Trauma, Loss, Resilience, and Resistance in the Beauval Indian Residential School

by

Rachel L. Burrage

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Doctoral Committee:

       Professor Joseph P. Gone, Co-Chair
       Professor Sandra L. Momper, Co-Chair
       Professor Donna Nagata
       Professor Karen M. Staller

Rachel L. Burrage

rburrage@umich.edu

ORCID iD: 0000-0003-0143-1147

DEDICATION

This dissertation is dedicated to survivors of the Indian Residential School system, especially to those whose voices we will never hear.

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LIST OF ACRONYMS

DSM	Diagnostic and Statistical Manual
ICD	International Classification of Diseases
IRS	Indian Residential School
MDD	Major Depressive Disorder
NCTR	National Centre for Truth and Reconciliation
PTE	Potentially Traumatic Event
PTSD	Posttraumatic Stress Disorder
RDoC	Research Domain Criteria
TRC	Truth and Reconciliation Commission

ABSTRACT

For over one hundred years, the Indian Residential School (IRS) system was used by the Canadian government to force assimilation on indigenous communities in what was later revealed to be a system rife with physical, psychological, and sexual abuse. This dissertation sought to examine a) how testimonies by former attendees of the IRS system reflect psychological understandings of trauma and loss, and b) how IRS attendees demonstrate resilience and resistance through testimony.

Secondary analysis of pre-collected data was used to examine these questions. A thematic analysis was conducted of testimonies from 40 former attendees of the Beauval Indian Residential School that were given to the Truth and Reconciliation Commission in Canada in the province of Saskatchewan. Six overarching themes were identified: "Life before IRS," "Conditions at IRS," "Effects of IRS," "Resistance," "Resilience," and "Healing." A subset of themes was then given further attention to explore the depth of participant testimonies.

Respondents presented a holistic understanding of the effects of trauma and loss on indigenous individuals, families, and communities, and demonstrated multiple forms of resilience and resistance to IRS. Rather than viewing the IRS experience as a series of traumatic events, this research suggests that it is more accurate to view the system as an exercise of colonial power, which attempted to accomplish its goal of forced assimilation using institutional conditioning reinforced by violence against indigenous children. Healing efforts should thus take a holistic approach, prioritizing reconnection to others, reconnection to culture, and promotion of survivor voices, to address the effects of IRS at multiple levels.

CHAPTER I

Introduction

"If stories are archives of collective pain, suffering and resistance, then to speak them is to heal; to believe in them is to reimagine the world."

(Sium & Ritskes, 2013, p. 5).

Beginning in 1867 and continuing throughout the latter half of the twentieth century, large numbers of indigenous children were routinely removed from their home communities in Canada and placed into government and church run boarding schools. In what has since been termed cultural genocide, the Indian Residential School (IRS) system was one of many Canadian government policies designed to assimilate indigenous peoples into mainstream Euro-Canadian society (Truth and Reconciliation Commission of Canada, 2015). Although experiences at the residential schools varied widely, it is now known that aboriginal children were frequently exposed to psychological, physical, and sexual abuse. The long-term consequences of these experiences have been described by former school attendees and their advocates not only in terms of the effects on individuals who directly attended residential schools, but also on indigenous families and communities through the interruption of cultural transmission, language loss, family disintegration, changes in parenting styles, and poor academic instruction (TRC, 2015).

Despite reflections from aboriginal communities on the importance of understanding the extra-individual effects of residential school experiences, both the response from the Canadian government and most academic research on the subject have focused largely on issues of individual mental health. The effects of physical, emotional, and sexual abuse are generally considered to fall within the clinical branch of helping professions such as social work and psychology, which have largely focused on trauma as a micro-level phenomenon. This is not surprising, considering that the notion of psychological trauma developed historically in response to individuals seeking compensation and requiring proof for harms they had experienced at the individual level (Fassin & Rechtman, 2009; Young, 1997). Additionally, clinical approaches often take a deficit-based approach, examining risks for psychopathology rather than looking at the potential for resilience.

It is important, then, to examine the interpretations of individuals who have experienced extremely stressful life experiences in order to understand how existing conceptualizations of trauma fit with real world experiences and the meaning that survivors make of them. With regards to the IRS system, one largely unexamined resource comes from the voices of former attendees themselves. In order to examine how existing psychological understandings fit indigenous experiences and perspectives, this dissertation will study themes of trauma and loss, as well as resilience and resistance, in testimonies of former attendees[1] of the Indian Residential School System of Canada.

Clinical Approaches to Understanding Trauma

Diagnostic criteria for trauma-related psychopathologies. Clinical psychology and social work have traditionally taken an individualist approach to the study of trauma, examining risk and resilience factors related to the individual's development of trauma-related pathology, as

well as the testing and refinement of treatments for those that develop it.   Definitions of trauma vary widely, but they generally refer to an environmental stressor, exposure, and reactions to said stressor (Green, 1990). Such stressors can be referred to as potentially traumatic events (PTEs), as they do not always lead to trauma related psychopathology (Bonnano, 2004). For some individuals, reactions to such stressors will be brief and will last a few days or weeks. Others may develop Posttraumatic Stress Disorder (PTSD) if their symptoms last for more than one month, and still others may report positive changes coming after traumatic events.

PTSD has been the defining clinical conceptualization of trauma-related psychopathology since it was first included in the Diagnostic and Statistical Manual (DSM-III, American Psychiatric Association, 1983). Although it has undergone multiple changes, criteria for diagnosis of PTSD in the DSM-5 continue to center around exposure to a PTE (Criterion A) followed by number of different symptoms (Criteria B-E) that occur for at least one month (Criterion F), cause significant impairment in functioning (Criterion G), and cannot be explained by substance use or a medical diagnosis (Criterion H). Criterion A defines a PTE as "death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence" and recognize that exposure to such events may occur through directly experiencing or witnessing the event as well as secondary exposure through hearing about the event. To meet criteria for diagnosis under Criteria B-E, individuals must also experience symptoms of intrusion, formerly called re-experiencing, (B), avoidance (C), at least two arousal symptoms (D), and at least two "negative alterations in cognitions and mood associated with the traumatic event" (E) ,(American Psychiatric Association, 2013). PTSD can have delayed onset and additional dissociative symptoms, and has slightly different diagnostic criteria among young children.

Another widely used set of diagnostic criteria, the International Classification of Diseases (ICD-10) provides similar but not identical criteria for diagnosing PTSD. To begin with, the ICD-10 defines a PTE in much broader terms, as "a stressful event or situation (either short or long lasting) of exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone" (World Health Organization, 1992). Criteria B and C in the ICD-10 are related to "reliving" and avoidance and are similar to those found in the DSM-5. However, Criteria D in the ICD-10 calls for the experiencing of either arousal symptoms *or* the inability to recall certain parts of the event, which is considered part of a separate criteria of "negative alteration in cognition" in the DSM-5 (American Psychiatric Association, 2013). A new edition of this classification, ICD-11, is currently under review with a planned publication date some time in 2018 (World Health Organization, 2018). It simplifies the diagnostic criteria for PTSD by only requiring one symptom each of re-experiencing, avoidance, and arousal.

In addition to PTSD, both the DSM-5 and proposed ICD-11 include other diagnostic categories related to PTEs and extreme stressors. These include: a) Acute Stress Disorder, which is similar to PTSD but with a shorter symptom duration, b) Adjustment Disorder, which is primarily characterized by mood changes related to a life stressor, and c) "other" and "unspecified" categories that allow clinicians to bill for treatment of significant impairments in functioning that are suspected to stem from a PTE but do not otherwise meet criteria for any official diagnosis of trauma related psychopathology. The DSM-5 and ICD-11 also have a category of dissociative disorders, which have long been thought to stem from traumatic experiences. These include: a) Dissociative Amnesia, characterized by the inability to recall important autobiographical memories, b) Depersonalization-Derealization Disorder, characterized by feelings of detachment, for example from one's body, thoughts, actions, or

surroundings, and c) Dissociative Identity Disorder. Dissociative Identity Disorder, once referred to as Multiple Personality Disorder, is characterized by the presence of distinct "personality states" coupled with amnesia about personal information or daily activities. Finally, both the DSM-5 and ICD-11 also include two disorders specifically diagnosed in childhood, which are thought to are thought to occur in children who have been neglected or have frequently changed caretakers: Reactive Attachment Disorder, characterized by a child that does not seek or respond to comfort from a caregiver and displays restricted or dysregulated emotions, and Disinhibited Social Engagement Disorder, characterized by a child that lacks inhibitions in interacting with adults or situations that are considered unfamiliar according to the child's culture and developmental period. These are currently included in the ICD-10 under a category of social disorders with childhood onset, but are proposed to move to "disorders specifically associated with stress" in the ICD-11.

Most notably, however, the current ICD-11 draft includes a separate diagnostic category of Complex Posttraumatic Disorder (Complex PTSD), something that was left out of the DSM-5. Researchers and clinicians working with survivors of child abuse have argued for years that a diagnostic category should exist that reflects the additional physical and emotional difficulties experienced by survivors of prolonged trauma, such as alterations in meaning-making, emotional regulation, relationships to others, self-concept, and physical health (Herman, 1992; Williams, 2006; Van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). Complex PTSD, as defined by the draft ICD-11 criteria, usually occurs when an individual is exposed to "an event or series of events of an extreme and prolonged or repetitive nature that is experienced as extremely threatening or horrific and from which escape is difficult or impossible (e.g., torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical

abuse)." To be considered for a diagnosis of Complex PTSD, individuals must have met, at some point over the course of the disorder, all diagnostic criteria for PTSD. Additional characteristics of Complex PTSD include persistent difficulties in affect regulation, persistent negative beliefs about oneself accompanied by feelings of "shame, guilt, or failure related to the traumatic event" and persistent difficulties with close interpersonal relationships.

Current debates around diagnostic criteria. Here it must be noted that the entire enterprise of defining mental disorders as discrete categories has come under fire in recent years, with many researchers pushing for the use of transdiagnostic conceptualizations of mental illness that understand mental disorders in terms of dimensions or networks of symptoms rather than discreet categories. Indeed, the National Institute of Mental Health has abandoned the DSM in favor of its own Research Domain Criteria (RDoC) for all grant applications. The RDoC approach seeks to understand mental illness by studying dimensions that underlie what are now categorized as discreet mental illnesses. Current proposed dimensions include negative and positive valence systems, cognitive systems, social process systems, and arousal/regulatory systems. These different system dimensions are then proposed to be studied at the level of genes, molecules, circuits, physiology, behavior, and self-report measures (Cuthbert, 2014). The RDoC arose from some of the main criticisms of what Lilienfield & Treadway (2016) refer to as the DSM-ICD model. These include the use of arbitrary diagnostic cutoffs, heterogeneity in criteria within specific diagnoses, comorbidity, inadequate treatment validity, and a lack of alignment with underlying genetic and environmental categories. All of these issues are clear when one examines current clinical definitions of PTSD and other disorders related to trauma or extreme stress.

Heterogeneity of diagnostic categories and arbitrary cutoffs are particularly apparent with regards to trauma-related disorders. Galatzer-Levy and Bryant (2013) noted that, with the diagnostic changes introduced in the DSM-5, there are now 636,120 symptom combinations that qualify for a diagnosis of PTSD. While there have been great efforts by researchers to provide a stronger empirical basis for PTSD diagnostic criteria, factor analyses do not produce categories that necessarily line up with the discreet PTSD criteria of intrusion, avoidance, arousal, and negative alternations in cognition or mood. In fact, results of factor analyses can include anywhere from two to four factors. This calls into question not only the validity of the PTSD construct itself, but specifically how diagnostic cutoffs are determined in the DSM. For example, an individual who experiences multiple alterations in mood or cognition but only one arousal symptom would not meet criteria for a diagnosis of PTSD. And, the authors continue, such categorizations are unrelated to the amount of distress a person experiences from said symptoms. This may explain the inclusion in the DSM-5 of not one but two unspecified categories under the heading of trauma and stressor related disorders. As Lilienfield & Treadway (2016) point out, heavy reliance on unspecified diagnostic categories also calls into question the treatment validity of existing diagnostic categories.

Comorbidity and symptom overlap with other diagnostic categories is another major concern when it comes to trauma-related disorders; this may in part be due to the heterogeneity of its symptoms. PTSD has high comorbidity with Major Depressive Disorder (MDD), with more than 50% of individuals with PTSD estimated to have comorbid MDD (Elhai, Grubaugh, Kashdan, & Frueh, 2008). Overlapping symptoms include diminished interest in activities, poor sleep, irritability, and concentration difficulties (Afzali et al., 2017). In studying a community sample, Perkonigg, Kessler, Storz, and Wittchen (2000) found that 87.5% of all people with a

diagnosis of PTSD had at least one comorbid mental health diagnosis, and 77.5% had two or more. Indeed, two of the principle arguments against including Complex PTSD as a separate diagnostic category in the DSM-5 were that a) many of its symptoms are already captured by PTSD and b) it had a number of overlapping symptoms with MDD, bipolar disorder, and borderline personality disorder, and thus lacked discriminant validity (Resick et al., 2012).

An alternate explanation for overlapping symptoms, that of the network understanding of mental illness sees mental disorders as networks of interacting symptoms, wherein causal links between symptoms themselves are responsible for symptom overlap between diagnoses (Fried et al., 2017). In a network analysis of PTSD and MDD using a community sample, Afzali et al. (2017) found, as anticipated, that overlapping symptoms acted as bridges between PTSD and MDD; however, when overlapping symptoms were removed, associations were found between other symptoms. Feelings of guilt in MDD were related to flashbacks and recall difficulties in PTSD. Additionally, thoughts of death, feelings of sadness, and feeling hopeless in MDD were related to a sense of foreshortened future in PTSD, and psychomotor retardation in MDD was also related to multiple PTSD symptoms.

Current diagnostic categories do not recognize that PTEs and perhaps PTSD itself are critical risk factors for many other mental illnesses. Examining the timing of PTEs and the development of PTSD and comorbid diagnoses among teenagers and young adults, Perkonigg et al. (2000) note that some disorders, such as substance abuse disorders, specific phobias, somatoform, and depressive disorders may be predictive of PTSD or PTEs. Others, particularly somatoform disorders, agoraphobia, generalized anxiety disorder, mood disorders, and nicotine dependence are predicted by PTSD, suggesting that either PTEs or PTSD may be risk factors for these disorders. Indeed, there is significant evidence that PTEs, particularly in childhood, are

also linked to mood and anxiety disorders (Heim & Nemeroff, 2001; Heim, Newport, Mletzko & Nemeroff, 2008), substance use disorders, (Dube, Felitti, V. Dong, Chapman, Giles & Anda, 2003; Wilsnack, Vogeltanz, Klassen, & Harris, 1997) psychotic disorders (Morrison, Frame & Larkin, 2003), and impaired cognitive functioning (Malarbi, Abu-Rayya, Muscara & Stargatt, 2016). Using data from the National Comorbidity Survey, Molnar, Buka, and Kessler (2001) identified child sexual abuse as a significant risk factor for the subsequent development of fourteen different mood, anxiety, and substance use disorders.

To understand the association between PTEs and other diagnoses of mental illness, it is first necessary to review current theories on the body's response to stress generally. When an individual is exposed to a PTE, or indeed any type of stressor, this experience activates the organism's stress response, sometimes referred to as its "alarm system." The exact physiological process involved in this response varies based on the type of stressor and other individual characteristics, but includes the activation of structures in the nervous system responsible for the regulation of the hormone cortisol, known as the of the hypothalamic–pituitary–adrenal axis. This system responds to stressors by producing cortisol, which then then binds with receptors throughout the body and can produce effects in the body's immune, metabolic, and cardiovascular systems as well as in processes of memory, learning, and emotion. Recent research on neuroendocrinological responses to stress also provide supportive evidence for cognitive theories of stress and trauma, such as the idea that individual appraisal of particular stressors plays an important role in the development of PTSD (Dedovic, Duchesne, Andrews, Engert, & Pruessner, 2009; Miller, Chen & Zhou, 2007).

With regard to the association between trauma and other diagnostic categories in particular, such findings may in part be explained by epigenetic mechanisms whereby negative

life experiences change the way genes are expressed in a way that makes the organism's alarm system more responsive to future stressors (Toyokawa, Uddin, Koenen & Galea, 2012). The lasting effects of childhood trauma may be related to the fact that this is a time of heightened brain plasticity (Heim, Newport, Mletzko & Nemeroff, 2008) and that early childhood trauma often occurs within caretaking relationships, which can thus affect attachment to significant others (Schore, 2001). Additionally, different brain regions may be more susceptible to physical changes related to PTEs at different points in the brain's development (Schore, 2001; Andersen et al., 2008). More specifically, in reviewing the relationship between childhood trauma and subsequent development of MDD through changes in the hypothalamic–pituitary–adrenal axis, Heim, Newport, Mletzko, Miller, and Nemeroff (2008) noted that childhood trauma is a risk factor for what they term "biologically distinguishable subtypes" (p. 1) of MDD, but not for all types of MDD. Such results support a dimensional approach to understanding mental illness in which childhood trauma affects the body's stress response in particular ways, which may then manifest in what are now classified as a variety of mental disorders.

Critiques of Clinical Approaches to Trauma Studies

It would seem logical that clinical approaches to the study of trauma have focused on issues considered to have clinical relevance, namely, in the identification of risk factors for the development of posttraumatic psychopathology and in developing ways to treat such disorders. As has already been noted, a number of critiques have arisen within the clinical sciences of the current means of classifying and diagnosing mental disorders. However, there are three additional and interrelated critiques of clinical approaches to trauma studies that must be examined here. The first is that clinical approaches to trauma tend to be deficit focused and place less emphasis on the role of resilience. The second is that clinical approaches to the study

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of trauma place too much focus on the individual, both in terms of experiences of PTEs and in terms of factors related to recovery. The third is that narrow definitions of what constitutes a PTE do not accurately reflect the experiences of many people across the world, specifically with respect to acknowledging loss as opposed to trauma. These three critiques are detailed below.

A focus on resilience. In examining the potentially devastating effects of PTEs on the mental, emotional, and even physical wellbeing of survivors, it is easy to forget that distress is a normal reaction in the face of extreme circumstances, and, for the large majority of people who experience PTEs, such distress will be transitory. Development of trauma-related psychopathology is the exception rather than the norm (Bonnano, 2004; Hoffman and Kruczek, 2011), and many people who experience PTEs recover on their own without the need for clinical intervention (Harvey, 1996; Harvey, Mondesir & Aldrich, 2007). This ability to thrive despite adverse circumstances or to return to a stable state after a disturbance is called *resilience*, a term that was originally developed in the field of ecology, where it referred to the ability of an ecosystem to return to equilibrium after an interruption (Berkes & Ross, 2013). Bonanno (2004) distinguishes between resilience and recovery in studies of trauma and loss by explaining that recovery is when an individual is exposed to a PTE, develops a pathological response, and is eventually able to recover from that clinically significant negative outcome. Most individuals, however, are resilient, meaning that they may experience transitory symptoms of distress but will not develop any kind of pathological response.

Clinical and developmental psychology have generally focused on individual factors that determine resilience (Kirmayer, Dandeneau, Marshall, Phillip & Williamson, 2011). Individual factors related to resilience in the face of trauma include: a) personality factors, such as sense of self-efficacy, self-esteem, and hardiness; b) coping behaviors, such as disclosure to others, the

use of problem-focused coping, and the ability to mobilize resources needed for recovery; c)

social factors such as healthy attachment and support from family, friends, and a community of

fellow survivors; and d) cognitive and emotional factors, such as intelligence, affect regulation,

the ability to find meaning in a traumatic event (Agaibi & Wilson, 2005). Resilience, however,

does not exist solely at the individual level. It can also be a characteristic or a process of

families, communities, and even larger societies.

Community resilience refers to a community's ability to adapt when faced with

disturbance, and can be seen either as a community process or as an attribute of communities.

Some authors describe a resilient community as one that can adapt to disruption in a way that

promotes communal goals (Mancini & Bowen, 2009), while other authors define a resilient

community as one that is able to promote wellbeing among its members in an equitable way

(Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). In the first definition, community

resilience can be seen as the ability of the community to return to a stable state after a crisis,

based on how effectively community members band together and engage in collective action. In

the second view, community resilience can be seen in terms of resources in the community

which serve as protective factors to support individual members during a crisis. Specifically, a

community's ability to overcome crisis can be defined as a function of *social capital* (Aldrich &

Meyer, 2010; Berkes & Ross, 2013; Chaskin, 2008; Freudenburg & Jones, 1991; Mancini &

Bowen, 2009; Murphy, 2007; Nakagawa & Shaw, 2004; Norris, Stevens, Pfefferbaum & Wyche,

2008; Poortinga, 2012; Ungar, 2011). Social capital broadly refers to the strengths of social

bonds of members of a community as a function of shared trust and reciprocity. This, in turn,

determines how well community members can work collectively towards a common goal, such

as responding to an external threat.

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From individual to collective trauma. Although there is great promise for the field of trauma studies in identifying mental disorders based on their underlying biological risk factors rather than their presenting symptoms, such approaches have been criticized for their focus on intra-individual mechanisms, largely to the exclusion of extra-individual factors (Lilienfield & Treadway, 2016). An example of the importance of bridging intra- and extra-individual approaches lies in cognitive understandings of trauma. Cognitive theories of trauma have focused in large part on explaining unique symptoms of PTSD, such as flashbacks. Many early cognitive theories of PTSD focus on disruptions in the process of integrating information from a traumatic event into existing cognitive schemas or memory; others have used learning theories to explain how symptoms such as avoidance may contribute to prolonged distress (see review by Brewin & Holmes, 2003). Such theories form the basis for clinical treatment of PTSD, which often involves narration of specific traumatic memories to integrate these memories into broader memory systems, de-sensitize individuals from the stress produced by such memories, and reframe thoughts and beliefs surrounding the traumatic event. This type of research is not necessarily at risk of being sidelined under dimensional approaches to the study of PTSD; indeed, the RDoC includes a "cognitive systems" dimension, with a focus on memory, language, and cognitive control.

However, there is a large body of research demonstrating that even basic cognitive processes such as attention, heuristics, categorization, and perception, are heavily dependent on culture (Li and Yap, 2016). Indeed, Janoff-Bulmann's (1986) seminal work on *assumptive worlds* proposes that traumatic events are especially difficult for individuals to process because they clash with core assumptions about the world, particularly having to do with the self, others, and why things happen in the world. Using this model, common coping mechanisms for trauma

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can be seen as attempts to resolve these new experiences with previously held beliefs. For example, denial helps keep new, difficult to process information at bay while it is processed, and rumination may be an attempt at resolving conflicts between the lived experience and previous assumptions about the world. However, one would be remiss to assume that such assumptive worlds are the product of one's individual mind; core beliefs and values about the world are products of cultural influences on individual development. Thus, by ignoring the cultural influence on basic processes as defined by the RDoC, one runs the risk of homogenizing experiences and trauma reactions in a way that is detrimental to the science of trauma studies.

In focusing primarily on the individual as the unit of study and ignoring the potential for resilience, mainstream approaches to trauma also privilege European and North American understandings of health and wellbeing and ignore the complex social and cultural dynamics at play in trauma experience and recovery (Zarowsky & Duncan-Pederson, 2000). Studies of accident victims or U.S. combat veterans, for example, will reveal little about the victimization by war and genocide experienced by many populations across the world. Individualistic approaches to the study of trauma often ignore the pre-trauma social context that enables violence against individuals or groups of people to occur (Blanco, Blanco & Díaz, 2016). After all, the ability to enact violence on the body or mind of another is dictated by power relations and cultural understandings that see a particular group of people as less worthy of dignity, respect, safety, and control of their own lives. Additionally, many of the PTEs experienced across the world are experienced collectively; that is, multiple individuals are affected at once. Focusing on the individual as the unit of study also precludes a greater understanding of the potential extra-individual effects of such phenomenon, which have been posited to occur at the family,

community, and even societal levels (Ajdukovic, 2004; Evans-Campbell, 2008), and which thus demand interventions that go far beyond the clinical (Blanco, Blanco & Díaz, 2016).

When potentially traumatic events are experienced by large numbers of people who share a social identity or geographic location, this is commonly referred to as *mass* or *collective trauma.* These terms are sometimes used interchangeably in the literature to refer to similar phenomenon. At other times, *collective trauma* is reserved specifically for instances when a group of people is the target of violence based on a collective identity, or, in the case of Erikson (1995), to describe the negative effects of crises on the social ties between individuals and on communities as a whole (Erikson, 1995). For simplicity's sake, "collective trauma" will be used here to refer broadly to PTEs experienced by large numbers of individuals based on a shared social identity, potentially ranging from small communities to entire countries. Similar to individual trauma, collective trauma can be seen as an interaction between an event or series of events, a group of people, and the surrounding environment. Rather than affecting an individual, however, collective trauma is proposed to affect the group as a while. Harvey (1998) suggests that trauma affects "the ability of human communities to foster health and resiliency among affected community members" (p. 5). In research of the effects of man-made disasters on communities, Freudenburg & Jones (1991) discussed a number of cases where such events have had negative effects on social relations within the community. The authors theorize that in these instances community members are generally looking for a party to blame. Faced with a lack of institutional or government response, community members develop an increased sense of suspicion and cynicism, which in turn may affect social dynamics within the community.

Focusing on civil conflicts, Ajdukovic (2004) pointed out that collective trauma of conflict settings is carried out with the direct purpose of destroying communities. Several

empirical studies support this idea and have found links between armed conflict and a deterioration of social capital. For example, Dekel & Tuval-Mashiach, 2012 found a reduction of Israeli's sense of belonging to their country after being forced to evacuate settlements in the Gaza strip after multiple terrorist attacks. Beiser, Wiwa, and Adebajo (2010) also reported a loss of social capital in a study of villages in the Niger Delta that had experienced disasters, adding that this was the greatest determinant of PTSD symptoms when controlling for violence exposure. These authors concluded that a vicious spiral of interruptions in mental health, social organization, and community resilience erode the resources that would ordinarily be used for recovery. In sum, the collective trauma may leave communities particularly susceptible to negative outcome due to the fact that many of these collective attributes are what allow for communities to be resilient in the face of disruption.

Here, however, a clarification must be made. The *collective* qualifier in collective trauma refers both to *collective experience* of PTE's as well as the *collective effects* of the trauma itself. In terms of the collective experience, theories of collective trauma do not differ enormously from theories of individual trauma, except for the fact that some authors place more importance on the social context of these experiences. There is also an understanding that many people will experience psychological effects of these experiences, and some will develop PTSD. Therefore, when defining collective trauma by focusing on the experience of the PTE itself, scholars are using a literal understanding of psychological trauma to describe an experience that multiple people have at that same time. If the proposed effects on communities as a whole were simply an extension of individual trauma, this would warrant a literal understanding of collective trauma as well. However, many of the proposed effects of collective trauma are social in nature, and not necessarily connected to individual exposure to a PTE nor individual traumatic reactions. That

is, the circumstances surrounding the widespread PTE, or the aftermath of it, are thought to be traumatic to *social relations.* This should be considered a metaphorical understanding of collective trauma, whereby the social stands in for the psychological, and the damage done is not necessarily to people themselves but to society as a whole.

Integrating loss and grief. An additional criticism of clinical approaches to trauma is that such approaches may not reflect how widespread loss affects individuals and communities in the context of collective trauma. Even within the clinical literature, there is no clear consensus on what defines a PTE and what distinguishes a PTE from another type of loss or extreme stress. For example, loss in the clinical literature generally refers to interpersonal loss, usually through death, and sudden or traumatic loss of a loved one has been shown to have associations with symptoms of PTSD (Barlé, Wortman, & Latack, 2013). Additionally, Adverse Childhood Experiences (ACEs) are prominently referred to in literature on childhood trauma, and have been shown to have cumulative negative effects on physical and mental health well into adulthood. However, in addition to potentially traumatic events such as physical, emotional, or sexual abuse in childhood, ACEs also include situations such as having an incarcerated parent or living with an individual with severe mental illness (Felitti et al., 1998). Finally, studies conducted prior to publication of the DSM IV-TR (American Psychiatric Association, 2000) revealed that some individuals experience PTSD symptoms from stressful life events such as divorce or loss of a job that wouldn't otherwise be considered potentially traumatic (Kilpatrick et al., 1997).

In the clinical sciences, research on loss and grief has primarily focused on defining normal and pathological bereavement with respect to the death of a loved one, and on identifying treatments clinicians can use to help patients do their "grief work" in order to promote positive outcomes. However, the concept of grief as an active process in which an individual works

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through internal conflicts regarding a loved ones' loss is primarily a Euro-American concept, popularized by Sigmund Freud and his contemporaries in the early twentieth century. It was also during this time that scholars began to question what constituted "normal" grieving and what might be considered pathological (Granek, 2010). Lindeman (1944) was the first to propose outright that grief should not only be a topic of psychiatric study but of psychiatric intervention, as, "understanding of reactions to traumatic experiences, whether or not they represent clear cut neuroses, has become of ever increasing importance to the psychiatrist" (p. 186-187). Lindeman's words show once again the lack of clarity in where, exactly, the boundary between trauma and loss-related stress lies.

Despite longstanding understandings by clinicians that "grief work" is part of the scope of their own work, the Diagnostic and Statistical Manual (DSM) has largely excluded bereavement from consideration as a diagnostic category. As Maj (2012) pointed out, the DSM-IV-TR specifically mentions bereavement as an example of a normal, culturally sanctioned response to an event, which thus precludes it from being treated as a mental disorder. It is included in a section of the DSM-IV-TR on conditions that may deserve attention in treatment but are not themselves classified as mental disorders. In fact, up until the DSM-5, grieving individuals could not meet a diagnosis of Major Depressive Disorder, despite meeting all criteria for this diagnosis, unless symptoms lasted at least a month in contrast to the two-weeks required for non-grieving individuals. In the ICD-10, bereavement is included as a potential triggering event for Adjustment Disorder, with the caveat that it be labeled "complicated" bereavement. An additional code exists in the ICD-10 for "disappearance and death of a family member" as a generic psychosocial factor that may influence interactions with health services, which will change to "uncomplicated bereavement" in the ICD-11. The DSM-5 similarly allows for a

diagnosis of Adjustment Disorder in the case of bereavement that extends beyond culturally accepted norms.

While most grief has been recognized as normal in response to loss of a loved one, continual attempts have been made by clinicians and researchers to understand abnormal or pathological grief reactions. These are sometimes referred to as complicated, prolonged, or traumatic grief. Lobb et. al, (2010) noted that complicated grief includes an abnormal duration of grief symptoms, as well as symptoms normally associated with traumatic stress such as intrusive thoughts or avoidance of stimuli associated with a loved one's death. In a review of studies related to complicated grief, these authors found that predictors of this condition included qualities of the relationship with the deceased person, social support, childhood adversity, attachment styles, cognitive factors such as worldview and meaning making, a history of prior psychiatric disorders, and characteristics of the death itself. Examples of "traumatic" deaths that might explain some variance in the development of complicated grief were death by suicide, death in a terrorist attack, and deaths due to unexpected medical causes. The draft ICD-11 includes Prolonged Grief Disorder under the category of "Disorders specifically associated with stress," the same category that encompasses trauma-related disorders. To be considered "prolonged," a grief reaction must last more than six months, include intense emotional pain throughout this period, and be beyond the normal range of grieving expected in an individual's cultural context. The DSM-5 also includes a "persistent complex bereavement disorder" as an "other specified stressor disorder," as well as in its chapter on conditions that require further study. The DSM-5 also allows for symptoms of grieving to be included in symptoms of Acute Stress Disorder "in the case of bereavement following a death that occurred in traumatic circumstances."

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In reviewing more recent developments in bereavement research, Hall (2014) noted that there has been a broadening of the definitions of what constitutes normal or adaptive grieving, while at the same time there has been greater interest in understanding factors that lead to longer term difficulties like complicated grief. As already mentioned, early models of grief suggested that an individual must break bonds with a departed loved one and work through particular stages of grief in order to resolve internal conflicts about the loved one's passing. However, these theories have largely been rejected as having little basis in evidence, and more recent research allows for much greater diversity in the experience of grief. For example, there is greater recognition that the maintenance of certain bonds with departed loved ones is part of healthy grieving, as well as a greater focus on how individuals make meaning of the death of significant people in their lives. Hall also suggested that grief is a "natural consequence to forming emotional bonds to people, projects, and possessions" (p. 1). This suggests the potential for broader definitions of objects of grief to include losses beyond interpersonal relationships.

These expanding definitions of grief and loss are especially important when considering collective trauma. Hobfoll (1989) posited that the loss of financial, social, and psychological resources were associated with greater impacts of stressful situations, including rise in PTSD rates. Such resources may include financial resources such as a savings account, kin-related social resources such as healthy children, non-kin social resources such as intimate friendships, and individual psychological resources such as feeling at peace or having a sense of humor. Indeed, in the aftermath of collective trauma, where individual psychopathology is the exception rather than the norm, survivors may be more concerned with what Miller and Rasmussen (2010) called "daily stressors," which refer to secondary environmental changes such as loss of social ties and physical destruction that can have a profound impact on community members' mental

health. In the context of indigenous populations, loss that has the potential for long lasting

negative impacts may also include loss of land or culture (Yellow Horse Brave Heart and

DeBruyn, 1998).

Combining Critiques in an Indigenous Context

Clinical approaches to trauma have been critiqued for narrow definitions of PTEs, too

strong a focus on the individual, and the lack of a attention to resilience. In indigenous contexts,

these critiques have solidified in the creation of two frameworks for understanding indigenous

experiences of trauma and loss: historical trauma and indigenous resilience. American Indian

Historical Trauma, or historic trauma as is often used in the Canadian context, refers to the

cumulative and collective effects, both across generations and throughout the individual life

course, of deaths due to disease and conflict, forced removal of communities from their tribal

homelands, systematic physical and sexual abuse of American Indian children in boarding

schools, forced or coerced cultural assimilation, and contamination of American Indian lands and

sacred sites (Evans-Campbell, 2008; Kirmayer, Gone, & Moses, 2014; Yellow Horse Brave

Heart & Debruyn, 1998). In recent years, the theory of American Indian Historical Trauma has

grown in popularity among psychologists, social workers, and community members as a way of

explaining many of the contemporary health and mental health challenges in American Indian

Historical Trauma communities, including but not limited to high rates of depressive and anxiety

disorders, PTSD, substance use disorders, intimate partner violence, and even diabetes (Evans-

Campbell, 2008; Sotero, 2006).

American Indian Historical Trauma was first mentioned by Braveheart-Jordan and

DeBruyn (1995) in discussing important components of cultural competency in clinical work

with American Indian women. For example, clinicians would need to be aware that in addition

to grief resulting from losses such as separation of families through boarding schools and losses of lands that had deep spiritual significance, American Indian women may also experience grief as a result of the loss of status traditionally afforded to women in their communities. Yellow Horse Brave Heart and Debruyn (1998) later expanded this concept to a general explanation for social problems found in American Indian communities in the United States, such as high prevalence of depression, suicide, accidental death, substance abuse, domestic violence, child abuse and homicide found in American Indian communities in the United States. Drawing parallels between the genocide of American Indians and the Jewish Holocaust, Yellow Horse Brave Heart and DeBruyn suggest that loss of land, culture, and lives due to colonization resulted in grief that was, due to the circumstances of such losses and the forbidding of or stigmatization of traditional cultural practices, left unresolved. While the first generation of American Indian people who experienced such trauma developed PTSD, Yellow Horse Brave Hear and DeBruyn argue that, like descendants of Holocaust survivors, subsequent generations experienced unresolved grief due to historical losses that could not be adequately processed at the time. Other authors have suggested that the effects of traumatic events can be analyzed at the community level and may include a breakdown of culture and values, high rates of alcohol abuse, physical illness, social malaise, weakened social structures (Evans-Campbell, 2008), as well as a weakening of social networks, and a reduction of solidarity and sense of safety (Kirmayer et al., 2014). Kirmayer, Gone, and Moses (2014) note that many of the contemporary mental health issues attributed to trauma experienced in previous generations may more easily be explained by past and current structural inequalities. These include economic inequalities, loss of political autonomy, and disruption of traditional means of subsistence.

A similar frame of historical trauma was adopted by the Aboriginal Healing Foundation in Canada, which brings together multiple means of transmission through which historical events experienced by aboriginal peoples lead to negative outcomes today (Wesley-Esquimau & Smolewski, 2004). First, these authors suggest that centuries of collective experiences of loss of life, land, and culture remain within the collective memory of aboriginal peoples for generations, and translate into pervasive feelings of pain and sadness, often without understanding of the source of such sadness. In addition, changes in physical environment and new cultural and economic systems put in place by colonizers brought disrupted traditional social and cultural processes and thus impacted individual and communal wellbeing. Fundamental changes in adaptive social and cultural patterns lead to maladaptive patterns of behavior that were passed throughout generations and manifest in symptoms at the societal level, such as alcoholism or family violence. Unlike European nations that experienced great losses -- for example, due to the plague -- indigenous peoples were unable to recover due to subsequent and continuous waves of trauma that prevented healing and reconstruction. Such understandings of American Indian Historical Trauma resonate with theories of collective trauma that identify how PTEs, experienced by a collective, can change the nature of social relationships within that collective, thus impacting individual wellbeing.

Finally, the concept of resilience is clearly seen in many writings on collective or historical trauma among indigenous peoples. To begin with, the same traditional practices that were threatened by historical trauma also helped to promote resilience at the individual, family, and community levels. Stout & Kipling (2003) note that traditional childrearing practices in many aboriginal societies foster what research on health outcomes now recognizes to be important protective factors in childhood development. In discussing traditional practices that

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promote resilience, Kirmayer et al. (2011) describe processes of forgiveness and reconciliation that are traditional to Mi'kmaq communities as means of conflict resolution meant to return communities to harmony after a disruption in relationships between community members. Focusing on resilience and protective factors in examining trauma also contributes to the recognition of indigenous strengths and values and contradicts deficit-focused approaches in communities that have already been stigmatized (Straits, 2016). Within indigenous contexts, multiple authors have also critiqued psychological views of resilience as something that resides within the individual, arguing that such approaches ignore resilience at the community level and places the onus for the development of healthy outcomes on the individual (Kirmayer et al., 2011; Thomas, Mitchell & Arseneau, 2012). In contrast to clinical views of resilience as an individual trait, Kirmayer et al. (2011) argue for the need to view resilience in indigenous contexts as a dynamic ecological process that involves individuals, families, and communities.

Thomas, Mitchel, and Arseneau (2012) caution, however, that viewing resilience in terms of successful adaptation to disruption or adversity while ignoring historical assaults on indigenous power and sovereignty could lend credence to an assimilationist perspective that indigenous communities must simply "adapt" to the changing circumstances around them. Rather than focus on individual resilience, they argue for a focus on *cultural resilience* in which indigenous communities adapt and thrive in the face of adversity while at the same time maintaining and promoting cultural identity. Despite repeated experiences of collective trauma and efforts by colonizers to destroy aboriginal cultures, many indigenous peoples today have retained their identities as well as many traditional practices. Another way to frame this type of cultural resilience is as indigenous *resistance* to colonial rule, given that specific practices of resistance against colonial influence have contributed to the resilience of indigenous cultures.

For example, when ceremonies were prohibited in many communities in the U.S. and Canada, people either directly disobeyed these laws or brought ceremonies underground in order to continue such traditions in secret (Wesley-Esquimaux & Smolewski, 2004). Today, this ongoing process of indigenous resilience and resistance is seen in attempts to revitalize indigenous culture and language as well as regain control over social, political, and economic systems (Corntassel, 2012; Kirmayer et al. 2011).

The Indian Residential School System of Canada

In 1867, when the state of Canada was formed, its government began sending small sums of money to church run residential schools for aboriginal children; however, the history of the Indian Residential School System of Canada begins long before that. The first Roman Catholic missionary school for aboriginal children was created in what would later become Quebec City in the mid-1700s, and a handful of other protestant boarding schools opened in the early 1800s. It was not until after 1847, when the superintendent for schools for Upper Canada recommended that a residential school system be created for aboriginal children, that both protestant and catholic missionaries began to open residential schools in a more systematic fashion. In 1870, the Hudson's Bay Company transferred much of what is now Alberta, Saskatchewan, Manitoba, norther Quebec, northern Ontario, the Northwest Territories, and Nunavut to the government of Canada, and British Columbia was added the following year. The desire to settle this large expanse of land provided the impetus for a greater government investment in residential schools, which were seen a means of assimilating aboriginal individuals into Euro-Canadian society, weakening tribal governments, and eventually eliminating the need for government-to-government relationships (Truth and Reconciliation Commission, 2015). In this way, residential schools were a key strategy used to colonize this large geographic area.

For the next half a century, residential school enrollment would continue to rise until its peak at 11,539 students nationwide in 1956. According to the Truth and Reconciliation Commission (2015), the schools were chronically underfunded during this time. In 1937, the amount spent on students per-capita by the federal government was one third to one half the amount per-capita budgeted by similar educational or child welfare institutions. In fact, the government of Canada never intended to invest much money in this system, and had counted on the forced labor of students, combined with the cheap labor of missionaries, to create a residential school system that was self-sustaining. Residential schools also began to serve increasingly as child welfare institutions. In 1945, however, the government of Canada began to look for cheaper alternatives to residential schooling, and began relying more heavily on day schools and on integration of aboriginal students into non-aboriginal schools. At that time, approximately 31.2% of aboriginal students attended residential schools, 26.6% attended day schools, and 41% had no access to educational facilities of any kind. By 1960, the number of aboriginal students in non-aboriginal schools was roughly equal to the number of students in residential schools. In 1969, the federal government took formal control of the residential school system, and began closing or transferring administration of the schools to aboriginal communities.

Unfortunately, little data has been published or analyzed on former residential school attendees or on their experiences at such schools, either in the historical record or from contemporary research studies. Although few academic studies have been done on the impacts of residential schools, former attendees of these schools have been telling their stories and demanding justice for decades. In 1991, the Royal Commission on Aboriginal Peoples conducted hearings in 96 communities over 178 days, during which many former attendees

spoke of the abuse they had experienced at the schools. Although the commission published a report recommending a formal inquiry into residential school experiences, no such inquiry was ever conducted by the Canadian government (Stanton, 2011). At the recommendation of the commission, however, the Canadian government provided $350 million to set up the Aboriginal Healing Foundation, an aboriginal run, independent non-profit organization founded in 1998 that did extensive work with individuals and communities affected by the residential school system (Aboriginal Healing Foundation, n.d.).

Two of the primary sources for data related to residential school outcomes are statistics published by the First Nations Regional Health Survey which surveyed 11,043 aboriginal adults across 216 communities in Canada, and studies published by the Aboriginal Healing Foundation. With regards to basic statistics about residential school attendees, an estimated 46.3% of aboriginal adults age 60 and above had attended residential school, while 35% of those 50-59 reported attending (FNIGC, 2012a). Additionally, 52.7% of First Nations adults reported having at least one parent that attended residential school, and 46.2% reported having at least one grandparent that attended residential school (FNIGC, 2012b). The survey also collected data on the impact of residential schools, with the following questions: "Do you believe that your overall health and well-being has been negatively affected by your attendance at residential school?" and, if the respondent indicated that it had, "Of the following items, which do you feel contributed to the negative impact on your health and well-being?" Over two-thirds of former residential school attendees who participated in the survey reported physical abuse, harsh discipline, verbal or emotional abuse, loss of cultural identity, separation from community, and isolation from family as negative contributors to health and wellbeing.   A report prepared by the Aboriginal Healing Foundation based on data gathered at a retreat for service providers working

with former attendees details both conditions in the schools and outcomes observed by service

providers (Chansonneuve, 2005). Service providers described the effects of the residential

schools at multiple levels. Individual effects included loss of culture, language, and spirituality,

lack of guidance from family, feelings of shame and abandonment, and inability to express

affection.

Chansonneuve (2005) noted that the abuse experienced by children in the schools was

physical, psychological, sexual, and spiritual in nature, and that the experiences of former

attendees included a number of tactics intended to control and dominate victims that align with

Biderman's Chart of Coercion (Amnesty International, 1973). Although this list was originally

used to describe brainwashing tactics used against prisoners of war, parallels have been drawn

with tactics of psychological coercion used to control victims of intimate partner violence

(Russell, 1982) as well as victims of sex trafficking (Hopper, 2016). In the case of the residential

school system, these coercive tactics included isolation of victims (i.e. by removal of family and

separation from siblings), monopolization of the perception of victims (i.e. through religious

indoctrination and shaming of aboriginal culture), inducing debility and exhaustion (i.e. through

forced labor and use of sleep deprivation or withholding food as punishments), continual threats

(i.e. threats of loss of privileges, physical punishments, or even death), granting only occasional

indulgences (i.e. special trips, holiday meals, or movie nights), demonstration of omnipotence or

power (i.e. strict hierarchies, priests and nuns were the absolute authorities), degradation and

humiliation (i.e. forcing bedwetting children to sleep in dirty linens, public beatings, and verbal

degradation of students, their families, and their cultures), and enforcing trivial demands to

habituative compliance (i.e. requiring students to re-do chores that weren't done to authority

figures' liking). Negative effects on families included disruptions in parental communication of

affection or their own histories to their children, loss of siblings, replication of emotional and physical abuse within families, and replication of norms of shame and silence about abuse. Similar to the proposed consequences of historical trauma in general, community level effects identified by providers included high rates of violence, sexual abuse, substance abuse, a lack of traditional role models, divisions along spiritual, blood, or status lines within communities, and the inability to address issues of abuse or dysfunction within communities (Chansonneuve, 2005).

In an earlier report prepared for the Aboriginal Healing Foundation, Corrado and Cohen (2003) discussed the impacts of residential school on 127 individuals whose forensic reports were gathered as part of a legal case. The histories of these individuals mirrored some of the impacts identified by service providers and advocates. Family disruption can be seen in a decrease from 55% of attendees living with both parents pre-residential school to 9.5% post-residential school. The number of attendees in foster care increased from 7.4% to 21%. The report also suggests some impacts of residential schools on mental health. 17.5% of subjects reported using alcohol before residential school, and 87.5% during residential school, and 90.9% after residential school. Twenty-one case files mentioned that the subject had been physically, sexually, or emotionally abused or neglected before attending residential school. However, all but two respondents reported physical, sexual, or emotional abuse or neglect during residential school. Three-quarters of case files discussed mental health, and of these 64.2% of subjects had a diagnosis of PTSD, 26.3% substance abuse disorder, and 21.1% major depressive disorder. This study was limited in that it examined case files, which means that for many of the indicators measured subjects simply did not mention a particular issue. So, for example, it is not known if the 126 individuals that did not report abuse prior to residential school did not experience it or

simply did not mention it. Additionally, the high levels of abuse and negative consequences are to be expected considering that the subjects in these case files were all litigants against the government of Canada or the churches.

Finally, few articles have been published in peer-reviewed journals about the impact of residential schools on former attendees. The only published research today to directly compare former attendees to non-attendees, which examined medical files of 47 attendees with 60 non-attendees in British Columbia, found no significant differences on a wide variety of health and wellbeing indicators (Barton, Thommasen, Tallio, Zhang & Michalos, 2005). The one exception was that residential school survivors actually showed a significantly *better* level of self-reported health in comparison with those who had not gone to residential school. Only one study on the impacts of residential schools on attendees has been published to date using these FNRHS data. In a study of the 2002/2003 wave of the study conducted in the province of Manitoba, Elias, et al. (2012) reported that 48.1% of the individuals who had attended residential school had experienced physical or sexual abuse in their lifetimes, significantly greater than the 36.5% of individuals who had not attended residential school. These authors also found that a history of abuse was linked to suicidal thoughts and suicide attempts among former attendees. However, having attended residential school was not in itself a significant predictor suicidal ideation nor of suicide attempts. The authors also reported on predictors of suicidality of non-attendees; however, they did not report any direct comparisons of predictors of suicidality between these two groups.

The Truth and Reconciliation Commission

In 2008, the Truth and Reconciliation Commission of Canada (TRC) was formed as part of the Indian Residential School Settlement Agreement (IRSSA), a class action settlement

between former students of the residential school system, the federal government, and churches who ran the residential schools. The negotiations that would eventually lead to this settlement began a decade earlier in 1997, after Phil Fontaine, who himself went to residential school, was elected National Chief of the Assembly of First Nations. As already mentioned, however, advocacy for and by former residential school attendees had been going on for many years before that. It is also important to note that the IRSSA did not cover all former Indian Residential School attendees within Canada. Many former attendees from Newfoundland and New Labrador, for example, were excluded from the IRSSA but settled a separate lawsuit almost a decade later ("Judge approves $50M residential school settlement", 2016). In total, claims from 1,484 former attendees were excluded the IRSSA. Among these are church run orphanages or hospitals that did not have federal funding, federal Indian day schools – which have been described as similar to the residential schools in all ways except that students did not reside there – and residential schools run exclusively by churched-based organizations, non-profit organizations, or by provincial or territorial governments without involvement by the federal government (Niezen, 2013).

Despite its exclusion of many former residential school students, the IRSSA contained three primary components: a) a Common Experience Payment to be paid to every former attendee of the Indian Residential School System, based on the number of years in attendance; b) the establishment of the Independent Assessment Process to evaluate and provide compensation for more grievous abuse cases, determined on an individual basis; and c) the establishment of the TRC as a non-judicial body charged with the investigation of abuse of aboriginal children in the schools. Over 6,750 statements were given to the TRC between June 2010 and March 2014. More than 3,000 were in the form of public testimonies, most by former residential school

students. Like other truth commissions, the TRC was established as a time-limited, government-supported but independent body charged with investigating widespread human rights abuses; it is unique, however, in that it was the outcome of a civil settlement rather than a peace accord or political transition from an era of authoritarian rule (Stanton, 2011).

The TRC has been criticized for its lack of subpoena powers and prohibition on naming names (Angel, 2012; James, 2012). Stanton (2011) noted that these restrictions are not surprising, given that most of the government or church officials who were responsible either for specific abuses or for administration of the schools are no longer living, and the legal proceedings to address allegations of abuse have already taken place in the form of the IRSSA. Similarly, James (2012) noted that truth commissions across the world tend to be either perpetrator-centered or victim-centered. Perpetrator-centered truth commissions are focused on bringing perpetrators to justice, while victim-centered truth commissions like the TRC tend to be focused on hearing victims' truths and can best be seen as a process of knowledge production. Indeed, the TRC's mandate specifically outlines many of its goals as to "acknowledge … witness … (and) promote awareness and public education," of residential school attendees' experiences (Indian Residential School Settlement Agreement, 2006, p. 1).

As a victim-centered commission, the TRC's operations were also couched in discourses of support and healing for former attendees. The commissioning is described in its mandate as intended to "contribute to truth, healing, and reconciliation" and its second goal is to "provide a holistic, culturally appropriate and safe setting for former students, their families and communities as they come forward to the Commission" (Indian Residential School Settlement Agreement, 2006, p. 1). In an ethnography of the TRC, Niezen (2013) noted that the process was couched in psychological discourse of trauma as evidenced by the presence of mental health

support workers and constant consideration for the potential negative impacts of "triggering" on both speakers and listeners during the commission. Angel (2012) noted that the TRC's emphasis on sharing of individual trauma and prioritization of a "talking cure" may not wholly encompass aboriginal understandings of colonial suffering. Corntassel et al. also note that, as part of a state centered approach to reconciliation, the settlement agreement and the TRC's narrow focus risk leaving out the importance of residential school effects on families, communities, and subsequent generations.

This psychologizing of the Indian Residential School experience is not unique to the TRC, however. To claim damages under the Independent Assessment Process of the IRSSA, individuals had to demonstrate harm done to them by the residential schools, usually in psychological terms. For example, the most extreme level of harm, which carried compensation of up to $275,000 is categorized as relating to, "psychotic disorganization, loss of ego boundaries, personality disorders … self-injury, suicidal tendencies, inability to form or maintain personal relationships, chronic post-traumatic state, sexual dysfunction, or eating disorders." In fact, the only non-psychological outcomes deemed serious enough for this level of compensation involved pregnancy from sexual assault. What's more, in a nearly page-long description of potential levels of harm, the only other physical outcomes listed are "permanent significantly disabling physical injury" and "a long term significantly disabling physical injury resulting from a defined sexual assault" (Indian Residential Schools Adjudication Secretariat, 2013, pg. 19).

Despite this focus on psychological outcomes of residential schools and psychological discourse surrounding healing, the TRC process did contain a number of components that were not specific to Western conceptualizations of healing. Opening and closing ceremonies, honor songs, smudging with sage or cleansing with other traditional medicines, and sweat lodge

ceremonies are only some examples of aboriginal healing practices that were included in the

events. Angel (2012) noted that audiences at TRC gatherings were often mainly aboriginal, and

speakers' words often addressed aboriginal audiences foremost, rather than the government,

speaking in aboriginal languages rather than in English and emphasizing familial relationships

rather than those with the colonial institutions such as churches or the Canadian government.

Thus, the gathering served more for reconciliation of one's own experiences as well as

reconciliation within aboriginal communities and families than between aboriginal people and

the government or churches. Such telling of "intimate truths" (Angel, 2012, p. 209) allowed

survivors to reclaim their own stories for themselves and to challenge the official understanding

of the purposes of the commission.

Testimony: Truth, Healing, and Resistance

As already mentioned, the TRC of Canada has been criticized for placing too much

emphasis on individual healing, rather than focusing on justice for victims of the atrocities

committed in the Indian Residential School System. This tension between personal healing and

collective justice-seeking is not unique to the Canadian context, nor is it unique to the context of

truth commissions. A large body of literature, much of it stemming from the same contexts that

have produced truth commissions across the globe, is dedicated to the examination of testimony

regarding individual suffering and its relationship to truth, healing, and justice, both at the

individual and collective level. The creation of shared narratives about traumas experienced by

large groups of people can be seen as an important part of the healing process for both

individuals and communities. Literature on testimony given for social and political purposes

suggests that such acts do not necessarily run contrary to goals of individual healing, nor does

the promotion of individual healing through testimony or "talk therapy" necessarily preclude its

use as a tool to promote social justice. Within a clinical context, the use of testimony as a therapeutic technique for symptom reduction was first described by Cienfuegos & Monelli (1983) in their work with survivors of state terrorism under the Pinochet regime in Chile. In a technique that is similar to Narrative Exposure Therapy, survivors detailed their experiences and, together with a therapist, created a written narrative that could then be revisited. Aron (1992) posited that testimony (or *testimonio*) fulfills roles in both the clinical and public settings, being at once a psychological act that promotes healing for the self as well as a political act that promotes justice for the larger community. In the contexts of state terrorism under authoritarian regimes, such as those in Chile under Pinochet or El Salvador during the civil war, testimony serves to reframe state-sanctioned violence from the point of view of those who were victimized. Testimony, Aron argues, is a reclamation of the freedom to speak, of one's self-worth as a human being, and a call for solidarity and support, whether given in a public forum as part of political education of others, or in a private clinic as a therapeutic exercise.

Before proceeding, it is important to note that testimonies given to the TRC are individual representations of experience based on memories of events that happened decades ago. Moreover, trauma narratives, while often rich in sensory and perceptual details, are not necessarily accurate representations of past events (Crespo and Fernández-Lansac, 2016). Nor should one assume that a well-crafted narrative is necessarily false; fragmentation and changes in temporal context during the narrative may be linked to increased PTSD symptoms, although evidence for this is mixed (Crespo and Fernández-Lansac, 2016). Niezen (2013) points out that the TRC in part served to craft an identity of the "residential school survivor," an identity that is only possible due to a unique set of historical circumstances, such as general changes in the broader culture on willingness to accept the stories of child sexual abuse. Additionally, he argues

that the "truth" in the TRC is one that is crafted from a particular viewpoint; particular narratives, such as those about positive experiences from the schools, as well as points-of-view from those who were staff at the schools, are necessarily excluded from representation. Niezen noted that when truth-telling is strongly embedded in ritual, and even survivors' tears are treated as sacred, it leaves little room to challenge these narratives.

However, what is presented by Niezen as potentially contrary to the pursuit of "truth" can also be seen as necessary for healing. Participation in collective rituals is one way in which communities can heal from traumatic events. Collective rituals are meaning-making activities that enhance collective identity, feelings of group belonging, and social integration, as well as faith in culture and confidence in collective action (Durkheim, 1912). Rimé, Paez, Kanyangara, and Yzerbyt (2011) note that collective experiences of trauma or loss can generate negative shared emotional climates, but that participation in collective ritual to address such losses then increases community cohesion and solidarity. Similarly, storytelling is used in all cultures around the world, and people use storytelling not only to construct reflexive narratives about themselves, but also to construct narratives about who "*we"* are as a people (Crossley, 2000). Corntassel, Chaw-win-is, and T'lakwadzi (2009) emphasize that stories told by First Nations peoples are "lived values" which help to transmit knowledge and history from one generation to the next, and are an important part of identity formation for families and communities.

Indigenous storytelling can be seen as a way of resistance against the dominant colonial narratives regarding indigenous peoples (Sium & Ritskes, 2013), as well as a means of passing on important cultural teachings. Corntassel et al. (2009) referred to the process of truth-telling to counter settler colonial versions of First Nations history as "restorying." Such stories emphasize indigenous resilience and are an important part of both resistance to colonial power and

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resurgence of indigenous cultures and communities. Indeed, the victim-centered approach taken

by the TRC aligns with the need for a space where former residential school attendees can share

their truths and be heard, in a context in which decades of prior attempts to tell these stories were

met by denial on the part of the government. James (2012) describes such approaches as

"carnivalesque" in nature in that they seek to reverse power dynamics by placing previously

silenced voices on the forefront of providing the truth, thus contrasting the dominate

understandings of fact of those in power. Such use of testimony as a form of reframing the

historical narrative from the perspective of its victims has been referred to more broadly in the

Latin American context as *memoria historia* (historical memory). Gaborit (2006) noted that the

recovery of historical memory has a therapeutic and empowering effect on those who have

previously been victimized. The "institutionalization" of truth serves to combat the

institutionalization of lies that promotes the narrative of the oppressor. Similarly, Angel (2012)

noted that the telling of survivors' stories from Canadian residential schools in community

contexts can be empowering for individuals and communities and serve to create a

counternarrative to dominant discourses on Canadian history. Thus, although the TRC of

Canada did focus on individual healing in its victim-centered approach to truth and

reconciliation, this was not necessarily counter to the goal of promoting justice for former

attendees. Although problematic, the TRC provided a space for aboriginal individuals and

communities to seek justice by demanding recognition of their own narratives about the Indian

Residential School System. These narratives contrasted with the dominant narrative of the

schools as institutions of learning that were beneficial to aboriginal children and communities, a

view which had been promoted for centuries by government and church alike.

Research Questions

There is little question that the negative experiences of many aboriginal children in the Indian Residential School System can be framed in terms of trauma and loss. As has been demonstrated above, however, mainstream clinical approaches to trauma have been criticized for placing too much emphasis on the individual, defining potentially traumatic events in a way that excludes the experiences of many disenfranchised groups, and lacking a focus on resilience, especially at the extra-individual levels. In response, countertheories of collective and historical trauma, as well as indigenous cultural resilience and resistance, have been formulated by numerous scholars. Depending on one's theoretical framework, any one of these approaches could be, and has been used to describe experiences in the Indian Residential School System. Given the fact that widespread acknowledgement of these experiences only began within the past two decades, and the fact that few studies on residential school survivors have been firmly rooted in pre-existing theoretical frameworks, there are no empirical studies to date which attempt to understand how the experiences of former residential school attendees fit within the pre-existing literature on trauma, loss, resilience, and resistance. As such, the current project seeks to answer the following research questions:

1) In what ways do TRC testimonies by former attendees of the Indian Residential School System reflect psychological understandings of trauma and loss?

2) How do former Indian Residential School attendees demonstrate resilience and resistance through their public testimonies to the TRC?

CHAPTER II:

Method

Research Approach

This study used thematic analysis (Braun & Clarke, 2006) to examine trauma, loss, resilience, and resistance in testimonies given by former residential school attendees. The method is reported below in adherence with the Consolidated Criteria for Reporting Qualitative Research (Tong & Sainsbury, 2007) as well as the "15-point Checklist of Criteria for Good Thematic Analysis" (Braun & Clarke, 2006, p.36). Testimonies for this project were gathered in 2012 by the Truth and Reconciliation Commission of Canada (TRC) and archived at the National Centre for Truth and Reconciliation (NCTR) at the University of Manitoba. Both the TRC and NCTR were contacted via electronic mail regarding permission for use of this archival material, and both responded that material was available to the public and could be used for research as long as researchers used the material in a respectful manner. Because of time and resource constraints, no attempts were made to further engage with the communities where data was originally gathered by the TRC. Due to its use of publicly available data, this study was determined "Not Regulated" by the University of Michigan Institutional Review Board for human subjects research, study number HUM00119347.

The research team for this study consisted of a principal investigator, five research assistants, and two research mentors who provided oversight and feedback. The principal investigator is a Caucasian woman doctoral candidate in a research-focused program in Social

Work and Psychology, with ten years of research, volunteer, and practice experience with indigenous communities in the United States and in Latin America. All research assistants were undergraduate women. Three identified as Caucasian and were working with data related to indigenous communities for the first time. Two others had completed prior projects related to American Indian communities, one of whom was a member of an American Indian tribal nation and one of whom identified as Arab-European American. The two research mentors, one woman and one man, are both tenured university professors and members of American Indian tribal nations, with a combined total of over 35 years of research experience in multiple indigenous communities, in addition to extensive clinical and community practice experience.

Qualitative analysis of pre-existing data has been posited as useful in social and health sciences research for inquiry about sensitive topics with hard-to-reach populations (Fielding, 2004; Long-Sutehall, Sque & Addington-Hall, 2010), including for indigenous peoples (Wendt & Gone, 2012). In this case, former residential school attendees are a difficult to reach population and their experiences at the residential schools are extremely sensitive in nature. Providing testimony about traumatic experiences may be emotionally difficult for survivors, many of whom have experienced re-traumatization during criminal and civil court proceedings (Truth and Reconciliation Commission of Canada, 2015). Additionally, part of the TRC's mandate was to collect documents and oral testimony for future research on the residential school system. Finally, conducting primary data collection on the Indian Residential Schools in Canada, would have likely required intense coordination with and approval from Institutional Review Boards beyond the University of Michigan. Canada has strict national policies regarding data collection and use in general, and in particular to data sovereignty for First Nations (First Nations Information Governance Centre, 2017). Thus, the need to handle this sensitive topic in a

way that does not have the potential to further harm residential school attendees, as well as respect for the TRC's "future research mandate," provided the impetus for undertaking an archival project using testimonies gathered from by the TRC.

Qualitative analysis of pre-existing data is not as common as qualitative analysis of data collected by the researcher, nor as common as quantitative analysis of secondary data sets. One of the main criticisms of the qualitative analysis of previously collected data stems from the fact that the researcher is distanced from the context in which the data were originally collected. However, this claim has been refuted by multiple authors as not entirely true, and not necessarily unique to qualitative analysis of secondary data (Corti & Thompson, 2012; Fielding, 2004; Hammersley, 2010; Heaton, 2008; Irwin, 2013). While it is true that the secondary analyst risks misunderstanding data by simply re-examining transcribed interviews or focus groups that were collected and analyzed by another researcher, the same is true of quantitative data analysis. Reuse of a large dataset without the use of a codebook or background information on how the data were collected would be ill-advised. What's more, even primary analysis of quantitative data involves interpretation of individual's responses based on the researcher's knowledge of the respondent's situation (Heaton, 2008). Additionally, it is a false assumption that those who conduct qualitative analysis of primary data are necessarily embedded in the context in which it was collected; for example, it is not always true that individuals who write up the final product of a research endeavor were the ones who conducted data collection in the field, and those who were not present will learn secondhand from those who were (Corti and Thompson, 2012; Heaton, 2008).

An additional challenge to the qualitative analysis of secondary data is the fit of the data to the research questions (Hammsersley, 2010; Heaton, 2008). Here, Hammersley (2010) noted

that both primary and secondary analysis can share some of the same issues with data fit, given that it is impossible to gather all available data on a phenomenon. The author also problematizes the concept of secondary analysis and what constitutes re-use vs. original use of data. A clear case of re-use of data is when data have been collected and analyzed by another researcher for the purpose of research, and is being analyzed a second time by another researcher. In contrast, the author argued, analysis of historical documents can be considered use, or primary analysis, because such documents were not collected by researchers for the purpose of research. In the latter case, researchers would need to be particularly careful that their research questions fit the data that are available.

With regard to the current project, these potential problems have been addressed in multiple ways. A great deal of contextual data are available for the secondary researcher. Not only are individual TRC testimonies available for viewing online, so too are videos of many of the other activities held at each hearing. As will be described later at length, a great deal of additional context is available in the form of recordings of opening and closing remarks for hearings, as well as prompts and conversations between the commissioners, master of ceremonies, participants, and audience members at the TRC hearings. Depending on the event, additional contextual materials may include press releases, written programs, event websites, newspaper and peer-reviewed articles, and video of non-testimonial portions of the event such as speeches by local community members, ceremonial components, and educational presentations. With regard to fit of the data to the research questions, one caveat must be noted here. According to Hammersley's definition, the current project lies in a debatable place between primary and secondary analysis: the TRC mandate clearly states that testimonies will be archived for future use by researchers (Indian Residential Schools Settlement Agreement, 2006), but they

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were not gathered by academic researchers for the sole purpose of answering specific research

questions. Additionally, this is the first instance, to my knowledge, that an attempt has been

made to analyze the data in a systematic fashion. In any event, I have endeavored to limit the

research questions for this project to those that can be answered by testimony given to the TRC.

Data Preparation and Sampling

According to the NCTR, 4,567[1] statements were recorded at TRC events across Canada,

out of an estimated 80,000 former students living at the time of the TRC (Truth and

Reconciliation Comission, n.d.-a). Of these, 1,904 testimonies were public sharing panel

statements. However, there is no record available of whether the individuals giving testimony

were former students, children of former students, church representatives, or other members of

the community. Although the TRC did collect participant registration cards, at the time this

study was initiated the NCTR had no process for allowing archival access beyond what data

were publicly available, and communication with the NCTR revealed that the collection of

registration cards was also incomplete. As it was not possible to catalogue all 1,904 public

testimonies before data analysis began for the project, the province of Saskatchewan was

selected as a strategic focus for this project. The selection of Saskatchewan was arrived at by

excluding other provinces and territories from consideration based on the type of school system,

language, completeness of record, and number of schools (see Figure 1). For example, the

Northwest Territories, Nunavut, and Yukon were excluded due to the fact that they operated on a

hostel system, which was distinct from the residential schools operated elsewhere in the country.

Quebec was not included due to its francophone setting and the lack of resources available to

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

translate testimonies for this project. Finally, Manitoba was excluded because of the unavailability of data from the Winnipeg National Event, and the Atlantic Region was excluded because of the existence of a single residential school for all of New Brunswick, Newfoundland and Labrador, and Nova Scotia.

Of the three remaining provinces, Saskatchewan was selected as a focal point for further investigation. The province currently has the highest percentage of population that identifies as aboriginal (First Nations, Metis, or Inuit) at 15.6% of the province's population. It also has the highest percentage of former residential school students under the Settlement Agreement, with 24% of the eligible common experience claims despite having only 11.3% of the nation's aboriginal population. Additionally, 24% of the admitted Independent Assessment Process claims across the country were from Saskatchewan. It had the most community hearings of all provinces and territories, and the second largest number of recorded statements. Finally, an investigation carried out by Caldwell (1967) of child welfare conditions at nine residential schools in the province that were still open in that year provides basic comparative background information (summarized later) that is not available for schools in other provinces, given that the Canadian Department of Indian Affairs ceased publishing detailed school-level records in their final reports in the 1940s.

In order to catalogue testimonies for this project, all videos were downloaded to a local hard drive to ensure that a copy was available at all times. The videos were then spliced into separate testimonies (as multiple testimonies were originally combined into one video). A database was created by listening to the first portion of each testimony and recording each testimony giver's apparent gender, role, tribal affiliation, and residential school(s) attended, if applicable. In the case that a testimony giver did not identify their tribal affiliation or attended

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school, keyword searches were conducted for testimony giver names within TRC reports and through online searches. If information was still not found, the principal investigator and research assistants then proceeded to listen to the entire testimony as well as non-testimony clips from sharing panels, such as introductory remarks, in order to search for school and tribal affiliation. Finally, contextual clues were used to identify schools attended by statement givers. For example, some statement givers would not refer to a school by name, but would describe going to the same school as a sibling who had testified earlier in the hearing and provided a name. All catalogued entries for Saskatchewan were also reviewed by a second research assistant.

A total of 261 testimonies were found in the NCTR video archives from the province of Saskatchewan. Of these, 193 were from residential school attendees, 31 from descendants of residential school attendees who did not themselves attend residential school, and 37 from other statement givers such as church representatives, school staff, or day school attendees. Of 193 testimonies, 40 (20.73%) were from individuals that attended Beauval[2] and 10 (5.18%) attended Ile-a-le-Crosse[3]; 19 (9.84%) attended Prince Albert or its predecessors Onion Lake and La Ronge; 14 (7.25%) attended Lebret; 13 (6.74%) attended Sturgeon Landing, SK, or its successor in Guy Hill, MB; 8 (4.15%%) attended St. Michael's; 8 (4.15%) attended St. Phillip's; 8 (4.15%) attended Gordon's; and 5 attended Muscowequan (2.59%). 18 (9.44%) attended other miscellaneous schools both inside and outside of Saskatchewan, and another 18 (9.44%) attended multiple schools, of which 5 were from individuals who attended Beauval as one of these

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[2] Some individuals gave multiple testimonies. Thus, the number here represents testimonies, rather than individual testimony-givers and for this reason is distinct from the number of participants cited later.

[3] Beauval and Ile-a-le-Crosse are referred to as the same school both in TRC and NCTR documentation. However, the physical residences were approximately 25 km apart, and Ile-a-le-Crosse was predominantly a Metis school, while treaty First Nations students were sent to Beauval. Historical documents from the Beauval school, for example, reference the two schools playing each other in sports competitions. Thus, they are considered as two separate schools for the purpose of this study.

schools. Additionally, the research team was unable to find information on the school attended

for 32 (16.58%) former attendees. Of the schools in Saskatchewan, only Beauval had a

sufficient number of testimonies at 45 to warrant a school-based study, including testimonies

from those who had only attended Beauval and those who had attended multiple schools.

Once Beauval was selected, yearbooks and newsletters from this school spanning 1951-

1968 were downloaded from the Shingwauk Residental Schools Centre online archive at

Algomau University in Sioux St. Marie, Ontario. A research assistant then created a catalogue of

student names, along with dates attended, and the principle investigator then double-checked this

list against the list of names in TRC testimonies. This process helped to identify two of Beauval

attendees included in the sample, whose testimonies had originally been listed as being related to

unknown schools. Two other testimonies were later excluded, one because the participant spoke

in French, with no simultaneous translation, and another because the testimony audio was cut off

after the introduction. Videos for all individuals who attended Beauval, even if they had also

attended a second school, were then sent to a third party for transcription, double-checked by the

principle investigator, and entered into NVivo 11 qualitative analysis software. Given that this

project uses pre-collected data and no contact was made with individual participants, no field

notes were gathered and transcripts were not returned to the participants for comment.

Study Setting

Primary data for this analysis were collected by the Truth and Reconciliation

Commission of Canada (TRC) in the province of Saskatchewan, between January and July,

2012. The TRC gathered survivors' statements in multiple ways: public Commissioner's

Sharing Panels, Survivor Committee Sharing Circles, private statement gathering, private sharing

panels, and written statements submitted in-person or online. Hearings were held in local

community gatherings of one-to-two days, which often took place in a school gymnasium or community center, or at regional or national events that spanned multiple days and were generally held in hotels or convention centers. For example, the Saskatchewan National Event spanned four days at the Prairieland Park Trade and Convention Center, and, in addition to statement gathering panels and circles, included times set aside for daily sunrise and pipe ceremonies, participation of honorary witnesses, expressions of reconciliation, film screenings, a sweat lodge, a round dance, a concert, a talent show, fitness classes, film screenings, a reconciliation breakfast, and a survivor birthday celebration. Additional areas were set up with educational exhibits about the residential schools and aboriginal people in Canada, as well as a vendor and educational area. Community hearings varied in format, but also included sharing panels, sharing circles, and private statement gatherings. Community hearings often included opening and closing ceremonies, participation of local tribal leaders, representatives from relevant social services in the community, sweat lodges, and honor songs played for each individual who spoke before the commission.

This project focuses solely on oral testimonies to the TRC that were given in public Commissioner's Sharing Panels and were available online from the National Centre for Truth and Reconciliation (NCTR) between September of 2016 and September 2017. Private statement gathering sessions are not currently available to the public, but were recorded in private rooms without a time limit so that individuals could speak freely without the presence of an audience. Survivor Committee Sharing Circles were generally facilitated by a former attendee of the Residential School system and are described by Angel (2012) as following a talking circle format: participants sat in a circle and passed an object such as a feather or talking stick, and were invited to speak about their thoughts or experiences regarding the Indian Residential School

system. These sessions were recorded and live cast both on site and on the internet, and audience members also sat directly in the room around the circle. In contrast, the format of Commissioner's Sharing Panels was that of formal hearing: the TRC Commissioner was seated at a table with the Master of Ceremonies, directly facing the testimony givers' table, in front of a larger audience. The TRC was formed of three Comissioners who alternated attendance at sharing panels. These were Honourable Justice Murray Sinclair, who served in private legal practice, as a professor of law, and as the first indigenous judge in the province of Manitoba; Dr. Marie Wilson, a non-indigenous journalist, professor, and broadcasting executive who had worked as a trainer in South Africa during its TRC; and Chief Wilton Littlechild, an indigenous lawyer, scholar, former parliamentarian and UN representative who has held multiple appointments as the executive head of local and regional indigenous administrative organization (Truth and Reconciliation Commission, n.d.-b).

Participants were informed that their statements and contributions would be available to the public with the purpose of creating a record about the residential schools for researchers, educators, and future generations; signs were posted throughout hearing panels stating that the hearings were public and being recorded. Participants were also allowed to provide testimony in the form of poetry, art, music, or other forms, and to contribute physical items by placing them in a cedar bentwood box that was commissioned by the TRC. Bentwood boxes are traditional waterproof boxes made along the northern pacific coast from a single piece of wood that is steamed and shaped to form a box; they were traditionally used to hold clothing, blankets, food, and sometimes medicines ("Q&A with TRC bentwood box artist Luke Marston," 2017). As per the TRC mandate, efforts were made to collect statements in a "safe, supportive, and sensitive environment" (Indian Residential Schools Settlement Agreement, 2006). All testimony

givers were offered the assistance of a Health Support Worker affiliated with the TRC, and could also have friends or family members present with them at the table. Other activities or practices were meant to provide more traditional forms of support; these included spiritual supports such as smudging and the inclusion of an eagle feather during statement giving. Finally, sharing panels occurred in the context of a larger event that usually included other activities geared toward healing and reconciliation, such as opening and closing ceremonies, sweat lodges, and other activities. It is important to note here that commissioners frequently reminded individuals throughout each sharing panel that they also had the option of giving longer, private statements; thus, statements given during sharing panels were given with the explicit purpose of being shared with the public, whatever the motivation of individual participants might be to do so.

The Beauval Indian Residential School

The Beauval Indian Residential School began as a small mission school run by the Missionary Oblates of Mary Immaculate, a religious order with origins in post-revolutionary France, with the participation of the Sisters of Charity of Montreal. The school was built in Ile-a-le-Crosse, Saskatchewan in 1860, even before Canada was granted the right to self-governance in 1867. A brief history was written by Father Joseph Bourbonnais, who had arrived at the school as a priest in 1925 (Bourbonnais, 1966b) and served as the principle of the school from August, 1965 to July, 1969 (National Centre for Truth and Reconciliation, n.d.). This account discusses more details of the school's origins. In its earlier years, the school received only two sacks of flour per year, which meant it had difficulty providing meals for the fifteen children who were boarded or studying there (Bourbonnais, 1966c). In 1897, the school officially began receiving government funds to act as a boarding school, and boarded twelve children (National Centre for Truth and Reconciliation, n.d.). At some point, a decision was made to build a larger school

nearby. Although considered by the priest in charge of Ile-a-le-Crosse at the time as too far away, a new location at La Plonge was eventually chosen to build the large Beauval school because it was close to a source of lumber and the nearby river made it a suitable place for the construction of a saw mill. The nearby river and clear lake also made it preferential to Ile-a-le-Crosse, where the lake was "covered by a layer of scum in the summer." Although the building was still not complete, two boys and 28 girls began attending the school in 1906. Over the next twenty years, children would come primarily to the school from the surrounding Cree and Dene communities of La Loche, Dillion, Clear Lake, Canoe Lake, Ile-a-la-Crosse, Green Lake, and Patuanak (Bourbonnais, 1965).

In 1927, the first building at Beauval burnt down and all students except 20 girls were sent home; the female students who stayed lived together with the catholic priests in the attic of the Father's house at that time. In 1929, a brickyard was created at Beauval using borrowed machines from a nearby penitentiary, but it wasn't until 1931 that the Canadian government approved funds to build a new school. After the school was finished in 1932, 90 children were brought there from the Cree and Dene communities of Canoe Lake, Patuanak, Clear Lake, and Dillon (Bourbonnais, 1966a). Recalling his early days at the school, Bourbonnais described the remoteness of the location; approximately 300km from the town of Prince Albert, it was a day's travel by passenger train, followed by a day by boat and a third day in horse-and-carriage to Green Lake, and then, finally, a half-day's journey by canoe to Beauval. The nearest doctor in 1925 was 100 miles away, and the only person with medical training at Beauval was one of the nuns, a registered nurse (Bourbonnaise, 1966b). Figure 2 shows enrollment in the Beauval Indian Residential School through 1966. In 1969, the federal government of Canada took over control of the residential schools from the churches; however, the church representatives

continued to serve in administrative roles.   In 1973, the Advisory Board of Meadow Lake Chiefs was formed and began to have increasingly more control of the school. The school was transferred to the control of the Meadowlake Tribal Council in 1985 and closed in 1995 (National Centre for Truth and Reconciliation, n.d.).

In 1966, the Canadian Child Welfare Council conducted a review of all open residential schools in Saskatchewan, due to concerns about the quality of education and ability of the schools to meet child welfare needs (Caldwell, 1967). At the time, Beauval is listed as having 134 students enrolled, placing it below the mean residential school enrollment of 177.56. Of those 134 students, 80 (59.7%) were listed as enrolled for educational purposes, compared to the province average of 31.78%; 44 (32.84) were listed as enrolled for child welfare reasons, compared to 65.27% across the province, and 10 (7.46%) were enrolled for being "emotionally disturbed" or "mentally retarded" compared to 2.96% province wide. Thus, while Beauval had somewhat higher enrollment of children with special needs, the majority of students were enrolled for educational purposes, at a much higher rate than other schools. Only the school of Prince Albert, an Anglican school and the largest school in the province, had a larger percentage of students enrolled for educational purposes, at 90%. Here, too, Beauval is noted as being in a remote area, at 80 miles from Meadow Lake, the nearest large population center. Beauval did not have any Day School students at the time, unlike five of the other residential schools. Annually, the school received $1,093 per child from the Canadian Government, which Caldwell (1967) noted was particularly high due to the fact that it is the only school in which staff received a "northern allowance," presumably due to its remote northern location. Of this sum, $144 per child went to food, and $85 per child to clothing. Comparable funding in child welfare institutions at that time ranged from $3,300 to $9,855 per child per year, meaning that the

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Beauval school only received between 11.1% and 33% of what comparable institutions would have been allocated.

Beauval was considered by investigators from the Child Welfare Council to be among the schools that had a "less authoritarian" control of children, as evidenced by less segregation of the students by sex, differing expectations of tasks to be performed by students, and greater student participation in activity planning. The report also states that use of corporal punishment in schools in Saskatchewan was rare, and that strapping was only administered by the school principal and only in cases of attacking a staff member, frequent runaways, and theft. Other methods of punishment included denial of privileges to an individual or entire group of children; the example given is loss of a Saturday Night movie, or assignment of extra household chores. The report states that isolation was rarely used as punishment, and that no school withheld meals as punishment. This, however, directly contradicts the statements made by multiple former attendees in their discussion of experiences at Beauval and other residential schools in Saskatchewan. Even Caldwell found these numbers to be troublesome at the time, but concluded that the regimented routines of the schools led to conformity on the part of the children, conformity which he referred to as merely a "veneer" (p. 110) as he believed it did not reflect success in the residential school goals of adaptation or adjustment to the dominate culture.

Participants

Participants are 40 former attendees of the Beauval Indian Residential School in Saskatchewan, who testified before the Truth and Reconciliation Commission of Canada. Of these 40 participants, 21 (52.5%) were men and 19 (47.5%) were women. The average age reported by participants was 67.89 (SD = 12 .84) and the average length of stay at Beauval was six (SD = 2.68) years. Five participants (12.5%) had attended additional residential schools in

addition to Beauval. Seventeen (42.5%) stated that at least one parent or grandparent had attended residential school as well. Of the individuals whose tribal affiliation was identified by themselves or the Master of Ceremonies, 29 (87.88%) were members of Dene First Nations and four (12.12%) were from Cree First Nations; all were from Northern Saskatchewan. Six individuals did not identify their first nation, and one stated that she was "not Treaty." Twenty-four (60.0%) testified solely in English; seven (17.5%) switched between English and an indigenous language, with no simultaneous translation provided; five (12.5%) switched between English and an indigenous language, with simultaneous translation provided; and four (10.0%) spoke solely in their indigenous language, with simultaneous translation. In three cases in which individual participants testified at multiple events, their testimonies were combined into one. Length of testimonies ranged from seven minutes to over two hours, with an average of 29 minutes and 20 seconds. They were gathered at hearings located in Saskatoon (Saskatchewan National Hearing), Dillon (Buffalo River First Nation), La Ronge, North Battleford, Onion Lake, Patuanak (English River First Nation Hearing), Prince Albert, and Stony Rapids (See Figure 3).

Participants in the TRC were recruited by the TRC between June 2010 and March 2014 through media releases announcing the dates and locations of TRC hearings under slogan, "SHARE YOUR TRUTH" (Truth and Reconciliation Commission, 2012) as well as at the events themselves. Participants could then pre-register to give their statement or register on-site at the event. Spoken testimonies were video recorded in a public forum, and are available for use without special permission through the website of the National Center for Truth and Reconciliation (NCTR). Participants were also given the option to provide testimony in private, either through a private statement to the TRC or submission of a de-identified written statement to be shared with the public. They were also allowed to obtain a copy of their statement, to

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correct their statements, and later to have their statements removed from public view. No monetary compensation was provided to participants by the TRC. As part of the Settlement Agreement, the Indian Residential Schools Adjudication Secretariat (IRSAS) was created as an independent, "quasi-judicial tribunal" (Indian Residential Schools Adjudication Secretariat, n.d.) to receive claims pertaining to physical and sexual abuse from former residential school students and to conduct a hearing to assess qualification for monetary compensation; however, this process was independent of the TRC, a fact which commissioners stated in their opening remarks and responses to participants.

Measure

Other than the prohibition of naming names in a public forum, participants were given few directions as to the content of their testimonies. Suggestions and examples were made, however, both in written documents provided by the TRC and in opening remarks made by commissioners at each sharing panel. Commissioners generally emphasized that the commission wanted to hear the entirety of attendees' stories, including both negative and positive experiences. A Frequently Asked Questions released by the TRC (Truth and Reconciliation Commission, n.d.-c) gave a number of suggestions to those considering providing their statements. These included speaking with a trusted individual before giving the testimony in order to help remember details of their experiences and taking several days to contemplate their experiences in a safe and quiet environment. A list of 11 questions (See Appendix) that could be used as guidelines to inform participants' statements included items such as, "What do you recall about your life before residential school?" or "Do you have any particular memories of people, events, or experiences that stand out in your mind, either good or bad?" Although officially individuals were allotted approximately 15 to 20 minutes so speak, depending on the presiding

commissioner and the number of individuals waiting to give statements, statements ranged from a few minutes to over an hour across TRC hearings in general.

Analysis

This project used thematic analysis as described by Braun and Clarke (2006) to analyze testimonies. Thematic analysis is a flexible method for analyzing qualitative data that allows researchers to look for themes within a given set of data. It was created as an attempt to systematize what Braun and Clarke saw as attempts by many researchers to use the analytical coding tools that form part of a grounded theory approach without following through on other parts of the grounded theory, such as subsequent theoretical sampling. Following Braun and Clarke, researchers can systematically draw themes from the data without the commitment of generating and testing a new theory. In order to accomplish this, researchers follow six stages for the construction and refining of themes, which are listed in Table 1. Thematic analysis can be used with a number of theoretical or epistemological understandings, unlike some methods of qualitative data analysis that are bound to a particular set of assumptions. Although it can be adopted with a number of different assumptions, Braun & Clarke are clear that the researcher should be aware of the approach being used for a given project, and must decide between a number of potential options: inductive vs. theoretical analysis, latent vs semantic themes, and essentialist/realist vs. constructionist epistemological approaches.

For this project, the researcher took an inductive approach. Given that part of the goal is to understand how the testimonies fit with existing theoretical frameworks, it would be counterproductive to code items within one particular framework in a deductive manner. Braun and Clarke (2006) also differentiate between semantic and latent themes in the data; in the first approach, the researcher limits themes only to those things explicitly stated by the participant,

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while in the second looks for "underlying ideas, assumptions, and conceptualizations -- and ideologies -- that are theorized as shaping or informing the data" (p. 84). This approach moves beyond simple description of the data and attempts to understand underlying meanings in participants' words. Braun and Clarke also differentiate between essentialist/realist and constructionist epistemologies; whereas an essentialist approaches tend to focus on individual psychologies and assume that participants' language is a direct reflection of their experiences and meaning making, constructionist approaches understand that meaning and experience are shaped and interpreted socially, rather than being the result of any "objective" reality residing within an individual. This latter approach made the most sense for the current project, given what has already been discussed in terms of the purpose of giving testimony before the public.

Although Braun and Clarke distinguish between "codes" and "themes" and provide examples of each, they do not proscribe a particular approach to coding data. This can be accounted for by the fact that the approach is meant to be flexible and not tied to philosophical underpinnings, whereas other methodologies do proscribe particular coding methods that reflect their underlying philosophies. For example, grounded theory methodologies use different methods of coding depending on whether one is following the more inductive approach promoted by Glaser (1978) or the more deductive method proposed by Strauss and Corbin (1990). Thus, different coding methods would be appropriate in thematic analysis depending on whether one has decided to use thematic analysis to take an inductive or deductive approach, adopt an essentialist or constructionist approach, or look for latent or semantic themes in the data.

For the current study, a coding method that supports an inductive, constructionist approach was borrowed from Rennie, Phillips, and Quartaro (1988). These authors were earlier

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proponents of the use of grounded theory in the field of psychology. Their coding method involves dividing text into "meaning units," which are concepts conveyed by research participants. These blocks of text are then given a label that summarizes the concept in the text, and these labels are clustered to form categories. This is completely compatible with the way in which text is coded and formed into themes in thematic analysis. Rennie later developed his own overarching approach to qualitative research (Rennie 2012), which he described as "methodological hermeneutics" (p. 1), a cycle in which a researcher analyzes texts, draws forth meaning, and refines these interpretations through subsequent analyses of the text. He explicitly noted that his understanding of qualitative research is compatible with that proposed by Braun and Clarke. Both use a reflexive cycle of crafting meaning from texts while also recognizing the active role of the analysis in this process. Thus, Rennie's approach to coding would seem particularly appropriate for use in thematic analysis. Table 2 gives examples of meaning units, codes, and themes for the current project.

Multiple steps were taken to ensure fidelity of the identified themes to the original data. First, an inductive approach was used to ensure that preconceived theoretical conceptualizations were not mapped onto the data instead of themes being derived from the data themselves. In accordance with Braun and Clarke (2006), each line in the data was given equal attention in the coding process. Themes were developed by grouping similar codes together, rather than basing themes around vivid examples or anecdotes. All coded extracts from the data were collated to double-check that they fit within the theme they were placed, and all themes were double-checked against each other to ensure that multiple themes did not represent the same concept. The thematic structure was presented to research mentors a combined total of seven times for feedback, and revisions were made after each round of feedback. For example, the names of

themes were changed to better reflect the data, similar themes were combined into one, or single themes were split when it became clear that multiple concepts were reflected in a single theme. Unfortunately, due the secondary nature of this analysis, it was not possible for original participants to provide feedback on the findings. Finally, the principle investigator also kept detailed notes regarding ideas for potential themes that arose throughout the coding process; approximately one-fifth of these ideas were not reflected at all in the thematic structure after the formal analysis was complete. The entire process, from the beginning of coding until the final thematic structure was complete, took place over the course of ten months.

CHAPTER III

Results of Thematic Analysis

Six overarching themes were developed from the coded segments of text. These were:
"Life before IRS," with four secondary subthemes that themselves extend another level deep;
"Conditions at IRS," with six secondary subthemes that extend an additional two levels deep;
"Effects of IRS," with three secondary subthemes that extend an additional level deep;
"Resistance," with two secondary subthemes that also extend an additional level deep;
"Resilience," with four secondary subthemes that extend another level deep; and
"Healing," with two secondary subthemes that extend an additional three levels deep. Each of
these themes, along with illustrative quotes, are detailed below. Subheadings are provided for
each of the six major themes and the secondary tier of subthemes only, while tertiary subthemes
are italicized. Figures 4-10 display thematic maps for each major theme.

Life before Indian Residential School

Thirty-four testimony givers discussed their lives before IRS (see Figure 4). This
included positive descriptions about the environment they grew up in, reasons for going to IRS
and expectations about the school, adversity they faced in their early lives before IRS, and other
descriptive comments about their lives that did not fall into any of these categories.

Positive environment. Twenty-six participants shared positive aspects of their lives
before attending IRS through their testimonies. Of these, eighteen discussed the presence of
traditional teachings and values in their early lives. This was divided further into discussion of

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the specific values of love, respect, and harmony by eleven respondents, as well as simple

mentions of being raised with traditional values by ten. Participants discussed love as something

that was present between parents and children and among adults in the community. Respect

included respect for elders, for others in the community, and nature. Community members were

described as sharing with each other and living in harmony. Such values were learned from

family members, who often taught by example. Gilbert Benjamin, from the Buffalo River Dene

Nation, described these teachings:

> My Elders, my parents raised me in this community [to] respect each other, do not talk
> back to people for no reason. Love your neighbors, love each other. Whatever your
> Elders tell you, listen. If they need your help, help them. These were the words that we
> were told.

Another eighteen respondents of the twenty-six mentioned positive aspects of their *home*

life before residential school. Home life was described as happy and full of love by nine

participants. Eight discussed positive aspects of the way their family members parented,

particularly the fact that their parents did not use violence. Emil Bell, from Canoe Lake Cree

First Nation, described how his mother would correct his behavior as he was growing up:

> My mom never used violence as a means of behavior modification. I never saw a willow.
> I never saw anything. She would literally sit me down at the end of the day and I would
> lie on her lap and she would talk to me and tell me what I did wrong. And I was given
> the choice to either change my behavior or not. And that's how I was brought up.

Finally, six participants also mentioned the presence of extended family, such as

grandparents, as well as the importance of other community members in their early lives.

Reasons for going and expectations about IRS. Twenty-one former attendees

discussed their reasons for attending and expectations about going to IRS. Of these, seventeen

made reference to being sent by their *sent by their parents*. Participants primarily mentioned that

their parents sent them for educational purposes, or that their parents respected or were actively

involved in the church, although one mentioned being sent to IRS to be around other children

after suffering the loss of her own siblings. Some parents explained to their children that they would need to go to residential school or otherwise prepared them for the transition. Of those whose parents had decided to send them to IRS, Couronne Billette, who attended Beauval as it was still being rebuilt in the late 1920s, recalled:

> My parents traveled through Big River and as they were traveling back home they noticed a school being built in Beauval. And when they returned home here in Dillon, [they] said "My daughter, they're building a school in Beauval, it's almost done. They're making it out of brick. [When] they are finished, I would like you to attend school in Beauval." So I attended.

Nine respondents talked about *wanting to go to IRS*; they were excited to learn or be with their friends from their home communities. Only six stated that their *parents had no choice* but to send them to IRS, including three who mentioned being kidnapped or taken without knowing where they were going and one whose father was threatened with jail time if he did not send them.

Adversity before IRS. Fifteen respondents disclosed that they had experienced adversity during their lives before IRS. Of these, eight disclosed *emotional hardship* such as never having received love from parents, alcohol abuse by parents, or gossip or mistreatment from other community members. Eight mentioned *economic hardship*, such as lack of food. Among these was Billy Sandypoint, who described the economic adversity he faced as a young child when, at age twelve, he was left to care for his younger siblings after both his parents were sent to hospitals for tuberculosis:

> I went hunting … I have three dog team … I'd be walking in front of my dog and pulling with the rope, I walk on miles and miles and miles. I bring some food back for my brother and sister. And I do the-- cut some wood, clean the house, washing the clothes, everything; what I done in my life for over a year. And sometime my brother and sister, they start crying at night. Say brother, when mom and dad coming home? I don't know.

Another seven participants mentioned experiencing *violence or abuse*, including corporal punishment and sexual abuse. In one community in particular, one of the local priests sexually

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abused a number girls before eventually being sent to work at Beauval Indian Residential School.

Other. Finally, eight respondents described other aspects of their early lives. Five expressed *ambivalence* about their home lives, for example by acknowledging that their parents did the best they could even if they had their faults. Finally, three stated that they simply *did not remember much* about their home life before IRS. One survivor described this period as "like a dream", while the other two mentioned remembering specific people or events, but not their childhood overall.

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Conditions at Residential School

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All but one of the respondents described conditions they had experienced at the Beauval Indian Residential School (See Figure 5). These descriptions can be broken down into six second-level subthemes: institutional violence, institutional conditioning, separation from family, positives, other negative statements, and ambivalence.

Institutional violence. Thirty-seven participants discussed the types of violence they experienced or were aware of at the residential school, which are included here under a broader theme of institutional violence. Such violence included specific *experiences of abuse, witnessing or being aware of abuse*, *experiences of neglect, deaths of students*, and general depictions of *abuse or cruelty* that were not specific to any particular act.

Twenty-nine survivors disclosed *experiences of abuse* at Beauval. Personal experiences of physical abuse were described by half of the former students, generally in relationship to punishment for breaking rules. This was described most frequently in terms of getting "a licking" or being "strapped" on the hands, hit with a stick, or hit with a ruler. Multiple students also mentioned being pulled by the ears until their ears bled. Even more severe forms of

physical punishment included being hit with closed fists, hit in the head with a baseball, scratched in the face, and slapped repeatedly in the ears. Lawrence Chanalquay described some of the abuse he experienced at the residential school:

> I was in the sanitorium because I had TB on my neck. It still shows here right across here. I remember- I didn't know how to pray, I was physically abused, hit across the face with a ruler and I had puss and blood coming out my neck. Is that abuse or is it just a [paddling]? I call it abuse. I would never do things like that to my family.

Sexual abuse or assault was reported by fourteen former students in their testimonies. Perpetrators included multiple priests, a supervisor, a night guard, a female employee, a nun, and other students. Two of these students mentioned that a priest would use candy as bribery for sexual abuse, as candy was something that students did not have frequent access to.

Ten students mentioned that they were punished for mistakes while doing manual labor at the school, which was referred "chores" and described by former students as "harsh." Children as young as five were expected to work, and duties included picking and hauling potatoes in the fields, hauling wood, stocking wheat, working in the barns, picking berries and trapping rabbits for food, helping in the kitchens, serving food to school personnel, cleaning for the priests, digging holes to plant trees, and mending socks or sewing. Dora Montgrand, who attended Beauval in the 1970s, described having to work in the fields: "That was the first thing, they made us child labor. Go into those big fields and peel potatoes in 32F above weather and they hardly gave you any water and you're hungry."

Psychological abuse was mentioned by nine respondents, and included being called racial epithets by school personnel, being taught to be inferior, or labeled as "dumb" or "stupid." One former student stated that psychological abuse was rarely talked about, but that it was "one of the worst things," at the residential school. Additionally, eight mentioned abuse or bullying from other students. This included getting teased or laughed at, for example by for not speaking

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English well, as well as fighting between children. Two sources of fighting that were mentioned were competition between children from different ethnic groups, as well as students fighting in defense of younger siblings.

Twenty-four of the thirty-six survivors that discussed institutional violence also talked about *having witnessed or been aware of abuse* that they didn't necessarily experience themselves. This included sexual abuse and assault as well as physical abuse and punishment. Former students described being punished as a group for the actions of one or two students, so this was another way in which they would witness the abuse of other students. Therese Billette described how even witnessing abuse was emotionally damaging:

> I remember the Sisters, they were being rough towards the other students and they used to grab them by the hair and pull them around … it was really hard on us emotionally. We did not like to see things like that. We used to cry when we used to look back.

Twenty-one respondents described *experiences of neglect* at Beauval. Thirteen of these mentioned the poor nutrition at the residential school. They described going to bed hungry, having only potatoes to eat, and being made to eat rancid food. Another nine respondents described the inadequacy of the winter clothing they were given. During winter, students were locked outside for hours with only rubber boots or pigskin moccasins and a thin pair of socks. Temperatures could reach -35C (-31F) and multiple students described getting sores on their feet from the cold.

Seven participants discussed neglect they experienced while travelling to and from Beauval. This included travelling for days on a barge without being fed and having to use the bathroom over the edge of the barge, in front of the other students. Others described being dropped off in a central town rather than taken back to their home villages, without communication to their families as to where they were. Marie Johnston, from Dillon, SK,

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described the dangerous situation she was left in after being dropped off fifteen miles from home:

> We got to Meadow Lake and there was a car there waiting for us and there was a guy coming back from the sanatorium, he was from La Loche … I had no idea where we were going and it was after midnight when we got [Buffalo Narrows]. And this driver said, "Where are you guys gonna go?" And I had no idea where we were going 'cause I didn't know anybody in Buffalo at that time. There was a house … where people from here used to stay when they were going to see the doctor and I knew it was a log house [but] that's all I knew … and then this guy from La Loche started talking to me, wanting me to sleep with him and I got scared, I didn't know what to do.

Finally, six others mentioned delayed or subpar medical care they received while at Beauval, such as only being given cod liver oil for a broken leg or not being sent to the hospital for severe illness. Another mentioned that the sores that they got from wearing thin boots in below freezing temperatures were not treated.

This type of neglect was not without consequences. Eleven individuals mentioned *deaths of students* that had occurred at or in relation to the residential school. Of these, six specifically discussed the deaths of nineteen boys during a fire in 1927. Although only one was present during the fire, others had heard stories from their relatives that had attended the school at that time. These former students suggested that the boys perished in the fire because they were locked inside the dormitory during the night. Five survivors mentioned additional deaths of youth associated with the school: a friend of a survivor who died in a plane crash on the way back to her home community, the sister of a student who died in her teenage years after not recovering from a fall down the stairs at the school, the sister of a student who died after not getting medical treatment, and multiple children who died during a measles outbreak at the school in 1937. Hermalene Maurice talked about how her older sister died in Beauval after not getting proper medical treatment:

> Her name was Alice. She passed away in Beauval at the age of 13. I was only six, I remember that … they should have sent her to the hospital … there was other girls that

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were in [the school] that were telling the nuns, "Send her to the hospital," but they never listened. She died right there.

Finally, nine respondents described *abuse or cruelty* in general terms, without referring to specific types or instances. These respondents characterized residential school employees as "cruel," "brutal," or "mean," and their experiences as "suffering" and even "torture."

Institutional conditioning. Another major subtheme in descriptions of conditions at the residential school was the process of institutional conditioning. That is, students were conditioned into a strict routine and an environment unlike what they were used to at home. Thirty-six respondents talked about this theme, which can be broken down further into a number of subthemes: that the *IRS was a foreign place,* with *arbitrary rules and punishments,* where students were *unable to talk about abuse* they experienced. They also described *specific acts of institutional conditioning,* a *strict religious routine, feelings of fear and shame*, and *monotonous meals.* Ultimately, although the environment was *jail-like and dehumanizing*, students also *got used to* the residential school. The idea that *IRS was a foreign place* was described by twenty-five respondents. Language barriers were mentioned by thirteen former students. Depending on the time period, adults at Beauval either spoke in French or in English, languages that most of the students did not understand upon arrival. Students also had difficulty communicating amongst themselves, as some spoke Cree and some spoke Dene. The stark contrast between IRS and home life was mentioned by eleven respondents, with IRS and home being referred to as "two different worlds." Differences included physical surroundings, but also an emphasis on different values, different expectations of behavior, and the use of violence to correct behavior. Ten former attendees described the environment as generally "strange," "foreign," or confusing, with odd smells and tastes that were different from home. They described not understanding why they were there or why certain things were happening, such as the cutting of their hair.

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Sixteen people mentioned the *arbitrary rules and punishments* they experienced at Beauval. Students described being forced to eat food even if they weren't hungry or being slapped if they turned to look at others in church. One woman described having to miss movie night because she had holes in her socks, but not having access to needles and thread to mend them. Multiple survivors described being "hit for nothing" or being made to "suffer for everything."

Under these conditions, students were *unable to talk about the abuse* that they did endure, a phenomenon discussed by fifteen participants. Some former students tried to disclose the abuse to other adults at the residential school, only to have their claims dismissed. Others did not speak up for fear of being punished. Multiple survivors mentioned not being able to tell their parents, either from self-blame, fear, having the nuns listening while their parents were present, or because their parents had taught them to respect authority or the Catholic church. Raymond Campbell talked about this experience:

> We all know that we should've told our parents back then, but we were scared. What we were frightened of I really don't know. I think it's because it was instilled in us when we were going to school. And my dad always told me you know "You show respect, show respect for your elders, show respect for your authority." That's what he had always told us.

Fourteen former students described how, upon arrival at Beauval Indian Residential School, students were subject to *specific acts* of institutional conditioning. Personnel from the school would wash students' hair in kerosene and cut their hair short, a process described by eight former attendees. Eight also talked about how all students were assigned a number, which was also written on lockers and student belongings at the school. Terry McIntyre-Roberts related these experiences in her testimony:

> You have to adjust to another lifestyle where you are conditioned. And the sad thing is my name was "Seventy-Two." Everything was marked with number seventy-two in that

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school; that was my name. I just assumed it's my name. Even our socks, our clothing.
It's amazing they didn't tattoo us.

Other links to home were also forbidden and removed. Six respondents mentioned how
it was forbidden to speak their indigenous languages. Five also described how personnel from
the school took students' belongings from home, such as mukluks or moccasins, and gave
students identical clothing to wear.

Additionally, twelve respondents described a *strict religious routine* that revolved around
church and prayer. For example, students were expected to get up early in the morning for
church before breakfast, followed by classes. Students were expected to pray before meals,
classes, chores, and after classes. The *feelings of fear and shame* that formed part of the IRS
experience were described by twelve respondents. Even one student who described his
experience as generally positive described a "smell of fear at Residential School that permeated
the relationships with other kids." The monotony of religious routine was complemented by
monotonous meals, which were described by eleven participants. Students were given the same
food for breakfast, lunch, and dinner on most days, for ten months out of the year. Five people
described the food as being "poor" or not good, and four noted that the workers, priests, and nuns
all had better food than the children.

Finally, nine described the conditions at Beauval as generally *jail-like and
dehumanizing*, where children were treated like "dogs" or "slaves." Eight also mentioned that,
despite the differences between home life and Beauval and the largely negative treatment they
were subjected to, children eventually *got used to the IRS*.

Separation from family. Thirty survivors discussed the separation from family they
experienced at Beauval. This included *feeling lonely or homesick, separation from siblings,
separation from caregivers*, separation from family *during important events*, and fact that there

was *no love or affecti*on at IRS.   Eighteen students described *feeling lonely or homesick* during

their stay at IRS, as for most of them it was the first time in their lives that they had been away

from home, and they remained at IRS for ten months out of the year. As Vitaline Francois

described:

> From where the trees were I knew in that direction -- that was where home was. When
> we'd play outside I used to look in that direction and think, that's where home is, where
> the prairies are. And I used to often think that's where my mom and dad are living. I
> was lonely.

Fifteen participants talked about the *separation from siblings* they experienced; this was

true even if they attended the same school. Children were segregated by sex into separate dorms,

play spaces, and eating areas, so male and female siblings were not allowed to speak to each

other without fear of punishment. Multiple survivors described being separated from their

siblings upon arrival at Beauval, and not being able to speak to them for the rest of the year that

they were in attendance. Additionally, children were split into different age groups, which meant

that even siblings of different ages were segregated. One woman described being assigned older

girls to help her fix her hair, but that her own sister was not allowed to do this. Thomas Billette

described the feeling of being separated from his sister upon arrival to Beauval:

> When we got there, we got down from the truck and I started to follow my sister and she
> said, "You can't come with me. I have to leave you now." That was the hard part. It
> seems to me I lost my parents, my mom and dad, my sister and my little brothers and
> sisters at home. I was all left alone.

Fifteen respondents described being *separated from caregivers*, particularly their parents.

This included not only physical separation, a kind of emotional separation brought about by

practices of the priests and nuns. For example, even survivors whose parents lived close to the

residential school were not allowed to visit their parents for extended periods of time. Survivors

described being unaware of where their parents were or being told that their families did not

want them. Letters from parents were opened and read by school personnel before delivery or

not delivered at all, and when parents did visit those visits were restricted, or sometimes supervised by the nuns. As Doris Woods described:

> I used to be so happy when my mom and dad would come and visit me in the fall because I knew that I'd have some traditional food. They set a tent down the lake, but I could only visit them for a certain time … it was like about an hour, then I had to run up the hill to go for supper. Then after supper, for about another hour, and I couldn't even sleep with them. That was the hardest thing for me, knowing that my parents were down the hill and that I couldn't even spend longer than an hour with them. And that was every time they came to visit.

Additionally, twelve former students described being made to stay at the school *during important events* such as holidays and even funerals. For example, students stayed at the school during Christmas and Easter, only travelling home during the two summer months. Three students described being made to stay at school even when a close family member died, which included one student's grandfather, another student's mother, and the little brother of another. Elmer Campbell, who was at Beauval from 1954-1962, described:

> My third year in Beauval in the fall time I left, I had a little brother … my sister and I came home at Christmas, we had no little brother. My little brother had passed away, but they didn't have the heart to tell us and bring us home … my mom sent messages to [us] … there was an effort made for my sister and I come home for it and they didn't even see fit to do that for us.

Finally, the separation from family was made more difficult by the fact that students received *no love or affection* from their caretakers at Beauval, something that was described by seven people in their testimonies.

Positives. Although by and large testimonies described the negative aspects of life at Beauval, twenty-three individuals did mention positive aspects of their experiences at the school. This included their *education, support from other children, specific individuals or acts* that were positive, *contact with family*, and *extracurricular activities*. A limited number of participants also stated that the experience was *generally positive*, or that it was *better than life at home*.

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The most common positive aspect of Beauval, mentioned by thirteen former students, was *education*. This included learning English, learning to read and write, learning basic skills such as sewing. Others mentioned the positives of receiving a religious education, particularly engaging in prayer or reading the bible. Eleven respondents also mentioned that they had friends while at school and received *support from other children*, some of whom they are still friends with today. Multiple students described a sense of solidarity among students or of feeling like family due to the experiences that they shared together. Mary Maurice described some of the positives she experienced when she attended IRS in the early 1950s:

> I had few good friends … it wasn't always bad. I mean, I learned to speak English. I learned to write. I learned to bake and knitting and sewing with a machine. We used to have pedal type machines, those days it was an electric and the nuns used to make us practice on them. And we learned. We learned a lot of things though at school; it wasn't always bad.

Ten respondents also discussed positive experiences with *specific individuals or acts* during their stay. For example, students were given good food or candy at Christmas or when important visitors came to the school. At other times, students were able to go on a picnic or field trip. Particular teachers, nuns, or priests were also described as treating students particularly well. As Frank McIntyre mentioned:

> There was one nun that spoke the Dene language. She was from Fond du Lac at one time when she was a kid. And when she became a sister she was one of the nuns in that Beauval school. She treated us good and she taught us how to pray in our language.

Contact with family members was also mentioned as positive, but only five respondents said they'd had regular visits with their parents during their time at Beauval. Three others mentioned that *extracurricular activities* such as sports or choir were also seen in a positive light. Additionally, three former students described their experiences as being *generally positive*, and two of the forty respondents mentioned that IRS was *better than life at home*.

Other negative statements. Twenty respondents provided other negative statements about their time at Beauval. Fifteen provided general statements about *other negative conditions* at the residential school experience that were not linked with any particular forms of violence or acts. Descriptions included that it was "hard," "a hell-hole," "horrible," or "very unhealthy and unpleasant." Eleven individuals also described *other negative feelings* they experienced at the school. These included feelings of sadness frequent crying, anger, and stress.

Ambivalence. Finally, eight former students provided descriptions of their time at Beauval that were ambivalent. Seven provided *general descriptions* that included acknowledgement that there were good and bad times, that IRS was something that simply "happened," or that their experiences were not very bad compared to other students. Two mentioned specifically that they were *not abused apart from physical punishments*, and two others mentioned that they *had decent food* or that the food improved during the time they attended residential school.

Effects of Indian Residential School

The effects of the IRS experience were discussed by all forty respondents (See Figure 6). These included *personal losses, losses of connection*, and *broader impacts* of the IRS experience. Not all effects were attributed to directly to having attended residential school. For example, sometimes first-generation survivors and multigenerational survivors discussed the same outcomes, but first-generation survivors attributed these effects to their own experiences, while multigenerational survivors might have attributed it to growing up with parents whose own behavior was shaped by the IRS system.

Personal losses. Thirty-eight survivors discussed personal losses they had experienced because of IRS. These were: *loss of wellness, voice, meaning, self,* and *educational*

opportunities. Thirty-one survivors discussed *loss of wellness*. Within this category, twenty-two

survivors described a sense of pervasive pain and suffering that had been long lasting in their

lives. Survivors talked about the abuse they had experienced as something that changed their

lives forever and continues to affect them despite the number of years that have passed.

Alcoholism was cited by seventeen people as a direct effect of residential school, something

which respondents said they or others they knew had used to deal with the stress or the memories

of what had happened to them at school. Additionally, fifteen individuals mentioned ongoing

nervousness or other negative reactions when presented with reminders of IRS, such as having

trouble with eating or sleeping when reminded of IRS, having flashbacks, being sensitive to loud

noises, or otherwise having strong emotional reactions to reminders of IRS. Thirteen linked

experiences at IRS to current physical health problems. Some were able to directly tie current

health problems to IRS experiences, such as having ongoing pain from injuries acquired at IRS

or hearing loss due to being constantly hit over the ears. Others suggested that other chronic

illnesses experienced by many IRS survivors are the result of experiences at the school,

including weight and digestive problems, diabetes, and cancer. This is exemplified by this

passage from the testimony of Robert Fiddler:

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

Additionally, thirteen participants discussed long lasting emotional effects from

residential school, particularly having to do with a sense of anger and resentment. Such feelings

were not only reserved for specific perpetrators or Beauval personnel, but were described as

permeating survivors' lives and affecting others. Within this context, respondents talked about

identifying as "an angry person," someone who "hated everyone equally," or someone who "lost

respect for almost everyone." Finally, an additional four individuals mentioned general emotional effects that the school had had, in terms such as having "no spirit to fight," being "a crybaby," being "affected psychologically," and lacking a balance of emotions.

Twenty-four individuals talked about having experienced, figuratively, *loss of voice* during their experiences in residential school. This was discussed in terms of two phenomenon: silence about IRS experiences, and hiding emotions or pretending not to have them. In the first instance, twenty participants said that for many years they, as well as their family members, did not talk at all about the residential school experience. Participants described "running away" from their residential school experiences and also talked about others being "in denial" about what had happened. Many had not known what to expect when arriving at IRS because their own parents or siblings did not talk about it, a phenomenon which was also attributed to having attended residential school. Nine survivors also talked about how they had learned to hide their own feelings from others. Some talked about using material wealth or anger to cover up feelings of hurt, while others discussed presenting themselves or their families as doing well even though they are not. Showing emotions at the residential school, one survivor noted, was considered as showing weakness. Rose G. Billette described learning to keep her emotions inside:

> When I was introduced to the student residence I learned not to connect with my emotions or invest my emotions with another individual or with anyone else. I learned to attach my emotions, my being, everything inside me. Like a cocoon to keep to yourself.

Seventeen survivors discussed challenges with *loss of meaning* that they had experienced because of residential school. This included struggles with religion as well as trying to trying to understand what had happened to them at IRS. In terms of religion, thirteen survivors expressed difficulty reconciling the abusive behaviors of priests, nuns, and staff at the residential school with their own conceptualizations of God. For some, this lead to leaving the Catholic church after residential school; survivors described "letting the church go," feeling "churched out,"

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"throwing away God," and even asking to be ex-communicated. Similarly, eight former students of Beauval discussed their struggles with trying to understand why they were treated as they were at the residential school. Emil Bell describes how he searched for the truth of why he had been punished for being left-handed at IRS:

> I began to do a lot of research, a lot of study into it. I was probably one of the first people that began to look at the things that are happening. People used to tell me 'Why are you involved in researching residential school issues and things like that?' And I had to find out why these people were like that … I wanted to know why they were so damned mean and so damn cruel and why they used rulers, straps.

Additionally, sixteen participants discussed *loss of self* while at residential school. For nine, this meant being taught that they were inferior, no good, or stupid by the nuns at school, effects that were linked to the psychological abuse experienced at the school. Lawrence McIntyre described a feeling of inferiority that was instilled in him at Beauval:

> I always thought I wasn't good enough even though I did well … I never considered myself to be good enough. Because in school they called you, in the residential school, they called you a savage and everything else. So even though I did well, in my mind I never did well.

Eight individuals gave statements about having one's identity "taken" or having no sense of belonging, as well as negative feelings directed inward, such as, "running from myself," "[I] mistrust myself," and "[I] hated myself." Finally, five individuals discussed having lost their innocence or had their childhood taken away from them, particularly by sexual abusers.

In addition to being treated as inferior or made to believe they were stupid, fourteen survivors discussed a *loss of educational opportunity*. Some described the lack of a real education at residential school. Others had difficulty continuing their schooling after leaving residential school, for example due to feeling inferior or due to problems with alcohol. Others described having to leave residential school early, either because they were kicked out or because they left. Reasons for having to leave early included wanting to avoid further sexual

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abuse or assault, being pregnant, or being expelled because of behavior at the school. Marie

Black disclosed how she had had to leave school because of the sexual abuse she'd experienced:

> I had to quit school because I couldn't endure what I was going through as a young girl
> … that's why in 1972 I came home. I was only 16 going on 17. I couldn't endure it any
> more … I wanted to learn more. I wanted to become something, but they took that away
> from me when I left, when I voluntarily left because I couldn't take it anymore.

Losses of connection. Thirty-one former students from Beauval discussed losses of

connection that they had experienced due to the IRS. This included *loss of connection to family,*

loss of connection with others, and *loss of culture and language*. The greatest number, twenty-

four, discussed *loss of connection to family*. Within this theme, respondents touched upon four

sub-themes: destruction of family bonds, trouble parenting because of IRS, and difficulty

showing and receiving love and affection. Seventeen participants discussed the ways in which

residential school resulted in the destruction of family bonds. Those who attended residential

school as small children discussed experiences of no longer recognizing their parents or

grandparents after returning from their first ten months of residential school, and one survivor

discussed the difficulty of trying to communicate with his parents after forgetting how to speak

the Dene language. They also discussed the disintegration of relationships with their siblings

because of being separated in residential school. One survivor said they "drifted apart," while

others described antagonistic relationships that developed with siblings. These effects were

described as lasting into adulthood, for example by Paul Sylvestre:

> I have brothers and sisters living in the same community. I know who they are, but that's
> about all … I get up in the morning, sit on the balcony, have coffee, I see my sister over
> there and that's about it, and she sees me over here. That's how our relationship is today
> and it don't only apply to me, it applies to the rest.

Twelve participants discussed how IRS survivors have trouble giving love to their family

members as well as receiving it. Some discussed this in terms of their relationships with their

own parents, who were themselves survivors, while others referred to their personal difficulties

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with loving and being loved in the context of their spouses and children. In this way, survivors alluded to indirect consequences of having been raised by parents who attended IRS as well as direct results of their own experience attending the school. Similarly, nine participants suggested that the IRS experience had led to former attendees treating their own children and family members poorly by being abusers themselves or taking their anger out on those close to them. Finally, nine mentioned general parenting difficulties that individuals encountered because of attending IRS. For some, this meant simply not knowing how to how to parent or raise children. Others mentioned an opposite phenomenon: that individuals who had attended IRS tended to be overprotective of their children because of the negative experiences they had. Georgina McIntyre talked about how the fear caused by her IRS experiences affected her parenting:

> You know, I have always protected my kid … I never have her sleep overs, nothing. I didn't even want to leave her with my own siblings … for the longest time I was afraid to leave my girl, even with her dad. I was always leery about maybe this is gonna happen to her … I didn't even let her dad change her diaper. I was afraid.

In addition to losses of connection with family, sixteen former Beauval attendees described ways in which they had trouble with interpersonal relationships due to a *loss of connection with others* as a result of their residential school experiences. This included difficulties with intimate partnerships, such as avoiding sexual intimacy, committed relationships, or emotional attachments to others. Some survivors specifically attributed this to being afraid of being abused again. This avoidance of connection also included general interactions with others. Survivors described themselves as "loners," being scared to talk to others after leaving residential school, and having a difficult time with trust. Max McIntyre talked about these difficulties he had faced in his life connecting to others:

> As I grew up and somebody told me they loved me, I ran away from them. If a man said they loved me, I thought they were gonna sexually abuse me. If a woman said they loved me, I thought I was gonna get laid or something … I ran away from things. I ran away

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from my community … I ran away from my family because I didn't want them to know what had happened to me as a child.

Finally, nine participants discussed the *loss of culture and language* as an effect of residential school. Language loss included forgetting how to speak their language or avoiding teaching their language to their children or grandchildren. One survivor noted that while he did learn some subsistence skills during summers at home, he missed out on all of those skills that were practiced during the ten months he was away at school. Others noted how the values that their parents instilled in them as children were taken away. Gilbert Benjamin described:

> All the children were calling these people masters. Our people were being brainwashed. Everything has been taken away from us. The way we were raised in the past, it has been broken. It has been taken away. As Dene people, our emotional--our heart, our thoughts, they took all that away from us.

Broader impacts. Fifteen respondents identified broader impacts of the residential school that went beyond the losses experienced by those who had attended Beauval. This included recognizing that the impacts of IRS were widespread, that they extended to both parents and children of survivors, and that they may be responsible for other negative phenomenon within the community. Ten suggested, in general terms, that the IRS had had a widespread impact in their communities. Marie Johnston talked about the widespread effects of IRS on her community, saying, "The families here in Dillon, our whole community, I believe, would be affected by the Residential School stuff that had happened over the years and over the generations of over 100 years of having to take the children away." Additionally, ten survivors mentioned that the residential schools had negative impacts on both parents and children of survivors. This included general discussion of IRS having negative intergenerational effects, as well as specific examples of the suffering of parents whose children had gone to IRS. Others described their ancestors' "tears and hurt," suffering, and having their hearts broken. John

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Montgrand attributed his father's own drinking to being demeaned by having his children taken

to residential school:

> He started abusing alcohol and in turn started abusing the family physically, mentally, verbally. And whatever little money we had he drank up. But I had two previous-- a brother and a sister that had went on to residential school already. And I think about it today, how it must be like when you take these little children away from their families, six, seven years old, what does that do to a man and his self-worth or to a mother from where you were born and the mother that give you birth? How demeaning it was for another culture to take away and break up your family.

Finally, seven survivors also suggested that IRS was responsible for other negative

phenomena in the community such as widespread anger, emotional abuse, family disintegration,

suicide, bullying, and widespread sickness.

Resistance

The theme of resistance was discussed by thirty former Beauval students in their

testimonies. This was done in two principle ways: describing resistance to the IRS specifically,

and using part of their testimony to address the broader colonial context of the TRC (See Figure

7).

Resistance to IRS. Twenty-four respondents shared examples of ways in which

students, families, and communities had resisted the IRS. *Defiance of authority in IRS* by

individual students occurred in multiple ways, a fact that twenty survivors mentioned. This

included: breaking rules or speaking up to authority, sneaking food, speaking their indigenous

language, and running away. Eight students mentioned instances in which they or others they

knew had challenged authority figures at Beauval. This included acts such as staying outside in

the snow because they knew the nuns would not come out to get them, speaking up about

mistreatment of themselves or other children, or other small acts of defiance such as sneaking

downstairs to listen to movies when they'd been banned from doing so. One survivor recalled

leading the senior boys in a physical confrontation against their supervisor, which led to the

student's subsequent expulsion from the school.

In addition, six students reported specifically that they would find ways to sneak food.

This included taking food from the kitchens or that was left outside to dry, building shelters in

the snow in order to hoard food, or eating food where the nuns would not find them, hiding food

that was brought from home after summer vacation, and eating leftovers while cleaning up the

plates from the nuns and priests. Five former students also mentioned finding ways in which to

speak their own language, even when it was forbidden. Marie Black talked about how students

would speak their language when they were outside, far away from the nuns or other employees:

> They told us we were speaking the devil's tongue; it's no good. So eventually we had to
> go underground to use our language. I didn't want to lose my language. We used to
> watch each other and when the nuns weren't watching then we would speak our
> language. If we got caught we were punished.

Five survivors also discussed ways in which they confronted sexual abusers in order to

stop the abuse they were experiencing. This included physical avoidance, such as running away

from abusers or switching beds at night in order not to be found, as well as verbal resistance by

telling abusers to stop or threatening to report the abuse if it continued. Finally, three

respondents discussed how they or their siblings had tried to run away from the residential

school. Two of these detailed how they had made plans with their siblings, but were discovered

and brought back to the school. The third respondent described how her sister had run away and

used the ensuing confrontation with her abuser to be allowed to return home.

In addition to acts by individual students, ten former Beauval attendees discussed

resistance to the residential school *by family and community* members. Seven described ways in

which family or community members monitored what was going on at the school or helped

students in other ways. For example, former students described community members helping

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them get home from school by providing food or shelter when school personnel left children alone in a town that far from their home town. Others mentioned times when community or family members had come to check on the children. This included finding ways to help when they'd heard that children did not have enough food or visiting to see what was happening and check up on the children. Finally, five individuals mentioned ways in which their family members directly resisted sending their children to the school. This resulted in consequences such as confrontation with the Indian Agent, the Royal Canadian Mounted Police, a priest, or monetary fines for the family. One former student discussed how his grandparents, his parents, and later himself tried to avoid sending their children to school:

> In hindsight I realized that my grandpa was delaying us going walking to town where the plane had landed … by the time we got there the plane had taken off and I missed the plane and I was quite disappointed …[when my daughter] was gonna go to Beauval, I did everything in my power to make sure that Buffalo River would have her grade here so she didn't have to go there. When she was grade ten I-- we initiated grade ten in Buffalo River. When she went to grade eleven, we initiated grade eleven. When she hit grade twelve, we initiated grade twelve programs here. We now have K to twelve.

Broader TRC context. In addition to describing resistance to the IRS itself, sixteen respondents used part of their testimony time to address the broader context of the TRC. Of these, fourteen focused on historical and contemporary *injustices against indigenous peoples* that extended beyond the IRS system. These included eight who discussed injustices by the government, such as not honoring treaties, mistreating "mother nature," trying to take away land, and creating damaging policies such as the Indian Act. Seven participants discussed injustices done by "colonizers" in general, such as destroying indigenous culture, doing harm to the environment, and treating indigenous people as less than equal, and five mentioned injustices committed by the church, such as sexual abuse and promoting beliefs that were harmful to indigenous communities.

Six survivors used their testimony to identify *problems with the TRC or compensation process*. Critiques included the fact that the stories of individuals who had already passed on would not be included in the historical record, that the TRC hearings were not accessible, that the government continued to doubt peoples' stories, that the amount of payment was not calculated fairly, and that the government was using the compensation process as a way to end their responsibility for what happened in IRS. Georgina McIntyre pointed out that the IRS system was only part of a larger history of injustices against indigenous people in Canada:

> As Treaty people, we're supposed to working among each other, learning from each other. We were supposed to be sharing … but that didn't happen at all. The government is always dividing us … they got themselves [prestigious] schools like Harvard, like Yale. … they gave us these brick wall fortress schools. Why? They put us on Reserves and they made themselves very pretty homes, a very pretty environment. They live in high luxury. Why couldn't it be us?

Resilience

The fifth major theme, resilience, was exemplified by thirty-seven respondents. Unlike the other five main themes, the label of resilience depends more on the interpretive conceptualization of the researcher. It includes both statements from participants about the positive aspects of their current lives, as well as observations of ways in which participants demonstrated resilience in their testimonies, for example by speaking their indigenous language. This theme included examples of resilience in four different domains: cultural, interpersonal, individual, and family (See Figure 8).

Cultural resilience. Twenty-five survivors either discussed or demonstrated cultural resilience during their testimonies. This included seventeen who either stated that they *still spoke their indigenous language*, either Cree or Dene, or else demonstrated that they still spoke their indigenous language by giving part or all of their testimony in that language. Another seventeen survivors stated or demonstrated that they still *practiced or believed in traditional*

teachings. For example, some speakers used the testimony as an opportunity to share teachings with those gathered, to talk about where they had learned traditional teachings, or to discuss the importance of belief in traditional values. For example, Celine Catarat used part of her testimony to read a passage she had written about Dene culture:

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

Interpersonal resilience. Twenty-five survivors also demonstrated resilience in the interpersonal realm, more specifically through commitment to helping others. This included general statements about helping others, reference to leadership roles they had played in the community, and giving testimony in order to help future generations. *General statements about helping others* were given by seventeen participants and included volunteering in the community or helping others who had financial need, helping family members, or doing what they can to support their children, grandchildren, or other youth in the community. Thirteen of those who gave testimony had also held *leadership roles after IRS* as elected chiefs, members of tribal council, educators, or mental health counselors in their communities. Marlene Bear, who has worked for eighteen years in the school system, talked about using her negative experiences in childhood to help the youth she works with:

> And I used to go, "why me?" … and one day I was sitting at the high school and I'm in my eighteenth year and I've got thousands of kids and I realized why me: because these kids can come now and I can sit there and I can really empathize with what they're saying about the broken homes, the sexual abuse, the physical abuse, the homelessness, all that stuff. I can actually sit there and I know what they're talking about and that to me means why more than the two degrees I got from the University of Regina.

Finally, nine respondents specifically stated that they were *giving testimony to help others*, more specifically to help keep what had happened to them from happening to future generations.

Individual resilience. Seventeen respondents spoke in ways that demonstrated individual resilience. This included expressions of *self-pride and strength*, statements about *self-reliance*, and finding ways to *make the best of IRS* experiences. Eleven individuals demonstrated *self-pride and strength* by referring themselves as being stronger for what they had experienced in life and of being proud of their culture or of themselves. John Montgrand expressed pride in himself and his culture in this way:

> They tried to beat the Indian out of me, but they haven't succeeded. I will be a Dene until the day I die. And I'm proud of my heritage, which is of the Cree culture, and also of the Dene culture. I'm proud of that. That they will never take away from me. [No] government will [ever] take it away from me.

Seven also discussed how they had learned self-reliance from a young age and look after themselves as a means of survival. Four participants also gave examples of *making the best of IRS* experiences, specifically by trying to excel in academics while in the school in order to get out faster or using what they'd learned in IRS for their own purposes later in life.

Family resilience. Finally, although the negative effects of residential school on families was a frequently highlighted theme, eleven individuals who gave testimony made statements that demonstrated resilience in the family domain. More specifically, eight survivors gave examples of their own *positive parenting*. They discussed the fact that, despite the negative examples of parenting in IRS, they had used those negative examples to understand what they wanted to avoid in parenting their own children. Seven participants also noted that they had *taken care of orphans or grandchildren* by raising them when the children's parents were unable to do so. Perhaps the clearest example of family resilience was from Julia Daigneault, an elder who had extensive experience raising both her own children and foster children:

I raised lots of kids, not only my kids. I pick up those kids from the welfare. I take care of them. All together the kids -- I raised about fifty-three kids … I try to help the kids because I was suffering when I was young. That's why. I try to do my best with the kids. I don't give them a licking for nothing.

Healing

Thirty-six survivors discussed their experiences with healing or thoughts on the healing process (See Figure 9). This included descriptions of types of healing from the IRS experience that they or their family members had encountered, as well as broader commentaries about the healing process in general.

Types of healing. Thirty-four participants described types of healing from IRS. *Reconnection to others* was discussed by twenty-seven respondents. Among these participants, seventeen mentioned the importance of expressing and experiencing love in the healing process. They described being able to say "I love you" as a critical step in healing. Similarly, this type of healing included being able to understand what love was, usually due to love received from children and grandchildren. Others used their testimony to publicly signal their love for others, particularly family members. Gordon Billette discussed the difficulty and importance of expressing love to his family:

I'm starting to say, "I love you" to my kids, "I love you" to my wife. It meant something when I say that. I have to cry first before to say I truly love you. I have to show my tears because I mean it … and there's one uncle, when I said I love him, I cried in front of him because I meant it and we became a good friends today. Whatever the problem he has, he talks to me [because of] that trust we built.

Similarly, fourteen respondents discussed the importance of present connections with their children and grandchildren. This included praising children and grandchildren, talking about the enjoyment they received from these relationships, and acknowledging the support, inspiration, and love they receive from these younger generations. Additionally, twelve respondents used their testimonies to acknowledge the individuals in their lives that had given

them support. This included eight who described support from family such as siblings, children, spouses, parents, uncles, and other extended family. It also included acknowledgement by seven individuals of helpers in the community, be it other survivors, friends, community members, Elders, or other helpers. Finally, ten respondents discussed reconnection with their families of origin in their testimonies. This included the use of testimony to show public recognition of gratitude or pride in these family members, as well as stories about being able to reconnect with their family members after residential school.   Max McIntyre recalled living with his grandparents after IRS:

> When I returned home in 1960, I had lost my Dene language. And I spoke Cree. My grandparents, I stayed with them for a while. And they used to remind me that I was a Dene. So they taught me, and today I can speak the Dene language.

Twenty-two participants also emphasized *reconnection to culture* as an important part of healing. Of these, eighteen discussed reconnection to culture through a return to traditional values of mutual support. This included thirteen who focused on the need for people to take care of each other within the community. Examples included helping young people, parents taking care of and showing love to their children, young people showing respect for and listening to elders and parents, and a call for community members, in general, to respect, help, and love one another. Yvonne One Eye talked about this need for love and respect across generations in the community, saying, "Elders, we need to respect our younger generation. Respect one another. Love one another. Take care of the younger generation. When they reach out for your help, give them all the help that you can give." Nine survivors also talked about the need for their communities to come together to solve current problems, including talking about issues together such as the impacts of residential school and sexual abuse. Finally, three survivors specified the importance of promoting traditional culture for collective healing. This included suggestions for

elders to help others learn their culture, as well as for young people to take interest an interest in their cultures and remember where they come from.

Eleven survivors expressly stated that reconnection to traditional spirituality was among the most important components in their own healing as individuals. This included finding healing in nature, finding strength in the Creator, traditional spirituality, or traditional prayer, participating in sweat lodge or using the medicine wheel, and speaking with elders. Thomas Billette, a 70-year-old residential school attendee from Dillon, SK, related his healing to returning to traditional spirituality:

> To tell you the truth today, I'm not [very] Catholic. I know it works, works for people being a Catholic. It works. It's not only [Catholicism] that works, other denominations work too. But I wanted to go back to my roots, my great ancestors; their way of how they prayed and how they communicated with the spirit, the Lord, whatever you want to call it. So that's what I started doing. And then I found my love for my parents; I found my love for my children and my grandchildren today. We can heal if you want to.

In addition to reconnection with others and culture, twenty former Beauval students expressed the importance of *finding voice* as part of healing. In contrast to the silence instilled during residential school and the subsequent loss of voice, survivors emphasized the fact that they now wanted others to know about their experiences. Seventeen of the twenty survivors also stated that telling their story of residential school was an important part of healing. "Speaking the truth," "throwing away garbage," getting rid of a "burden," and "[taking] my power back" were all examples of ways in which survivors described testimony as part of a healing process. As Armand Joseph Fiddler from Waterhen Lake First Nation shared:

> Sometimes it's hard to talk about [residential school] because we, as survivors, want to forget about what happened in the earlier years. But it is the only way, apparently, for a lot of us. To get out some of the things that have happened to me, to be able to free myself from those things that I needed to say so I can come back and be lighter person, a freer person [than] who I am today… it's very important that it happens. And the more healed, the more you talk about yourself.

Additionally, eight respondents emphasized the fact that they wanted others to know about IRS, a contrast to previous times in their lives when they had tried to avoid talking about it. They specified wanting to share their story with particular family members and the general public, as well as wanting to leave a historical record of what happened at IRS.

Themes of *responsibility and forgiveness* were also talked about by fifteen respondents as components of healing. Eleven of these discussed the importance of forgiveness in terms of forgiving themselves and forgiving "what had happened" to them. While some survivors talked about being able to forgive the people who had perpetrated abuse against then, others talked about the difficulty of doing so. Similarly, six participants talked about understanding responsibility. This included both recognizing that their childhood selves were not to blame for the abuse they had suffered, as well as taking responsibility for their own actions as adults.

Finally, the concept of *reconnection to self* was discussed by thirteen survivors. Among these, nine discussed sobriety. As alcohol abuse was considered an effect of residential school, sobriety can be viewed as a return to self before the effects of the IRS experience. Eight survivors also talked about finding themselves in terms of finding "who I was before residential school," "the way to my heart", or "who I am in the community." Respondents also talked about reconnecting with themselves in terms of learning to trust and believe in themselves and reclaiming identities that were taken away from them at IRS. Modest Bigeye, from Black Lake, SK, described:

> It took me a while to get back to who I really was, person that I really was, the Dene. They wouldn't even let me speak my language at the residential school. The priest that was running that school has beaten me up a lot of times, but I survived. I lost both my parents. But now, today, I'm happy for who I am, what I really am. I'm back to who I was before they took me to a residential school.

Healing process. Twenty-two survivors of the Beauval Indian Residential School shared observations on the healing process in general. This included the idea that healing was an *active*

process, that it *was possible*, that *monetary compensation had little meaning*, and that *healing is a long and ongoing process*. Fifteen participants in some way shared the notion that *healing is an active process*, either through general observations or commentaries on their own healing. Multiple individuals told the audience that healing is up to the individual person, not anyone else. Survivors also used active language in describing their healing, such as "I've done my work for myself," "One morning I decided enough was enough," "I went into healing with all my heart," and "I've been using my strength to work on myself." This concept of "work" was common language to describe the healing process. Rose G. Billette described the active process of healing in her own life:

> I will not be verbally abused mentally or physically abused anymore, today I know I have a choice. I just turned 50 and I know I have that choice. Do you know in [my heart] I used to think; you have to take your heart and you have to make it grow and sometimes you have to turn back and you have to pick yourself up and so that you can heal yourself and keep going. Even through it hurts you still have to pick up yourself and carry on.

> Similarly, eight respondents specifically highlighted the idea that *healing is possible*. Survivors mentioned that if they could heal, others could heal as well, or used their time to talk about their hope for the future. Eight individuals mentioned that *monetary compensation had little meaning* in the healing process. This included monies received through the Common Experience Payment, the Independent Assessment Process, or other treaty processes. Money had not helped them heal, they said, and it would not take away the pain they experienced nor bring back the loved ones they had lost.   Similarly, seven survivors suggested that *healing is a long and ongoing* process, one that may never completely be finished. For example, survivors talked about being able to forgive but not forget what had happened to them, or stated that they were still in a process of healing even after years of work. Emil Bell stated that complete healing could only come at the end of life:

I wasn't a very good person when I was drinking, but now I've kind of left that aside and look after my grandchildren and my wife. Whoever needs help, I help them out. I can't say I am completely healed; I will be when I die. That's the only time I say I will be healed.

Summary

This chapter has provided an overview of the thematic analysis of testimonies for 40 former attendees of the Beauval Indian Residential School who spoke before the Truth and Reconciliation Commission in Saskatchewan. Participant testimonies encompassed six broad themes addressing Life before IRS, Conditions at IRS, Effects of IRS, Resistance, Resilience, and Healing. Although systematic in nature and exhaustive in breadth, such analysis in not illustrative in terms of the depth of experience represented by testimonies to the TRC. The goal of the following chapter, then, will be take a more in-depth look at a subset of themes, in order to highlight their importance within the broader thematic analysis and discuss their relationships to each other. In this way, it will provide a greater understanding of experience of IRS and its aftermath through the voices individuals who attended the Beauval Indian Residential School.

CHAPTER IV

Interpretation

The prior chapter laid out, in broad terms, the results of the thematic analysis for the testimonies of 40 former attendees of the Beauval Indian Residential School. The current chapter will take a more in-depth look at two subthemes within this analysis: institutional conditioning and loss of connection. It will examine the relationships between these themes and others within the analysis, in particular between institutional conditioning and resistance, and between loss of connection and healing. While the prior chapter presented a comprehensive overview of all the themes in the study, this chapter will focus on providing an in-depth look at several subthemes in order to interpret their importance as well as the connections between them.

Institutional Conditioning and Resistance

As outlined in Chapter III, institutional conditioning was one of the main topics of focus in testimonies by former students of the Beauval Indian Residential School. The theme of institutional conditioning is of particular importance because it serves as a key axis around which many other aspects of the residential school revolved, and is a core concept for understanding the mechanisms responsible for what has been deemed "cultural genocide" or "forced assimilation." Here, a caveat must be made. The goal of all schools is, to some extent, to socialize their students into a particular role in society, and historically some educational institutions have used disciplinary tactics that would today be considered abusive. Definitions of violence, abuse, and

neglect vary by time period, place, culture, and position within particular power structures. It is

unclear from the current study, for example, how acceptable certain disciplinary practices would

have been if used on non-indigenous children in the same time period, or at a public rather than a

religious institution. However, for this analysis, the principal investigator has attempted to frame

such acts in terms of how they were presented by former IRS students. What is important here is

not to settle an argument about what behaviors should be considered abusive and by whom, but

rather to illustrate how residential schools sought to prepare indigenous youth to form part of

Euro-Canadian society in a way that would subjugate indigenous individuals and communities

under colonial rule, using violence to enforce these relationships of power.

Beauval Indian Residential School was described by participants as a foreign place in

which specific acts, routines, and punishments were used to enforce a new set of norms that went

against the experiences that many students had had at home. Upon arrival at Beauval, students

were immediately subjected to specific acts of institutional conditioning. These included the

cutting of their hair, assignment of numbers, having their language forbidden, and removal of

belongings linking to home. Not only did such acts minimize individual identity, but they served

to remove any potential remaining links to a child's home and culture. In this way, both physical

and symbolic ties to a child's home community were cut, and, at the same time, these acts began

to enforce conformity with a new set of norms set out by the institutions of church and state.

Marie Black offered her first impressions upon arrival at Beauval:

> That was a strange place for me because it was so white, the building inside was so clean;
> there was a smell that I'll always never forget especially when you go to a hospital, it's
> that smell. As we got in, the nuns took our clothes, washed us down in kerosene … they
> put some white powder on us and then we were washed like that. We were given some
> [clothes] and shoes and put it on and the nuns grabbed my hair and just cut my hair like
> Cleopatra. I couldn't understand why I couldn't keep my long hair. And then they lined
> us up like cattle and gave us locker rooms. They gave me, I'll always remember my
> number locker room was number 64. Although my mom and dad lived down the hill at

Beauval and I longed to visit them, we were never allowed to go anywhere. I didn't understand English. A lot of times the nuns would be [speaking in French]. I don't know what it was. They'd be screaming at us.

As Marie Black describes, separation from family and the beginning of institutional conditioning were closely tied together. With no family present, there was no one to contradict the new rules and expectations at the residential school. Once this initial process was complete, students began their lives at the residential school, which consisted of following a strict religious routine, day-in and day-out, for ten months out of the year, for up to ten years. Benjamin Gilbert described the routine in this way this way:

> We were like robots living in that building … from the morning you get up, you pray. Before you eat, you pray. Before breakfast, you pray. When you entered the school, you pray. At the end of the day at school, you pray. At lunch time before the meal, you pray. Before school, after school, during school, you pray. Before bedtime, we were forced to pray.

This description details the monotony of residential school life, in which nearly every moment of every day was controlled by Beauval personnel. The same monotony extended to meals, which were the same day in and day out. Paul Sylvestre gave a detailed account of this:

> The food was harsh. You had a lump of oatmeal with a little bit of cream to go with it, a slice of bread and a piece of butter and some milk. That was my breakfast for eight years. My dinner was beef and potatoes and a little bit of vegetables. Supper it was a choice of beef or fish or jackrabbit. I don't know how sometimes we ate the fish because it was rancid. It wasn't a matter of choice, you had to eat it. If you didn't eat it, they made sure you ate it.

As the above quote suggests, any minor deviation from routine could result in punishment. This was the case even when it meant damaging a student's physical health. For example, Julia Daigneault described how she was made to continue her daily chores even when she broke her foot doing so:

> They plant some trees. They give me a shovel to make holes, to make holes to plant those trees and I have to do it. I told them sometimes, "I can't do it," but [they'd tell me] I have to do it: "Think about God. You have to work for us." … what [they were] doing broke my bones … I came to Saskatoon to come and see the doctor. He don't know why

my bones are broken on my feet [on] one side, on my right side. [It was] because I used to shovel, to step on top of the shovel [to] make holes … if I stop they say, "Hurry up, you have to hurry up, you have to finish."

Additionally, students were often punished without understanding what particular rules they'd broken. Emil Bell described:

I don't know how many times I got whacked over the damn ear with a Bible, of all things. Like I said, I used to watch over my back to find out where the hell those nuns were … with me a lot of times the things that I did I didn't know it was wrong in the white society. I was raised and told by … my mom and other teachers that speaking Cree was a gift from the Creator. And then when you went to school your language became something that was used to brutalize people. I never realized that this gift from the Creator could be used against me by another group of people to try and destroy my religion. I never realized that they had so much control where they could keep my parents away from the residential school, prevent them from coming to visit me to try and break the family values, the extended family-- the people, relationships. I didn't realize these things were, you know, were part of the whole program.

As this quote and the previous ones demonstrate, students had little to no agency during their time at Beauval. The residential school maintained almost total control over students' lives, from the moment they got up in the morning to when they went to bed at night. In this environment, physical violence was used to control students and enforce institutional conditioning. This was true even if students didn't understand the rules they were breaking, either because they did not understand the norms that were expected of them, or because they did not understand the language that was spoken. It is little wonder that former students described this environment as jail-like and dehumanizing. At the same time, students were not allowed to speak up about what was happening to them, for fear of additional punishment. Armand Joseph Fiddler described what happened to him when he tried to protest being punished for something that was not his fault:

I think it was I didn't wash my cup or I got it scratched. [The supervisor] dragged me to the room, to the boy's room and he rapped me against the wall. And the more I resisted, said I was not to blame, he kept on punishing me and slapping me and those things, and making me kneel down … it was the feeling of trying to express the truth about myself,

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of what really happened and the more I got punished for it. The suppression … they tried to suppress the feelings that I had.

Similarly, Marie Black described the reaction she received when she attempted to tell school personnel about the sexual abuse she was experiencing while at the school:

Many nights when there was a white night watchman. [He'd] be looking for me, for my bed. Sexually harassing me, sexually fondling me. I used to tell the nuns about what was happening. They didn't believe us. They didn't believe me. So I used to switch beds with the girls so he wouldn't find me, but he did. The nights that he didn't work I slept well … many nights the nuns would send me to the laundry room and they knew. They knew what was happening. The priests knew what was happening … it was like the nuns pushing, "Oh it's okay." I don't know if they enjoyed what was happening to us. We couldn't use our language. I couldn't tell my mom and dad because I was told they smell bad. You can't tell [the nuns and priests] anything because nobody will believe you … and we were punished because of when we were trying to tell the truth …it was just like them sending me to the lions and say[ing], "Here that's okay, that's okay it's normal."

It is unclear from other testimonies to what extent such tolerance of sexual abuse was present throughout the years that the Beauval residential school was in operation. However, from participant's testimonies it becomes clear that there were times when sexual abuse was common, such as during the 1960's when both Paul LeRoux and one of the previously mentioned school principals were present, both of whom were later convicted of child sexual abuse. At the worst, sexual abuse was a form of violence that was condoned or even encouraged by people in power at certain points in the history of Beauval. At the very least, an environment that dehumanized and silenced indigenous children for protesting or breaking rules would have created an environment in which sexual abuse could easily flourish.

At the same time, students were also subject to psychological abuse, which was dehumanizing and ingrained a sense of inferiority and shame. Gordon Edechanyonce described this psychological abuse, as well as the effects it had on him:

I hated myself about what happened to me in that school. I put the blame on myself. I made a mess out of my life, you know, because I drank so much. I drank anything because I wanted that- I didn't like Gordon. And so what they did impose on me in that

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school is self-hatred because I was no good, I was not good enough. The nuns used to call me *le gros chien* [fat dog] and *le pauvre sauvage* [measly savage].

Georgina McIntyre also discussed the sense of inferiority that was taught to her at residential school:

> The shame of being who I am, the shame of being [a] Dene woman … I'm black, I'm brown, I'm no good. I carry that still. I have a hard time making myself look pretty, making myself look sophisticated, making myself sound like [white women] … they imbedded in me, "You're stupid, you're dumb, you cannot read and write."

In this way, psychological abuse served to devalue indigenous identities and make children feel that they were inferior to the people who ran the residential school. Like physical violence, this psychological violence can be understood as reinforcing institutional conditioning, as it contributed to the goals of keeping children subordinate and replacing indigenous children's culture with that of the dominant European culture. Indeed, as mentioned in the previous chapter, many former attendees discussed eventually getting used to life at Beauval, something which continued to affect them even after they left. Georgina McIntyre summed up this phenomenon at another point in her testimony:

> Under the Indian Residential School syndrome, the monsters … the white man … built massive brick fortresses and there kidnapped children were held captive, every single one against their will. When they spoke, they were beaten. When they cried out, they were beaten. When they did not obey, they were beaten. When they cried for their mothers and fathers, they were beaten. That was their education, to become weak and submissive to the ways of their monsters … to wish to become a monster themselves.

It must be acknowledged that personnel-to-student ratios at Beauval varied somewhat by time period. For example, a 1954 yearbook lists 167 students and 29 personnel between priests, nuns, and other staff, or approximately 5.8 youth per adult. In 1968, these numbers were 154 to 35, or 4.4 youth per adult. Although students outnumbered adults, they were still supervised for most of their time at the school. In an environment where almost every moment of every day is strictly controlled, in which any deviation for expected norms are harshly punished, and where

even attempting to speak out and tell the truth about your circumstances is met with violence,

there is little room for individual agency. It is in this context that one must understand the acts of

resistance undertaken by students at the residential school. Half of the participants in this study

mentioned such acts, which varied from simply breaking small rules to attempts at running away

from the residential school. Despite the risk for harsh punishments, students broke the rules and

even stood up to authority at the school. In one of the most extreme examples, Paul Sylvester

described how he led a group of boys in a physical confrontation with one of the school

supervisors:

> One day in the dining room, I came down for breakfast, I heard some kids crying over
> that way. I took a look over there. There was my little brother crying. So this was as far
> as I could go. I got up, walked over there, I asked him what's the matter. He said, "I
> need some more bread," because all he got was one slice. Everybody got one slice and
> the bread box was sitting there, I walked up to it and I started passing it around to the
> little fellas. The master used to sit like over there with his fancy food on the table and
> we'd have our lump of porridge. For eight years I've been looking at that … the master
> got up and he told me he said "Pick up all them breads and put it back in the box and put
> it back where you took it from." I turned the box over and spilled all the bread on the
> floor. So by this time I guess the rest of my partners were fed up with it, were fed up
> with the situation; tables went flying. They also walked over and flipped his table and he
> ran out. Enough was enough. So the principal called me, and that was the guy- that was
> the priest that was molesting me. I guess he wanted to save face. I didn't get kicked out
> right away, but eventually I was ousted out of there.

Not all acts of resistance played out in such a dramatic scene, however. Mary Maurice,

who went to Beauval from 1949 to 1957, also described the actions that lead her to being

removed from residential school:

> The last year I was there, I was only 15 and a there was a picnic again and then there was
> two girls there, our friends, [who] wanted to see their boyfriends. So we were sort of
> guarding them. And they were just in a bush just kissing, nothing else, nothing serious.
> But anyways I remember we were late for our lunch and for that the nuns got mad … we
> were guarding those two girls they were seeing their boyfriends. And we didn't want to
> say what happened, like they just sort of assumed that we did that. But we just let it go.
> And so they kicked us out of school. But we were so happy to be going home.

In this case, the girls who were removed from school were not directly acting out against a particular staff member, but in the context of a religious institution in the early 1950's their actions would have most certainly been considered sinful and deviant. One can also note that two of the girls, in this case, chose not to tell the nuns that they were only lookouts, and in the end were happy to be sent home from the school. At other times, breaking the rules at residential school was a matter of survival, such as when students snuck food that they were not supposed to have. Vitaline Francois described one such incident:

> My mother had put fruit in a tin can and sent me back to Beauval with that. And without the nun knowing, I had put the fruit in a box so I could hide it from the nuns. And my mother knew we were hungry, so that is why she had given us the fruit. So without the nun knowing, I took the fruits from the container and there was a washroom outside by a wire fence. I remember hitting it because I wanted to eat from the container. I remember I had opened it up with a sharp rock because I was really hungry and I wanted to have that fruit. And I remember my sister, Esther, was with me. We had made just enough room in there to take a drink of the fruit juice from that container. If there was no feelings of being afraid of the nuns, she could've easily opened that can for me so that we could have it.

In addition to breaking rules, speaking up to authority, and sneaking food, some students also stood up to those who had been sexually abusing them. Norbert Billette described how he was able to stop the sexual abuse from two different perpetrators:

> The first abuse I have from the priests was after two years I was in there. When I come to think of it today, he had a plan for me. I used to take his meals at dinner time and it's where this happens … and one day he called me again; then I made up my mind. I brought that basket. I opened the door. I just took off. He was hollering back at me. He wanted me to come back, but I didn't. I just went back. You know it wasn't easy for me, but I had to do that. That same year, one of the nuns started doing that to me. Used to call me in after school to help her at the library … but I finally stopped, I told her off. Let's stop this. And I don't want it anymore. So that's what we, she did.

One can see from these excerpts that in many cases, acts of resistance eventually led to improvement in a child's situation. For some, it meant an end to sexual abuse. For others, it meant not going hungry for a day. For others, it meant finally being released from residential

school. All of this, however, came with the risk that rather than improvement, they would be met with punishment. Although it's impossible to know the logic behind such actions, it's possible that, being used to the mistreatment at residential school, the potential for relief outweighed the potential for punishment. As Paul Sylvestre described, "Of course we got a licking. But after a few years that didn't amount to much; that was just another licking."

Loss of Connection and Healing

The prior section highlighted the control that Beauval Indian Residential School exerted over the children, as well as the ways in which children at the school resisted this type of control. This section will explore in more depth one of the effects of the residential school experience: loss of connection, as well as its relationship to loss of voice and healing. As described in Chapter III, children were removed from a culture that centered on respect, love, and interdependence, and placed in an environment far removed from all previous ways of interacting and relating to others. Thus, such removal not only caused feelings of loneliness and separation, but was, in effect, a separation of children from their known means of survival, which was dependent not only on family but on the broader community. The resulting losses identified by respondents in this study fell into three categories: loss of connection with family, loss of connection with others, and loss of connection with language and culture. Loss of connection with family was framed by Beauval survivors as resulting from removal from family at a young age, for multiple years, during important events such as holidays and funerals, and segregation of students by age and gender in the residential school, which resulted in a loss of connection between siblings. Gordon Edechanchoyonce described how his removal from his family as a young boy affected his relationships in the present day:

> I was only seven and they took me in that plane to Beauval which was 300 air miles
> away. That was pretty hard for me at that time because I didn't understand a word of

English. I didn't know what was happening to me. And I don't know what was happening to my mom and dad. I figured they took me away or something and it still stays with me today, this feeling … all my family is broken up now. There is hardly any visiting or whatever. My mamma is living by herself over here, she is 70 plus years old. My dad died sometime back with cancer, he was one of the last of the Dene original hunters. That's how I live today, I live by myself with my family and that's how I live. I hardly get any visitors, nothing. Because in a way I guess I felt I was being abandoned. I was abandoned- I started living on my own since I was seven.

Similarly, Marlene Bear described the effect that separation through residential school

had on her and her siblings:

When I got [to Beauval] my brother was sent to Onion Lake, one of my brothers. Another one was sent to Lebret and I stayed in Beauval. And I know now that our relationship was really broken up at that time because I never did feel like I had a brother again.

Besides this destruction of family bonds, however, respondents described difficulties

giving and receiving love, poor treatment of loved ones, and other parenting challenges. Marie

Johnston talked about the intergenerational effects of residential school in her community, as

well as the effects in her own family:

The families here in Dillon, our whole community, I believe, would be affected the Residential School stuff that had happened over the years and over the generations of over 100 years of having to take the children away. You know, because of that, I didn't know how to be a parent when I became a parent … I went through domestic violence. And I had seen violence in my home too when I was a kid. And in the morning my parents would wake up and they would not talk about what happened the night before and so we learned not to talk about what went on. We learned not to talk about abuses in our families and I don't blame my parents for that. They raised me the best that they knew how … my mother had also gone to the Residential School System and her mother before that, so the love that they showed us was only what they knew, what they knew they could give us … and there were times where I believe that I was harsh on my kids and I remember yelling a lot … my daughter here sitting beside me, she was only about two years old when I left their father and I moved to Saskatoon and then I started to drink. For two and a half years I drank and I hit bottom. And I was told by my social worker that if I didn't sober up my kids would be apprehended. But alcohol can be cunning and baffling and it can also torment a lot of families. And so I continued to drink and one night I came home, my kids were gone … so I straightened my life out. And then I got my kids back and that's what I mean when I say the Residential School has destroyed so many families.

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Marie's testimony reflects on what many others described: a link between intergenerational effects of residential school, family violence, destructive behaviors after leaving residential school, and difficulties with parenting in the next generation. In other words, residential schools affected families in their entirety, including the links between parents and children (whether or not the parents attended the school), siblings, and school attendees and their own children. Interpersonal difficulties due to residential school, however, also extended to other relationships, especially among individuals who had experienced sexual abuse at the residential school. Georgina McIntyre talked about how her residential school experience had affected her relationship with her husband:

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

Similarly, Modest Bigeye discussed how the experience at residential school had affected his relationships with his own community:

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

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

> The traditional values were strong back then. They were very, very strong, sharing, you know working together, helping out, all this stuff that were all there. At one point on the travel to Cree Lake, I remember there was one spot there where it looked like there was-there had been somebody camping there and we stopped there and there's moose weed in

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the water, at Hind Lake. Dad cut out some moose weed and mom cooked it. And as we were leaving I asked my dad I said "What about that moose weed that's in the water" and he said "There's people coming up behind us" he said "We leave it here for them." That's the type of sharing that they had back then, a lot of it- a lot of good memories.

In contrast, John Montgrand talked about the loss of this culture and also related that loss to his own difficulties with interpersonal connections:

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

As this quote illustrates, the residential school experience not only affected family and intimate partner relationships, but it also affected individuals' abilities to trust others and participate in community.

Looking closer at the experiences of individuals in residential school, it becomes clear that multiple mechanisms explain the interpersonal losses that individuals experienced. The first is separation from family of origin, both through removal from home and separation from siblings within residential school. This can be linked not only to a lack of learning about parenting and a lack of modeling loving relationships, but also with the necessity to learn to survive on one's own, without many social and emotional supports. The second has to do with the effects of experiencing abuse within the residential school, in particular sexual abuse, which respondents link to difficulty in interpersonal relationships and trust in others. The third mechanism has to do with loss of culture. Not only is cultural transmission interrupted through removal of individuals from their homes and communities, but specifically cultural values that prioritized social relationships were demeaned in favor of a more individualistic, hierarchical set of relationships based on power differences between adults and children, and between Euro-Canadians and indigenous peoples. Thus, the combination of these three phenomenon, rather

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than any one in particular, may explain some of the profound effects of loss experienced by

individual survivors, as well as the extent to which these affects permeated communities. It is

not just that individuals suffered violence and loss, but that such violence and loss affected their

abilities to participate as full members of family and community.

The effects of the residential school on connections and culture further sheds light on the

importance placed by participants on reconnection with others, as well as with culture, as part of

their healing process. However, in order to reconnect with others, survivors of the Beauval

Indian Residential School first had to find their lost voices, in order to share their experiences

with significant people in their lives. In this way, they had to overcome the way in which they

had been conditioned at residential school to not talk about their experiences. For example,

Terry McIntyre-Roberts, focused on the importance of her own testimony for allowing her

husband and family to hear her story:

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

Towards the end of her testimony, she concluded, "Today I told my story about the

Residential School. I feel a little more relief. It's not as heavy and I am not ashamed to talk

about it anymore." Similarly, Elmer Campbell disclosed a significant experience of sharing and

support that he had experienced with his uncle:

> My uncle said, "You know, you guys have done a lot of healing wellness in Dillon … I
> want to tell you about my days in Beauval." My uncle was blindfolded for four months
> while two people had their way with him. That's not what I wanted to hear. … I wanted
> to tell my uncle no more, I don't want to hear no more. But like he said we were into
> healing and wellness and we were taught at an early stage in our healing wellness that
> respect that person that's talking, let him talk, you listen. It was almost midnight when
> my uncle finished sharing … we [went] back to the graveyard. As we were entering the

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graveyard he told me to wait at the entrance and he went to his mother's grave and he sat down and I watched a full grown man cry like a baby. I always wondered why he had asked me to go there. Now I know it was an honor that he chose me to help him all through this process. I watched him cry. He'd hug that cross once in a while and I just sat there and I waited and I waited and then he called me. He stood up there and he said, you know, "I'm gonna move on now in my life. I will see my mom one day…" He made me make him a promise that if he dies before me that we would have to take him to where his mom was buried so he could be with his mom again …. my uncle and I walked away from that graveyard. We walked back to the cabin and I haven't seen that bright a sunlight in a long time. My uncle was on his healing journey. I had started mine. To some extent I guess there were a few more obstacles in my way, but I could see my uncle was moving on.

In this way, disclosure of residential school abuse appears not only to be important for its role in helping individuals free themselves from their experiences at the residential school, but also for the power that such disclosures have to bring families closer together. Thus, finding voice serves as a vehicle for other important types of healing, particularly reconnection with family. The story of Elmer's uncle also brings to light another quality of this reconnection: that reconnection with family of origin is not necessarily conceptualized as something that will happen in this life time. Terry McIntyre-Roberts echoed this understanding in her own testimony:

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

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

> I prayed this morning. I was crying, [wondering]. I asked God, "God let me do this …

because I've been holding this thing- for so many years [I] wanted to tell what happened at the residential school when I started 1960.

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

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

In addition to connecting with family of origin and peers, participants also expressed the importance of connections to future generations in their own healing. For many, such connections with children and grandchildren were healing for helping them understand unconditional love. Max McIntyre was one of the individuals who expressed this sentiment:

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

Finally, in addition to reconnection with family, receiving support from others, and being able to express and experience love, former students at the Beauval Indian Residential School emphasized the need to reconnect to culture, both as individuals and as a community, in order to facilitate healing. For some, such emphasis was indirect. For example, rather than referencing

culture specifically, individuals would discuss particular needs in the community. Marie

Johnston, for example, talked about the need to support youth as a community:

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

In this way, Marie Johnston placed emphasis on a number of values that had been

described in other testimonies as traditional to the community: love, respect, working together

and supporting each other. Others, such as Benjamin Gilbert, were more direct in their calls for

their communities to return to traditional ways:

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

In sum, the loss of connection to family and culture that resulted from the residential

school experience created a need for healing through reconnection to the same. Such

reconnection was multigenerational in nature, including reconnection to family of origin,

reconnection to peers and siblings, and reconnection with future generations. These types of

connections were possible, in part, due to the ability of former residential school attendees to

express themselves and use their voices to tell others what had happened to them in residential

school. Reconnection also meant, for many, a return to traditional culture that had been taken

away during residential school: one that values relationships between people, and emphasizes

love, respect, and mutual support among all generations.

Summary

This chapter has taken a more in-depth look at the themes of institutional conditioning, resistance, loss of connection, and healing. Beauval Indian Residential School, like other IRSs in Canada, was part of a strategy by the Canadian government and churches to force assimilation of indigenous peoples into a Euro-Canadian way of life, and thus bring indigenous peoples in line with the goals of fully colonizing the Canadian territory. In order to do so, children were removed from their families and subjected to institutional conditioning that created a routine of devaluing indigenous identities, values, and languages and reinforced deviation from these routines with physical punishment and other forms of violence. Attempts to speak out about abuse were also punished, leading to fear, shame, and silence surrounding the abuse that was taking place. Such an environment offers little to guard against neglect or even sexual abuse of indigenous children. At the same time, indigenous children found ways to resist institutional conditioning and abuse, and at times were able to use their resistance to improve their situations, even if it meant being expelled from school. Separation from family and culture, however, had a number of additional consequences. Distanced from community and family life centered on norms of trust, love, and reciprocity, students had to learn to adapt to survive in a new environment that valued conformity and subjugation, without access to known supports. It is little wonder that former students at Beauval report a sense of loss of connection not only with family, but with other individuals in their communities and with their languages and cultures. Not only were they physically separated from family, but they were conditioned to follow a new set of more individualistic social norms to survive, and experiences of abuse lead to even more difficulty with trust in others. Because of this, an important part of healing for many residential school survivors has been reconnection to others as well as to culture of origin.

CHAPTER V

Discussion

This dissertation sought to examine issues of trauma, loss, resilience, and resistance in 40 testimonies given to the Truth and Reconciliation Commission (TRC) by former attendees of the Beauval Indian Residential School (IRS). This was done using an inductive, bottom-up approach to thematic analysis, from which six themes were identified in the data: 1) Life before IRS, 2) Conditions at the IRS, 3) Effects of IRS, 4) Resistance, 5) Resilience, and 6) Healing.

With regard to "Life before IRS," participants described life before IRS as primarily a positive environment and discussed their reasons for going and expectations about IRS. Many were excited about going, or had been sent by their parents for educational purposes, or because of a prior relationship to the church, although a small number described being forced to attend school at Beauval. Others acknowledged adversity that they had experienced before attending IRS, including emotional and economic hardships, as well as violence and abuse. "Conditions at IRS" was the most extensively discussed theme in the testimonies. Here, they documented widespread institutional violence, including experiences of abuse, witnessing or being aware of abuse, experiences of neglect, deaths of students, and non-specific descriptions of abuse and cruelty. A process of institutional conditioning was also described; respondents characterized IRS as being a foreign place, with arbitrary rules and punishments, where they were unable to talk about abuse; they discussed specific acts of conditioning, a strict religious routine, feelings

of fear and shame, monotonous meals, and a jail-like and dehumanizing environment to which students eventually became accustomed. Students were also separated from family, which included feeling lonely and homesick; separation from siblings, caregivers, and during important family and community events; and a lack of love and affection. At the same time, however, over half of participants also acknowledged that there were positive aspects of their stay at the residential school, which included education, support from other children, specific individuals or acts, contact with family, and extracurricular activities. A small number of individuals mentioned that IRS was generally positive or better than life at home. Others expressed ambivalence, noting that there were both good and bad experiences at the school, that they were not abused except for physical punishment, or had decent food. The broad theme "Effects of IRS" was discussed by all participants and included effects of personal losses, losses of connection, and broader impacts of IRS. Personal losses were described in terms of loss of wellness, voice, meaning, self, and educational opportunity. Loss of connection to family, others, and culture and language were another major category of effects of IRS. Finally, over a third of respondents also described broader impacts of the IRS system, including acknowledging that IRS had a widespread impact, affected parents and children of survivors, and was responsible for other negative phenomenon in their communities such as high levels of suicide and family disintegration.

The theme of "Resistance" included examples of resistance to the IRS system itself. Former students documented ways in which they had resisted the IRS by defying authority, including breaking rules or speaking up to authority, sneaking food, speaking their indigenous language, resisting sexual abuse, and running away. They also stated that family and community members had resisted the IRS system by monitoring what was going on at Beauval, or helping

students in need, as well as refusing to send their children to Beauval. Participants also used their testimony as a platform for addressing the broader context of the TRC itself. This included discussions of injustices against indigenous peoples by the government, settlers in general, and the church, as well as critiques of problems with the TRC, or the broader compensation process for residential school attendees. In addition to resistance, survivors also demonstrated "Resilience" through their testimonies. This included cultural resilience, such as still speaking an indigenous language, or believing in traditional teachings; interpersonal resilience, such as helping others, taking on leadership roles after IRS, and giving testimony to help others; individual resilience, including self-pride and strength, self-reliance, and making the best of the IRS experience; and family resilience, which included positive parenting and taking care of orphans or grandchildren. Finally, respondents emphasized "Healing" in their testimonies. Healing was broken into types of healing, which included reconnection to others, reconnection to culture, finding voice, responsibility and forgiveness, and reconnection to self. Participants also described facets of the healing process, being an active process, which is possible, in which monetary compensation has little meaning, but that nonetheless is a long and ongoing process.

Thus, the thematic analyses revealed that these testimonies contain a wealth of information on the lives of those who attended the Beauval Indian Residential School.   This included documenting life before residential school, an in-depth description of conditions at the school, and the impact that IRS experiences have had on the lives of survivors, their families, and their communities. Respondents also discussed resistance to the residential school and other colonial systems, demonstrated multiple forms of resilience, and described the healing process in great detail. However, this study began with the aim of answering two specific questions, the answers to which will be discussed below in detail:

1) In what ways do TRC testimonies by former attendees of the Indian Residential School System reflect psychological understandings of trauma and loss?

2) How do former Indian Residential School attendees demonstrate resilience and resistance through their public testimonies to the TRC?

Question 1: Understandings of Trauma and Loss

The first question for this dissertation was how testimonies reflected psychological understandings of trauma and loss. Results suggest that, although there is some overlap between psychological understandings of trauma and loss and the ways in which former Beauval attendees describe their experiences, there are important points of divergence. Participants' understandings of both the effects of the residential school experience, as well as healing from these experiences, are more closely related to indigenous understandings of wellness and healing that have been explored in the research literature (Gone, 2013; Hodge, Limb & Cross, 2009; Kirmayer, Simpson & Cargo, 2014; Lane, Bopp, Bopp & Norris, 2002). They also more closely resemble the holistic approaches taken by theorists of collective trauma, rather than the more clinically-focused theories of trauma found in the mainstream psychological literature (Miller and Rasmussen, 2010; Abramson, 2015).

Comparison of IRS with theories of psychological trauma. The vast majority of residential school survivors described potentially traumatic events (PTEs) during their residential school years, and over one third described experiencing adversity before entering residential school. Experiences prior to residential school included economic and emotional hardship as well as physical and sexual abuse. When such acts were perpetrated by individuals who themselves had gone through the residential system, survivors by and large interpreted them to

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be the result of the residential school system itself. During residential school, former students described physical and sexual abuse, child labor with physical punishment, multiple forms of neglect, sexual assault, bullying from other students, witnessing and being aware of the physical and sexual abuse of other students, and the deaths of other students. Under both DSM-5 and ICD-10, these experiences would count as potentially traumatic events, with the possibility of inducing trauma-specific psychopathology (American Psychiatric Association, 2013; World Health Organization, 1992). There are also several phenomenon that, while not meeting DSM-5 or ICD-10 criteria for a PTE, have been linked to psychopathology such as PTSD. One is psychological abuse, which has been of particular focus in studies of intimate partner abuse, and has been found to have an even greater impact on PTSD outcomes than physical abuse (Mechanic, Weaver & Resick, 2008; Pico-Alfonso, 2005). Childhood neglect is considered an Adverse Childhood Experience (ACE), as is separation from caregivers, although the latter is usually characterized by divorce, separation, or the incarceration of a relative rather than institutionalization of a child (Finkelhor, Shattuck, Turner, & Hamby, 2015). ACEs are often used as stand-ins for PTEs in trauma research, and have been shown to contribute to negative psychological and physical health outcomes (Hughes et al, 2017; Kalmakis & Chandler, 2015). Another related approach in psychology is that of Attachment Theory, which suggests that disrupted interactions between children and caregivers due to abuse or separation can impact development of needed skills for coping and self-regulation (Kinniburgh, Blaustein, and Spinazzola, 2005). It must be noted, however, that Attachment Theory has primarily been developed within a Western, middle-class cultural framework and may not be directly applicable to other contexts, especially considering that appropriate emotional and self-regulation may look different across cultures (Keller, 2013; Trommsdorff & Cole, 2011).

In addition to PTEs that were experienced either in residential school or due to family members having attended IRS, participants also discussed the effects of the IRS system. The effects of residential school experiences were described holistically by survivors, and included personal losses, losses of connection, and broader effects. Personal losses included loss of wellness, voice, meaning, self, and educational opportunity. Loss of wellness, the largest category of loss, was also described in holistic terms and included long lasting pain and suffering, alcoholism and alcohol use, ongoing reactions to IRS reminders, physical health problems, long lasting anger and resentment, and general emotional effects. Losses of connection included loss of connection to family, others, and language and culture. Connection to family, more specifically, revolved around destruction of family bonds, difficulty receiving and showing love, poor treatment of loved ones, and parenting difficulties. Broader effects of IRS included its widespread impact, effects on parents and children of survivors, and the suggestion that IRS was responsible for other negative phenomenon within the community, such as suicide, family disintegration, and physical illness.

Several of survivors' descriptions of the effects of IRS also match up with clinical criteria for diagnosis of Posttraumatic Stress Disorder (PTSD). For example, long-lasting pain and suffering, difficulty relating to others, feelings of inferiority, and a sense of loss of self could easily be interpreted as meeting DSM criterion D, negative alterations in cognitions and mood (American Psychiatric Association, 2013); ongoing reactions to IRS reminders, as well as long lasting anger and resentment, are easily interpreted as arousal symptoms under criterion E; while silence about IRS experience and hiding of emotions could be considered types of avoidance under criterion C. A number of other effects that survivors mention as stemming from the IRS experience also have support in the psychological literature, although not within the context of

PTSD. For example, there is evidence regarding the link between traumatic experiences and

substance use disorders (Wilsnack, Vogeltanz, Klassen, & Harris, 1997; Simpson & Miller,

2002), traumatic experiences and declines in physical health (Maschi, Baer, Morrissey &

Moreno, 2013; Pacella, Hruska & Delahant, 2013), and traumatic experiences and loss of

meaning (Van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). In terms of family effects

of IRS, parenting difficulties have also been linked to prior trauma (Cohen, Hien, & Batchelder,

2008; DiLillo & Damashek, 2003). Attachment issues have also been linked to

psychopathology, difficulty with interpersonal relationships and difficulty with emotional

regulation (Kinniburgh, Blaustein, and Spinazzola, 2005). Many of these associations have been

noted in particular among individuals with prolonged exposure to PTEs, and form part a group of

symptoms proposed to make up Complex PTSD. Similarly, the proposed definition for Complex

PTSD in the ICD-11 includes ongoing issues with affect regulation and negative self-belief,

feelings of shame, guilt, or failure, and difficulties with interpersonal relationships, all of which

are present in the overarching theme of "Effects of IRS" (World Health Organization, 2018).

Despite these surface similarities in how survivors described the effects of IRS with

symptoms of PTSD or the proposed symptoms for Complex PTSD, the language they used to

describe such effects does not suggest a psychological framing of IRS effects. A brief word

search after the thematic analysis was complete revealed that only four of the forty participants

used the words "trauma" or "traumatic" to describe their experiences. Only two used

"depression" or "depressing" and none used "anxiety" or "anxious" to describe outcomes or

feelings at IRS. Although survivors did talk about emotions, being emotional, and emotional

abuse, the word "mental" was used to describe a type of abuse, but not in reference to mental

health. The effects of IRS were thus not framed in terms of particular diagnoses, nor with

psychological language, but rather as a number of different outcomes that could be observed in individuals, families, and communities. These outcomes were often directly and casually linked to IRS experiences, rather than linked to psychological mechanisms. For example, participants talked about having trouble with trust and interpersonal relationships because they learned not to trust others at the IRS, or directly linked physical symptoms of present illness to specific experiences they'd had at the residential school. In addition, survivors described other effects of IRS that do not fit within psychological understandings of trauma, including loss of voice, loss of educational opportunity, destruction of family bonds, loss of language and culture, and broader impacts of the IRS system on communities.

Furthermore, participants did not reference clinical psychology in their discussions of healing. One woman mentioned going to see a "nurse" for help with nervous reactions related to IRS, which she conceptualized as a "disease," but not necessarily a mental illness. Instead, survivors emphasized the importance of family, friends, and community members, including Elders in their community as part of the healing process. Types of healing included reconnection to culture, finding voice, responsibility and forgiveness, and reconnection to self. Nor was all healing individual in nature. Reconnection to culture included an emphasis on the need to reconnect to cultural norms of mutual support at the community level, which involved taking care of each other and coming together as a community.   Additionally, healing was considered to be a long and ongoing process, as well as an active one. In contrast, clinical psychology approaches healing first by defining and identifying a particular psychopathology and corresponding treatment, which is then directed by a licensed mental health practitioner. For trauma survivors, for example, this would involve a diagnosis of PTSD or another related disorder. Psychological treatments then focus on reducing or tolerating symptoms of the

identified disorder, primarily through individual therapy, although some group modalities have also been identified as effective (Bisson et. al, 2007).

Discrepancies between indigenous views of trauma and healing and those of the field of psychology have been documented by a number of other scholars. Among them, Hodge, Limb, and Cross (2009) note that, while diverse in nature, North American indigenous conceptualizations of wellness are generally holistic and focus on balance and harmony between spirit, body, mind, and context, with context including family, elders, cultures, and traditions. Additionally, many First Nations communities in Canada have promoted a return to traditional cultural practices as a means of healing, particularly from historical trauma (Gone, 2013). In a report that was cosponsored by the Aboriginal Healing Foundation, and the Solicitor General of Canada, Lane, Bopp, Bopp, and Norris (2002) explored understandings of healing from the effects of colonization among multiple indigenous communities. Lessons learned from this project included that healing is long-term process; is not specific to a single issue or outcome; must take place within a community development plan; includes personal, cultural, economic, political, and social development; and is connected to self-governance. This approach to healing was presented in the report as a "healing journey" for individuals, families, and communities, with particular steps that correspond to different natural seasons, which are also linked to particular aspects of healing in many indigenous traditions. Thus, depictions of both the effects of the residential schools and healing from these effects is most reflective of indigenous understandings of wellbeing and healing, not psychological trauma.

Effects of IRS in comparison to psychological theories of loss. As is evidenced from the results of this study, many of the effects of the IRS experience can be conceptualized as a type of loss. However, these losses are distinct from those studied by mainstream psychological

approaches to understanding loss. First, they fall outside the primary object of psychological study for loss and grief: that of the departed family member, friend, or significant other. Second, whereas loss through death is, depending on spiritual orientation, a permanent condition, the losses described by former attendees of the Beauval residential school are not. Third, many of the losses described by residential school attendees are themselves considered to be important factors for resilience or recovery from adverse experiences.

Mainstream psychological theories of loss and grief have generally explored loss through the lens of bereavement for a departed loved one. There are, however, a few notable exceptions. Divorce and job loss have both received attention as sources of grief, as well as potential sources of trauma (Felitti et al., 1998; Freund, 1974; Papa & Lancaster, 2016). Limb loss has also received attention in the medical field (Bennett, 20176). Research into the effects of loss of place, particularly among refugees, has also been conducted (Fullilove, 1996), and even the concept of ecological loss has begun to enter mainstream discourse (Cunsolo & Landman, 2017; Tschakert, et al., 2017). Finally, Hobfoll's Conservation of Resources model of stress conceptualizes loss of particular resources as both psychologically damaging as well as creating vulnerability for future loss. He describes 74 types of resources, which include financial resources such as a savings account, kin-related social resources such as healthy children, non-kin social resources such as intimate friendships, and individual psychological resources such as feeling at peace or having a sense of humor. He also suggests that those who have the greatest losses due to a particular traumatic event also have the highest rates of PTSD. Finally, the concept of historical loss and grief in American Indian communities has centered on multiple types of loss, including loss of land and culture (Yellow Horse Brave Heart and DeBruyn, 1998).

Another critical difference between clinical conceptualizations of loss and the losses evidenced in testimony by IRS survivors is that the latter are not entirely permanent. Lost voices can be found; lost relationships mended. Thus, the therapeutic aim of healing becomes not the acceptance of the loss or the reintegration of the object of loss into cognitive schema in a different capacity but rather becomes finding, reconnecting, or mending. This opens the door for therapeutic modalities surrounding loss that move beyond grief work, and into the realms of family therapy, cultural revival, and collective ritual. Indeed, much of what survivors discussed in terms of healing appears to do just that. Survivors talked about reconnecting with families of origin, forming interpersonal helping bonds with others, finding voice, reconnecting to self, connection to culture, and the need to take care of one another and come together as a community.

Finally, the losses described by former residential school attendees have another quality: the great majority of them are losses of factors which are themselves considered to contribute to resilience in the face of trauma and adversity. In a review of protective factors related to resilience, Vanderbilt-Adriance (2008) note that these include intelligence, emotional regulation, temperament, coping strategies, locus of control, attention, genetic influences, nutrition and shelter, love, nurturance, a sense of safety and security, and community factors such as sense of community. Liu, Reed & Girard (2017) created an multi-systemic model of resilience, arguing that the factors that influence resilience can be found in three different levels: the intra-individual level, through physiological systems; at the internal level, through factors such as coping style and social competence that are acquired through interpersonal interaction and learning; and at the external level, through socio-ecological resources such as education and access to care. Looking at the effects of the IRS system as described in survivor testimonies, one can clearly see parallels

with these important protective factors. Survivors experienced loss of educational opportunities, voice, and sense of self, which may be related to factor such as intelligence, locus of control and coping. Abuse and neglect, destruction of family bonds, and the loveless, lonely, fearful environment of IRS does not suggest that students had access to resources such as shelter, love, or a sense of safety. Finally, although not specifically stated, the ideas that the impacts of IRS are widespread, generate negative phenomenon in the community, and necessitate healing on a community level would suggest a sense that the IRS system also affected community resources.

Comparison with theories of collective trauma. Although there are notable contrasts between the effects of IRS expressed in testimonies and psychological theories of trauma and loss, other domains of inquiry present views of trauma and loss in ways that more closely reflect participants' descriptions. This is particularly the case for collective trauma frameworks that draw on sociological or ecological approaches and are more prevalent in the fields of disaster, conflict, or humanitarian studies. Such approaches look beyond the individual psychological effects of trauma and attempt to understand how trauma experienced by large groups of people affects not only the individual but also the family and the community. There are several similarities between observations and theories in this subset of the trauma literature with the effects of the IRS system described in participant testimonies.

The most obvious parallel is that the IRS experience can be understood as an example of *collective trauma* in both its literal and metaphorical definitions, while at the same time providing data that complicates current understandings of collective trauma in the literature. The IRS experience is collective in nature because it affected a large number of people based on a shared social identity, namely that of being an indigenous youth from particular communities in Canada between the 1860's and 1970's. At the same time, the IRS experience illustrates some of

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the important nuances of collective trauma. First, the definition of any particular collective is socially constructed and may differ based on if one is a member, or an outsider, to that group. It is unclear, for example, to what extent indigenous youth from geographically and culturally disparate indigenous communities over 150 years ago would have shared a common identity, or at what point such common identities would have emerged, although from the perspective of settlers such individuals would likely have formed part of the same group. Thus, when discussing collective trauma it is important to identify whose definitions are being used to form the boundaries of a particular collective identity. Second, not everyone who was a member of that particular group during that time period attended residential school. Third, experiences varied widely between schools and, as this study has illustrated, within the same school and across different time periods. Thus, not everyone who attended IRS experienced trauma as psychologically defined, and those who did would have had different levels of exposure, to different types of trauma. While it is possible for all of the proposed effects of IRS to be simply the end result of large numbers of people experiencing specific traumatic events at the residential school, as would be the case in a literal interpretation of collective trauma, this only accounts for some proposed effects of IRS.

As previously mentioned, a metaphorical interpretation of collective trauma suggests that PTEs, or the aftermath of them, are traumatic to social relations. In this way, the damage from collective trauma is experienced by the group as a whole, regardless of their individual amount of exposure to particular stressors. This understanding of collective trauma seems to be a better fit with the IRS experiences. As previously mentioned, many of the losses experienced in residential school are related to individual resilience. Not only that, however, but they are also related to community resilience. Community resilience, as defined at the outset of this

dissertation, can be conceived in multiple ways. One is as the ability of communities to adapt to disruption in a way that promotes communal goals (Mancini & Bowe, 2009), which is remarkably similar to indigenous definitions of cultural resilience that emphasize adaptation to disruption in a way that promotes and maintains traditional culture (Thomas, Mitchel, and Arseneau, 2012). Another definition is the ability to equitably promote wellbeing among community members (Norris et al., 2008). Regardless, community resilience is often seen as a function of social capital. As was described in greater detail in Chapter IV, the effects of residential school disrupted norms of trust and reciprocity, which in turn would affect social capital in indigenous communities, and the ability of these communities to respond in a resilient way to the IRS system as well as to future disruptions. Finally, one other reason why theories of collective trauma may fit better with IRS survivors descriptions of their experiences is that such approaches tend to take a more holistic and environmental view of the effects of these collective experiences; they recognize, for example, that it is often systemic changes, losses, or other stresses created from the aftermath of such experiences that require the most attention in healing, rather than individual psychological responses to trauma exposure (Miller and Rasmussen, 2010; Abramson, 2015).

Question 2: Demonstrating Resilience and Resistance

The second question in this study was how former attendees demonstrated resilience and resistance in testimonies to the TRC. The thematic analysis revealed that respondents demonstrated resilience in cultural, interpersonal, individual, and family domains. Resistance was presented both in terms of resistance to the IRS system, as well as through the use of testimonies to discuss the broader colonial context of the TRC. Additionally, in the context of IRS, resistance can also be seen as a way of promoting cultural resilience and survival.

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Resilience in testimonies to the TRC. Even though experiences at Beauval may have negatively affected the resources individuals need to remain resilient, survivors of the Beauval Indian Residential School did mention a number of positive outcomes in their own lives. These included: cultural resilience, which includes still speaking an indigenous language or practicing or believing in traditional teachings; interpersonal resilience, specifically a dedication to helping others, taking on leadership roles after IRS, and giving testimony in order to support future generations; individual resilience, which includes a sense of self-pride and strength, self-reliance, and using the IRS experience for their own benefit; and family resilience through positive parenting and taking care of grandchildren or orphans. It must be noted here that these different domains of resilience are still individual in nature. The cultural domain, in this instance, does not refer to collective resilience and the ability of an indigenous community to maintain its culture, but rather how the individual demonstrates resilience within the cultural domain. Family resilience does not refer to resilience of the family system, but rather of the individual's ability to thrive despite adversity while contributing to that family system. Still, these results have a number of implications, both for conceptualization of the IRS experience and for broader understandings of human resilience.

The cultural resilience demonstrated by survivors complicates the narrative of the IRS system as being responsible for cultural and linguistic destruction through the mere fact that it removed children from their homes and forbade them from speaking their language. That is not to say that this did not occur; some survivors did discuss forgetting their first language completely or missing out on important cultural teachings from their parents. However, others were able to reconnect with language and tradition upon leaving the IRS or sought out teachings from Elders later in life. As one respondent mentioned, however, that might not have been

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possible in prior generations, when such practices were outlawed. What this suggests is the importance of viewing such phenomenon of cultural and linguistic destruction as the result of multiple mechanisms that played out across multiple generations. Not all survivors who gave testimony came from traditional households; many had parents and grandparents who had attended residential school, and multiple respondents mentioned growing up with the Catholic Church as central to their family's belief system. Additionally, the fact that a survivor still speaks his or her indigenous language does not mean that that individual taught the language to their children or grandchildren. At least one respondent expressed regret about not teaching her first language to her granddaughter, although just as importantly, another related that she is doing just that. And, as already mentioned, other effects of the residential school complicated individuals' abilities to relate to and participate in community, which would also affect the ability of indigenous communities to pass on traditions to future generations.

Further, these results demonstrate the importance of conceptualizing resilience as a multidimensional phenomenon. Survivors may have experienced the negative effects of IRS in particular domains, for example in that of individual wellness, while also demonstrating resilience in other domains, for example with regards to culture. The study of resilience in the social sciences is relatively new, and as such each domain of inquiry has tended to examine resilience within their own relatively narrow field of study. For example, clinical psychologists might examine resilience in terms of mental health outcomes, while educational scholars would examine it in terms of achievement. Vanderbuilt-Adriance and Shaw (2008) noted this tendency for studies on resilience to restrict their inquiry to single domain studies which compare different domains of adjustment, especially among high-risk samples, do not necessarily find congruence across multiple domains of resilience and may even find inverse relationships between

psychological well-being and factors such as achievement or delinquency. More recently, Maltby, Day, Hall, and Chivers (2017) have suggested that different types of resilience traits may be beneficial in the different domains of work, health, marriage, friendships, and education.

Finally, the results of this study also highlight the need for a historical and developmental understanding of resilience. That is, factors that influence resilience may vary across different periods in an individual's life, as well as across historical time periods. For example, many residential school attendees experienced negative periods in their lives following IRS, but have taken on leadership positions in their families and communities in later years. This could be the result of a) differing expectations of roles for elders as opposed to younger individuals in indigenous communities or b) historical factors such as greater openness about IRS experiences and support for survivors or greater acceptance of the use of indigenous healing practices, which at other times in history may have been outlawed or marginalized. Here, one must note a complication with trying to understand resilience across the lifespan: without multiple time points at which to examine outcomes in an individual's life, it is difficult to discern whether the person maintained positive functioning throughout the life course, or, as appears to be the case with many residential school survivors, experienced decreases in functioning but were eventually able to recover or heal. Some scholars of resilience argue for a distinction between resilience and recovery, in which resilient individuals experience no lasting declines in functioning after trauma or loss (Bonnano, 2004). However, it is difficult to imagine how an individual, having experienced years of abuse, would be able to remain resilient under such a definition. Thus, there is a need for further examination of what resilience means in the case of long-term abuse, as well as what resilience means when looking across the lifespan of a particular individual.

Resistance. During their testimonies, participants in this study also documented the fact that former attendees, their families, and their communities found ways to resist the IRS system. Survivors provided examples of speaking up against authority, sneaking food, speaking their own languages, resisting sexual abuse, and running away. They also discussed how family and community members resisted the residential school system, either by helping the children or refusing to send children to the residential school. These statements are congruent with those by historians of the residential school system, who have also documented resistance to residential school practices, both by children at the schools and by their families and communities (Haig-Brown, 1988; Miller, 1996).

One might argue that such acts of resistance were simply means of survival: children attempted to survive in the residential school, and their families and communities, working together as a means of collective survival, would assist children in trouble. Indeed, multiple authors have linked indigenous resistance to different types of survival. Elsass (1995) discussed indigenous opposition to European norms as a means of cultural resilience that allowed indigenous communities to continue to practice their traditional cultures. Marker (2009) has discussed indigenous resistance to colonial rule as a means of cultural survival, and Fenelon and Hall (2008) discuss sovereignty movements as means of survival for indigenous communities. In this way, acts that are necessary for the survival of the individual, when in resistance to colonial forces that are attempting the destruction of culture, may also serve as acts of cultural survival. Additionally, actions of resistance by individual students did lead to many positive outcomes. For some, this meant an end to sexual abuse, while for others it meant expulsion from the school and a return to their home communities. Still, such acts of resistance were not without risk; they must be understood in the context of institutional conditioning, in which violence was

used to enforce a new set of behavioral norms. Many acts of resistance would be counterintuitive to strict goals of survival, given that they could be met with harsh punishment. This was also true for adults who refused to send their children to residential school, and were threatened with fines or other repercussions. Taken together, however, these different attributes of indigenous resistance to the residential school would suggest another quality of resistance to the IRS system: while many of the effects of residential school were likely deleterious to individual and community resilience, resistance to the IRS system may have promoted individual and community resilience through individual and cultural survival.

In addition to documenting resistance to the residential school, participants used their allotted time to address greater colonial injustices against indigenous peoples. In this way, they framed the IRS as part of an ongoing colonial process, which began even before the advent of the residential school system and has continued far beyond the closing of the last residential school. Such framing of the IRS also calls attention to the fact that the TRC, while possibly useful for healing from the IRS system, only fulfills a small part of a very large number of obligations that the government of Canada must fulfill indigenous peoples. In this way, speakers resisted the idea of "reconciliation" as something that can happen within the context of the truth commission, given that there are greater, and longer lasting obligations related to land, sovereignty, and equal status that remain unmet. It also serves to provide a historical orientation to the violence and abuse experienced by students at the residential school. Indeed, the Truth and Reconciliation Commission itself has identified the IRS system as a form of cultural genocide, in which the goal was destruction of culture and life ways, rather than the physical destruction of an ethnic group through mass killing. This framing is particularly important, especially when examining

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understandings of residential school within a framework of psychological trauma, which will be discussed in this next section.

Additional Reflections on the Indian Residential School System

From trauma to violence and social control. This study sought to understand concepts of trauma, loss, resilience, and resistance in the Indian Residential School System of Canada. Yet, there is one core concept that has arisen during the course of the study that was not included explicitly in its original framing: that of violence. By examining the ways in which participants in the TRC presented their experiences at the residential school, as well as the perceived effects of such experiences, it becomes clear that trauma is not the best overall framework for understanding the IRS experience. Rather, it is violence, in particular *colonial violence* that provides the most appropriate framework for understanding the Indian Residential School system.

Collective violence and genocide, it has been argued, can be seen as forms of *social control*, inflicted by a dominant group upon a less powerful group under the guise of morality, to control or eliminate that which is viewed as deviant (de la Roche, 1996; Campbell, 2007). The goal of the residential school system was assimilation: the discarding of indigenous culture and the adoption of a new, Euro-Canadian culture. Thus, the IRS system was a form of social control enacted by a colonial power attempting to rid itself of a culture that it saw as deviant. As was discussed extensively in Chapter IV, this was attempted through a process of institutional conditioning, made possible due to the removal of indigenous children from the influences of their parents and communities, and reinforced by a system that, when not imposing violence outright as a tool of conformity, created an environment in which violence could be enacted on indigenous children with little consequence to perpetrators.

Unlike violence, the concept of trauma does not inherently invoke relationships of power. Whether conceived as an event (i.e. a PTE) or an outcome, (i.e. PTSD), trauma in its psychological conceptualization remains the same regardless of how it happened, who created it, or why. PTSD in an accident victim produces the same symptoms as PTSD in a soldier returning from war, produces the same symptoms in a survivor of sexual assault, produces the same symptoms in the victim of a massacre, and so on and so forth. In contrast, Blanco, Blanco, and Diaz (2016) argue for the need to view the trauma that results from collective violence within a *psychosocial* framework rather than a clinical one. This framework recognizes that distress due to collective violence that is *intentionally caused* within a particular social context when one group enacts violence on another based on some category of social difference. It also emphasizes the need to move beyond a focus on the psychological effects of collective violence and toward a focus on the social effects of such violence. This kind of approach, which is common among scholars of collective trauma, is a much closer fit to the way in which IRS survivors describe the system's effects on individuals, families, and communities than is a purely clinical approach. It is also closely tied in with understandings of loss and resilience, particularly how such collective violence can lead to the loss of important protective factors that affect the ability of individuals to remain resilient in the face of trauma.

Finally, trauma does not provide an adequate explanation for all of the effects of IRS disclosed by residential school survivors in their testimonies. As many overlaps as there are between descriptions of residential school effects and symptoms of PTSD, there are also many discrepancies. Trauma does not explain *why* children were removed from their homes. It does not explain *why* sexual abuse was so prevalent in the residential schools. It does not explain *why* children were silenced when they tried to speak out. In contrast, violence and social control

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provide potential avenues to explain all of these phenomenon, as well as their effects. Thus, IRS should be viewed not as a traumatic experience, but as an institution in service to a colonial power, that used violence as a means of gaining and maintaining social control. Trauma, then, can be viewed as one of many results of exposure to this system, in addition to loss, disconnection, and broader impacts that were widespread across indigenous communities.

The role of testimony in individual and collective healing. Another area of inquiry that was examined in the literature review for this study, but not framed as a specific research question was the role that testimony plays, or not, in healing from the Indian Residential School System or other forms of collective violence. This is particularly important given critiques that the Truth and Reconciliation Commission, and compensation process for residential school survivors, psychologized the experiences of former attendees in a way that minimized the effects of residential school on families and communities. As was highlighted in Chapter IV, one of the most important aspects of healing that participants in this study discussed was that of reconnection, particularly reconnection to others and reconnection to culture. A third important aspect was finding voice, which was linked to reconnection: in order to reconnect with others, former attendees needed to find ways to talk about their residential school experience and explain its impact. In fact, several of the participants in this study used their TRC testimony as a means of telling significant people in their lives about their residential school experience for the first time.

According to Kirmayer (2007) healing traditions vary across cultures in large part due to how different cultures conceptualize the "self." Thus, psychotherapy is generally based on Western egocentric conceptualizations of self, whereas many indigenous cultures define the self in terms of social relationships (a sociocentric self) or the environment (an ecocentric selves).

Within this framework, he argues that collective ritual and family therapy are more suited modes of healing for a sociocentric self. Within the context of testimony, IRS survivors described both sociocentric values, such as mutual love and respect between family and community members, and ecocentric values, such as respect for nature and sustainability. Thus, speaking one's IRS story as part of the TRC may be therapeutic for multiple reasons, none of which have to do with psychotherapy: a) reclaiming one's own voice and narrative, which were lost during IRS, b) reconnecting with family and community, and c) participation in collective ritual (Niezen, 2013). Rimé, Paez, Kanyangara, and Yzerbyt (2011) note that collective experiences of trauma, or loss, can generate negative shared emotional climates, but that participation in collective ritual to address such losses then increases community cohesion and solidarity. In this way, public testimony may serve as a kind of rite of passage through which an individual can break silence and be recognized as a survivor within the community. Indeed, Angel's (2012) suggestion that the TRC served more for reconciliation with one's own past, as well as with family and community, is even more evident when considering testimony as a form of sociocentric healing.

Limitations

There are a number of limitations to this study, many of which can be traced to the design of the Truth and Reconciliation Commission. Participants in the TRC self-selected their participation, which means that they had both the ability and desire to speak in public about their residential school experiences. Those who are comfortable speaking in public about such negative life experiences are likely to be those who have had more positive outcomes, considering the level of emotional stability needed to provide a coherent narrative about very personal details of one's life in front of an audience. Indeed, some respondents did reference others who they wished could tell their stories, but were not at a place in their own healing to

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participate. It is also possible that those who had more positive experiences wouldn't want to share their stories in an environment that was so focused on healing, although two of the forty respondents did describe their experience at Beauval as generally positive. Speaking in public also requires some level of comfort with doing so, which may be why many of those individuals who did participate in the TRC were community leaders, or educators, who might have been more familiar with such settings. Thus, it is likely that those who spoke are unrepresentative of very extreme cases in terms of outcomes, both positive and negative. Additionally, the TRC held hearings in a limited number of communities, which could have restricted geographical access to those communities.

Conditions and experiences varied widely between residential schools, and conclusions drawn from testimonies given about Beauval are not necessarily generalizable to other schools. However, the richness of the historical record surrounding the Beauval school, which includes yearbooks, and a historical report comparing it to other schools in the province, in addition to the Canadian government documents that are available for most other schools, provided contextual details that help to understand these limitations and set up potential sites of comparison for futures studies. For example, Beauval was more isolated geographically than many other residential schools, some of which were located within indigenous communities. It was also documented to have had less severe forms of physical abuse than other schools in Saskatchewan, at least during the 1960's. Thus, future studies might examine testimonies of former attendees at schools within the province that had more severe forms of physical punishment, or were located within indigenous communities, to see whether conditions were markedly different from those at Beauval.

There is the additional concern that reports given to the TRC are retrospective in nature. Participants are discussing experiences that occurred, in many instances, more than 50 years in the past. This limitation has largely been avoided by taking an interpretive rather than a phenomenological approach to this study. Rather than framing research questions in terms of facts or qualities of particular events, the researcher is more interested in how participants frame and interpret such events in testimony, and how these representations relate to existing understandings regarding trauma, loss, resilience, and resistance.

Another limitation is a linguistic one. Although testimonies were primarily given in English, some phrases were spoken in Dene or Cree. These phrases were excluded from analysis due to the lack of time and resources to identify and contract a translator for this project. Considering the fact that people often switch to another language to express ideas that cannot be expressed in English, it is very possible that these phrases would have contained important information about residential school attendees' conceptualizations of their experiences. Still, untranslated phrases were only present in seven of the testimonies. Another nine testimonies were given fully or in part in Dene or Cree, but with simultaneous translation to English. Due to the difficult spontaneous nature of simultaneous translation, it is possible that some information was skipped or translated in a manner that was not entirely accurate.

Finally, public testimonies were used from communities with which the principal investigator had no prior experience or contact. This means that transcripts could not be double-checked with participants in order to verify their accuracy. Follow-up and clarifying questions could not be asked, either, and results were not presented to community members in order to receive feedback on the author's conclusions. These are inherent limitations of analyzing secondary data from the TRC without taking a community-based approach to the design and

conceptualization of the project. It also adds an additional layer of subjectivity to the process of data interpretation, in which it is possible that the results were interpreted in a way that does not reflect the participants' original intent. Thus, it is particularly important to recognize that this analysis is that of a community outsider, who was unable, due to the constraints of the project itself, to perform the kinds of fidelity checks and follow-up that one might ordinarily expect of a research project in which the researcher both gathered and analyzed the data.

Future Directions

Practice implications. Given that TRC participants did not describe their experiences with a focus on psychological trauma, and discussed healing in interpersonal, cultural, and community terms, it is essential that interventions that seek to aid communities in recovering from the effects of the Indian Residential School System also take this approach. As such, practitioners seeking to work with residential school survivors, their families, and their communities, should be trained in indigenous, holistic understandings of trauma, loss, and resilience. Schools of social work, in particular, should take care not to separate their curriculum in terms of "micro" and "macro" approaches to intervention when working with communities that do not identify such distinctions in their own experiences and the effects of such experiences. The dissimilarity between clinical understandings of trauma and those discussed by TRC participants also underlines the importance of working with indigenous communities to design interventions that are appropriate for use in communities whose worldviews may be very distinct from those that have provided the foundations to most clinical trauma treatment. Many indigenous communities in Canada have already developed conceptualizations of healing from the residential school system. For example, Lane et al. (2002) suggest community level measures such as developing a comprehensive community healing plan, shifting from crisis

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response to building new, healthy patterns of life, incorporating healing into other activities such as elder care, and strengthening non-profit organizations and interagency cooperation.

Critiques of clinical approaches to addressing residential school trauma share a number of traits with critiques of global humanitarian interventions designed to aid recovery from collective trauma. As such, one possibility is to examine more recent research in this area, where scholars of collective trauma have developed interventions that focus not on treatment of individual psychological outcomes, but rather on strengthening family and community resources for recovery. For example, the Resilience Reactivation Framework (Abramson, 2015) posits that access to social resources leads to resilience and better mental health outcomes after collective trauma. This includes strengthening human capital, economic capital, social capital, and political capital. Walsh (2007) also takes a multi-systemic resilience-based approach suggesting that the most important components of intervention, after major disaster or large-scale loss, are to strengthen shared belief systems, community organization, and communication. The Linking Human Systems (LINC) community systems approach (Landau, 2007; Landau, Mittal, & Wieling, 2008) was developed as an outgrowth of therapy designed to assist families in times of change. It views the family as the core unit for healing from trauma, and views both families and communities as inherently resilient and knowledgeable of their own needs and methods of healing. Although such approaches were not developed specifically for use with indigenous populations, they were developed for use with global populations in response to humanitarian interventions that ignored local resources in favor of implementing mainstream psychological interventions based on Western understandings of clinical intervention. Considering that the goal of such interventions is to rely on and strengthen local understandings of healing, they may represent promising practices that could be adapted for use with indigenous communities in

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Canada to address the consequences of the Indian Residential School system. As always, the evaluation of whether such approaches are appropriate for a given community should be made by members of the community themselves, rather than imposed from outside organizations or practitioners.

More generally, regardless of the healing approach used, this study highlights the importance of two components when addressing the effects of IRS. The first is recognition of the therapeutic utility of discussing residential school experiences outside of a clinical therapeutic setting; respondents emphasized the importance of finding their voices after years of being silenced by the residential school system. Not only that, but finding voice also serves as a vehicle for former residential school students to reconnect with families and community. Second, respondents emphasized the importance of reconnection with others and culture, something which can be facilitated through healing activities focused on strengthening of family and community bonds and promoting reconnection to culture. Finally, given the need for community-based interventions to address the effects of residential school, promoting the voices of residential school survivors, and their reconnection to community, should facilitate the collective action needed to carry out interventions at the community level. This would go beyond a support group format and promote the engagement of residential school survivors in forming or participating in community organizational structures.

Further research. This study has provided an exploratory look into understandings of trauma, loss, resilience, and resistance among former attendees of the Beauval Indian Residential School system. While extensive, this thematic analysis was limited in its lack of centering in a community context, which lead to an inability to ask follow-up questions and delve deeper into the meaning of the words used by participants in the TRC. Given the limitations of using TRC

testimony, a next step of inquiry should involve interviews with IRS survivors in order to ask clarifying questions and gain more in-depth understandings of IRS experiences, their effects across the life course, and resilience and healing trajectories. This would ideally be done in partnership with local communities in a way that provides information that will be useful for communities in designing and implementing their own healing efforts.

Beyond the study of the IRS system, further research is needed on indigenous understandings of healing and resilience. Although recent research on resilience suggests there is great value in multidimensional and ecological models of resilience, such models need to be compared with existing conceptualizations of resilience in indigenous communities. Similarly, further research is needed to understand what resilience might look like at different points across the lifespan, as well as how the sources and types of resilience might vary between cultural groups. Finally, given that the results of this study suggest that residential school survivors do not conceptualize trauma in the way that mainstream clinical theories do, further research is needed on how indigenous individuals and communities conceptualize the effects of extremely stressful life events, as well as recovery and healing from such events. Such research would contribute to the development of interventions that better meet the healing needs of indigenous communities at multiple levels.

Conclusion

Drawing from a thematic analysis of 40 testimonies from former attendees of the Beauval Indian Residential School, this study sought to understand conceptualizations of trauma, loss, resilience, and resistance in the Indian Residential School System of Canada. Participants' descriptions of trauma and loss from the IRS system, while containing some overlap with psychological notions of these concepts, extended far beyond psychological understandings to

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include holistic impacts IRS system on individuals, families, and communities. In order to conceptualize the broad impact of this system, it is important to understand the IRS experience not simply as a traumatic event or series of events, but rather as the result of a colonial system that used violence to reinforce institutional conditioning of indigenous children with the ultimate goal of forced assimilation into subordinate positions within Euro-Canadian society. At the same time, this study has demonstrated that indigenous peoples both resisted and remained resilient in the face of the IRS system. Healing in the aftermath of the IRS system must draw on the strengths of indigenous individuals, families, and communities, incorporating holistic conceptualizations of both distress and wellness. Additionally, it must focus at the community level on involving residential school survivors in healing efforts to promote the inclusion of lost voices as well as strengthen cultural values that emphasize trust and mutual support within indigenous families and communities.

APPENDIX A

Figures and Tables

Figure 1

Process of selecting sample of IRS testimonies

POPULATION: All audiovisual recorded statements provided to the TRC
N = 4,567

EXCLUDE: Private Statements and Sharing Circles
N = 2,663

Public Sharing Panel Statements
N = 1,904

EXCLUDE: Northern Region (hostel system); Quebec (Francophone)
N = 753

Residential School System in Anglophone Provinces
N = 1,151

EXCLUDE: British Columbia (missing hearing); Atlantic Region (missing hearing, only one school recognized by the TRC); Manitoba (no statements collected at national event)
N = 511

Provinces with Complete Data
N = 640

SELECT CASE: Saskatchewan Only
EXCLUDE: Alberta, Ontario
N = 317

Sharing Panel Statements in SK (estimated by NCTR)
N = 323

EXCLUDE: Statements with no video, statements by invited guests, and Masters of Ceremony.
N = 62

Sharing Panel Statements in SK (observed)
N = 261

EXCLUDE: Statements with no video, statements by invited guests, and Masters of Ceremony.
N = 68

Statements made by Former Attendees in Saskatchewan
N = 193

EXCLUDE: Statements given at schools other than Beauval
N = 148

Statements from Beauval attendees
N = 45 statements

EXCLUDE: Language and recording issues
N = 2

INCLUDED: 43 statements from Beauval attendees
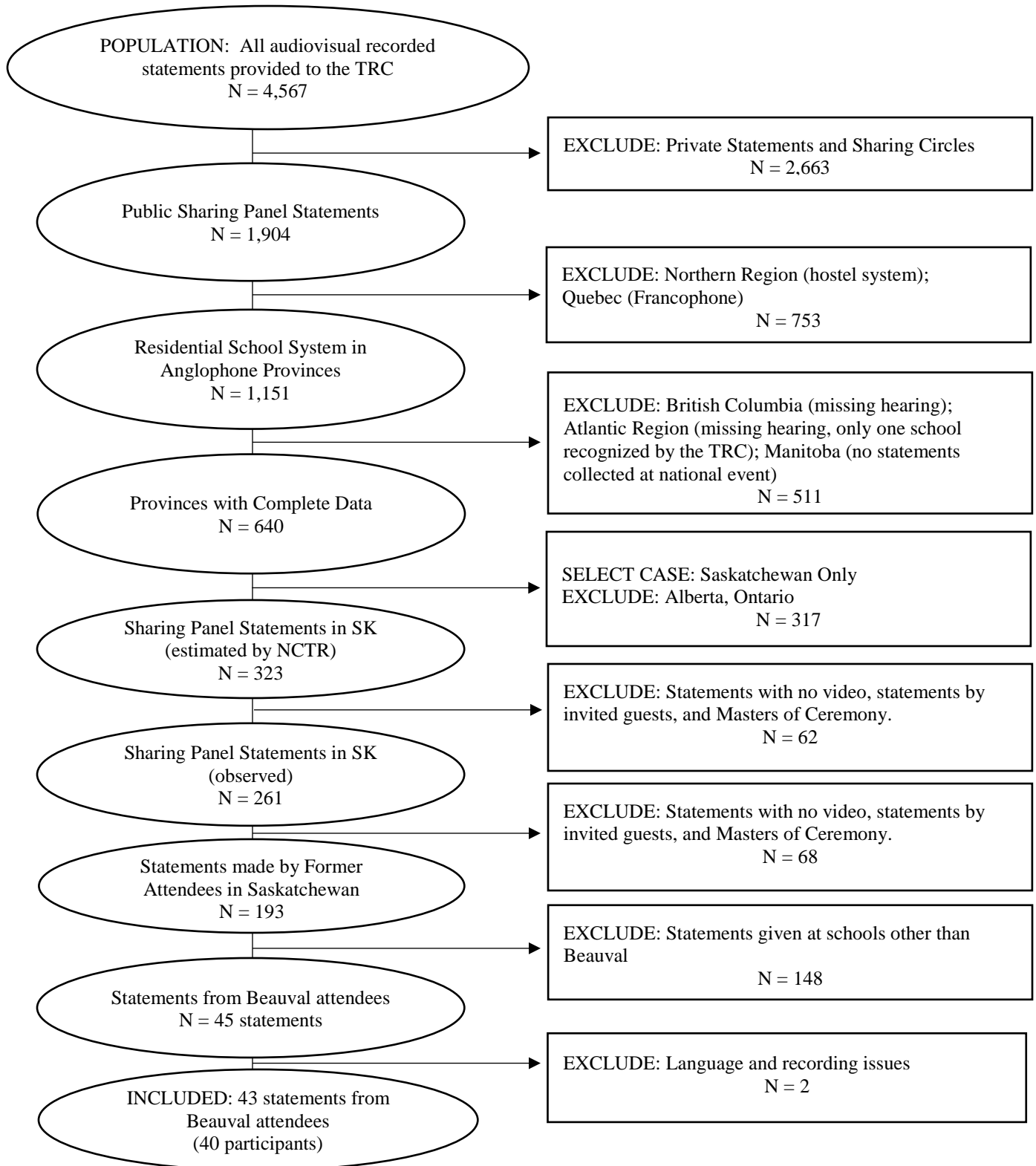(40 participants)

Figure 2

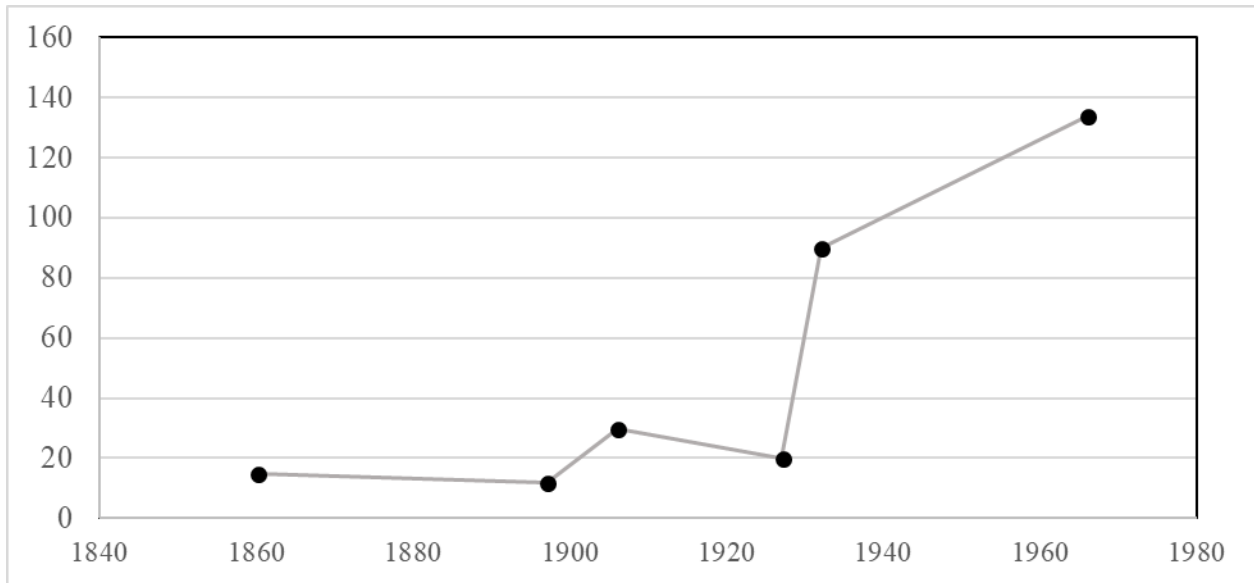*Number of students enrolled at Beauval IRS by year*

Figure 3
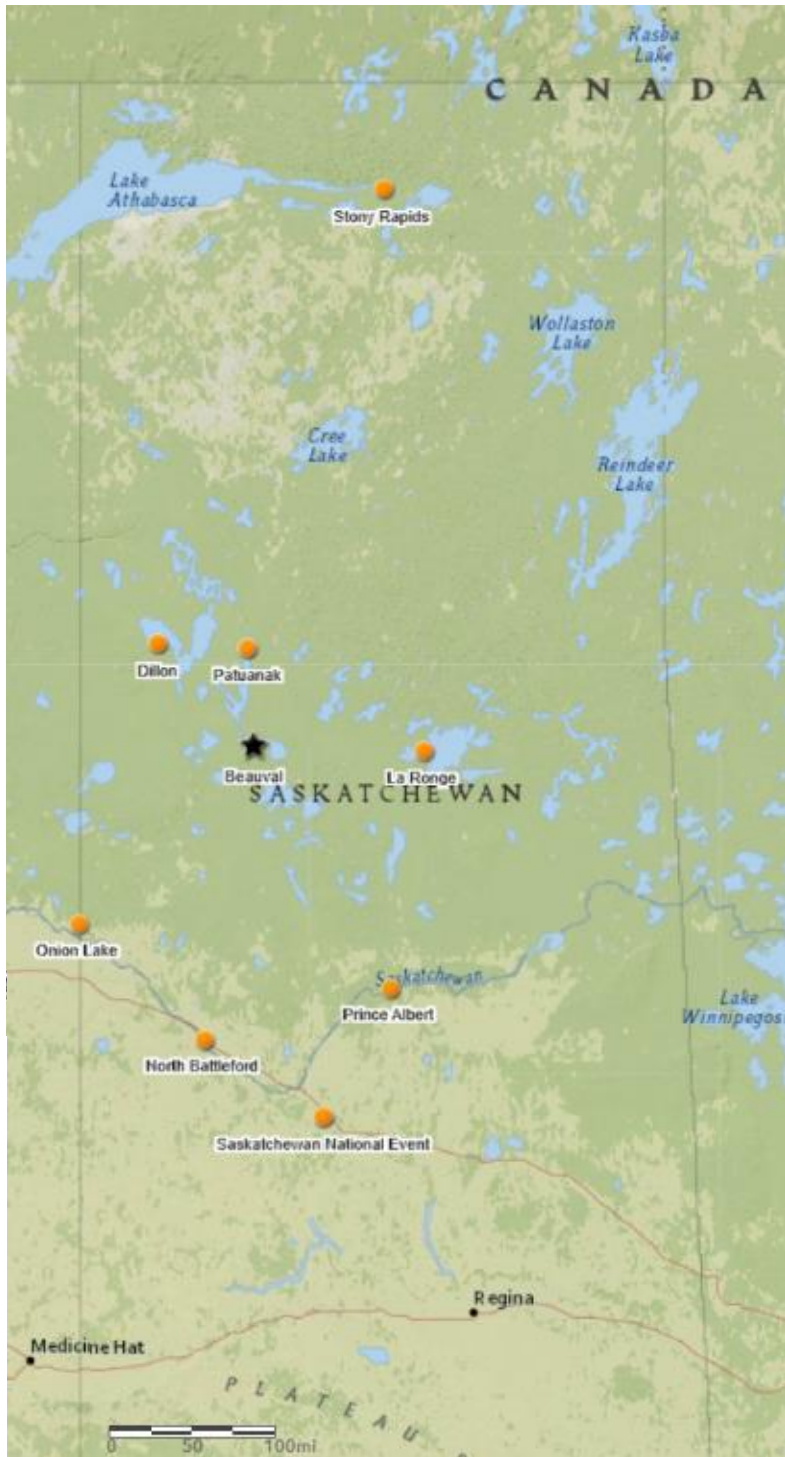
Map of hearing locations relative to Beauval IRS

Figure 4
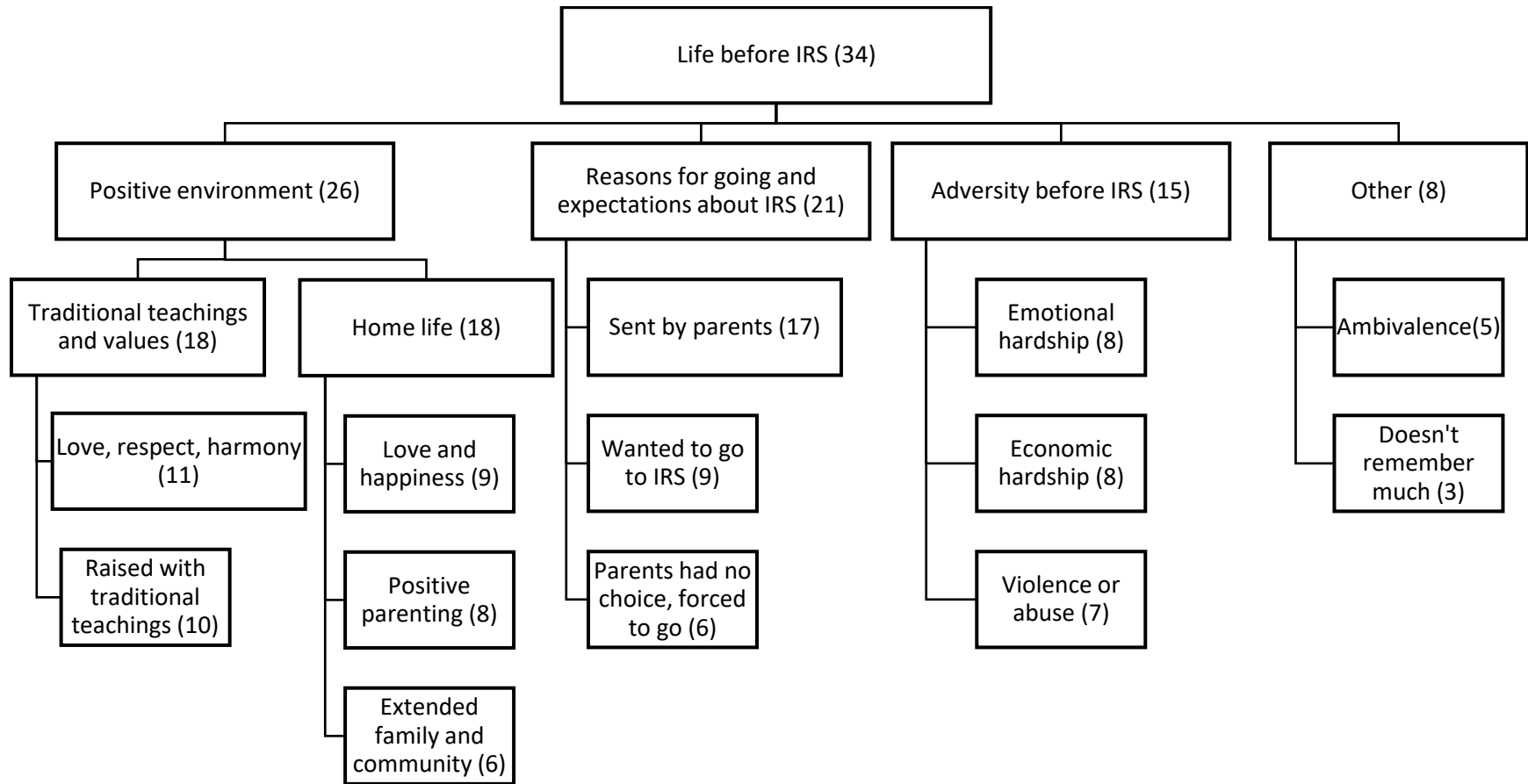
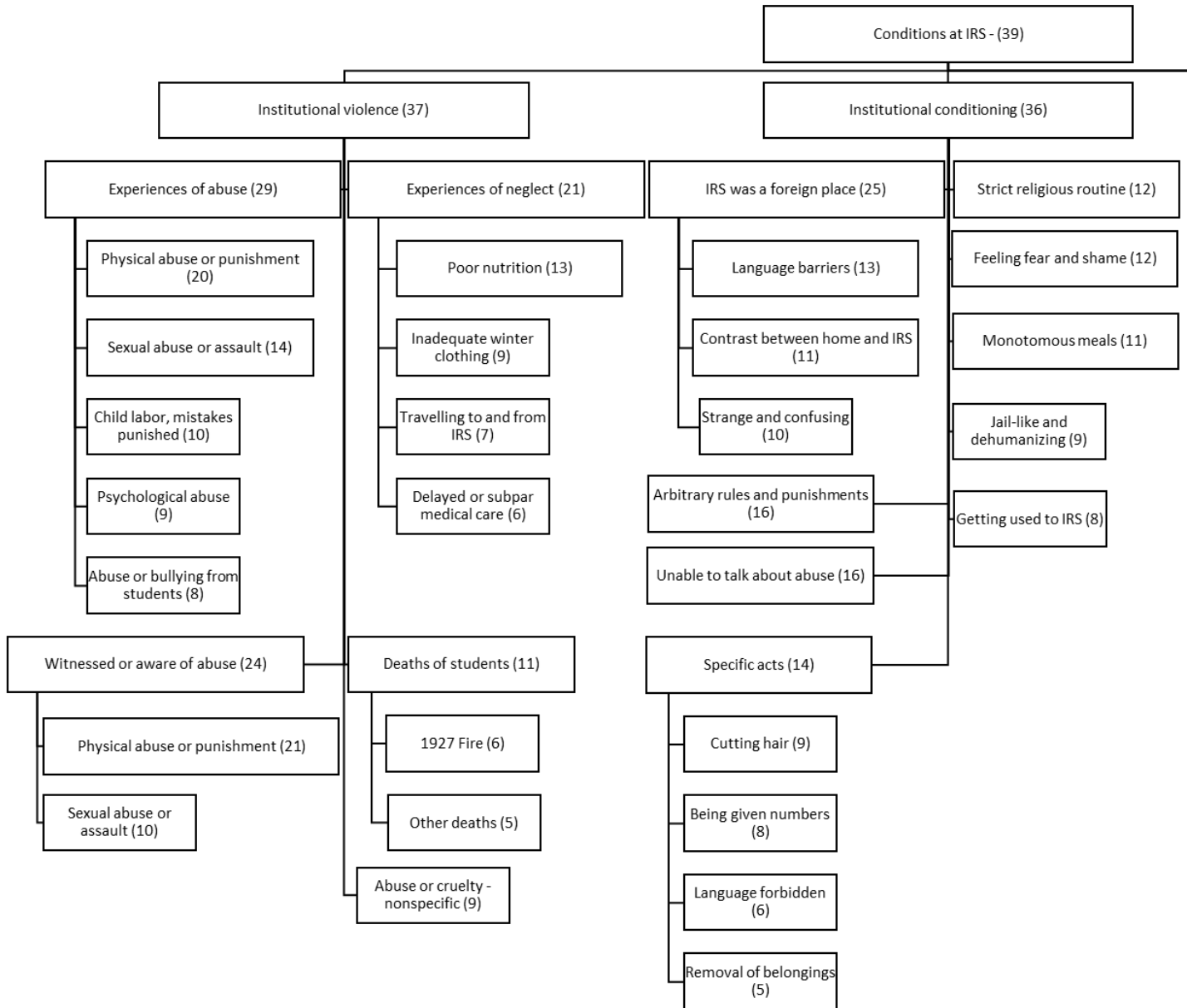*"Life before Indian Residential School" and subthemes*

Figure 5

"Conditions at Indian Residential School" and subthemes
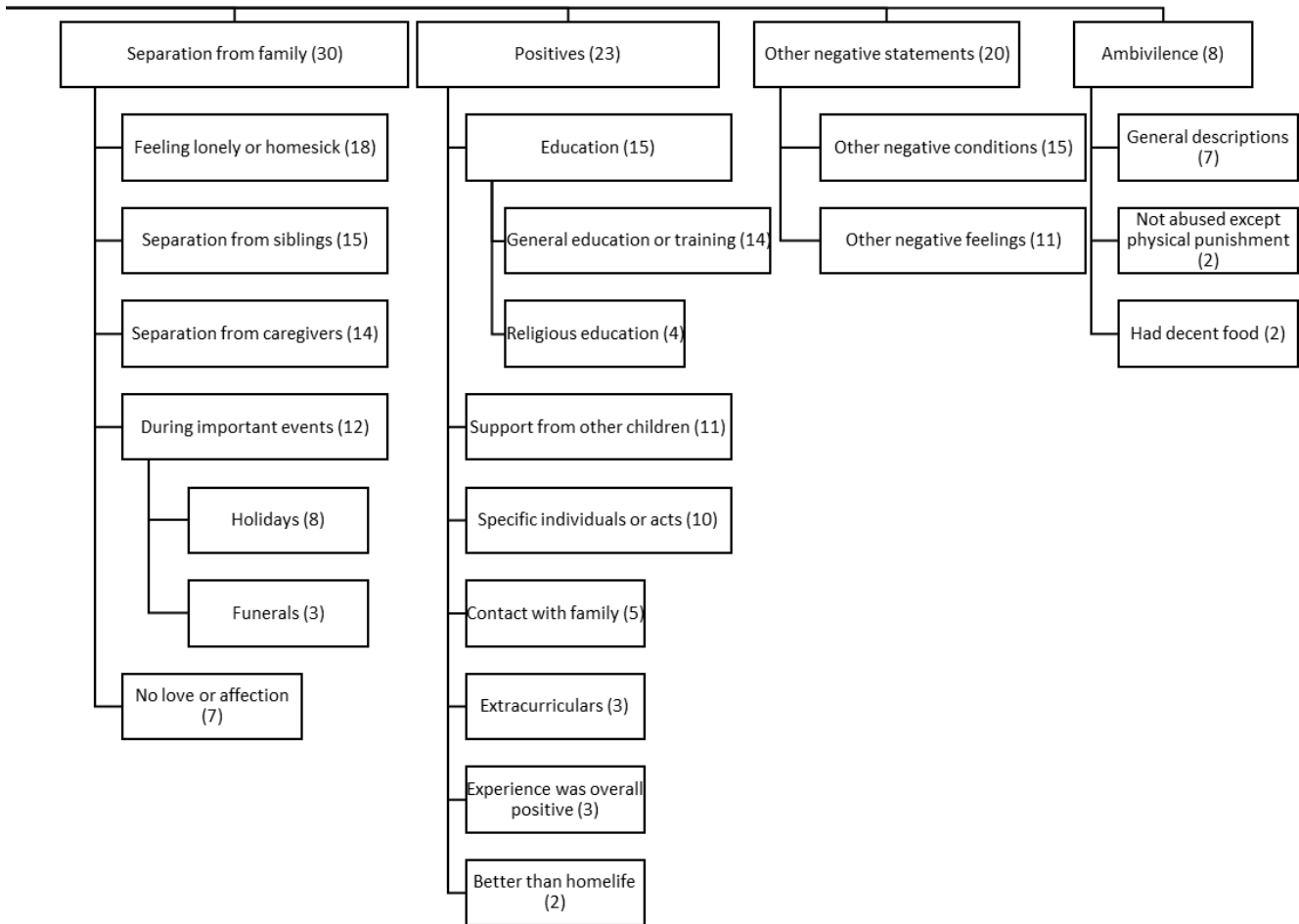
Figure 6

"Effects of Indian Residential School" and subthemes

Effects of IRS (40)
- Personal losses (38)
  - Loss of wellness (31)
    - Long lasting, pervasive pain and suffering (22)
    - Alcoholism and alcohol use (17)
    - Ongoing reactions to IRS reminders (15)
    - Physical health problems (13)
    - Long lasting anger and resentment (13)
    - General emotional effects (4)
  - Loss of voice (24)
    - Silence about IRS experience (20)
    - Hiding emotions or pretending (9)
  - Loss of meaning (17)
    - Struggles with religion (13)
    - Questioning, wondering about IRS treatment (8)
  - Loss of self (16)
    - Sense of interiority, stupidity (9)
    - General loss of self (8)
    - Loss of innocence and childhood (5)

Losses of connection (31)				Broader impacts (15)

Losses of connection (31) branches:
- Loss of educational opportunity (14)
- Loss of connection to family (24)
  - Destuction of family bonds (17)
  - Difficulty giving and receiving love (12)
  - Poor treatment of loved ones (9)
  - General parenting difficulties (9)
- Loss of connection with others (16)
- Loss of culture and language (9)

Broader impacts (15) branches:
- Widespread impact (10)
- Effects on parents and children of survivors (10)
- Other negative phenomenon (7)

Figure 7

Theme of 'Resistance' and subthemes

Figure 8

Theme of 'Resilience' and subthemes

Resilience (37)

Cultural (25)

Still speaks indigenous language (17)

Practices or believes in traditional teachings (17)

Interpersonal (25)

Helping others - general (17)

Leadership roles after IRS (13)

Giving testimony to help others (9)

Individual (13)

Self-pride and strength (11)

Self-reliance (7)

Making the best of IRS (4)

Family (11)

Positive parenting (8)

Taking care of orphans or grands (7)
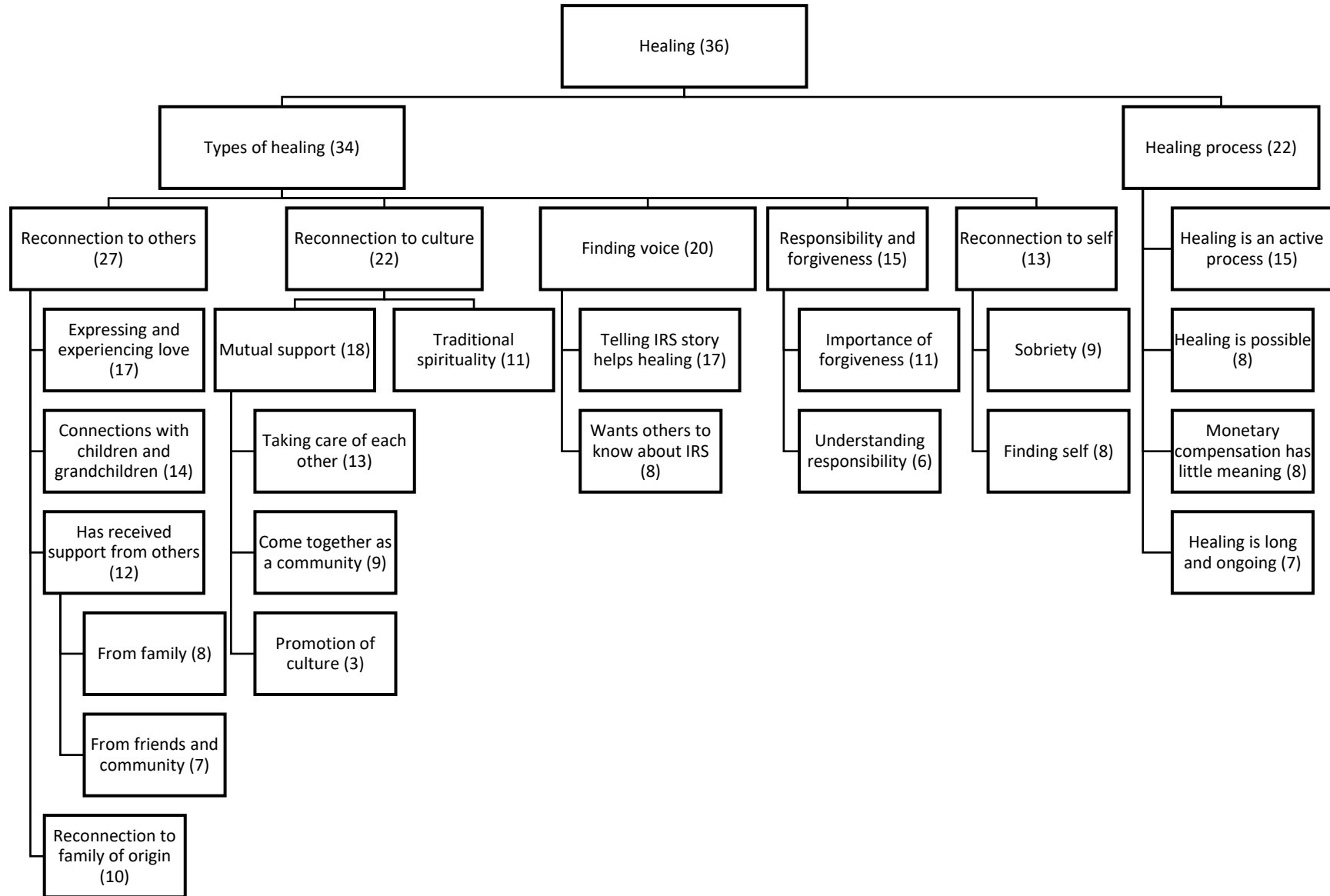
Figure 9

Theme of 'Healing' and subthemes

Table 1

Steps for thematic analysis from Braun & Clarke (2006)

Step 1: Familiarizing yourself with your data: Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.

Step 2: Generating initial codes: Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.

Step 3: Searching for themes: Collating codes into potential themes, gathering all data relevant to each potential theme.

Step 4: Double-Check themes: Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.

Step 5: Defining and naming themes: Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme

Step 6: Producing the report: The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Table 2

Examples of coded abstracts and final themes

Theme(s)	Code(s)	Meaning Unit
Life before IRS > Positive environment > Home life > Extended family and community Life before IRS > Positive environment > Home life > Traditional teachings > Love, respect, harmony	Grandfather gave teachings during childhood. Grandfather taught take only what you need; also, married couples stay together for life.	And then there was two loons out in the lake, he wanted to take those two loons together, it never happened. So there was still lots of shells in the box. I wanted to go some more. But [my grandfather] said to me after we got ashore "It's all we need," he said, "This is all we need. We don't need to get anymore, there's other days." He said "You take whatever you need. You don't have to take more." And he said "Those two loons," he said, I want you to take them both" he said. "When loons get together, they're for life" he said. No, you want to take them both. "It's like a married couples. They stay for life."
Resistance > Broader context of TRC > Injustices against indigenous people > By church	Because of the church, children who were born out of wedlock were ridiculed and humiliated and it still happens today.	And that's what was taught by the church in our community. Our children that were born out of bad luck, wedlock, were told that, and then they were discriminated against and put down and ridiculed and humiliated and it seemed to happen for years and it still continues today.
Conditions at IRS > Ambivalence > General descriptions Conditions at IRS > Disconnection from family > Lonely or homesick	Tried to obey and listen like mother taught so stay was okay. Experienced loneliness.	My mother always talked to me about obeying and listening. So I tried to do that the best that I could. As a result of that I guess I can say that my experience in Beauval was, I mean, not the greatest, but was an okay stay for me, except the loneliness part.

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