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The Role of Dependency and Colonialism in Generating Trauma in First Nations Citizens

The James Bay Cree

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INTRODUCTION

Research on trauma among First Nations citizens has focused primarily upon the psychological aspects of posttraumatic stress disorder (PTSD). The role of sociology in this area of research is different than that of psychology. This chapter elaborates upon a general sociological discussion of the legacy of colonialism and dependency and focus on the intergenerational effects of this trauma. Figure 1 illustrates the process by which the trauma is passed on, from the seed of colonialism to the outer layer, which represents the current traumatic events being experienced by First Nations citizens. The Cree of the James Bay region in Canada are utilized to describe this figure in more detail.

This chapter has three main sections. The first includes a discussion of trauma, with emphasis on PTSD and an explanation and elaboration of Figure 1. The second section discusses, from both psychological and sociological perspectives, solutions to the trauma experienced by First Nations citizens. The third section summarizes the process by which the effects of trauma have become intergenerational among First Nations citizens.

DEFINING TRAUMA

The concept of trauma figures more and more in the literature of First Nations (see, e.g., Manson *et al.*, 1996; Young, 1995). It appears that this concept, and, in particular, the experience

Some of the issues discussed in this chapter have been elaborated in more detail in Marie-Anik Gagné, *A Nation within a Nation: Dependency and the Cree*. Montreal: Black Rose Books, 1994.

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International Handbook of Multigenerational Legacies of Trauma, edited by Yael Danieli. Plenum Press, New York, 1998.

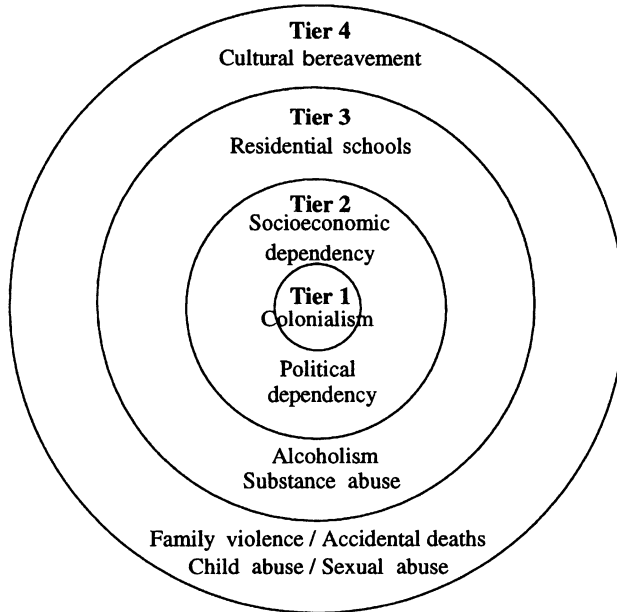


Figure 1. Cycle of traumatic events.

of PTSD, is employed as a form of metaphor for the consequences of economic and social dependence experienced by First Nations citizens. Later sections of this chapter explore how this concept can be accurately applied to the James Bay Cree and other First Nations citizens. Before embarking on a discussion of the cause and effect of trauma, it is important to define the concept of trauma itself.

The basic definition of trauma is that of a shock that is deemed emotional and substantially damages, over a long time period, the psychological development of the victim, often leading to neurosis. The discussion of the effects of trauma on First Nations citizens usually centers around PTSD. Even with this definition of trauma, one remaining question is: What constitutes a traumatic event? The third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R; American Psychiatric Association, 1987), defined a traumatic event as a nonordinary human experience that may lead to PTSD, and which would be distressing to most people, such as serious harm or threat to self, spouse, children, close relatives or friends; witnessing a serious accident or violence against another person, who, as a result, is either killed or seriously injured; or having one's home or community suddenly destroyed.

In order to receive the diagnosis of PTSD, an individual has to "persistently experience" the traumatic event, persistently try to avoid stimuli associated with the event, experience an increased arousal (i.e., trouble falling asleep, irritability, or hypervigilance) and, finally, suffer from these symptoms for at least 1 month. The exact criteria for diagnosis are listed in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994). PTSD is, in fact, classified under anxiety disorders in the DSM-IV, as most manifestations of PTSD are also symptoms of anxiety. Symptoms accompanying anxiety disorders, such as dissociative, depressive, or somatic symptoms, arise when the body is having a conditioned emotional response to fear, severe stress, and loss.

Despite the fact that PTSD is discussed in the literature, actual data are scarce. The National Center for American Indian and Alaska Native Mental Health Research conducted three studies with the aim of further understanding trauma and PTSD in young Natives. Manson *et al.* (1996) summarized the findings of these studies conducted between 1989 and 1992. These were titled the Health Survey of Indian Boarding School Students, the Flower of Two Soils Reinterview, and the Foundations of Indian Teens Project. A total of 477 youths, ranging in age from 8 to 20, and from grades 2 to 12, were interviewed in various reserves and/or tribally controlled secondary schools in the United States and Canada. Examples of enumerated traumatic events involving the students were overdoses, shootings, car accidents, and rapes. Traumatic events not involving the students were shootings, stabbings, surgeries, beatings, car accidents, death by natural causes, suicides, murders, drownings, and auto-pedestrian accidents. Summarizing the results from all three studies, between 50.8% and 62% of the students had experienced at least one traumatic event. Of the students with a (past) history of traumatic events, between 50% and 87.4% met the DSM-III-R Criterion B (persistently reexperiences the traumatic event), 8% and 66.9% met Criterion C (persistently avoids stimuli associated with the trauma and/or psychiatric numbing), 16% to 72% of the students had persistent symptoms of automatic hyperarousal (Criterion D), and, 9% to 19% exhibited Criterion E (experiencing their symptoms for at least 1 month). In these studies, between 1.6% and 29.6% of the students met the criteria for PTSD. The latter figure is inflated due to the nature of a self-administered test distributed to the Foundation of Indians Teen Project study sample. However, Manson *et al.* (1996) report that the observed symptoms of PTSD may have been triggered by prior trauma; hence, an in-depth interview is necessary to determine the cause. Other reported mental disorders, such as anxiety and affective disorders, may have been experienced or may be comorbid to the PTSD symptoms. For example, in the Flower of Two Soils Reinterview, more than half of the students (52%, $n = 32$) who experienced a traumatic event also met the criteria for diagnosis of an additional or independent mental disorder. Manson *et al.* also found that there was a direct relationship between the number of reported traumatic experiences and the likelihood of diagnosis of a non-PTSD disorder.

To briefly summarize some of the findings, Manson *et al.* (1996, 1990) and O'Neil (1989) have, in general, found a disproportionately high percentage of First Nation citizens in the United States who suffer from anxiety disorders, exposure to traumatic events, and PTSD.

THE ROLE OF THE SOCIOLOGIST

As stated in the introduction, this chapter takes a sociological approach to trauma. The role of sociologists and anthropologists is to consider trauma as dramatically changing the system of human relationships, which will, as a consequence, directly affect future generations. Hence, sociologists must consider social trauma as influencing society as a whole (Rousseau & Drapeau, Chapter 28, this volume). This approach differs from the more individually oriented disciplines, which normally consider single individuals with a disorder related to trauma, who, in turn, transmit their behavior to the members of their family. Although Rousseau and Drapeau elaborated on this concept as a preface to studying the impact of culture on the transmission of trauma, this chapter utilizes this approach to illustrate how the James Bay Cree are continuously affected by trauma imbedded in their society.

TIER 1

Colonialism

This chapter hypothesizes that colonialism is the seed of trauma because it leads to dependency, then to cultural genocide, racism, and alcoholism. These in turn lead to sexual abuse, family violence, child abuse, and accidental deaths/suicides (Figure 1). Although colonialism is often said to be the primary source of the problems experienced by First Nations citizens, few studying PTSD among this population discuss the actual history of the people and by what means colonialism has led to dependency. O'Neil (1994) commented that it is remarkable that the Native culture has survived despite colonialism. Colonialism threatened oral traditions by decimating entire families and bands, causing the premature loss of elders who were responsible for passing on oral traditions, and creating economic dependency. Hence, First Nations had to depend on the external society in order to survive.

This section presents a discussion of the emergence of the James Bay region as a “periphery” and its people as dependents. This area was first discovered when Henry Hudson sailed his ship, *The Discovery*, up the Hudson river in 1611. To acquire valuable fur resources, Europeans built trading posts throughout the area. Rupert House, the first post of the Hudson's Bay Company (HBC), was established in 1668. In the spring of 1669, the first pelts acquired from Cree hunters were brought back to London. From the very beginning, the relationship between the Europeans and the Cree was not an equal one, with the HBC fixing the scales in its favor.

Debt plays a large role in determining the level of dependence of peripheral populations. Beginning in the first half of the 18th century, the HBC made the Natives dependent on particular trading posts by extending credit to them. As the Natives left the posts in the fall, they would be given quantities of supplies for the bush, the price of which would be deducted from the value of spring furs. The amount of credit was determined by their previous season's catch, an average of 20 pelts. The HBC did this to keep the Natives trading with the Company instead of with the inland competition. Most were given a credit of 10–12 beaver pelts. The HBC found that they could manipulate the Natives into trading with them by extending this credit. However, the Company was always careful not to give too much, so that the hunter would not move to the competition once his debt accumulated or die with a large debt that the Company would have to absorb. Decades later, the HBC introduced new regulations assigning Natives to a particular post, so that they could not avoid paying their debts, thus limiting the hunter's movements from that day onward.

In 1828, the HBC began assigning not only particular trading posts but also land to hunting families, thus ensuring control of each hunter's credit. This arrangement benefited only the Company and consequently rearranged the social organization of Natives. The HBC's division of land had little regard for previous traplines or for nonmonogamous families. In fact, as many as one-sixth of the families were polygamous at the time. The HBC redistributed the land to monogamous families, leaving numerous women and children, who had been the second and third wives and offspring of hunters, dependent.

James Bay Natives were now being controlled by economic arrangements that primarily benefited the HBC; they were assigned land that was previously defined, their family structure was altered, and their hunting habits were controlled. Finally, the HBC even sought to control the marriages of Natives at the posts—by requiring them to receive the postmaster's

permission to marry. This provided economic benefits for the Company by creating fewer dependents. In addition, hunters had to leave 10% of their earnings as a security deposit, in case of death.

The War of 1812 marked a period of considerable change for First Nations citizens. After this war, Canada was no longer threatened by the United States, leading to a large migration of British in search of the promised agricultural land. The population in Canada increased from 95,000 to 952,000 in the decade from 1841 to 1851 (Janigan, 1992). Consequently, Natives were no longer a majority and were no longer needed for military or economic purposes. They quickly lost their power while the Canadian government proceeded in its attempt to assimilate them.

During the next century, many new laws were created by the government in the hope of assimilating Natives. In 1857, Canada gave the right to vote and 20 hectares of land to Natives who were debt-free, educated, and of good moral character. In exchange, Natives had to relinquish their aboriginal status. In 1869, federal bureaucrats were given the power to remove traditional Indian leaders from their positions for what the bureaucrats deemed as dishonesty, intemperance, or immorality. The same statute stipulated that Indian women who married non-Indians lost their status. The federal representatives replaced the traditional Native leaders with elected band councils. Those First Nations citizens who had agricultural products to sell required permits to do so; they also needed permits to leave the reserves in western Canada. Natives were not allowed to wear traditional dress off reserves. According to the Royal Proclamation of 1763, First Nations citizens could not mortgage their lands for capital to finance economic projects; they could only cede their lands to the Crown. From 1894 to the 1960s, Natives were forced to send their children to schools run by missionaries (the effects of this law on Natives are discussed in a later section). Until 1976, according to the first Indian Act, Natives lost their status if they practiced medicine, law, or entered the ministry.

To summarize and place this history in a sociological context, peripheral countries or regions are primarily viewed as exporters of raw materials. Whether the products are agricultural or mineral, these regions are exploited for the benefit of others. In the case of the James Bay area, the land was stripped of its animals to benefit the Europeans. In an analogous fashion, the Cree were stripped of their status, of their organizational process, and of their language, to name but a few of their losses.

The changes that the James Bay Cree experienced from the predependent era to after the colonizing period were tremendous. From the time the HBC first established trading posts, the lives of the Cree would never be the same. As their hunting patterns were altered by the HBC's policies, they began relying more on the posts and less on their previous hunting activities. Some argue that these changes are part of a natural evolution, that First Nations citizens in Canada could not continue to live in "teepees" year-round while sustaining themselves by hunting (as with most First Nations citizens around the world). Nevertheless, these changes would not have occurred so quickly without this process of colonialization, even though contact with the outside world was inevitable. The primary problem with these changes was that they made the James Bay area a periphery, and, by doing so, made its residents dependent on the "center." The actions of the HBC, the missionaries, and the government made the Cree dependent by removing their self-sufficiency. Both the HBC and the federal government found itself with more dependents after the implementation of new policy. Peripheral areas and countries are created by the core, not by the members of the periphery, and they are not a natural process of development.

TIER 2

The Dependent Theory

The previous section outlined how the James Bay area became a dependent periphery. It is important to have an understanding of the dependency theory when utilizing this concept to explain particular ailments in society. The concept of dependence has traditionally been employed when discussing the existing relationship between industrialized and underdeveloped countries. Dependency theory maintains that underdevelopment in the periphery is caused by obstacles placed by economic and political external structures, that is, those imposed by the center.

Before venturing further, it is interesting to note the origin of this theory. Hall (1981) describes the emergence of the dependency theory as one that was created by Native scholars in semiperipheral areas. It was not recognized until it was first denied and “reinvented” by the scholars in the center, who labeled it a world-system theory and reexported it to its point of origin.

Dependency theorists use the terms *center* and *periphery* to describe the developed and the underdeveloped, respectively, or to be more precise, the *controller* and the *dependent*. Interchangeable terms for the center are *core* and *metropole*; the periphery is also called *satellite* and *hinterland*. Since this theory was initially introduced to explain the differences between the industrialized and the nonindustrialized countries, they are often respectively grouped as North and South.

Dependency theory has been criticized for not examining the development of Third World countries independently of the development of the center or North. Dependency theorists (Dos Santos, 1973; Frank, 1973), viewing the world as a “single system,” disagree with this criticism. They believe that one must look at how the underdeveloped countries were “inserted” into the world system and study how their historical positions and development were different from that of the North. Dependency theory was, in fact, created in response to imperialistic theories.

Dependency occurs when the economies of one group of countries are subjected to the development and expansion of other economies (Dos Santos, 1973). Furthermore, this dependency will alter the internal structures of underdeveloped countries. This is a good definition of dependency, because it takes into consideration both the internal and the external factors of dependency and recognizes the existence of interdependent relationships (between the North and the South). It states that the relationship is dependent when the dominant countries expand and are self-sustaining, while the dependent countries can only expand as a reflection of the dominant ones (Roxborough, 1983).

There is a direct relationship between the level of “underdevelopment” and dependency in countries (Bromley & Bromley, 1988). The more a country relies on foreign investment, political decisions, resources, and technology, the fewer important changes a country can make without the approval of outsiders, hence the increase in dependency. Even though there are several different lines of thought in the dependency paradigm, most theorists agree that currently underdeveloped countries were not always at this stage. Underdevelopment, rather, is a state that arose after contact with imperialist nations.

There is a clear distinction to be made between the terms *underdeveloped* and *undeveloped*. Development occurs in undeveloped countries when self-reliance is maintained during the process. Undeveloped countries have, perhaps, easier access to development because they are not controlled by outside economic and political powers. Underdeveloped countries, on the other hand, are dependent without self-reliance and in need of foreign investment and tech-

nology. Therefore, countries that are undeveloped can have access to development; their regions have fewer problems with social and economic inequalities and, thus, have a stronger balance. (Examples of this movement from undeveloped to developed are the United States and Britain; meanwhile, countries such as Trinidad and Haiti went from undeveloped to underdeveloped [Allahar, 1995].) For Bromley and Bromley (1988), self-reliance is the key indicator to determine whether a country or region is underdeveloped or undeveloped. They state that the simplest way to determine whether a region is underdeveloped is to examine its gross national product. Underdevelopment leads to extreme poverty and no growth; therefore, the poorest countries or regions within countries are the most underdeveloped.

The center and periphery theory states, in general, that the reason one region is developed is that another is underdeveloped (Sacouman, 1981). Furthermore, when using the center and periphery theory, it is important to understand how these regions were formed. Roxborough (1983) believes that such regions were created when societies changed from feudalism to capitalism. Three major changes took place with this transition: (1) conflict between landowners and peasants, (2) urbanization, and (3) the evolution of centralized states. He explains that for this chain of events to occur, there had to be a rapid increase in capital. Two methods have been employed to increase the capital in the center: the first was to strip the wealth of the peripheries by colonialists, the second was to confiscate land held by peasants and the Church. These methods of "freeing" capital also created a landless class.

Resources are exported from the peripheral countries or regions to where they are processed into finished products. They are then returned to their point of origin with an inflated price tag. Thus, capital is accumulated in the center, which benefits not only from the profits but also from the jobs created by the manufacturing industry. Employed workers of the center generally have more money to spend, hence the development for a service industry. Dependence theorists see this economic "rape" of a country's wealth as directly related to its continued dependence and backwardness. The peripheral regions become dependent because they neglect their internal markets, whereby most of their structures are developed for export. Part of their dependence stems from the fact that they have tailored "their economies to meet the needs of the advanced ones" (Allahar, 1989, p. 90).

Clement (1980), Matthews (1982) and Veltmeyer (1978) have used the dependency theory to explain economic and social regional differences within Canada. They claim that Canada became more dependent on the United States as it detached itself from Britain and traded more with its southern neighbor. This increase in dependence accentuated the regional disparities. This occurred because the "regional economies are tied to national economies and national ones to international ones," thus creating a chain reaction (Allahar, 1989, p. 90).

As discussed earlier, in the context of peripheral and central countries in the world, the South (e.g., Central and South America) had supplied inexpensive raw materials, while many countries in the North (e.g., United States and Canada) utilized these raw materials to manufacture final products. Because of this division, only the North directly and indirectly profited from the raw resources. As Canada is divided into an industrial region and a hinterland, Clement (1980) believes that this process has occurred in Canada as well (only here the center is southern and the peripheral regions tend to be northern). Industrial Canada can be found between Windsor, Ontario, and Montreal, Quebec. Even though there are other industrial pockets across the country, there are some regions that are clearly "underdeveloped," for example, areas of the Atlantic provinces and much of the North. These regions have wealth, but this wealth is primarily made up of natural resources as opposed to financial institutions and production plants. Since the main source of income is from raw materials, wages and employment

rates remain low in these regions. The consequence of this underdevelopment is that infrastructures are substandard, social development is of low priority (Matthews, 1982), and “life chances” for those residing in the core are much better.

In conclusion, dependency theory essentially maintains that developed countries are such because there are underdeveloped nations, that the economy of an underdeveloped country is dependent on the center, and that consequences of underdevelopment include neglected social development and lack of social infrastructure. Applying dependency theory, the following section discusses concrete examples of economic and political dependence experienced by First Nations citizens, in particular the James Bay Cree.

Economic Dependency. One way of determining the degree of dependence of First Nations citizens is to examine the origin of their major sources of income. In 1986, 50% of registered Indians residing on-reserve reported that their major source of income was government transfer payments, whereas only 20% of the general population reported the same major source (Quantitative Analysis and Socio-Demographic Research, 1989, p. 27). Only 55% of registered Indians residing off-reserve reported employment income as their major source of income, compared to 70% of the general population (Quantitative Analysis and Socio-Demographic Research, 1989, p. 27). Also in 1986, registered Indian women earned two-thirds of the income earned by registered Indian men (Indian and Northern Affairs Canada, 1990, p. 30). It is also important to realize that a given amount of income received does not have the same buying power in isolated communities (e.g., northern, as compared with southern reserves) because of the inflated price of goods.

As mentioned earlier, one of the consequences of living in a peripheral region is improper infrastructure; poor housing conditions are an example. Statistics Canada defines a crowded dwelling as a home that has more than one occupant per room. In 1986, 37% of registered Indians living on-reserve in Quebec reported crowded dwellings, compared to 4% of the non-Native population residing near reserves (Indian and Northern Affairs Canada, 1990, p. 20). Registered Indians living off-reserve in Canada were approximately 18 times more likely to live in crowded dwellings than the non-Native population (Indian and Northern Affairs Canada, 1990, p. 29). Some may argue that First Nations citizens choose to live this way, that it is part of their culture to live with their extended families and friends. However, it is not culture but poor income that determines if they will have heating systems in their homes.

In 1986, 38% of registered Indian dwellings located on-reserve in Canada reported not having a central heating system (Indian and Northern Affairs Canada, 1990, p. 31). A central heating system is defined by Statistics Canada as a steam or hot-water furnace, forced air, or installed electric heating system. Registered Indians living off-reserve were almost twice as likely to report having a home without a central heating system than the general population, while registered Indians in Quebec were more than three times as likely to report the absence of central heating (Indian and Northern Affairs Canada, 1990, p. 31). Overcrowding and/or inadequate heating systems increase the occurrence of fire, and where there are substandard fire-fighting facilities—as in remote northern areas—these fires often lead to death.

Political Dependency. The center has also hampered the development of First Nations citizens by controlling their political structures. In the late 1800s, the Canadian government began replacing traditional Native leaders with elected band councils. In so doing, the center removed the existing political structures, which were already quite sophisticated. It was easier for colonizers to standardize all peripheral governments according to one model, thus diminishing the task of dealing with several different nations, each with its own culture and politi-

cal idiosyncrasies. The “whites” were seeking to assimilate and “civilize” the Natives. They forced municipal-like political structures onto First Nations bands, causing the loss of culture and power.

The policies of the HBC and the laws governing the Cree created dependency. The James Bay region was exploited for its natural resources; hence, their economy was tailored to the needs of the South. The laws prevented them from adapting their social infrastructure in light of the sudden changes. This state of imposed dependence led to a cultural genocide by the dominant society through residential schools, and alcoholism among the Natives, just as colonialism led to dependency (Figure 1). The trauma was not only continued but it also became more prominent. The next section discusses the emergence and effects of residential schools and alcoholism in First Nations communities.

TIER 3

Residential Schools

Much of the family violence, alcoholism, and suicidal behavior among First Nations citizens has originated either directly or indirectly from the abuse inflicted on students in the residential schools. York (1990) reports Mandy Brown (a social worker on the Lytton reserve) to say that these are problems that are transmitted from generation to generation, like an inherited disease. She repeatedly tried to treat community members for these problems without any success. Examining the family trees of the victims, she finally noticed one connecting factor: St. George’s School, an Indian residential school near the reserve. In December 1987, the former dormitory supervisor, Derek Clarke, pleaded guilty to numerous counts of buggery and indecent assault. Judge William Blair said that Clarke had been responsible for as many as 700 incidents of sexual assault. In this instance, an entire community was deeply affected by the sexual abuse that occurred at the residential school. This scenario is not unique to the Lytton reserve. The horror stories of child abuse and sexual assault in these schools are still coming to light.

Residential schools were founded and operated by Protestant and Catholic missionaries. As mentioned earlier, Native children were sent away from their families and communities to these institutions across Canada from the late 19th century until the 1960s. First Nations citizens in western Canada were forced to send their children to schools run by missionaries as early as 1894.

Many believe that the placement of children, often by force, in isolated residential schools was in fact cultural genocide. These schools were more often than not administered by a practicing religious group, so that the students were forced to practice a religion that was not their own. Native children were forbidden to speak their mother tongue or to practice ceremonial rituals. These children became caught between two cultures: “Whites” tried to assimilate them into a society that was not ready to receive them, while taking away all the skills necessary to function in their own society. They never received the informal education that was required to learn their Native language, religion, and skills such as hunting and gathering.

Residential schools did not affect just the students who attended them. At least two subsequent generations were also “lost.” The children of these students became victims of abuse as their parents became abusers because of the residential school experience. Since their parents had lost much of their culture, the small amount of informal education these children could receive came from other relations who did not attend the schools. The loss of culture that

occurred in the decades of the residential schools was enormous. At least four generations of First Nations citizens attended these schools. The lasting effects of residential schools have been so severe that psychologists deemed it necessary to coin the term “residential-school syndrome.” The cycle of grief associated with a loss of culture is as intense as the loss of a loved one (York, 1990). Genocide on the basis of ethnicity and religion has a traumatic effect on the families concerned (Rousseau & Drapeau, Chapter 28, this volume).

Alcoholism/Substance Abuse

Substance abuse, especially alcoholism, is a problem often associated with First Nations citizens. There are high levels of alcoholism in many Native communities. According to several Native leaders, alcohol is the number-one community problem (York, 1990). The problem with alcohol did not become obvious until after World War II, when the federal government began establishing military bases in remote areas of the country. These bases were most often near reserves and introduced social programs, such as housing projects and welfare. This increased flow of money into reserves and allowed Natives to purchase readily available goods outside the reserve for the first time. Residential schools were also beginning to have their intergenerational effect on the communities during this time. The frustration and pain of losing one’s identity and of being caught between two cultures was transmitted from one generation to the next. The list of causes that pushed First Nations citizens toward alcoholism is endless and continues to grow. Many Natives may have started drinking after World War II for some of the reasons listed earlier. Some Natives are drinking today because the habit has been passed on from one generation to the next.

Alcoholism is also linked to the trauma described in Tier 4. The far-reaching effects of alcohol abuse are as enormous as the causes of alcoholism in First Nations communities. Binge drinking is very common among First Nations Citizens. Drinking is implicated in many of the accidental deaths of Natives. Many congenital defects are caused by the consumption of alcohol by pregnant women. Recently, as many as 25% of the children born on a British Columbian reserve had birth defects caused by fetal alcohol syndrome (York, 1990, p. 195). York quotes Bea Shawanda’s (of the National Native Association of Treatment Directors) comment that violence and alcoholism are reactions by her people to a loss of language and culture, substituting, in effect, for grieving.

Another serious problem faced by First Nations bands is gasoline sniffing. It was first noticed among Natives in the early 1970s and has since become more popular. In 1975, 62% of Cree and Inuit youths at Great Whale River in northern Quebec revealed that they had sniffed gasoline at least once in the last 6 months (York, 1990, p. 10). Some people were said to use gasoline to calm their infants. The greatest problem with this kind of substance abuse is finding ways to control access to gasoline. In the case of alcohol, many reserves have set up roadblocks and search incoming airplanes in order to confiscate all forms of liquor. Gasoline, on the other hand, is necessary for operating boats, trucks, and skidoos. Medical experts assert that gasoline sniffing is the most dangerous addiction in the world; children may become addicted after only a single inhalation, and it causes severe physical damage to the nervous system (York, 1990). The effects of sniffing are similar to those of LSD; it creates a state of euphoria and altered consciousness.

One of the effects of gasoline sniffing is extreme violence. Police and court officials have claimed that 60% to 70% of juvenile crimes involved gasoline sniffing (York, 1990, p. 10). The problem is so serious that the death it can cause has been given a name, “sudden sniffing death syndrome.” Chemicals in the inhalant cause an irregular heartbeat. When the sniffer attempts

to fight or run, increased adrenalin causes the heartbeat to become more irregular and uncontrollable, resulting in heart failure and death.

Many precautions have been attempted in order to stop the sniffing addiction among First Nation citizens. The Hudson Bay store stopped selling glue, wood filler, nail-polish remover, felt-tip markers, typewriter correction fluid, and aerosol sprays in the North. Some bands have imposed curfews and "gas patrols." Patrollers take down the names of children who are caught sniffing and provide a copy to the nursing station and the band council. But gasoline sniffing is not illegal; therefore, the gas patrols are quite powerless. Some children start sniffing as early as 4 years old, when they see their brothers and sisters doing it.

York (1990) reports Dr. Fornazzari's (a neurologist at the Addiction Research Foundation in Toronto and an expert on inhalant abuse) observation that gasoline sniffing predominantly afflicts members of minority groups. Many minorities, such as the First Nations citizens of Australia and the United States, Hispanics, children of migrant workers, and illegal aliens, have been found to be inhalant abusers. Through complete or attempted assimilation, the dominant culture has destroyed the traditional economy and social organization of these groups. The dependent members of these minority groups adopt self-destructive behaviors, such as gasoline sniffing and alcoholism, because their identity has been lost and their traditional way of life has been destroyed.

Alcoholism is a more recent threat to the Inuit, who only came into contact with the substance on a regular basis in the mid-1960s. This coincided with the implementation of the Northern Rental Housing Program and the introduction of public schools. Their nomadic lifestyle was shifted to that of a sedentary village society. Since villages were first inhabited by people from different "tribal" backgrounds from a large geographic area, there was initially no real sense of community (O'Neil, 1984). Although the problem of alcoholism is more recent in the farthest points of the Canadian North, the causes and consequences (loss and separation) remain the same.

As indicated in Figure 1, the social problems of First Nations citizens are interrelated. To give a specific example, alcohol was said always to be involved in domestic fights by 44% of respondents in the Ontario Native Women's Association survey (1989), while 37% stated that it was often present in incidents of family violence (p. 22). In total, 78% of respondents said that alcoholism was a main cause of domestic violence. Alcohol abuse has been found to increase the risk of car accidents, domestic violence, and other traumatic circumstances, and this in turn increases the risk of PTSD (Manson, 1997).

The following section discusses the items listed in the Tier 4 of Figure 1: family violence, child abuse, sexual abuse, suicide, and accidental deaths.

TIER 4

Suicide, sexual abuse, alcoholism, and family violence are among the recognized effects of trauma experienced by First Nations citizens (Manson *et al.*, 1996). This chapter maintains that items in Tier 4 of Figure 1 constitute not only the effects of trauma, but also that they are themselves traumatic events, capable of creating yet more trauma. This follows Kirmayer's (1996) contention that the onset of PTSD is not only caused by a catastrophic stress, but that it also may emerge as a consequence of the accumulation and/or continuation of milder stressors.

Therefore, once we reach Tier 4, its items can be classified as traumatic events that in themselves are significant stressors that can lead to PTSD. The following briefly discusses

some thoughts in the trauma literature regarding child and sexual abuse, family violence, accidental deaths, and cultural bereavement.

Child Abuse/Sexual Abuse

There are countless examples of child abuse as it relates to residential schools and other institutions, as demonstrated in the section on residential schools. However, rates of abuse within families are more sensitive in nature and less readily available. This is a problem that is of significance but is usually dealt with in an ethnographic manner (e.g., Martens, 1988).

Child abuse and sexual abuse are events that have been deemed to be traumatic enough to initiate symptoms of PTSD. As demonstrated by the measures used to diagnose this disorder in teens, these primarily focus on the trauma of sexual abuse. Kirmayer (1995) indicated that adults who were victims of childhood abuse are often initially unaware of their traumatic experiences as memories. Moreover, these adults will often be diagnosed with dissociative disorders. Their trauma manifests itself through symptoms such as numbing, substance abuse, emotional and physical pain, changes of identity, and lapses of memory.

Family Violence/Accidental Deaths

In the 1986 census, Statistics Canada reported that accidental death rates for registered Indians on- and off-reserve had decreased since the previous census but were still higher than the national average (Indian and Northern Affairs Canada, 1990). It was also reported that First Nations women in Canada were four times more likely than non-Native women to die as a result of accidents or violence. The Ontario Native Women's Association (1989) reported that 84% of respondents were aware of family violence in their community (p. 3). Furthermore, 24% reported personally knowing of family violence that has led to death, primarily of women. Statistics are readily available in the areas of suicide, family violence, and accidental deaths, but the important point to remember here is not the great number of incidents but the link between the items in Tiers 2, 3, and 4. Prior to dependence and colonialism, family violence and alcoholism were not prevalent (Martens, 1988). Furthermore, as with sexual abuse and child abuse, family violence and accidental deaths are events that have been found to be traumatic, as discussed earlier, and may lead to PTSD.

Cultural Bereavement

In the trauma literature, the loss of one's culture constitutes a traumatic event that often leads to anxiety disorders. PTSD is quite common among refugee groups. The symptoms of these disorders, in these cases, are best understood as cultural bereavement. The notion of cultural bereavement must have a place in research and clinical practice, because it is through narrative traditions, which are transmitted through participation in communal life, that people come to value themselves (Kirmayer, 1995). Hence, the loss of such a narrative would lead to cultural bereavement.

First Nations citizens are then caught in a vicious cycle of continuous exposure to traumatic events. As is the case with most vicious cycles, it is difficult to break free. However, the answers are most likely to be found in the removal of colonialism and the resolution of dependency. If efforts are concentrated only on responding to the symptoms in the outer tiers, without solving what created the problems to begin with, that is, the effects of colonialism and

dependency, then the cycle will only continue. The following section illustrates some ideas regarding solutions to the cycle of trauma among First Nations citizens.

SOLUTIONS

From a Psychological Point of View

In order to truly understand anxiety disorders, one should examine the factors that influence their intrapsychic and interpersonal mechanisms, along with the cognitive and physiological systems (Kirmayer, Young, & Hayton, 1995). Hence, situations, roles, cultural practices, and social meanings must be examined to fully comprehend such disorders. Behavior varies from culture to culture. These differences may either contribute to overdiagnosing particular disorders or masking them in various populations. Consider, for example, the custom of women rarely leaving the home in particular countries, and the accompaniment of the women when they do leave, and its relationship to agoraphobia (Kirmayer *et al.*, 1995). Manson *et al.* (1996) also stress the importance of cultural sensitivity when measuring PTSD in American Indians; for example, who is to say whether behaviors that seem to an outsider as lacking in emotion can be classified as psychic numbing, when these may express traditional stoicism and limited disclosure? With respect to diagnosing depression, Neligh (1988) noticed that social service providers have avoided labeling American Indian adolescents as depressive because of uncertainty about potential stigma in this cultural context.

Kirmayer *et al.* (1995) summarize that culture should be taken into account when treating individuals. They state that a professional needs to be culturally sensitive toward his or her patient to fully understand reactions and behaviors that are dictated by sociocultural norms. Furthermore, the individual attempting to give aid must factor in the issues of gender, race, power, and forces of oppression to facilitate a successful recovery.

Being culturally sensitive may mean adopting different ways of healing, or rediscovering traditional ways, such as "healing ceremonies" (Manson, 1997; Manson *et al.*, 1996). It also means offering appropriate services. For example, the "patchwork" solution to domestic violence, favored by the "central" society in Canada, has been shelters. Shelters for First Nations women are not only limited in number but also in cultural sensitivity. Furthermore, most victims of family violence must seek help in "nonaboriginal" shelters, which are, primarily, located in urban areas, far removed from the victim's community and family (Ontario Native Women's Association, 1989).

From a Sociological Point of View

The negative effects of the vicious cycle of traumatic events witnessed by First Nations citizens cannot be resolved without substantially diminishing their economic, social, and political dependence. A change in government policies is required in order to have any positive effects on the level of dependency of First Nations citizens. Meanwhile, there are smaller steps researchers should remain aware of when dealing with this complex issue. From a sociological perspective, one must be aware of the motives and the potential negative effects of public health surveillance systems. Involving Native researchers in trauma studies within their communities may prevent some of the negative effects of health studies. The knowledge generated about certain populations may reinforce the image of disorganized and sick communities, hence forging unequal power relationships and justifying paternalistic and dependent roles (O'Neil, 1994).

Some argue that the answer to the problem of underdevelopment in a peripheral region is economic growth. However, one must be careful, because there is a great difference between economic growth and economic development (Frideres, 1988). In communities that have experienced only economic growth, social problems have remained. For example, royalties from oil do not provide employment, education, and social services unless these funds are used for economic development. One needs power to create change, and power is out of reach when dependent.

Community health development needs to be founded on the basis of harmony and respect for all realms affecting aboriginal life (O'Neil, 1994). Therefore, communal health and policies concerning self-government, environmental protection, and socioeconomic management must be developed simultaneously. However, in the search to make First Nations peoples "healthier," it is important not to reconstruct their memory in terms of victimhood. This will only serve to alienate families, and, more importantly, oversimplify the problems that are, in fact, caused by a web of complex events. Ultimately, this would only institutionalize the notion of victim and remove power from those it aims to help.

Due to their dependent state, peripheries have little power to create change. For example, in 1989, the village of Chisasibi set up a roadblock on the road leading into the village, where alcohol was confiscated. Soon after, the Sûreté de Québec notified the Chief of Chisasibi, Violet Pachanos, that their actions were illegal, because the road was on Category II land and not within the jurisdiction of the village. However, by returning more control to Native communities, they become free to introduce laws that may help them combat particularly harmful behavior, such as alcoholism. The first documented initiative toward curbing the consumption of alcohol occurred in Frobisher Bay, when it closed its liquor store in 1976. Since then, two Inuit communities have implemented, for their problem drinkers, systems of interdiction; two communities have instituted alcohol rationing systems; two have closed their liquor stores; and, a total of 10 communities have hired counselors. Since 1978, eight out of 24 villages with populations between 200 and 1,000 have prohibited alcohol completely (O'Neil, 1984; p. 340). Prohibition has decreased both substance and illegal substance abuse in these communities. Since prohibition, many observers have noted the low incidence of alcohol-related problems in these communities in comparison with other Northern communities without forms of prohibition (O'Neil, 1984). One of the main reasons why this ban has had these positive effects is that it is locally implemented. Villages are given the prohibition option by the government of the territory, and its implementation is negotiated by local institutions. Returning control to Native communities also promotes the rejuvenation of their culture. An example of such rejuvenation is the reestablishment of sweat lodges and elders.

CONCLUSION: HOW IS THIS TRAUMA DEEMED INTERGENERATIONAL?

The trauma described in this chapter is not intergenerational in the same way as that experienced by war survivors. In the case of war, the traumatic experience itself is experienced by the first generation only. This theoretically alters the behavior of the victim and consequently alters the behaviors of family members. In the case of First Nation citizens, several generations have been continuously exposed to the traumatic experiences of sexual abuse, family violence, child abuse, accidental death, and suicide. The trauma here is intergenerational in the sense that economic, social, and political dependence—the effects of colonialism—are intergenerational. As with the example of the residential schools discussed earlier,

the sexual and physical abuse experienced by their pupils have led entire communities to become inundated with alcoholism and the aforementioned abuses.

The effects of trauma can also be transmitted to succeeding generations through culture. The ways in which cultures encourage or discourage people to deal with their negative emotions will, to some extent, determine the intergenerational effects of trauma. Encouragement to suppress emotional responses and limit the disclosure of events, viewed in particular cultures as a way to protect others and oneself, may nonetheless be harmful (Kirmayer *et al.*, 1995). An example of the effects of silence is provided by Rousseau and Drapeau, Chapter 28 in this book. They found that among Southeast Asians, a "return of the repressed" can occur through indirect allusions to past traumatic events. The silence regarding these events was originally intended to protect the children; however, allusions to rape appear to inflate the anxiety and depressive symptoms in girls who are going through puberty. When studying the effects of intergenerational trauma, one should examine the cultural rituals of communication and topics of conversation that are considered taboo. There is a social and cultural context to determine how a life story, or a narrative, will be registered and recalled (Kirmayer, 1995). How these memories are interpreted and encoded when registered is governed by cultural models that also dictate what is socially acceptable to be spoken of and acknowledged.

One should also remember that First Nations citizens suffer not only from the effects of dependency and colonialism, but also from being considered by many as second-class citizens. Racism plays a major role in elevated rates of anxiety disorders among Natives. Kirmayer *et al.* (1995) indicate that higher rates of phobia in particular minority groups, compared to non-minority groups, when sociodemographic variables were controlled, could be attributed to the fact that minorities experience more stressful events and suffer from racism, and from being labeled as members of a minority group.

It is important to note that despite having divided the items discussed in this chapter into four tiers, these traumatic events, among others, are all interrelated and have a cumulative effect on the individuals experiencing them. It is because First Nations citizens have experienced so many of these events in their lifetime that such a high percentage of their population suffers from PTSD and other anxiety disorders.

Finally, cultural sensitivity on the part of the professional is mandatory if the cycle of trauma is to be stopped. To prevent further intergenerational transmission, perhaps the most important goal should be to return political, economic, and social power to First Nations bands and to end this destructive dependence.

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REFERENCES

- Allahar, A. L. (1989). *Sociology and the periphery: Theories and issues*. Toronto: Garamond Press.
- Allahar, A. L. (1995). *Sociology and the periphery: Theories and issues* (2nd ed). Toronto: Garamond Press.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed. rev.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Amin, S. (1989). *La faillite du développement en Afrique et dans le Tiers-Monde*. Paris: L'Harmattan.

- Beaulieu, D. (1984). *The Crees and Naskapes of Quebec: Their socio-economic conditions*. Direction des Communications du Gouvernement du Québec, Québec, Quebec, Canada.
- Berger, T. R. (1985). *Liberté fragile: Droits de la personne et dissidence au Canada. (1981)*. Ville de la Salle, Québec: Editions Hurtubise.
- Blomstrom, M., & Hettne, B. (1984). *Development theory in transition: The dependency debate and beyond: Third World responses*. London: Zed Books.
- Brecher, I. (Ed.). (1989). *Human rights, development and foreign policy: Canadian perspectives*. Halifax, Nova Scotia: Institute for Research on Public Policy.
- Bromley, D. F. R., & Bromley, R. (1988). *South American development: A geographical introduction*. Cambridge, UK: Cambridge University Press.
- Cassidy, F. (1991). *Aboriginal self-determination*. Winnipeg: Oolichan Books and the Institute for Research on Public Policy.
- Cassidy, F., & Bish, R. L. (1990). *Indian Government its meaning in practice*. Halifax: Institute for Research on Public Policy.
- Chalk, F., & Jonassohn, K. (1990). *The history and sociology of genocide: Analyses and case studies*. London: Yale University Press.
- Chance, N. A. (1970). *Summary report: Developmental change among the Cree Indians of Quebec*. Ottawa: Rural Development Branch.
- Clement, W. (1980). A political economy of regionalism in Canada. In J. Harp & J. R. Hofley (Eds.), *Structured inequality in Canada* (pp. 268–284). Toronto: Prentice-Hall.
- Clement, W. (1983). *Class, power and poverty*. Toronto: Matthew Publication.
- Cree Housing Corporation. (1980). *Cree housing and infrastructure program: Five-year capital works program 1979–1984*. Rupert House.
- Cumming, P. A., & Mickenberg, N. H. (Eds.). (1971). *Native Rights in Canada* (2nd ed.). Toronto: Indian–Eskimo Association of Canada in association with General Publishing.
- Darnell, F. (1983). *Indigenous cultural minorities: Concepts pertaining to their education. The education of minority groups - An enquiry into problems and practices of fifteen countries*. Grower, Hampshire, UK: Organisation for Economic Co-operation and Development.
- Delâge, D. (1989). L'alliance franco-amérindienne 1660–1701. *Recherches Amérindiennes au Québec*, 19(1), 3–15.
- Delâge, D. (1991). *Le Pays renversé: Amérindiens et Européens en Amérique du nord-est: 1600–1664*. Québec: Boréal, Compact.
- Demmert, W. G. (1971). *An American Indian view on education for indigenous minorities. The education of minority groups - An enquiry into problems and practices of fifteen countries*. Grower, Hampshire, UK: Organization for Economic Co-operation and Development.
- Dos Santos, T. (1973). The structure of dependence. In C. K. Wilber (Ed.), *The political economy of development and underdevelopment* (pp. 15–37). New York: Random House.
- Dwyer, A. (1992, February). The trouble of Great Whale. *Equinox*, 61, 28–41.
- Francis, D., & Morantz, T. (1983). *Partners in furs: A history of the fur trade in eastern James Bay, 1600–1870*. Kingston & Montreal: McGill-Queen's University Press.
- Frank, G. A. (1973). *Sociology of development and underdevelopment of sociology*. London: Pluto Press.
- Frideres, J. S. (1988). *Native peoples in Canada: Contemporary conflicts*. Scarborough, Canada: Prentice-Hall.
- Gagné, M. A. (1994). *A Nation within a nation: Dependency and the Cree*. Montreal: Black Rose Books.
- Glewwe, P., & Van der Gaag, J. (1990). Identifying the poor in developing countries: Do different definitions matter? *World Development*, 18(6), 803–814.
- Hall, T. D. (1981). Is historical sociology of peripheral regions peripheral? *Studies in Political Economy: A Socialist Review: Rethinking Canadian Political Economy*, 6.
- Harrington, M. (1977). *The development of underdevelopment: Why poor nations stay poor*. New York: Simon & Schuster.
- Indian and Northern Affairs Canada. (1981). *Supplementary I: Briefing notes on the James Bay health crisis and epidemic*. Ottawa, Canada: Ministry of Supply and Services.
- Indian and Northern Affairs Canada. (1982). *James Bay and Northern Quebec Agreement implementation review*. Ottawa, Canada: Ministry of Supply and Services.
- Indian and Northern Affairs Canada. (1990). *Health of Indian women: Notes on socio-demographic conditions*. Ottawa, Canada: Ministry of Supply and Services.
- Janigan, M. (1992). Lonely cries of distrust: Anger and pain fuel Native claims. *Maclean's*, 105(11), 22–24.
- Kirmayer, L. J. (1995). Landscapes of memory: Trauma, narrative and dissociation. In P. Antze & M. Lambek (Eds.), *The subject of memory* (pp. 173–198). London: Routledge.

- Kirmayer, L. J. (1996). Confusion of the senses: Implications of cultural variations in somatoform and dissociative disorders to PTSD. In A. J. Marsella, M. Friedman, E. Gerrity, & R. Scurfield (Eds.), *Ethnocultural aspects of post-traumatic stress disorders*. Washington, DC: American Psychiatric Press.
- Kirmayer, L. J., Young, A., & Hayton, B. C. (1995). The cultural context of anxiety disorders. *The psychiatric Clinics of North America*, 18(3), 503–521.
- Knight, R. (1968, March). *Ecological factors in changing economy and social organization among the Rupert House Cree*. Anthropology Papers National Museum of Canada, No. 15, Ottawa: Department of the Secretary of State.
- Manson, S. M. (1997). Cross-cultural and multiethnic assessment of trauma. In J. P. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 267–290). New York: Guilford.
- Manson, S. M., Ackerson, L. M., Wiegman Dick, R., Baron, A. E., & Fleming, C. M. (1990). Depressive symptoms among American Indian adolescents: Psychometric characteristics of the Center for Epidemiologic Studies Depression Scale (CES-D). *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2(3), 231–237.
- Manson, S. M., Beals, J., O'Neil, T., Piaseki, J., Bechtold, D., Keane, E., & Jones, M. (1996). Wounded spirits, ailing hearts: PTSD and related disorders among American Indians. In A. J. Marsella, M. J. Friedman, E. T. Gerrity, & R. M. Scurfield (Eds.), *Ethnocultural aspects of posttraumatic stress disorder: Issues, research, and clinical applications* (pp. 225–284). Washington, DC: American Psychological Association.
- Manson, S. M., & Shore, J. H. (1981). Psychiatric epidemiological research among American Indians and Alaska Natives: Methodological issues. *White Cloud Journal*, 2(2), 48–56.
- Martens, T. (1988). *The spirit weeps: Characteristics and dynamics of incest and child sexual abuse*. Edmonton, Canada: Nechi Institute.
- Matthews, R. (1982). Regional differences in Canada: Social versus economic interpretations. In D. Forcese & S. Richer (Eds.), *Social issues: Sociological views in Canada* (pp. 82–123). Toronto: Prentice-Hall.
- McCutcheon, S. (1991). *Electric rivers: The story of the James Bay Project*. Montreal: Black Rose Books.
- Mohawk Council of Akwesasne and Mohawk Council of Kahnawake. (1986). *Declaration of intent on Mohawks self-government, self-determination*. Quebec: St-Regis.
- Mohawk, J. (1990). *Indian economic development: The U.S. experience of an evolving Indian sovereignty*. Unpublished manuscript.
- Neligh, G. (1988). Major mental disorders and behavior among American Indians and Alaska Natives. In S. M. Manson & N. G. Dinges (Eds.), *Behavioral health issues among American Indians and Alaska Natives: Explorations on the frontiers of the biobehavioral sciences* (pp. 116–159). Denver: University of Colorado Health Sciences Center.
- O'Neil, J. D. (1984). Community control over health problems: Alcohol prohibition in a Canadian Inuit village. *Circumpolar Health*, 84, 340–343. Proceedings of the Sixth International Symposium on Circumpolar Health, edited by R. Fortune. Seattle: University of Washington Press.
- O'Neil, J. D. (1986). Colonial stress in the Canadian Arctic: An ethnography of young adults changing. In C. R. Janes, R. Stall, & S. M. Gifford (Eds.), *Anthropology and epidemiology* (pp. 249–274). Norwell, MA: D. Reidel.
- O'Neil, J. D. (1993). Aboriginal health policy for the next century. In Royal Commission on Aboriginal Peoples (Ed.), *Path to healing* (pp. 27–48). Ottawa: Ministry of Supply and Services.
- O'Neil, T. (1989). Psychiatric investigations among American Indians and Alaska Natives: A critical review. *Culture Medicine and Psychiatry*, 13, 58–87.
- O'Neil, T., & Koester, S. K. (1993). *Courage, excitement, unwanted sex and spiritual perils: A qualitative investigation of the costs and benefits of alcohol and drug use among American Indian adolescents*. Denver: National Center for American Indian and Alaska Native Mental Health Research, University of Colorado.
- Ontario Native Womens Association. (1989). *Breaking free: A proposal for change to Aboriginal family violence*. Thunder Bay, Ontario: Author.
- Quantitative Analysis and Socio-Demographic Research. (1989). *1986 census highlights on registered Indians: Annotated tables*. (Department of Indian and Northern Development) Minister of Supply and Services, Ottawa, Canada.
- Richardson, B. (1991). *Strangers devour the land*. Vancouver: Douglas & McIntyre.
- Roxborough, I. (1983). *Theories of underdevelopment*. London: Macmillan.
- Sacouman, J. R. (1981). The “peripheral” maritimes and Canada-wide Marxist political economy. *Studies in Political Economy: A Socialist Review: Rethinking Canadian Political Economy*, 6, 135–151.
- Tanner, A. (1979). *Bringing home animals: Religious ideology and mode of production of the Mistassini Cree hunters*. Social and Economics Studies No. 23, Institute of Social and Economic Research, Memorial University of Newfoundland. London: C. Hurst.

- United Nations Development Program. (1990). *United Nations development program: World development annual report*. New York: Author.
- United Native Nations. (n.d.). *After the ink dries: Will promises made be promises kept: Concerning James Bay Agreement Alaska Settlement, proposed CODE agreement*. Vancouver, BC: Legal Services Society of British Columbia.
- Veltmeyer, H. (1978). The underdevelopment of Atlantic Canada. *Review of Radical Political Economics*, 10(2), 95–105.
- Wright, J. V. (1979). *Quebec prehistory*. National Museum of Man. Toronto: Van Nostrand Reinhold.
- York, G., & Pinder, L. (1991). *Peoples of the pines: The warriors and the legacy of Oka*. Toronto: Little, Brown.
- York, G. (1990). *The dispossessed: Life and death in Native Canada*. London: Vintage.
- Young, A. (1995). *Harmony of illusions*. Princeton, NJ: Princeton University Press.