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Cultural connectedness protects mental health against the effect of historical trauma among Anishinabe young adults

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ABSTRACT

Objectives: Canada's Indian Residential School (IRS) system aimed to annihilate Indigenous culture among Indigenous children. Negative health impacts have been documented not only among survivors but also among their descendants. Reconnection with culture has been promoted as a means to recovery for people affected by this historical trauma. This study aimed to assess whether cultural connectedness has a specific protective effect on mental health among the descendants of IRS survivors.

Study design: Cross-sectional survey.

Methods: A randomly selected cross section of Anishinabe people, aged 18–39 years, from one community were invited to complete a brief questionnaire. Associations were calculated between IRS attendance, cultural connectedness, and mental health.

Results: A total of 147 people participated. Among participants without a family history of IRS attendance, cultural connectedness was not significantly associated with improved mental health. Among participants with a family history of IRS attendance, a high level of cultural connectedness was significantly associated with a 31% greater probability of reporting high mental health and mental health status similar to those with no family history of IRS attendance.

Conclusions: Cultural connectedness appears to act as a strong and specific protective factor against the intergenerational effects of IRS on the mental health of Anishinabe young adults, providing epidemiological support for the notion of 'culture as treatment.'

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Introduction

Indian Residential Schools (IRS) operated in Canada throughout most of the 20th century. These institutions, operated by churches, and funded and made mandatory by

the Canadian government, were developed with the explicit intent and mandate to annihilate Indigenous cultures and identities through forced assimilation of Indigenous children. Through these institutions, Indigenous children were subject to multiple forms of abuse; to physically inadequate living conditions; and to disconnection from their family,

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community, and culture.¹ The Truth and Reconciliation Commission of Canada has described the IRS system as an act of ‘cultural genocide.’¹ This system is widely recognized as a major contributor to the health disparities still seen today between Indigenous and non-Indigenous Canadians: IRS survivors experience elevated rates of physical health problems, substance abuse, depression, suicide, and other long-term health problems.^{2,3}

There is also increasing recognition and documentation of negative impacts on the descendants of residential school survivors: Children of residential school survivors have been found to have higher rates of depression, substance abuse, and suicide attempts; greater psychological vulnerability to adverse experiences; as well as poorer achievement in school than Indigenous peers whose parents and grandparents did not attend residential schools.⁴ Effects appear to be cumulative across generations.⁵ Collective recovery from this historical trauma, including the interruption of its ongoing transmission, is a major priority for Indigenous communities today.

The intergenerational transmission of the effects of historical trauma involves a multitude of physiological, psychological, and social mechanisms,^{6,7} and collective recovery from this trauma will require an equally broad set of strategies. One strategy often recommended by Indigenous scholars is ‘culture as treatment’, that is, the idea that by revitalizing traditional Indigenous cultures, negative colonial narratives about Indigenous people can be challenged, and the meanings, relationships, and practices embedded in cultural systems can be mobilized in support of collective healing.⁸

If this is true, we would expect the potential benefits of culture to be greater in individuals affected by a greater burden of historical trauma. Cultural connectedness, which has been defined as ‘knowledge of, and engagement with, aspects of [Indigenous] culture’,⁹ is indeed associated with a range of positive outcomes, including better mental health, less substance use, more prosocial behavior, more school success, and lower suicide rates.^{10,11} However, to the best of our knowledge, there has been no quantitative examination of the interaction between these two factors (familial IRS attendance and cultural connectedness) as determinants of health. Our study therefore aimed to determine whether cultural connectedness modifies the association between familial IRS attendance and the mental and physical health of Indigenous young people.

Methods

Setting

The study took place in an Anishinabe (Algonquin) community with a population of approximately 1600. Children were taken from the community and sent to residential schools from the 1920s to the 1970s. The community currently organizes a number of activities intended to reinforce cultural connectedness among youth, such as classes in dancing, drumming, singing, traditional crafts, and fishing and hunting trips.

Sampling, recruitment, and data collection

A systematic random sample of 250 community residents aged 18–39 years was drawn from the complete list of community residents maintained by the Band Council. Data collection occurred from February through April of 2016. Participants were recruited by a community resident with a trusted reputation, primarily through home visits. When a participant could be reached at home, the survey was self-administered and returned immediately to the recruiter in a sealed envelope. When individuals could not be reached at home, they were contacted through Facebook and invited to provide responses electronically. The data collector forwarded anonymous copies of all responses to the investigators, who were thereby blinded to the identities of respondents.

Measures

The survey included closed-ended questions on age, gender, mental and physical health, cultural connectedness, and residential school attendance by parents and grandparents. It also included an open-ended question on factors that have positively influenced the respondent’s cultural connectedness. See [Supplementary File 1](#) for the complete survey instrument.

Self-rated mental health and physical health were assessed by standard well-validated 5-point Likert scale items. Self-rated cultural connectedness was measured by a similar 5-point Likert scale item that was created for the purpose of this survey. This brief measure was created, rather than using an existing validated measure of cultural connectedness such as the Cultural Connectedness Scale-Short Version (CCS-S),¹¹ to minimize respondent burden. A convenience sample of four community residents assessed the questionnaire as being acceptable and easy to understand and having face validity.

Analysis

Mental health and physical health were dichotomized as high (‘very good’ or ‘excellent’) vs. low (other responses). Cultural connectedness was also dichotomized as high (‘fully’ or ‘very’) vs. low (other responses). Familial IRS attendance was dichotomized as any reported vs. none reported (including unknown or non-response). Differences in the proportion reporting high mental or physical health, by dichotomized familial IRS attendance and cultural connectedness, were calculated by linear regression. All calculations were carried out using Stata, version 12.1 (StataCorp, College Station, TX). We categorized responses to the open-ended question by simple thematic analysis and calculated the proportions of respondents mentioning each factor seen as supporting cultural connectedness.

Results

A total of 147 individuals agreed to participate, for an overall response rate of 59%. [Table 1](#) summarizes responses to the closed-ended questions.

Table 1 – Participant characteristics (N = 147).

Variable	Value	n (%)
Gender	Female	83 (56%)
	Male	60 (41%)
	Two-spirit	2 (1%)
	Not reported	2 (1%)
Mental health	Very good or excellent	78 (53%)
Physical health	Very good or excellent	65 (44%)
Cultural connectedness	Very or fully connected	55 (37%)
Family history of IRS attendance	None reported	74 (50%)
	Any reported	73 (50%)
	Grandparent(s) only	43 (29%)
	Parent(s) only	22 (15%)
	Both generations	8 (5%)

IRS, Indian Residential Schools.

Associations and effect modification

A majority (62%) of those with no family history of IRS attendance reported a high level of mental health. A family history of IRS attendance was associated with an 18% lower probability of reporting a high level of mental health (95% confidence interval [CI], 2–34%). There was also a non-statistically significant trend toward poorer mental health among participants who reported IRS attendance in two generations vs. in only one generation (Fig. 1).

Any protective effect of cultural connectedness among those with no family history of IRS attendance appeared to be modest (8% greater proportion reporting a high level of mental health; 95% CI, –16% to 31%). However, among participants who did report a family history of IRS attendance, a high level of cultural connectedness had a large and significant association with mental health (31% greater proportion reporting a high level of mental health; 95% CI, 7–54%). The group with both a family history of IRS attendance and a high level of cultural connectedness had mental health outcomes comparable to those with no family history of IRS attendance (Fig. 2).

Physical health was associated with cultural connectedness (25% greater proportion reporting a high level of physical health among those with a high level of cultural

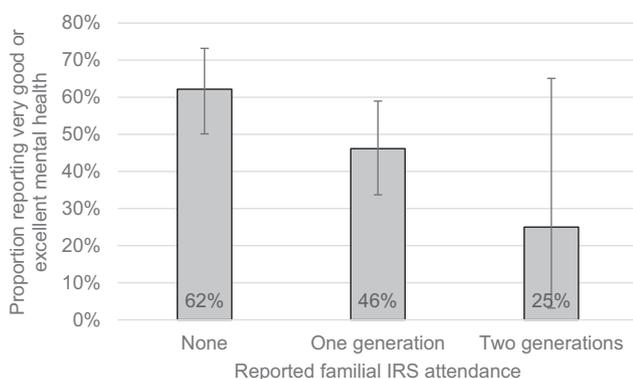


Fig. 1 – Mental health of Anishinabe people aged 18–39 years, by the number of preceding generations (parents and/or grandparents) who attended Indian Residential Schools (IRS).

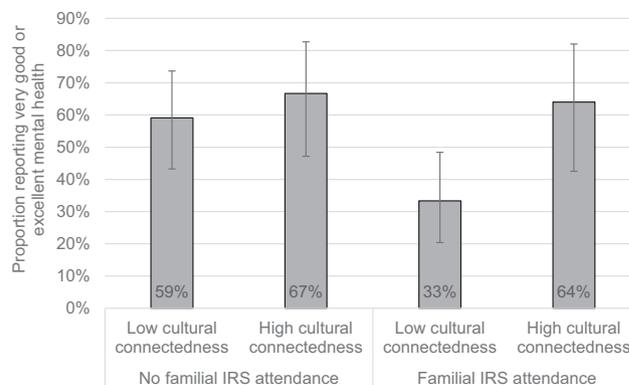


Fig. 2 – Mental health of Anishinabe people aged 18–39 years, by family history of Indian Residential School (IRS) attendance and degree of cultural connectedness.

connectedness; 95% CI, 9–42%) but was not significantly associated with a family history of IRS attendance.

Cultural connectedness was not significantly associated with a family history of IRS attendance.

Individuals who reported an unknown family history of IRS attendance or who did not respond to this question reported similar health and cultural connectedness outcomes to those who specifically reported no IRS history.

None of the aforementioned results varied significantly by age or gender.

Factors reported as supporting cultural connectedness

Respondents reported a wide variety of factors that help them connect with their culture (Fig. 3). Support and teaching from family members and elders were the most frequently mentioned factors. These connections were facilitated especially by permanent residence in the community, by activities organized through the community school, and through spending time out on the land. The most frequently mentioned culturally meaningful activities included hunting, fishing, and trapping; learning and speaking the Anishinabe language; pow wows and other dances; and ceremonies such as smudging.

Discussion

The findings of this study suggest that although the inter-generational legacy of residential schools continues to negatively impact the mental health of young Indigenous people today, a high degree of cultural connectedness may help reverse this effect. This provides epidemiological support for the concept of ‘culture as treatment’ of historical trauma experienced by Indigenous peoples in Canada. We believe that this is the first quantitative study that demonstrates the specificity of this association to people with a greater familial burden of historical trauma.

This interaction effect was greater for mental health than for physical health, consistent with IRS having targeted primarily psychosocial elements of Indigenous culture and identity. The lack of detectable association between cultural

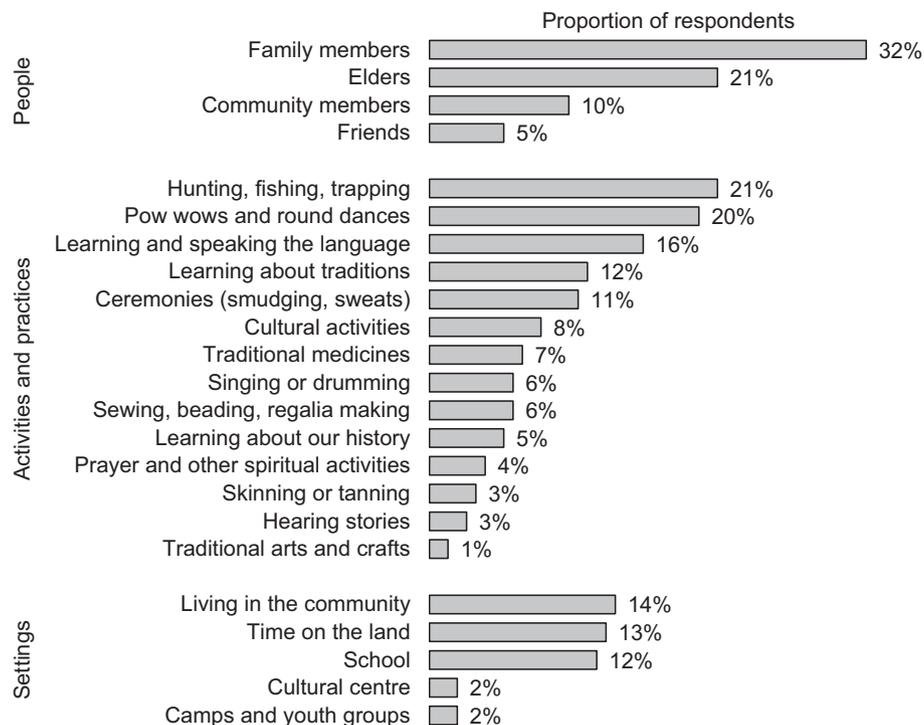


Fig. 3 – Factors reported by Anishinabe people aged 18–39 years as supporting their sense of cultural connectedness.

connectedness itself and familial IRS attendance suggests that many individuals and families have succeeded in establishing meaningful connections to their culture despite the destructive effects of the IRS system and that there are other, more important drivers of cultural connectedness in the community today.

There are many potential mechanisms that may contribute to this protective effect. Snowshoe et al.¹¹ have demonstrated correlations between positive identity, traditions, and spirituality (three major components of cultural connectedness) and positive mental health among First Nations youth. In the present study, participants reported engagement with traditions and spirituality as contributing to their sense of cultural connectedness. These factors may enhance one's sense of meaning and self-worth and provide skills for coping with stressful circumstances. Participants also frequently attributed cultural connectedness to their relationships with family and elders; positive social connections are a well-established contributor to mental well-being and are likely to be closely linked to one's ability to feel connected to one's culture.

The study was supported by community leaders and designed and implemented collaboratively with community members. This likely contributed to the high response rate. Community leaders are using the results of this study, particularly the factors named by participants as important for supporting cultural connectedness, to inform the ongoing improvement of cultural programming in the community. The results may also be used as a baseline for evaluating the impacts of future interventions to support cultural connectedness in this age group.

This study used a novel single-item self-rated measure of cultural connectedness that leaves the concept undefined and therefore up to the interpretation of the respondent. This measure has not been validated elsewhere, but it was deemed to have face validity by community members. Similar measures of general concepts (e.g., self-rated health) have proven to be valid.¹² The fact that findings were as expected in this study suggests construct validity. The measure uses wording that is independent of any specific culture, which may allow it to be used across Indigenous cultures.

The simple methodology and low cost of this study and the brevity and generality of the survey instrument overall would allow the study to be easily replicated and/or modified by community-based investigators in other Indigenous communities in Canada.

The study is limited by the absence of information that would allow us to investigate in any depth the mechanisms potentially underlying the associations between cultural connectedness and health. Cultural connectedness and mental health may be linked not only by causality but also by common causes, such as access to social or material resources. Causality may also occur in the reverse direction, e.g., poor mental health may be a barrier to engaging in certain cultural activities. Further studies may help clarify the nature of this association.

Despite these limitations, this study provides evidence suggesting that cultural connectedness is an important protective factor against the negative intergenerational effects of residential schools on the mental health of Indigenous people today. While the IRS system caused great harm, its attempt to

annihilate Indigenous culture has ultimately failed, and the healing power of culture remains. However, not all Indigenous people have had adequate opportunity to draw on this source of resilience. If this is to be an era of reconciliation and reduction of inequities in health between Indigenous and non-Indigenous peoples, Indigenous communities must be supported in the full restoration of their cultural heritage.

Author statements

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Ethical approval

This research was conducted with the consent and support of the community's Band Council and obtained institutional ethical approval from the Institutional Review Board of the Faculty of Medicine of McGill University.

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Competing interests

None declared.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.puhe.2018.12.003>.