriginal language training is another area in which Survivors have focused their attention. Having been forbidden to speak their language by school staff and made to believe it was inferior to English or French, former students have found that relearning the language of their ancestors has played an important role in promoting the healing process (Secwepemc Cultural Education Society, 2000).

3.7.4 Spirituality

Among residential school Survivors who have gone on to lead well-adjusted adult lives, religious beliefs and spirituality are frequently cited as reasons for their current well-being. Providing a lens through which to make sense of one's suffering, as well as the strength to overcome its destructive power, these beliefs foster a sense of peace in individuals arising from their feelings of connectedness with a force more powerful than themselves. Aboriginal spiritual traditions have proven particularly attractive to former pupils, who see them as a way of claiming "their own identity and the meaning of their lives" (Knockwood, 1992:158).

In other instances, individuals have turned to Christianity, either exclusively or in combination with traditional beliefs and practices (Secwepemc Cultural Education Society, 2000). In an interview with Haig-Brown, a female Survivor offers her perspective on balancing these two traditions: "I'm a Catholic today, a practicing Catholic. And whatever I believe from my ancestry is real and I believe in that. I want to live as best I could ... On my own spiritualism of my people, I know there was something there and I know it's real" (1988:111). Thus, rather than rejecting the religion that was forcefully imposed on her during her years at residential school, she has found a way to transform it into something positive, complementing rather than challenging the spirituality of her ancestors.

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3.8   Resilience and the Residential School Legacy

In considering the impact of residential schools on Aboriginal people, the discussion thus far has centred on "direct" Survivors; namely, those who actually spent their childhood confined to such settings. However, like a pebble dropped in a pond, traumatic effects tend to ripple outward from victims to touch all those who surround them, including children and grandchildren.

Among other consequences, this has led to the transmission of trauma from parent to child, creating "intergenerational" Survivors, some of whom are no less marked by the Legacy of Physical and Sexual Abuse than their forebears. Moreover, from a resilience perspective, these individuals may also be at heightened risk of negative life outcomes stemming from childhood experiences that are at once similar to, yet distinct from, those that confronted their parents.

By far, the most notable difference between residential school Survivors and their descendants is that the latter generally have not faced long-term confinement in an institutional setting. Furthermore, most of these children have had the opportunity to interact with siblings and extended family members, as well as enjoy access to Elders and other positive role models in their community. However, such protective factors are counter-balanced by the presence of significant risk in many families in which one or more parents had attended a residential school.

Consultants working with the Assembly of First Nations argue: "The survivors of the Indian residential school system have, in many cases, continued to have their lives shaped by the experience in these schools. Persons who attended these schools continue to struggle with their identity after years of being taught to hate themselves and their culture" (cited in Milloy, 1999:299). In turn, these observations help to explain research findings that show individuals, whose fathers had gone to a residential school, were considerably more likely to report physical violence perpetrated by their father against their mother. At a more general level, failure of Survivors to be taught positive strategies for dealing with inter-personal conflict has in many cases led to high rates of family breakdown and divorce (Claes and Clifton, 1998).

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The residential school system has also affected the capacity of former pupils to provide their children with high-quality parenting. Given that Survivors spent most of their childhood away from their families, they had little chance to learn child-rearing techniques from their own parents (Haig-Brown, 1988). Instead, they grew up in an environment where adults frequently exerted "power and control through abuse.

The lessons learned in childhood are often repeated in adulthood with the result that many survivors of the residential school system often inflict abuse on their own children" (cited in Milloy, 1999:299). While one manifestation of this vicious circle is the tendency of Survivors to make greater use of physical and verbal punishments when disciplining their children, another is the difficulty many experience in offering praise or showing affection (Claes and Clifton, 1998).

As one might imagine, these behavioural patterns can be related to a variety of family risk factors identified in the literature, including parental pathology, a high incidence of life stress and exposure to violence. Furthermore, resilience research suggests that children raised in such environments are themselves at heightened risk of developing low self-esteem and resorting to brittle or destructive coping strategies when faced with subsequent adversity.

However, despite the probable link between elevated rates of suicide, violence-related injuries and alcohol involvement among Aboriginal youth and the intergenerational effects of abuse, one must also acknowledge that, in many cases, children of Survivors are successfully avoiding these negative outcomes. While, in part, this may be due to the operation of protective factors that are benefiting some individuals but not others, it is clear that awareness of the risk associated with the residential school Legacy is pushing people toward help-seeking behaviours.

On the one hand, this is underscored by the popularity of healing initiatives that allow individuals to deal with and overcome the trauma they face in their lives. On the other hand, there are many instances in which Survivors are making a conscious effort to disrupt the transmission of negative behaviours to their children. As an example, Knockwood discusses the case of a woman whose mother had attended the residential school at Shubenacadie, noting that: "she has no recollection of ever being hugged as a child.

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She speculates that her mother's refusal to touch her children was taught at the school, but she herself has deliberately changed the way she treats her own child, 'I broke that cycle of not touching. I hug my daughter and tell her all the time that I love her'" (1992:157). In this way, not only does the mother exhibit a positive coping strategy in spite of her own trauma-filled history, but she is providing her daughter with the sort of affection that will help her deal constructively with adversity in her own life.

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The anecdote recounted above suggests there are circumstances in which people can counteract the effects of risk and promote resilience, either in themselves or their children. However, by the same token, it is also clear that because risk and protective factors are multi-faceted and often deep-rooted, external support is often needed to bring about significant change in resilience status. Research undertaken in recent decades demonstrates that the success of these supportive interventions is linked to their adherence to principles such as those outlined previously. Most notably, these include:

- a clear understanding of the keystone risk factors and processes associated with a particular health or social problem;

- recognition that risk sensitivity varies among and within individuals;

- a commitment to reduce the overall level of risk, even if substantial risks remain; and

- a positive orientation that strives to create new opportunities and builds on strengths.

Among Aboriginal people, the Legacy of Physical and Sexual Abuse perpetuated within the residential school system may be described as a keystone risk that, along with other manifestations of racism and current impacts of colonialism, is directly related to their heightened vulnerability to negative life outcomes.

If one is to respond appropriately to this risk, not only should interventions be multi-compartmental in scope to address relevant factors at the social, familial and individual levels, but they must be rendered meaningful to target groups by making use of ideas and resources already present within Aboriginal cultural contexts. One way forward in this regard is to draw on the historic trauma response (HTR) framework developed by the South Dakota-based Takini Network.

The notion of HTR refers to the cumulative wounds inflicted on Aboriginal people over their lifetime and over the lifetime of their ancestors, resulting in potentially chronic symptoms that range from depression and psychic numbing to hyperglycemia (high blood sugar) and substance abuse. The Takini Network has developed a set of interventions to assist people in overcoming historical trauma, which would be equally useful in promoting behavioural, emotional and physical resilience among residential

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school Survivors and their descendants. Based on the premise that trauma must be acknowledged before healing can occur, the Network places particular emphasis on the use of traditional ceremonies to facilitate the cathartic release of emotions, along with brief psycho-educational group sessions to enhance the capacity of individuals to cope positively with cumulative trauma (Yellowhorse Braveheart and Killstraight, 2003).

While interventions such as those summarized above address the contextual dimensions of the elevated risk status of Survivors, efforts must also be directed toward the individual and structural levels. Most fundamentally, this demands acknowledgement of the fact that each person's experience of the residential school Legacy is unique and, as such, needs individualized attention if positive outcomes are to be maximized. In practical terms, this means that resources must be in place to provide individuals with appropriate support at each stage of their personal development.

From initiatives designed to improve the health and well-being of expectant mothers to the implementation of youth mentoring programs, the over-arching purpose in all cases should be to promote positive coping strategies while ensuring a balance between the physical, mental, emotional and spiritual dimensions. At the same time, the resilience literature also points to the importance of opening up opportunities to Aboriginal adolescents and young adults, for example by encouraging people to pursue post-secondary education or vocational training, or by promoting involvement in personal growth programs that foster leadership and problem-solving skills.

However, it should be noted that the effectiveness of such measures in lowering the risk status of individuals or strengthening protective factors is also affected by characteristics of the broader social environment. In other words, steps taken to support healing and resilience enhancement at the individual level can only go so far if those involved are being re-traumatized on an on-going basis. Thus, a commitment must be made to combat racism and discrimination in Canadian society, while supporting the efforts of Aboriginal people to achieve self-determination and resolution of outstanding land claims.

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Moreover, there is equally a need for initiatives that promote healthy communities. In all too many cases, high levels of communal violence, lack of recreational facilities and deficient housing and infrastructure are links in a vicious circle that are pushing people toward the adoption of destructive coping strategies.

While there can be no doubt that a long-term commitment on the part of all stakeholders is needed to address these types of community problems, the same is true of every other issue discussed in this final section of the report. As Fraser and Richman (2001) make clear, quick-fix measures that have a reasonable chance of improving resilience outcomes do not exist.

For those hoping to address the Legacy of residential school abuse, efforts must be focused instead on implementing programs that address key risk and protective factors and are themselves the subject of on-going evaluation to test their effectiveness in responding to the needs of individuals.

Having outlined some of the principal issues involved in adopting a resilience orientation in confronting the Legacy of Physical and Sexual Abuse at residential schools, the following suggested actions are highlighted as warranting special attention. These are organized according to theme area: planning and research; intervention; and evaluation.

Planning and Research: to identify risk and protective factors affecting adjustment outcomes in First Nations, Inuit and Métis populations, including direct and intergenerational Survivors of residential schools, it is suggested that longitudinal and ethnographic research be undertaken, along with developing a resilience enhancement strategy focussing on keystone risk factors and processes at the individual, contextual and structural levels.

Intervention: to enhance Survivor family cohesion, build parenting skills and support family members in the midst of key life transitions, such as divorce or the death of a child, it is suggested to implement multi-compartmental interventions that target relevant risk and protective processes at each stage of personal development, carry out culturally appropriate initiatives, integrate the Takini Network's historic trauma response framework into initiatives designed to address the traumatic effects of abuse among direct and intergenerational Survivors of residential schools; plan and implement initiatives that disrupt

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risk chains and open up educational, career or personal growth opportunities for Aboriginal youth and integrate, where appropriate, resilience enhancement interventions into existing healthy community projects in settings where there is a significant Survivor population.

Evaluation: to allow stakeholders gauge success in promoting resilience in all relevant areas, it is suggested that the development of adjustment outcome measures at the beginning of each project cycle be undertaken and to carry out quantitative and qualitative evaluations of changes in the coping skills and level of adjustment of participants.

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