

BEYOND THE FOUR WAVES OF COLONIZATION

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..awareness..compassion..celebration..

The First Three Waves of Colonization

After the 1812 war with the United States, Canada (i.e. Britain) no longer required the military assistance of the Aboriginal community. At the same time, European colonizers were demanding more land for their economy. This, combined with the drive to: (1) increase the number of Christians, (2) improve Aboriginal people, since they were considered to be inferior to Europeans, (3) enhance public and private wealth by putting the land to its 'proper use' (farming, commercial fishing, logging, mining, etc.), (4) create a cheap labour force (since Canada had not embraced the slave trade), and (4) to promote national prestige, also motivated the federal government. They created a plan to "solve the 'Indian problem', through the destruction of Aboriginal culture and traditional ways of life (Berkhofer 1979; Canada 1895; Francis 1992; Chrisjohn, Young, and Mauraun 1997; McCormick 2002).

The Colonization of Aboriginal peoples has generally been considered to have operated in three waves:

- 1. **legal** – legislation to identify and control the Aboriginal population through the suppression of legal rights, based on the view of Aboriginal peoples and communities as 'savage';*
- 2. **administrative** – a reserve system designed to isolate Aboriginal groups and claim their traditional lands, based on the view of Aboriginal peoples and communities as 'heathen'; and*
- 3. **ideological** – the Residential School and Foster-parent System which were originally intended to assimilate and later separate Aboriginal people from the non-native mainstream, based on the view of Aboriginal peoples and communities as 'deficient' (Chrisjohn, Young, and Mauraun 1997; McCormick 2002; Milloy, 19999).*

*However, a fourth wave of colonization is currently oppressing the Aboriginal community, a **medical** wave, made up of professional caregivers, treatment centres, and others which*

encourage and provide so-called healing, based on the view of Aboriginal peoples as 'sick' (Chrisjohn, Young, and Mauraun 1997; Thira, 2005).

The first wave declared Aboriginal people to be 'savages' – incapable of properly looking after themselves; they were unable to control their communities and institutions, buy land, arrange bank-loans, or buy alcohol. Legislation was designed to identify and control the Aboriginal population as well as their traditional practices, which served spiritual, social, personal and economic tasks essential to the cultural survival of their communities. The goal of such legislation was to control and eventually assimilate the 'Indians' into the social and economic mainstream. The 'Department of Indian Affairs' was created to manage the lives of Aboriginal people and enforce the criminalization of traditional cultural practices. Totem poles, ceremonial objects such as masks, and regalia were destroyed or sold to collectors. Native political, cultural and spiritual leaders were jailed for facilitating such 'heathen practices' (Furness 1995). In 1920, the federal government prohibited Natives from organizing to discuss the Land Question and it became a crime to raise money to pursue Aboriginal title, an offense punishable by fines or jail time. Nonetheless, the Native Brotherhood of BC was formed in 1931 to secretly kept land claims discussions alive amongst Aboriginals on the West Coast.

The second wave was administrative, and involved community relocation and the creation of reserves. Since the Aboriginal people were considered 'heathen', their territory was not considered 'settled' in a manner that required the respect of Christian nations. Thus, it was deemed acceptable to 'conquer' the land, whether by force or 'acquiescence' (i.e. a lack of direct resistance). Even land ceded to Aboriginal people by King George in his 1763 declaration was surveyed and sold. Many communities were forcibly re-located from traditional locales to tiny reserves that had little resources to ensure the continued survival of the community; but, these relocations opened up traditional territories for non-Native resource use and allowed Aboriginal people to be more easily administered by government. Communities were sometimes moved to non-existent 'new villages' where they were left to freeze and starve. Oftentimes 'tribes' were created as different – and often adversarial – cultural groups were forced to live together. The term 'chalk-board promise' was coined by Aboriginal groups after Indian Agents made elaborate promises and then, when the community was moved, erased the text of their promises from the blackboard and burned the original village. In response to poor results--the communities were still too strong in their economy and connection to their territory--a pass system was instituted that required Natives to obtain a visa in order to leave their reserves, and band money was put entirely in the hands of non-native administrators. These impoverished conditions of reserves still exist today; the current conditions of housing and sanitation on reserves have been described by the United Nations as 'third world'. Interestingly, this Reserve model was inspected by South African investigators and provided the model from which 'Apartheid' was designed (Milloy 1999).

Officially designed to 'protect' and transform the 'students', Indian Residential Schools were set up by the federal government, through several Christian denominations, with the intent of 'civilizing' and converting Aboriginals to Christianity as well as preparing them for employment

as a cheap source of labour (Furness 1995). This third, ideological, wave of colonization declared Aboriginal peoples to be 'deficient'. Perhaps better described as genocidal concentration camps for Aboriginal children (Francis 1992; Furness 1995; Wade 2000), the system separated children between the ages of five to seventeen from their family and communities. Attendance was mandatory for all children and estimates suggest that as many as 60% of the students died while in the schools, largely due to illness, beatings, attempted escape, or suicide (Milloy 1999). Adhering to the Department of Indian Affairs' statement that Aboriginal children must not be educated "above the possibilities of their 'station'", the schools' curriculum included moral training (i.e. physical labour), academic training (even though many teachers were insufficiently educated), and industrial training for farming and menial labour (Chrisjohn, Young, and Muraun 1997). As a result, more time was spent in vocational preparation (i.e. unpaid labour) than in academic studies (Dion Stout 2003). Physical, emotional, sexual and spiritual abuses were the norm, and humiliation and beatings were a common response to any attempt at resistance, cultural expression, or escape. In British Columbia, nineteen residential schools were established at various times and locations between 1861 and 1986. St. Mary's, the first of these schools to open in BC, did not close its doors until 1986. [1][1]

The three interventions have each generated profound negative impacts on Aboriginal people in BC (see Table 1).

Table 1. Negative impacts on Aboriginal people as a result of 3 waves of colonization

<i>Relocation/Reserves</i>	<i>Loss of Rights and Criminalization of Culture</i>	<i>Residential School System</i>
<i>loss of home/belonging</i>	<i>loss of cultural traditions</i>	<i>loss of family</i>
<i>loss of economy/food source</i>	<i>loss of ceremonial artefacts</i>	<i>loss of culture/language</i>
<i>loss of localized spiritual places/culture/identity</i>	<i>loss of history</i>	<i>loss of identity/social role</i>
<i>loss of lifestyle and freedom</i>	<i>loss of sociocultural identity</i>	<i>loss of parenting and life skills</i>
	<i>loss of livelihood</i>	<i>loss of self esteem/spirit</i>
		<i>loss of value (internalized racism)</i>

The Fourth Wave of Colonization: Western 'Healing'

In response to these consequences, a fourth, medical, wave of colonization and genocide has been created—a social welfare industry made up of therapeutic foster homes, treatment facilities, and consulting mental health and social service professionals (not to mention researchers and academics) who have shifted the label from ‘savage’, ‘heathen’, and ‘deficient’ to “sick” Indian and/or community (Milloy 1999; Ward 2001). Aboriginal people and communities are victims who now require help from the very colonizers who harmed them. So-called 'Residential School Syndrome' (RSS) provides an excellent example. RSS has been proposed as a form of mental illness with symptoms that include the intrusion of terrifying memories and dreams, the avoidance of anything that reminds one of Indian Residential School, and an unrealistic fear of danger (anxiety), among others. It also suggests that many of the problems currently experienced by Aboriginal communities, such as addiction, violence, unemployment, family problems and suicide, are a result of this mental illness (Brassfield 2001). However, by placing the responsibility for the problem on the individual, implying that it is caused by their failure to 'adjust' to their traumatic personal past, RSS can be viewed as a tool that labels survivors a person as 'sick', rather than someone who is living with ongoing social oppression (Chrisjohn, Young, and Mauraun 1997). Thus, it has been argued that a better diagnosis for the problems just described is 'Acute and/or Chronic Response to Colonialism' (Duran & Duran 1995). From

this socially aware perspective, it is not the Aboriginal individuals who are 'sick', but those who oppress them. It is the colonizers, not the survivors, who should be diagnosed with RSS. The symptoms must be revised to be: the desire to steal children from their parents and to rob a people of their language, culture, and land (Chrisjohn, Young, and Mauraun 1997).

Mainstream (Western) treatment promotes social assimilation (Atleo 1997); that is, its goal is that Aboriginal 'patients' become content in spite of being oppressed. Social change in the face of ongoing genocide is traded for 'adjustment,' or the reduction of distress. Individuals are separated from their sociocultural and historical context. Notions of individual pathology (symptoms due to an illness) replace that of social oppression of a group. With Aboriginal clients, consultants and clinicians are often guilty of false generosity—the exchange of apparent healing for further supplication to hegemonic demands (Burman 1996; Freire 1990):

With the proliferation of practices that defined the victims of violence as damaged, dysfunctional, or disordered, the helping professions took up a highly specialized and critically important role within the colonialist enterprise. Whereas the project of colonization was directed against the deficient aboriginal [sic] ("for his own good"), the deficiency-oriented practices promoted by the health professions have contributed to a process of 'psycholonization', that is, the inward movement of colonization, extended against the mind and spirit of the violated individual (once again "for his own good"). In the discourse of colonization, aboriginal persons were violated and displaced because they were seen as deficient. In the discourse of psycholonization, aboriginal persons are seen as deficient (damaged, disordered, dysfunctional, etc.) because they were violated and displaced. (Stephenson 1995: 201)

This so-called 'psycholonization' has allowed for the further exploitation of the population by generating a 'social welfare industry' in which money goes from government (non-native oppressors) to distressed Aboriginal nations, bands and individuals and then back to non-native agencies and clinicians, who are themselves party to the oppressive source of the distress (Chrisjohn, Young, and Mauraun 1997). As in the other three waves, non-native people are gaining wealth and power at the cost of Aboriginal empowerment in the face of ongoing oppression.

Breaking the Tide: Aboriginal Healing

Aboriginal healing is significantly different from Western notions of healing and the confusion resulting from the two definitions has been taken advantage of in the fourth wave. Rather than to fix a pathology, Aboriginal healing is intended to balance the four aspects of humanity (mental, emotional, physical, and spiritual) through the interconnecting contexts of nature, community, family, and the individual, and has been identified in the processes of social support, interpersonal sharing, and learning, which includes cultural traditions, language, and formal education (Dion Stout 2003). It is designed to reaffirm cultural values and to integrate the individual in the context of the community, establishing harmony and improving interpersonal relationships (Torrey 1972). Healing impacts individuals,

families, and the community simultaneously (Atleo 1997). Effective intervention, then, must have the restoration of balance as its primary aim and must operate at all levels of existence (personal, social, spiritual, and natural), rather than treat a specific disease via individual pathologization and external interventions (Cross 1998; Mussel, Cardiff, and White 2004). In addition, a mainstream approach ignores the responsibility of the clinician's role in confronting oppression with the client (Prilleltensky 1994):

In an Aboriginal context this responsibility includes the need to combat prejudice and to support Aboriginal people in the pursuit of self-determination, healing and sustainable social and economic development (Dion Stout 2003: 21).

Since the 1980s, there has been an Aboriginal reclamation of traditional belief systems, practices, languages, and cultures in order to overcome personal experience and problems (LaFramboise, Trimble, and Mohatt 1990). Communities have taken the opportunity to care for their children and to reintegrate those previously lost in the system. In many communities, cultural identity is being rekindled (or was secretly maintained in the last century). In those communities where Elders receive respect for their wisdom/experience, care for their well being, and a meaningful community role, their suicide rate is almost nonexistent compared to the dramatic increase in the suicide rate of senior citizens (RCAP 1995; Thira 2005). Thus, the "cure" for the impacts of colonization lies in: interventions that cultivate both personal and collective empowerment of will and spirit; community caring and respect; and spirituality, honour, and cultural pride through the promotion of cultural identity and traditional values (LaFramboise, Trimble, and Mohatt 1990; Mussel et al. 2004). As McCormick (1997, 178) states, "First Nations people have recognized the overwhelming need to be reconnected and so reclaim that which was taken, and are now acting to reconnect and strengthen these bonds". Other researchers have also noted the importance of reclamation in overcoming the impacts of colonization:

Beyond the multitude of individual transformations from victim/abuser to contributing member of the community, and examples of family healing, communities are transcending colonization through: political advocacy and/or the development of self-government, the pursuit of land claims and treaty rights, the building of Elder's centres and the care of Elders, language classes and recording Elders' stories, mental health, treatment, and family support program development, day cares, youth programs, and retraditionalization. ...[O]ne of the most significant developments in recent decades has been the resurgence of interest in Aboriginal culture and traditions. At the individual level, this resurgence has promoted pride and self esteem... [with] ten distinct values or core beliefs associated with the fostering resilience in Aboriginal settings. These include: spirituality; the importance attached to child rearing and the extended family; the respect for age, wisdom and tradition; respect for nature; generosity and sharing; cooperation and group harmony; autonomy and respect for others; composure and patience; relativity of time; and non-verbal communication (Dion Stout 2003: 24-5).

A civil rights movement has paralleled this Aboriginal cultural revitalization, resulting in National identity and the development of a critical history. The result has been a renegotiation of the relationship between Indigenous peoples and the dominant culture (i.e., government)

(Wesley-Esquimaux and Smolewski 2004). It is the combination of individual and community reconnection and empowerment and the development of a strong collective voice (in policy and negotiation), that will result in the strength and compassion that can not only withstand all four waves of colonizing oppression, but become a force of transformation for Aboriginal people and non-natives alike.

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