

# From Collective Healing to Individual Diagnosis: Colonial Transformations of Trauma Care and a Postcolonial Approach to Build Connection

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## Abstract

Before the emergence of modern psychiatric trauma diagnoses, many societies developed collective systems for responding to the psychological and social consequences of violence, loss, and war. Across diverse Indigenous cultures—including Lakota communities in North America, Inuit societies in the Arctic, San communities of Southern Africa, and Aboriginal peoples in Australia—responses to suffering were historically embedded within communal rituals, kinship structures, spiritual practices, and relationships to land. Rather than conceptualizing trauma primarily as an individual psychological disorder, these traditions approached distress as a disturbance in relational, cultural, and ecological systems that required collective forms of restoration. This article presents a multilayered narrative review of interdisciplinary literature spanning anthropology, psychology, Indigenous studies, and transcultural psychiatry, examining traditional healing practices that address the consequences of violence, collective disruption, and historical trauma. While the Indigenous contexts discussed differ significantly in their historical trajectories, legal frameworks, and forms of colonial governance, the analysis identifies recurring structural mechanisms—including land dispossession, suppression of cultural and spiritual practices, forced assimilation, and institutional intervention—that have systematically reshaped Indigenous systems of care. From a decolonial perspective, these processes are understood not only as material and social disruptions but also as forms of epistemic violence that have marginalized, delegitimized, and, in some cases, actively erased Indigenous ways of knowing, healing, and meaning-making. By situating these dynamics across interconnected historical, cultural, relational, and epistemological levels, the review foregrounds how colonial power operates through both institutional structures and knowledge

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hierarchies, reconfiguring the conditions under which suffering is recognized and addressed. At the same time, it highlights the persistence, adaptation, and resurgence of Indigenous healing practices as forms of resistance, continuity, and epistemic reclamation, challenging the dominance of Western trauma frameworks and opening space for more relational, collective, and contextually grounded approaches to healing. The review analyzes how these community-based systems of trauma care were progressively transformed during colonial expansion through policies such as residential schooling, missionary intervention, and the institutionalization of Western psychiatric models. As colonial administrations and later global mental health frameworks expanded, trauma increasingly became conceptualized through individualized diagnostic categories, culminating in contemporary clinical constructs such as Post-Traumatic Stress Disorder (PTSD). While these frameworks have contributed significantly to clinical practice, their emphasis on individual symptomatology may not fully capture the collective, cultural, and historically embedded dimensions of suffering in colonized populations. By tracing these historical shifts, the article examines how the transition from communal healing systems to individualized diagnostic frameworks reshaped understandings of suffering and recovery. It argues that colonial disruption not only produced individual psychological harm but also reconfigured the broader social and cultural systems through which distress was understood and regulated. Within this context, approaches focused exclusively on individual trauma may be insufficient when detached from the relational, cultural, and political conditions that structure collective experiences of loss and identity disruption. The analysis highlights both the epistemic consequences of colonial interventions in Indigenous healing systems and the ongoing efforts in many communities to revitalize traditional approaches to trauma care. Understanding these transformations contributes to broader debates in trauma studies, transcultural psychiatry, and decolonizing mental health research, emphasizing the importance of culturally grounded and community-centered approaches in addressing the enduring impacts of violence and historical trauma. This narrative review follows a structured but non-systematic approach, aiming to synthesize interdisciplinary literature through transparent selection criteria while acknowledging its interpretive scope and the diversity of Indigenous experiences.

## **Keywords**

Colonization, Traditional Healing, PTSD, Research Gap, Decolonization

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## **1. Introduction**

Indigenous societies recognized the psychological and spiritual consequences of profound suffering long before trauma became formalized within Western psychiatric frameworks. In many Indigenous cosmologies, experiences that contemporary psychology might describe as trauma were historically understood as disruptions within relational systems linking individuals, communities, ancestors,

and the natural world. Among the Lakota, the concept *Takini* refers to a person who has endured profound hardship and loss, reflecting an understanding that suffering reverberates through broader relational networks of family, community, and spirit. Similarly, Aboriginal Australian traditions interpret distress as disruptions in social, ecological, and spiritual balance within the Dreaming, while San healing traditions describe suffering as disturbances in the flow of *n/um*, a spiritual healing energy believed to circulate within both the individual body and the community (Atkinson, 2002; Katz et al., 1997). Inuit cultural frameworks historically addressed emotional distress through relational practices embedded in storytelling, shamanic mediation, and communal reconciliation mechanisms rather than through individualized diagnostic categories (Kirmayer et al., 2000). Taken together, these Indigenous conceptualizations suggest that what contemporary psychology defines as trauma has long been understood in many societies as a relational and communal experience requiring collective processes of healing and restoration.

In contrast, Western societies historically interpreted profound suffering through different institutional and ideological frameworks, often grounded in religious doctrine, moral judgment, and social hierarchies shaped by patriarchal norms. Prior to the emergence of modern psychiatry, emotional distress was frequently interpreted as a spiritual failing, moral weakness, or social deviation rather than as a psychological response to violence, loss, or structural injustice (Foucault, 2006; Herman, 1992). Gendered expectations within patriarchal social systems further shaped these interpretations: women's suffering was often dismissed as hysteria or emotional instability, while men were expected to conform to cultural ideals of stoicism, endurance, and social discipline. These interpretive frameworks often obscured the structural and political causes of suffering while simultaneously reinforcing existing systems of social power and inequality.

The systematic study of psychological trauma within Western medicine emerged much later and has expanded significantly over the past several decades. A major turning point occurred with the formal recognition of post-traumatic stress disorder (PTSD) in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980. Since that time, trauma research has developed into a major interdisciplinary field spanning psychology, psychiatry, anthropology, neuroscience, and global health. Contemporary scholarship increasingly recognizes that exposure to war, violence, and forced displacement can produce enduring psychological and social consequences that extend beyond immediate victims to affect families and communities across generations (Bryant, 2019; Kirmayer et al., 2014). Despite these advances, however, a growing body of research has questioned whether dominant psychiatric frameworks adequately capture the cultural, historical, and collective dimensions of trauma experienced across diverse societies. Scholars in transcultural psychiatry and Indigenous mental health research have argued that trauma cannot be fully understood outside the historical and sociopolitical contexts that shape experiences of violence, colonization, and

cultural disruption (Kirmayer et al., 2014).

In particular, researchers working in transcultural psychiatry and Indigenous studies have emphasized that Western trauma models tend to conceptualize suffering primarily at the level of the individual, often emphasizing diagnostic categories and symptom clusters. While these approaches have contributed significantly to clinical treatment and humanitarian response, they may overlook relational, cultural, and historical dimensions of distress that are central to many non-Western understandings of suffering and healing (Kirmayer et al., 2014; Gone, 2013). While these frameworks have contributed significantly to clinical practice, they have also been critiqued for their limited capacity to account for collective, cultural, and historically embedded forms of suffering, particularly in societies shaped by colonization.

Research conducted over the past two decades has documented how many Indigenous societies historically developed collective systems for responding to the consequences of violence, grief, and social disruption. These systems often involved ceremonial practices, storytelling, communal mourning rituals, and spiritual healing traditions that sought to restore balance within the broader social and cosmological order (Duran, 2006; Kirmayer et al., 2014). Among numerous Indigenous communities—including Lakota nations in North America, Inuit societies in the Arctic, San communities in southern Africa, and Aboriginal peoples in Australia—healing practices have traditionally been embedded within kinship structures and collective cultural practices rather than confined to individualized therapeutic encounters (Atkinson, 2002; Dudgeon et al., 2014).

Scholars have increasingly examined how these systems were profoundly disrupted during periods of colonial expansion. Colonial governance frequently involved the suppression of Indigenous spiritual practices, forced assimilation policies, residential schooling, and large-scale land dispossession. These processes not only produced widespread social and psychological harm but also fractured the cultural institutions that historically supported collective healing and social regulation (Brave Heart et al., 2011; Dudgeon et al., 2014). As colonial administrations and missionary systems imposed European social institutions and medical frameworks, Western psychiatric approaches gradually replaced or marginalized Indigenous healing traditions.

Anthropological and psychological research has demonstrated that this transformation was not merely the introduction of new clinical tools but rather represented a broader epistemic shift in how suffering itself was defined and addressed. Indigenous understandings of distress—often embedded in communal, ecological, and spiritual relationships—were increasingly reframed within biomedical categories focused on individual pathology (Gone, 2013; Kirmayer et al., 2014). Consequently, responses to trauma were progressively relocated from collective ceremonial contexts into institutional settings such as hospitals, psychiatric clinics, and humanitarian mental health programs.

Recent scholarship has also highlighted the long-term consequences of these

transformations. Studies of Indigenous mental health across multiple regions have demonstrated that colonial disruption of cultural institutions—including language loss, land dispossession, and the breakdown of intergenerational knowledge transmission—can significantly affect community wellbeing (Kirmayer et al., 2014; Wexler, 2014). These findings have contributed to a growing recognition that trauma cannot be fully understood without attending to the historical processes, political structures, and collective cultural systems that shape both vulnerability and resilience.

At the same time, many Indigenous communities have initiated efforts to revitalize traditional healing practices and to integrate cultural knowledge into contemporary mental health programs. Such initiatives often seek to restore cultural continuity through ceremonies, land-based practices, language revitalization, and community-led approaches to healing (Wexler, 2014; Dudgeon et al., 2014). These developments have prompted renewed discussion within trauma research regarding the limitations of purely individualized diagnostic frameworks and the importance of culturally grounded approaches to healing.

While this article argues that colonial processes produced widespread and enduring social and psychological harm across multiple Indigenous contexts, it does not assume that these processes unfolded uniformly. Colonial systems differed significantly in their legal, political, and administrative forms. For example, U.S. governance of Indigenous nations often involved treaty-based territorial arrangements, whereas British colonization in Australia operated under the doctrine of *terra nullius*, and Arctic regions were shaped through missionary and administrative integration policies. These differences produced distinct historical trajectories. However, across these contexts, recurring structural mechanisms can be identified, including land dispossession, suppression of cultural practices, disruption of kinship systems, and the institutional replacement of collective healing with individualized frameworks. This article examines these shared processes while explicitly recognizing contextual variation and avoiding historical simplification.

This article examines these historical transformations through a critical narrative review of interdisciplinary literature on Indigenous trauma-healing traditions and the ways in which they were disrupted under colonial governance. It asks several interrelated research questions while also being informed by an understanding of trauma as emerging within a broader social and political nervous system, in which processes of regulation and dysregulation operate across relational, cultural, and institutional levels rather than being confined to the individual psyche.

First, how did Indigenous societies historically conceptualize and respond to profound suffering and social disruption through collective cultural and spiritual practices?

Second, through what mechanisms did colonial expansion—such as suppression of ceremonies, forced assimilation policies, residential schooling, and land dispossession—disrupt these systems of communal healing?

Third, how did Western psychiatric frameworks gradually replace or marginalize Indigenous approaches by redefining trauma primarily as an individual psychological disorder?

Finally, what insights might Indigenous epistemologies offer for rethinking trauma and healing within contemporary mental health research?

To address these questions, the article examines examples from Lakota communities in North America, Inuit societies in the Arctic, San communities in southern Africa, and Aboriginal peoples in Australia. These cases are selected as illustrative rather than representative, reflecting the availability of well-documented scholarship and enabling comparative insight across distinct colonial histories and knowledge systems. They are not intended to generalize across the diversity of Indigenous societies globally (Kirmayer et al., 2014; Dudgeon et al., 2014).

Through this comparative analysis, the article argues that colonial governance did not simply introduce new medical approaches to psychological distress but fundamentally transformed the epistemological frameworks through which suffering itself was understood. Collective, relational, and spiritually grounded systems of healing were progressively displaced by institutional models centered on individual diagnosis, professional intervention, and biomedical classification (Gone, 2013; Kirmayer et al., 2014). This shift reflects a broader reconfiguration of trauma from a socially and culturally embedded experience to an individualized clinical condition, often detached from its historical, political, and relational contexts (Kirmayer et al., 2014; Smith, 2012).

By bringing together scholarship from anthropology, Indigenous studies, trans-cultural psychiatry, and trauma research, this article contributes to ongoing debates about the cultural foundations of mental health knowledge and the need to reconsider how trauma is conceptualized and addressed in societies shaped by histories of colonization. It suggests that Indigenous epistemologies—grounded in relationality, cultural continuity, and collective healing—offer important theoretical and practical insights for expanding contemporary trauma research beyond narrowly individualized frameworks.

### Key Concepts

For clarity, several core concepts are defined as they are used in this article:

- **Collective trauma care** refers to culturally embedded systems of healing in which distress is addressed through communal, relational, spiritual, and land-based practices rather than individualized clinical intervention. (Kirmayer et al., 2014; Dudgeon et al., 2014).
- **Trauma ecology** describes trauma as a phenomenon emerging across interconnected levels—individual, relational, cultural, institutional, and historical—rather than as a discrete psychological condition located solely within the individual. (Kirmayer et al., 2012; Subica & Link, 2022).
- **Decolonizing trauma research** refers to transforming research frameworks, methods, and ethics to center Indigenous knowledge systems, community governance, and historical accountability, rather than merely adding Indige-

nous perspectives to existing Western models.

- **Survivance** (Vizenor, 2008) refers to Indigenous presence, resistance, and active continuity of life, culture, and identity beyond narratives of victimhood or survival alone.

#### Methodology

This study employs a structured narrative review methodology to synthesize interdisciplinary literature on Indigenous healing systems, colonial transformation, and trauma conceptualization. Narrative reviews are particularly suited to integrating diverse bodies of knowledge across disciplines where conceptual, historical, and epistemological questions are central (Green et al., 2006).

#### Search Strategy

A systematic search strategy was implemented across four databases: PubMed, PsycINFO, Scopus, and Google Scholar. The search covered publications from 1980 to 2024, reflecting the emergence of contemporary trauma research following the formalization of PTSD in DSM-III.

Search terms included combinations of the following keywords: “*Indigenous healing*,” “*historical trauma*,” “*colonialism and mental health*,” “*collective trauma*,” “*transcultural psychiatry*,” “*ceremony*,” and “*land-based healing*.” These terms were applied iteratively to capture both discipline-specific and interdisciplinary literature.

#### Screening and Selection

The search yielded an initial pool of approximately 27 sources. Screening was conducted in two stages:

1. Title and abstract screening, assessing relevance to Indigenous healing systems, colonial disruption, and trauma conceptualization
2. Full-text review, evaluating theoretical relevance, methodological contribution, and empirical grounding

Following screening, 19 sources were retained for structured inclusion in the core synthesis. Additional sources were selectively incorporated to support the theoretical framing and clarify the context.

#### Inclusion and Exclusion Criteria

Inclusion criteria were defined as:

- Peer-reviewed publications
- Foundational theoretical works in trauma, Indigenous studies, and transcultural psychiatry
- Widely cited ethnographic studies
- Research explicitly addressing collective healing or colonial disruption

Exclusion criteria included:

- Studies focused exclusively on individual PTSD symptomatology without cultural or historical context
- Publications lacking theoretical, ethnographic, or interdisciplinary relevance
- Sources not directly addressing trauma, healing, or colonial transformation

#### Case Selection Strategy

The selection of Lakota, Inuit, San, and Aboriginal Australian contexts follows

a purposive sampling strategy. Cases were selected based on three criteria:

- 1) availability of well-documented interdisciplinary literature,
- 2) representation of distinct colonial governance models (e.g., treaty-based systems, terra nullius, administrative integration, land dispossession), and
- 3) analytical relevance for examining transformations in trauma-healing systems.

These cases are illustrative rather than representative, enabling structured comparison across different colonial trajectories without generalizing across all Indigenous societies.

### **Analytical Approach**

Thematic analysis was conducted using an iterative coding process. Initial open coding identified recurring concepts across sources, followed by axial coding that organized findings into three analytical domains:

- 1) collective healing systems,
- 2) mechanisms of colonial disruption, and
- 3) epistemic transformation toward individualized trauma frameworks.

This approach supports analytical consistency while maintaining interpretive flexibility appropriate for interdisciplinary synthesis.

### **Methodological Positioning**

This review does not follow a formal PRISMA protocol, as its aim is conceptual and interpretive rather than exhaustive. However, key elements of methodological transparency were incorporated, including explicit search strategy, defined inclusion criteria, and structured screening procedures. This aligns with best practices for rigorous narrative reviews that balance interpretive depth with reproducibility (Green et al., 2006).

In addition to the literature-based analysis, the author's interpretive perspective is informed by prior professional engagement and field exposure in multiple Indigenous contexts, including work and site visits in Pine Ridge Reservation among Lakota communities, in Ilulissat and Nuuk in relation to Inuit communities, and in the region of Tsodilo Hills associated with San cultural traditions. These experiences did not constitute formal ethnographic data collection within the scope of this study, but they contributed to the contextual understanding of the relational, land-based, and ceremonial dimensions discussed in the literature. The analysis remains grounded in published sources, with field exposure informing interpretive sensitivity rather than serving as primary data.

## **1. Indigenous Healing Systems and the Disruption of Collective Trauma Care**

Prior to the global expansion of Western medical and psychiatric institutions, many societies developed culturally embedded systems for responding to grief, violence, and psychological distress. Anthropological and cross-cultural research has shown that these systems often emphasized collective rituals, spiritual mediation, and community participation as central mechanisms for restoring social and emotional balance (Kirmayer et al., 2014). Rather than treating suffering as an

isolated psychological disorder located within the individual, many Indigenous traditions approached distress as a disturbance within relational systems linking individuals, communities, ancestors, and the natural world.

However, these healing systems did not remain intact. Colonial expansion across the Americas, Africa, Australia, and the Arctic introduced political and institutional structures that profoundly disrupted Indigenous cultural life. Colonial administrations frequently suppressed ceremonial practices, imposed missionary education systems, and attempted to replace Indigenous cosmologies with Western religious and medical frameworks. As a result, many communal traditions that historically supported emotional regulation and collective healing were marginalized or criminalized (Dudgeon et al., 2014; Gone, 2013). Understanding these transformations requires examining both the cultural foundations of Indigenous healing practices and the historical processes through which colonial governance altered or suppressed them.

### **1.1. Lakota Traditions: Ceremony, Grief, and Colonial Suppression**

Among the Lakota and other Plains nations of North America, ceremonial life historically structured social and spiritual responses to grief, loss, violence, and collective crisis. Healing practices were embedded within a broader cosmological worldview that emphasized harmony among human beings, the natural environment, and the spiritual realm. Within Lakota philosophy, the concept of *Mitákuye Oyás'ı̄n*—often translated as “all my relations”—expresses the belief that human beings exist within a network of relationships linking people, animals, ancestors, and the land itself. Well-being, therefore, depended on maintaining balance within this relational system, and communal ceremonies functioned as mechanisms for restoring harmony when disruptions occurred (Duran, 2006; Gone, 2013).

Rituals such as the *Inípi* (sweat lodge), the Sun Dance (*Wi Wanyang Wacipi*), and communal mourning ceremonies played central roles in regulating grief, processing loss, and renewing social cohesion. These ceremonies were not merely religious practices but also constituted systems of communal emotional regulation. During the sweat lodge ceremony, participants gather in a small dome-shaped structure constructed of willow branches and covered with blankets or hides. Heated stones are placed in a central pit, and water is poured over them to generate steam. Participants pray, reflect, and speak about personal and communal suffering, while elders or ceremonial leaders guide the ritual. Anthropologists and Indigenous scholars have emphasized that such ceremonies provide culturally structured environments in which individuals can process grief and trauma collectively while reaffirming relationships within the community (Duran, 2006).

The Sun Dance, one of the most sacred ceremonies among Plains nations, historically served as a communal renewal ritual that reinforced collective identity and spiritual responsibility. Through days of fasting, prayer, dancing, and sacrifice, participants reaffirmed their relationship with the Creator, the land, and the community. The ceremony also functioned as a form of collective healing follow-

ing periods of crisis such as warfare, epidemic disease, or community loss. Participation in the Sun Dance reaffirmed the community's moral and spiritual order and helped restore balance after collective suffering.

However, these cultural systems were profoundly disrupted during the expansion of colonial power across the Great Plains during the nineteenth century. Following military conflicts and the defeat of Plains nations, the United States government confined Lakota and other Indigenous peoples to reservation territories. These policies dramatically reduced access to traditional lands and subsistence practices while placing Indigenous communities under the administrative authority of federal agencies. Within this context, colonial authorities increasingly viewed Indigenous ceremonies as obstacles to assimilation into Euro-American society.

Beginning in the 1880s, the United States government formally prohibited many Indigenous religious ceremonies through federal regulations designed to suppress Native spiritual practices. The Sun Dance, along with other ceremonial traditions, was banned under policies implemented by the Bureau of Indian Affairs (BIA). These bans were enforced through threats of imprisonment, withholding of food rations, and other forms of coercion directed at communities that attempted to continue their ceremonies (Gone, 2013). As a result, many ceremonies were forced underground or practiced in secret for decades.

At the same time, colonial assimilation policies targeted Indigenous children through the creation of boarding school systems designed to eradicate Indigenous cultural identity. The most infamous example was the Carlisle Indian Industrial School, founded in 1879 by Richard Henry Pratt under the ideology "Kill the Indian, save the man." Pratt's philosophy reflected a broader assimilationist agenda that sought to transform Indigenous children into citizens modeled on Euro-American cultural norms.

Within boarding schools, children were forcibly separated from their families and communities, often transported hundreds or even thousands of miles away from their homes. Upon arrival, children were subjected to systematic efforts to erase visible markers of Indigenous identity. One of the first acts performed at many boarding schools was the cutting of children's hair, which held deep cultural significance in many Plains cultures. Among the Lakota, long hair symbolized identity, strength, and spiritual connection. Forcibly cutting children's hair was therefore not merely a hygienic practice but a symbolic act intended to sever their cultural identity and connection to their communities (Brave Heart et al., 2011).

Language suppression was another central component of the assimilation process. Students were strictly prohibited from speaking Lakota or other Indigenous languages. Punishments for speaking Indigenous languages included corporal punishment, humiliation, and isolation. Because language carries cultural knowledge, stories, and ceremonial teachings, these policies disrupted the transmission of cultural knowledge across generations.

Traditional dances and ceremonies were similarly banned within boarding school environments. Children were taught to view their cultural traditions as primitive

or shameful, while Christian religious instruction was imposed as the dominant moral framework. Over time, many students internalized feelings of shame regarding their cultural identity, a psychological legacy that has been widely documented in studies of intergenerational trauma among Indigenous communities (Brave Heart et al., 2011).

Boarding schools also became sites of widespread abuse. Historical investigations and survivor testimonies have revealed extensive physical punishment, emotional abuse, and sexual violence perpetrated by school staff and administrators. Children living in these institutions were often isolated from their families and lacked avenues for reporting abuse. As a result, many survivors carried unresolved trauma into adulthood, which affected family relationships, parenting practices, and community wellbeing across generations (Brave Heart et al., 2011).

These transformations did not merely disrupt cultural practices but fundamentally altered the framework through which suffering was understood and addressed, shifting it from a collective, ceremonial process embedded in relational systems to an individualized condition managed through institutional and disciplinary structures. From this perspective, practices such as collective dance, singing, and sweat lodge ceremonies can be understood as forms of regulation operating at the level of the social and political nervous system, rather than solely as individual therapeutic interventions.

The cumulative impact of these policies has been described by scholars as a form of cultural genocide, in which colonial authorities sought to dismantle Indigenous cultural systems by disrupting family structures, language transmission, and spiritual traditions. The resulting trauma extended far beyond the immediate experiences of boarding school survivors. Researchers studying historical trauma among Native American populations have demonstrated that the psychological consequences of these policies often continue across generations through disrupted attachment patterns, unresolved grief, and cultural dislocation (Brave Heart et al., 2011).

Despite these profound disruptions, Lakota communities have demonstrated remarkable resilience in preserving and revitalizing cultural traditions. During the late twentieth century, Indigenous activists and spiritual leaders played central roles in restoring ceremonial practices suppressed during the assimilation era. The passage of the American Indian Religious Freedom Act of 1978 provided legal protections for Indigenous spiritual practices, allowing ceremonies such as the Sun Dance and sweat lodge to be practiced openly once again.

Today, these ceremonies continue to function as powerful mechanisms of communal healing and cultural restoration. Many Indigenous mental health programs now incorporate traditional ceremonies, storytelling practices, and cultural education as central components of healing from historical trauma. Researchers have shown that reconnecting with cultural traditions can strengthen identity, rebuild community cohesion, and support resilience among Indigenous youth and adults (Gone, 2013).

The revival of Lakota ceremonial life, therefore, illustrates both the destructive effects of colonial assimilation policies and the enduring strength of Indigenous cultural systems. By restoring ceremonies, language, and spiritual practices, Lakota communities are reclaiming cultural frameworks that historically structured communal responses to grief and trauma. These revitalization efforts highlight the importance of cultural continuity in addressing the long-term psychological consequences of colonial domination.

Contemporary trauma research increasingly supports the effectiveness of embodied and relational practices that have long been central to Indigenous healing traditions. Studies in somatic therapies and neurophysiology suggest that rhythmic movement, collective singing, and controlled thermal experiences—such as those found in sweat lodge ceremonies—can regulate the autonomic nervous system and support recovery from trauma (van der Kolk, 2014; Porges, 2011). Polyvagal theory, in particular, emphasizes how patterned sensory experiences, social engagement, and bodily activation can facilitate shifts from states of dysregulation toward safety and connection (Porges, 2011). From this perspective, Lakota practices involving dance, song, and sweat lodge rituals can be understood not only as cultural traditions but as sophisticated, embodied forms of trauma regulation that resonate with emerging insights in contemporary trauma science.

## **1.2. Inuit Communities: Conflict Regulation and Colonial Transformation**

Inuit societies across the Arctic have historically developed distinctive cultural mechanisms to regulate social conflict, emotional distress, and community cohesion within small, interdependent groups. Anthropological research has long documented how Inuit conflict resolution relied on culturally embedded practices such as song duels, storytelling, humor, and communal mediation rather than formal punishment systems (Briggs, 1995; Kirmayer et al., 2000). In song duels, individuals involved in disputes would compose satirical songs aimed at one another and perform them publicly before the community. Through humor, poetic expression, and social commentary, tensions could be openly expressed and resolved while maintaining group cohesion and preventing the escalation of violence. Rather than isolating individuals or imposing punitive sanctions, these practices reinforced shared responsibility for restoring social harmony.

Such mechanisms were particularly important within Arctic environments, where survival depended on cooperation and mutual support. Inuit communities historically lived in small kinship-based groups engaged in seasonal hunting and gathering activities across vast territories. In these contexts, unresolved conflict could threaten collective survival by undermining trust and cooperation during activities such as hunting, food sharing, and child-rearing (Briggs, 1995). Cultural institutions that facilitated reconciliation and emotional regulation, therefore, functioned not merely as social customs but as essential mechanisms for maintaining the community's stability and resilience.

Inuit worldviews also embedded emotional well-being within broader cosmological relationships linking people, animals, and the environment. Spiritual traditions, including the practices of *angakkuq* (shamans), mediated relationships between the human and spiritual worlds, addressing illness, misfortune, and social discord through ritual intervention and guidance. These healing practices emphasized restoring balance between individuals and the broader moral and ecological order rather than diagnosing internal psychological disorders (Kirmayer et al., 2000).

However, these cultural systems were profoundly disrupted during the expansion of colonial governance across Arctic regions during the nineteenth and twentieth centuries. European missionaries, traders, and government administrators introduced new economic structures, religious institutions, and legal frameworks that gradually reshaped Inuit social life. Missionaries often condemned traditional spiritual practices, including shamanic healing, as incompatible with Christian doctrine. As a result, many Inuit communities experienced increasing pressure to abandon spiritual traditions that had historically structured responses to illness, grief, and social conflict.

The expansion of colonial administration also brought new forms of social control. Government authorities introduced policing systems, formal courts, and Western legal codes, replacing community-based conflict-resolution practices. Whereas traditional Inuit systems had prioritized reconciliation and restoration of harmony, colonial legal institutions emphasized punishment and individual culpability. Anthropologists and Indigenous scholars have argued that this transformation significantly altered the cultural frameworks through which communities understood justice, responsibility, and emotional regulation (Kirmayer et al., 2000).

One of the most transformative interventions occurred during the mid-twentieth century when Canadian and Greenlandic authorities implemented policies aimed at permanently settling Inuit populations. Historically, Inuit families had followed seasonal migration patterns that allowed them to access hunting territories and maintain relationships with ancestral lands. Beginning in the 1950s, however, many Inuit communities were relocated into centralized settlements as part of broader efforts by national governments to integrate Arctic populations into administrative systems and wage economies (Tester & Kulchyski, 1994). These relocations had profound consequences for social organization and cultural continuity. Permanent settlements disrupted traditional subsistence activities and altered the kinship structures that had historically supported collective decision-making and conflict regulation. In addition, settlement life introduced new forms of social inequality, unemployment, and dependency on external institutions. The resulting social dislocation weakened the cultural institutions that had previously supported emotional regulation within communities.

The impact of colonial assimilation policies extended particularly to Inuit children and youth. Beginning in the mid-twentieth century, Inuit children were in-

creasingly sent to residential schools, often located far from their families and communities. These schools were part of a broader assimilation program designed to integrate Indigenous populations into Euro-Canadian society. Within these institutions, children were frequently prohibited from speaking their languages or practicing cultural traditions. Many students experienced neglect, abuse, and severe emotional isolation (Truth and Reconciliation Commission of Canada, 2015).

In addition to residential schools, many Inuit children were affected by the “Sixties Scoop,” a policy that resulted in the large-scale removal of Indigenous children from their families and placement in non-Indigenous foster or adoptive homes. Although the Sixties Scoop is often discussed in relation to First Nations populations, Inuit families were also affected by child welfare policies that removed children from their cultural environments (Sinclair, 2007). These separations disrupted the transmission of language, cultural knowledge, and identity, often leaving individuals disconnected from their communities and heritage.

Research has demonstrated that such policies produced long-term psychological consequences across generations. The loss of cultural continuity, combined with experiences of family separation and institutional trauma, contributed to patterns of intergenerational trauma that continue to affect many Inuit communities today (Kirmayer et al., 2014). Individuals who were separated from their families often struggled with identity, belonging, and cultural dislocation, challenges that were frequently transmitted to subsequent generations through disrupted parenting practices and unresolved grief.

Another significant consequence of colonial transformation was the erosion of the traditional social tools that Inuit communities had historically used to regulate conflict and emotional distress. Practices such as song duels, storytelling, and shamanic mediation were increasingly marginalized or forgotten as settlement life and colonial institutions reshaped everyday social interactions. Without these culturally embedded mechanisms for resolving tensions and processing grief, communities often faced new forms of social strain that were not easily addressed within imposed institutional frameworks.

This transition reflects a broader transformation in the organization of distress, in which relational and community-based mechanisms of emotional regulation were replaced by institutional systems that redefined conflict and suffering in terms of individual responsibility and pathology.

Contemporary Inuit mental health research increasingly recognizes the role of these historical disruptions in shaping present-day health outcomes. Scholars have emphasized that high rates of suicide, substance use, and psychological distress in some Arctic communities cannot be understood without examining the cumulative effects of colonization, cultural suppression, and social dislocation (Kirmayer et al., 2014; Wexler, 2014).

At the same time, many Inuit leaders and researchers emphasize that cultural revitalization offers important pathways for healing and resilience. Programs across Arctic regions increasingly incorporate land-based cultural education, sto-

rytelling, language revitalization, and intergenerational knowledge transmission as key elements of mental health initiatives (Wexler, 2014). These programs aim to restore the cultural relationships and social structures that historically supported emotional regulation and collective well-being.

For example, youth resilience initiatives in Alaska and northern Canada have integrated traditional hunting activities, elder mentorship, and community storytelling into mental health programming. These approaches recognize that strengthening cultural identity and community connection can play a central role in addressing the psychological consequences of colonial trauma (Wexler, 2014).

Such initiatives illustrate a broader shift in contemporary trauma research toward ecological and culturally grounded frameworks that recognize the importance of community, culture, and land in shaping wellbeing. For Inuit communities, restoring traditional knowledge systems and cultural practices represents not only a process of cultural preservation but also a critical component of healing from the long-term consequences of colonial domination.

### **1.3. San Healing Traditions, Land Dispossession, and the Disruption of Identity**

Among San communities in southern Africa, healing traditions have historically been inseparable from land, language, and social organization. Communal trance or healing dances have been widely documented as central institutions through which illness, emotional distress, and social tensions are addressed (Katz et al., 1997). However, these practices cannot be understood in isolation from the broader ecological and cultural systems within which San societies developed as hunting and gathering communities.

San lifeways were historically organized around mobility, intimate knowledge of the environment, and highly egalitarian social structures. Relationships to land were not only economic but constituted the foundation of identity, knowledge transmission, and social cohesion. Language, storytelling, and ritual practices—including trance dances—were embedded within these ecological relationships, forming a coherent system through which individuals and communities understood suffering, illness, and balance.

Within trance dance ceremonies, healers enter altered states of consciousness through rhythmic movement, singing, and collective participation, activating spiritual energy known as *n/um*, which is believed to circulate within both individuals and the community. Healing, in this context, is not an individual intervention but a collective process through which emotional distress is expressed, shared, and transformed within the group (Katz et al., 1997). These ceremonies function simultaneously as mechanisms of emotional regulation, social cohesion, and cultural continuity.

Colonial expansion in southern Africa disrupted these systems at their foundation. The expropriation of land through settler expansion, the establishment of national parks, and later economic developments—including mining, commercial

agriculture, and conservation policies—systematically removed San communities from ancestral territories (Lee, 2013; Suzman, 2001). For a society whose identity, knowledge systems, and social organization were inseparable from land-based practices, this displacement did not simply alter economic conditions but fractured the very basis of cultural existence.

The forced transition from mobile hunting and gathering to sedentary life in marginal settlements disrupted subsistence practices, social structures, and inter-generational transmission of knowledge. Traditional ecological knowledge—encoded in language, storytelling, and daily practice—became increasingly difficult to sustain when communities were removed from the environments to which that knowledge was tied. Linguistic erosion followed, as younger generations lost fluency in complex San languages that encode detailed ecological and relational knowledge.

These processes were accompanied by major social consequences, including marginalization, poverty, and the introduction of alcohol as a structural factor in community disintegration. Scholars have noted that alcohol misuse in some San communities cannot be understood as an isolated behavioral issue but must be situated within the broader context of identity disruption, loss of land, and the collapse of traditional social regulation systems (Lee, 2013). In this sense, substance use emerges not as a cause but as a symptom of structural and cultural dislocation.

Colonial and postcolonial administrative systems frequently framed San cultural practices as primitive or incompatible with modern society, further contributing to their marginalization. This characterization did not merely reflect cultural misunderstanding but functioned as a regulatory mechanism through which Indigenous lifeways were devalued and delegitimized. Practices rooted in mobility, land-based knowledge, and communal healing were interpreted as a failure to adapt to Western norms of sedentary life, wage labor, and institutional governance. In this sense, the designation of San traditions as “primitive” operated as a form of epistemic violence, redefining continuity with Indigenous knowledge systems as backwardness and positioning Western models of social organization as the only legitimate standard of development.

As a result, opportunities to practice traditional ceremonies—including trance dances—were significantly reduced, not only through direct prohibition but through the systematic erosion of the ecological, social, and cultural conditions necessary for their continuation. When access to ancestral land is restricted or removed, the material and symbolic foundations of these practices are destabilized. Healing traditions that depend on specific landscapes, movement patterns, and community configurations cannot be meaningfully sustained within environments shaped by settlement, industrial extraction, and imposed economic systems.

This raises a fundamental tension within contemporary trauma discourse. Western trauma models, which increasingly seek to incorporate “culturally sensitive” approaches, often attempt to integrate Indigenous practices into clinical

frameworks without addressing the structural conditions that have made those practices difficult or impossible to sustain. In the case of San communities, the question is not simply how to adapt traditional healing to Western trauma treatment, but how trauma can be understood and addressed when the conditions necessary for those traditions—particularly access to land—have already been profoundly disrupted.

Moreover, the ongoing loss of land and cultural continuity is rarely recognized within Western trauma frameworks as a form of violence in its own right. Instead, it is often treated as a historical context or background condition rather than as an active, ongoing process shaping present experiences of suffering. This lack of recognition further reinforces epistemic violence by rendering structural and ecological forms of harm invisible within diagnostic systems focused on individual symptoms. In such contexts, attempts to apply individualized trauma models risk not only inadequacy but misrepresentation, as they fail to capture the relational and land-based dimensions of loss that are central to San experiences of disruption.

Importantly, this transformation cannot be understood as a partial disruption of cultural practices but as a profound reorganization of social life that, in many cases, has had irreversible consequences. The removal of land, fragmentation of language, and disruption of knowledge transmission systems have fundamentally altered the conditions under which San identity is reproduced.

Despite these conditions, trance dances continue to be practiced in some communities, often as acts of cultural continuity and resistance. However, their contemporary function must be understood within a context of historical rupture rather than continuity. The persistence of these practices reflects not the survival of intact cultural systems but ongoing efforts to maintain identity and meaning in conditions shaped by dispossession and marginalization.

#### **1.4. Aboriginal Australian Traditions and Cultural Survival**

Indigenous communities in Australia have maintained highly complex cultural systems addressing grief, social conflict, and emotional suffering that long predate European colonization. These traditions are deeply embedded within what many Aboriginal peoples refer to as the Dreaming or Dreamtime, a cosmological framework that structures relationships between humans, ancestral beings, animals, and the land itself. Within this worldview, land is not merely territory but a living archive of ancestral knowledge, moral law, and collective identity (Atkinson, 2002; Dudgeon et al., 2014). The Dreaming provides the foundational narrative structure through which communities interpret existence, transmit ethical obligations, and maintain connections between past, present, and future generations. Consequently, well-being within many Aboriginal societies is inseparable from ongoing relationships with ancestral territories and the ceremonial practices that sustain these relationships.

Ceremonial gatherings, storytelling traditions, and songlines historically func-

tioned as central mechanisms for transmitting cultural knowledge and reinforcing social cohesion. Songlines, sometimes described as “paths of the ancestors,” encode the journeys of ancestral beings across the landscape through song, story, dance, and visual art. These narratives connect specific geographical locations to cultural memory, law, and identity. By traveling along these songlines and performing associated ceremonies, individuals reaffirm their connection to ancestral history and maintain the continuity of cultural knowledge across generations (Atkinson, 2002; Rose, 2011). In this sense, the landscape itself becomes a mnemonic and spiritual map through which communities remember their origins and responsibilities.

Language also plays a crucial role in maintaining these relationships with the environment. Many Aboriginal languages contain extensive vocabularies describing subtle variations in weather patterns, seasonal cycles, and ecological processes. Anthropological and linguistic research has documented that in some Aboriginal languages there are numerous distinct terms for different types of rain, reflecting not only environmental knowledge but also cultural meanings associated with renewal, fertility, and the cyclical regeneration of life (Rose, 2011; Walsh, 1991). Rain, in this context, is not simply a meteorological phenomenon but part of a broader cosmological system that links ecological balance to cultural and spiritual well-being. Reconnecting with traditional language and environmental knowledge, therefore, becomes an important dimension of healing and identity restoration within contemporary Aboriginal communities.

These cultural systems were profoundly disrupted following the arrival of British settlers in 1788. European colonization introduced new political, legal, and economic structures that dramatically altered Aboriginal life. Colonial authorities frequently operated under the legal doctrine of *terra nullius*, which falsely assumed that the Australian continent was uninhabited or unused in ways recognizable under European law. This doctrine justified the large-scale seizure of Indigenous lands and the displacement of Aboriginal communities from ancestral territories (Dudgeon et al., 2014). The resulting loss of land had devastating consequences not only for subsistence systems but also for the ceremonial practices and cultural knowledge embedded within specific landscapes.

Throughout the nineteenth and early twentieth centuries, colonial administrations implemented policies to assimilate Aboriginal populations into European society. These policies often restricted movement, controlled employment, and attempted to suppress Indigenous cultural practices. In many regions, traditional ceremonies were discouraged or prohibited by missionaries and colonial authorities who viewed them as incompatible with Christian religious norms (Atkinson, 2002). Colonial and postcolonial administrative systems further framed Aboriginal cultural practices as primitive or incompatible with modern society, thereby contributing not only to their marginalization but to the systematic devaluation of Indigenous knowledge systems. This characterization did not simply reflect a lack of understanding but functioned as an enduring form of epistemic violence,

through which Indigenous systems of knowledge were actively devalued and delegitimized. Cultural practices grounded in the Dreaming, songlines, ceremonial life, and land-based knowledge were interpreted as evidence of failure to adapt to Western norms of social organization, property relations, and institutional life. In this context, the continuation of Indigenous traditions was not recognized as resilience or continuity but was recoded as backwardness, irrationality, or resistance to progress, reinforcing a hierarchy in which Western epistemologies were positioned as universally valid while Indigenous systems were rendered inferior or obsolete (Atkinson, 2002; Dudgeon et al., 2014).

As a result, opportunities to practice traditional ceremonies—including those connected to songlines, storytelling, and land-based ritual practices—were significantly reduced, not only through direct prohibition but through the erosion of the ecological, social, and cultural conditions necessary for their continuation. The imposition of colonial legal frameworks, particularly the doctrine of *terra nullius*, justified the large-scale seizure of land and the displacement of Aboriginal communities from ancestral territories (Dudgeon et al., 2014). Because Aboriginal systems of knowledge, identity, and healing are inseparable from specific landscapes, this dispossession did not simply alter patterns of settlement but disrupted the very conditions that sustained cultural continuity, moral law, and collective meaning. Ceremonial practices embedded within songlines and land-based cosmologies cannot be meaningfully sustained when communities are physically and symbolically separated from the environments that give them structure and meaning.

One of the most traumatic manifestations of assimilation policy was the systematic removal of Indigenous children from their families, a practice that produced what is now widely known as the Stolen Generations. From the late nineteenth century until the 1970s, thousands of Aboriginal children were forcibly placed in state institutions, missions, or non-Indigenous foster families. Within these institutions, children were often prohibited from speaking their languages or practicing their cultural traditions (Dudgeon et al., 2014). These policies fractured intergenerational transmission of knowledge and severed many individuals from the cultural practices that historically structured identity, belonging, and emotional regulation.

These processes must be understood not as completed historical events but as ongoing and unresolved forms of colonization that continue to shape present conditions of life. The cumulative effects of land dispossession, the Stolen Generations, linguistic suppression, and the fragmentation of kinship systems have produced enduring patterns of intergenerational trauma that remain active across generations (Atkinson, 2002; Dudgeon et al., 2014). Importantly, these conditions are not solely the legacy of past policies but are reproduced through contemporary social, legal, and economic structures that continue to limit access to land, cultural resources, and self-determined forms of community life. In this sense, Aboriginal experiences of trauma must be understood within the context of ongoing struc-

tural violence rather than as discrete historical injuries.

Within this context, the application of Western trauma frameworks based on individualized diagnosis becomes profoundly inadequate. By translating collective experiences of land dispossession, cultural disruption, and identity erosion into individual symptom-based categories, these models obscure the structural, relational, and historical dimensions of suffering. Such reduction does not merely simplify complex experiences but risks functioning as a continuation of epistemic violence, insofar as it imposes external interpretive frameworks that fail to recognize Indigenous ways of understanding distress, healing, and continuity (Kirmayer et al., 2014). Moreover, Western trauma paradigms rarely recognize the loss of land, language, and cosmological systems as forms of violence in their own right, instead positioning them as background conditions rather than as central determinants of psychological and social well-being.

At the same time, the ongoing effects of postcolonial urbanization, economic marginalization, and institutional governance further complicate the conditions under which healing can occur. Many Aboriginal communities are now situated within environments that are structurally disconnected from the land-based systems that historically sustained identity and regulation. This raises unresolved questions for contemporary trauma research and clinical practice: how can trauma be meaningfully addressed when the cultural, ecological, and social foundations of healing have been disrupted or rendered inaccessible? How can Western trauma models engage with Indigenous practices that are inseparable from land when that land has been appropriated, regulated, or transformed by colonial and postcolonial systems?

These questions highlight the limits of current approaches to culturally sensitive or adapted trauma care. Efforts to incorporate elements of Indigenous traditions into Western therapeutic models often fail to address the structural conditions that have undermined those traditions in the first place. Without confronting the ongoing realities of land dispossession, cultural disruption, and epistemic marginalization, such approaches risk reproducing the very dynamics they seek to overcome. Within this framework, the reduction of collective and land-based forms of suffering to individual diagnostic categories represents not only a clinical limitation but a reorganization of regulation from the social and political nervous system to the individual body.

Addressing trauma in Aboriginal contexts, therefore, requires not only cultural inclusion but a fundamental rethinking of how trauma is conceptualized—one that can account for the interconnection between land, identity, history, and collective life, and that recognizes ongoing colonization as a central dimension of contemporary suffering.

## 2. Collective Healing as Cultural Infrastructure

Scholars working across anthropology, Indigenous studies, and transcultural psychiatry have increasingly emphasized that many Indigenous healing traditions

have historically served as social infrastructure supporting emotional regulation, community cohesion, and collective meaning-making. Rather than addressing distress through individualized treatment, these systems embedded responses to suffering within ritual life, kinship networks, and spiritual cosmologies that linked individuals to community, ancestors, and land. Anthropological studies of ritual and healing have long documented the regulatory role of collective ceremonies in maintaining social equilibrium following experiences of loss, violence, or social disruption (Turner, 1969; Katz, 1982).

Victor Turner's work on ritual processes demonstrated how communal ceremonies can create structured spaces for societies to confront crises, process grief, and restore social balance. Similarly, ethnographic research by Richard Katz among Ju/'hoansi San communities described trance dances as collective healing practices in which emotional suffering is addressed through ritual participation involving the entire community (Katz, 1982; Katz et al., 1997). Within these ceremonies, healing is not limited to the individual experiencing distress but is understood as a communal process through which relationships and social harmony are restored. At the same time, these practices were inseparable from land-based lifeways, mobility patterns, and ecological knowledge systems that structured San social organization and identity.

Research in Indigenous mental health has extended these anthropological insights by examining how cultural traditions function as mechanisms of resilience and emotional regulation. Laurence Kirmayer and colleagues have argued that many Indigenous societies historically maintained systems of collective trauma processing through ceremonies, storytelling, and communal mourning practices that integrated psychological healing with cultural continuity (Kirmayer et al., 2014). These practices provided culturally structured frameworks through which communities could metabolize experiences of violence and loss while reinforcing social bonds and shared identities.

Among Native American communities, Maria Yellow Horse Brave Heart's work on historical trauma has highlighted the role of communal grieving rituals and remembrance practices in addressing collective suffering produced by colonization. Brave Heart and colleagues have argued that traditional ceremonial systems historically allowed Indigenous communities to acknowledge and process traumatic experiences in ways that maintained cultural continuity and communal solidarity (Brave Heart et al., 2011). Similar observations have been made in research on Aboriginal Australian communities, where scholars such as Judy Atkinson have emphasized that ceremonies, storytelling traditions, and connections to ancestral lands form integral components of culturally grounded healing practices (Atkinson, 2002).

However, these cultural systems did not remain insulated from broader political transformations. Colonial expansion across the Americas, Africa, Australia, and the Arctic introduced institutional structures that profoundly reshaped Indigenous social life. Missionary activity, forced assimilation policies, and the ex-

pansion of colonial administrative systems frequently targeted Indigenous spiritual practices as obstacles to modernization and religious conversion. As a result, many ceremonial traditions that historically supported collective healing were suppressed, restricted, or stigmatized within colonial governance structures (Dudgeon et al., 2014).

The erosion of San identity provides a particularly important and analytically revealing example of the depth of these processes in societies whose existence was fundamentally grounded in land, mobility, and ecological knowledge. For San communities, land was not only a material resource but the basis of identity, language, knowledge transmission, and social organization. The loss of land through colonial dispossession, followed by postcolonial processes of urbanization, economic marginalization, and settlement expansion, did not simply disrupt subsistence patterns but fundamentally destabilized the conditions that sustained identity and cultural continuity. These transformations contributed to linguistic erosion, the weakening of intergenerational knowledge transmission, and increasing social fragmentation, including the emergence of alcohol misuse as a structural consequence of displacement rather than an isolated behavioral problem (Lee, 2013; Suzman, 2001).

In this context, the application of individualized trauma frameworks to San communities becomes profoundly inadequate. Reducing experiences of land dispossession, identity erosion, and cultural disintegration to individual diagnostic categories obscures the structural, historical, and relational dimensions of suffering. Such approaches risk functioning as a form of epistemic violence, insofar as they impose external frameworks that fail to account for Indigenous ways of understanding distress and healing. The imposition of Western trauma models, particularly in contexts shaped by ongoing land loss and postcolonial urbanization, raises fundamental questions about how trauma can be meaningfully addressed when the very conditions of identity, belonging, and social regulation have been disrupted.

At the same time, the global spread of Western medical and psychiatric institutions introduced new epistemological frameworks for interpreting psychological suffering. Scholars in transcultural psychiatry have argued that this transformation involved not only the introduction of biomedical treatment methods but also a fundamental shift in how distress itself was conceptualized. Within Western psychiatric paradigms, trauma increasingly came to be understood as an individual psychological disorder, defined through diagnostic categories and symptom clusters (Kirmayer et al., 2014). This model contrasts sharply with Indigenous frameworks, in which suffering is embedded within relational, cultural, and ecological systems rather than located exclusively within the individual psyche.

The emergence of modern trauma diagnoses in the twentieth century further reinforced this shift toward individualized frameworks of psychological care. While contemporary trauma research has generated valuable clinical insights, many scholars have noted that psychiatric models can obscure the social, histori-

cal, and cultural dimensions of suffering produced by colonial violence and structural inequality (Gone, 2013). As a result, growing attention has been directed toward the importance of culturally grounded approaches to healing that engage with Indigenous knowledge systems and collective traditions.

Understanding the historical role of communal healing practices, therefore, provides an important foundation for contemporary debates in trauma studies and global mental health research. In contexts such as those experienced by San communities, this requires moving beyond individualized diagnostic approaches toward frameworks that recognize the interconnection between land, identity, culture, and social continuity. By examining how colonial governance reshaped both cultural institutions and epistemological frameworks of suffering, scholars and practitioners can better understand the processes through which collective systems of healing were marginalized and replaced by individualized psychiatric models. The following section explores these transformations in greater detail by examining how colonial administrations and missionary medicine contributed to the institutionalization of modern psychiatric approaches to trauma.

### **3. Colonial Disruption of Indigenous Trauma Healing Systems**

The collective healing systems described in the previous section did not disappear spontaneously, nor were they gradually replaced through neutral processes of cultural change. Their erosion occurred through specific political, religious, and administrative interventions implemented during colonial expansion across multiple regions of the world. Colonial authorities frequently sought to transform Indigenous societies by reshaping cultural institutions, belief systems, and relationships to land, thereby profoundly altering the mechanisms through which communities historically regulated grief, violence, and social disruption. In this sense, colonial intervention can be understood not only as cultural disruption but also as a systemic reorganization of regulation within what can be conceptualized as the social and political nervous system, in which collective, relational, and culturally embedded regulatory mechanisms were progressively dismantled and replaced by external institutional controls.

At the same time, it is important to recognize that these processes did not unfold uniformly across regions. The colonial transformation of Indigenous trauma-healing systems occurred through distinct legal, political, and institutional mechanisms, shaped by specific historical contexts. In North America, governance often involved treaty-based systems and the establishment of reservations, which confined Indigenous populations while simultaneously regulating cultural and social life. In Australia, the doctrine of *terra nullius* enabled large-scale land appropriation without treaty recognition, fundamentally denying Indigenous sovereignty and disrupting land-based cultural systems. In Arctic regions, missionary activity and administrative integration reshaped Inuit social organization, introducing new religious, legal, and economic structures that altered traditional mech-

anisms of conflict resolution and emotional regulation. In southern Africa, colonial expansion, land dispossession, and settlement policies disrupted San life-ways by severing connections between mobility, land, identity, and healing practices.

Despite these significant differences in legal frameworks, governance structures, and historical trajectories, common structural mechanisms can be identified across these contexts. These include the suppression of ceremonies, the imposition of forced assimilation policies, the removal of children from their communities, and large-scale land dispossession. Each of these processes targeted key components of Indigenous systems of collective regulation, including kinship structures, spiritual practices, intergenerational knowledge transmission, and relationships to land. As a result, colonial intervention did not merely disrupt isolated cultural practices but destabilized the broader systems through which communities historically processed suffering, restored balance, and maintained social cohesion.

This transformation had profound implications for how trauma itself came to be understood. As collective and relational systems of healing were weakened or dismantled, the frameworks for interpreting distress shifted accordingly. Indigenous understandings of suffering, embedded in social, cultural, and ecological relationships, were increasingly replaced by models that located distress within the individual body and psyche. Colonial institutions—including missionary systems, residential schools, and later biomedical and psychiatric frameworks—introduced new ways of defining and managing suffering, often emphasizing individual pathology, behavioral regulation, and clinical intervention.

Within this context, the emergence and global expansion of Western psychiatric models, including contemporary diagnostic constructs such as post-traumatic stress disorder (PTSD), can be understood not simply as scientific progress but as part of a broader historical reconfiguration of how suffering is conceptualized and addressed. While these models have contributed significantly to clinical practice and have provided important tools for recognizing and treating psychological distress, their primary focus on individual symptomatology reflects the conditions under which they developed—conditions shaped by institutional, medicalized, and often decontextualized understandings of trauma.

The consequence of this shift is not only the introduction of new treatment approaches but also the narrowing of the conceptual space through which trauma is recognized. When collective, cultural, and land-based systems of regulation are removed or suppressed and replaced by individualized diagnostic frameworks, the forms of suffering that emerge from disrupted identities, fractured communities, and historical violence may not be fully captured within existing clinical categories. In this sense, colonial processes can be understood as having simultaneously dismantled Indigenous systems of healing and introduced models of trauma that, while valuable, are often insufficient when applied in isolation from the broader social, cultural, and political conditions that structure distress.

Understanding colonial disruption in this way allows for a more precise interpretation of contemporary trauma frameworks. Rather than rejecting individual trauma models, this analysis situates them within a broader historical trajectory in which collective systems of meaning, regulation, and healing were systematically altered. It suggests that the limitations of individualized approaches do not lie in their clinical usefulness, but in their application outside the contexts for which they were originally developed, particularly in societies where suffering is deeply embedded in collective histories, cultural continuity, and ongoing structural conditions.

#### **4. Colonial Institutional Replacement of Collective Healing**

Colonial transformation of trauma care did not occur abstractly but through concrete institutional substitutions. In North America, the suppression of ceremonies such as the Sun Dance and the imposition of boarding schools replaced communal grieving and spiritual healing with disciplinary regimes focused on individual behavior and moral conformity (Gone, 2013; Brave Heart et al., 2011). In Arctic regions, Inuit systems of conflict mediation—such as song duels—were displaced by colonial legal systems emphasizing individual culpability and punishment (Briggs, 1995; Kirmayer et al., 2000). In Australia, the removal of children through policies producing the Stolen Generations replaced kinship-based care structures with state-controlled institutionalization (Dudgeon et al., 2014). Across these contexts, communal, relational healing systems were systematically replaced by administrative, missionary, and psychiatric frameworks that redefined suffering as an individual problem requiring institutional management (Kirmayer et al., 2014; Smith, 2012).

Scholars in Indigenous studies and transcultural psychiatry have argued that these transformations were not merely cultural changes but structural processes that dismantled systems of collective resilience developed over generations (Kirmayer et al., 2014). Colonial governance introduced legal frameworks, missionary institutions, and educational policies that targeted Indigenous cultural practices as barriers to assimilation. Through these processes, communal healing traditions that had historically supported psychological and social regulation were suppressed, stigmatized, or replaced by Western religious and medical frameworks.

Three mechanisms were particularly central to this transformation: the suppression of ceremonial life, policies of forced assimilation, and large-scale land dispossession.

##### **4.1. Suppression of Ceremonies**

One of the most direct forms of colonial intervention involved the prohibition or restriction of Indigenous spiritual ceremonies. Many colonial governments viewed Indigenous religious practices as incompatible with Christian missionary agendas or as obstacles to assimilation into colonial social structures. As a result,

ceremonial traditions that historically played central roles in communal healing were often criminalized or actively discouraged.

In the United States and Canada, federal policies in the late nineteenth century explicitly targeted ceremonial life among Plains nations. The Sun Dance, one of the most significant spiritual ceremonies among Lakota and other Plains peoples, was banned by U.S. authorities in the 1880s and remained restricted for several decades. Canadian authorities implemented similar prohibitions under amendments to the Indian Act, which outlawed ceremonies such as the Sun Dance and the Potlatch in an effort to suppress Indigenous cultural and spiritual practices (Duran, 2006; Gone, 2013).

These policies were not simply attempting to regulate religious expression. Ceremonies such as the Sun Dance functioned as central institutions through which communities addressed grief, reaffirmed social bonds, and restored spiritual balance. By restricting these practices, colonial administrations disrupted cultural mechanisms that historically supported communal responses to suffering.

Similar patterns occurred in other colonial contexts. In Australia, missionary institutions and government policies discouraged or prohibited many Aboriginal ceremonial traditions, including initiation rites and spiritual practices connected to Dreaming cosmology. These ceremonies had historically structured social relationships and provided cultural frameworks for addressing emotional distress and community conflict (Atkinson, 2002).

In Arctic regions, missionary activity also contributed to the suppression of traditional spiritual practices. Inuit shamanic traditions, which historically mediated relationships between human communities and the spiritual world, were frequently condemned by Christian missionaries and gradually marginalized as missionary institutions expanded throughout the Arctic during the nineteenth and twentieth centuries (Kirmayer et al., 2014).

Across these diverse contexts, the suppression of ceremonial life weakened cultural institutions that had historically provided collective frameworks for responding to trauma and social disruption. Rituals that once facilitated communal grieving, reconciliation, and spiritual renewal were increasingly replaced by external religious and administrative structures.

## 4.2. Forced Assimilation and Cultural Disruption

In addition to suppressing ceremonial practices, colonial administrations implemented assimilation policies designed to transform Indigenous cultural identities and social organization. These policies frequently targeted children and educational systems in order to disrupt the intergenerational transmission of cultural knowledge.

One of the most widely documented examples of such policies is the system of residential schools established in Canada and the United States during the nineteenth and twentieth centuries. Indigenous children were removed from their families and placed in boarding schools where they were prohibited from speaking

their languages or practicing cultural traditions. These institutions aimed to assimilate Indigenous youth into Euro-American social norms while weakening ties to their communities and cultural heritage.

Scholars have documented the profound psychological and social consequences of these policies. By separating children from their families and elders, residential school systems disrupted the transmission of cultural knowledge, including ceremonial practices and healing traditions that had historically been passed down through generations (Brave Heart et al., 2011).

Similar assimilation policies were implemented in Australia through the removal of Aboriginal children from their families, a practice that produced what is now referred to as the Stolen Generations. Children were placed in state institutions or foster families with the explicit goal of integrating them into European society. As with residential schools in North America, these policies sought to sever connections between Indigenous children and their cultural communities, undermining systems of knowledge transmission that supported collective identity and cultural resilience (Dudgeon et al., 2014).

Missionary systems also played a significant role in these assimilation efforts. Christian missions often served as administrative centers through which colonial authorities introduced new educational structures, religious teachings, and social norms. While missionary institutions sometimes provided social services, they also frequently discouraged participation in Indigenous ceremonies and spiritual traditions, contributing to the erosion of cultural practices linked to healing and social regulation.

The cumulative effect of these assimilation policies was the fragmentation of cultural institutions that historically supported communal responses to suffering. When ceremonial knowledge, language, and spiritual traditions were interrupted across generations, communities lost key mechanisms through which emotional distress and collective trauma had previously been processed.

### **4.3. Land Dispossession and the Disruption of Cultural Landscapes**

A third mechanism through which colonial expansion disrupted Indigenous healing systems was the large-scale dispossession of ancestral lands. For many Indigenous societies, land is not simply a resource or territory but a fundamental component of cultural identity, spirituality, and social organization. Landscapes often contain sacred sites, ancestral narratives, and ecological knowledge that structure cultural life and ceremonial practices.

Anthropological research has emphasized that relationships to land are central to psychological and spiritual well-being in many Indigenous cosmologies. Ceremonies, storytelling traditions, and cultural practices are frequently tied to specific locations within ancestral territories, linking communities to their historical and spiritual heritage (Atkinson, 2002).

Colonial expansion disrupted these relationships through the creation of reservations, national parks, and settler agricultural systems that displaced Indigenous

communities from ancestral territories. In southern Africa, San communities were forced from their traditional hunting lands by colonial settlement and conservation policies that restricted access to territories where their cultural practices had historically developed.

Similarly, Indigenous nations in North America were confined to reservations following military conflicts and treaty negotiations that dramatically reduced their territorial lands. These policies not only limited economic resources but also disrupted ceremonial practices tied to specific landscapes and sacred sites.

In Australia, British colonization resulted in the widespread displacement of Aboriginal communities from ancestral lands, often through violent conflict and legal doctrines that denied Indigenous land rights. Loss of access to traditional territories disrupted cultural practices that had historically connected communities to ancestral stories, sacred sites, and ecological knowledge systems.

Scholars have argued that such dispossession had profound psychological consequences because land is deeply embedded in Indigenous understandings of identity and belonging. Disconnection from ancestral landscapes can therefore weaken cultural frameworks that support collective resilience and emotional regulation (Dudgeon et al., 2014).

#### **4.4. Structural Transformation of Trauma Care**

Taken together, the suppression of ceremonies, assimilation policies, and land dispossession produced structural changes in how Indigenous communities addressed suffering and social disruption. Cultural institutions that had historically supported communal healing were weakened or dismantled, while colonial administrative systems introduced new religious and medical frameworks for interpreting distress.

As Western psychiatric models expanded globally during the twentieth century, trauma increasingly came to be conceptualized as an individual psychological disorder rather than as a relational disturbance embedded within cultural and historical contexts. While modern trauma research has provided important insights into the psychological consequences of violence, scholars have argued that these models often overlook the collective and historical dimensions of suffering experienced by Indigenous communities (Kirmayer et al., 2014; Gone, 2013).

Understanding how colonial governance reshaped Indigenous healing systems, therefore, provides an essential historical context for contemporary debates about culturally grounded approaches to trauma care. The next section examines how the rise of modern psychiatric frameworks further reinforced individualized models of trauma diagnosis, contributing to the marginalization of communal healing traditions.

### **5. Trauma Ecology and Integrative Approaches: Bridging Indigenous Traditions and Contemporary Trauma Treatment**

Over the past fifteen years, trauma research has increasingly shifted away from

strictly individual diagnostic models toward ecological and relational frameworks that recognize trauma as embedded within social, cultural, and historical environments. This emerging body of work draws on insights from anthropology, Indigenous studies, and public health to understand trauma not only as an internal psychological injury but as a phenomenon produced and sustained within broader systems of relationships, institutions, and cultural meanings.

Scholars have increasingly used social-ecological models of trauma to explain how psychological suffering interacts with family structures, community networks, cultural identity, and political contexts. These frameworks build on ecological theories originally developed in developmental psychology, particularly Bronfenbrenner's ecological systems theory, which conceptualizes human development as occurring within nested environmental systems ranging from family relationships to wider social and historical contexts. In recent years, researchers have adapted these models to better account for Indigenous perspectives on health and well-being, emphasizing relationality, cultural continuity, and connections to land (O'Keefe et al., 2022).

Within Indigenous mental health research, these ecological frameworks increasingly incorporate historical trauma, colonial violence, and cultural disruption as structural determinants of psychological distress. Laurence Kirmayer and colleagues have argued that trauma must be understood within historical and political contexts, particularly in communities that have experienced colonization, displacement, and cultural suppression (Kirmayer et al., 2014). In this view, trauma cannot be reduced to discrete psychological events; rather, it emerges through ongoing interactions between individual experiences and broader social structures.

Recent scholarship has also emphasized the concept of trauma ecology, which examines how traumatic experiences circulate across multiple levels of social life—from individual bodies and family systems to institutions, collective memory, and cultural identity. This perspective highlights how structural violence, cultural disruption, and social marginalization can shape patterns of mental health across generations. For example, cultural trauma models have demonstrated that historical oppression can damage protective cultural resources such as community institutions, spiritual traditions, and connections to land, thereby contributing to long-term health disparities (Subica & Link, 2022).

These ecological perspectives have opened new pathways for dialogue between Indigenous knowledge systems and Western trauma treatment. Rather than viewing Indigenous practices as alternative or supplementary forms of healing, contemporary researchers increasingly recognize them as sophisticated cultural frameworks for regulating distress and restoring social balance.

Joseph Gone has been particularly influential in advancing this perspective. His work argues that Indigenous healing traditions should not be understood merely as symbolic cultural practices but as culturally grounded therapeutic systems that operate within distinct epistemologies of health and well-being (Gone, 2013, 2020).

According to Gone, effective trauma interventions in Indigenous communities must incorporate cultural practices such as ceremonies, storytelling, and spiritual traditions that historically structured communal responses to suffering.

Similarly, research on Indigenous resilience has highlighted the importance of collective narratives and cultural storytelling as mechanisms for communities to interpret and transform traumatic experiences. Kirmayer and colleagues have described these narrative processes as forming an “ecology of resilience,” in which stories, cultural memory, and collective identity help communities maintain continuity despite experiences of loss and violence (Kirmayer et al., 2012).

In recent years, several integrative frameworks have emerged that explicitly attempt to bridge Indigenous traditions and contemporary mental health practice. One example is the Indigenist Ecological Systems Model, which situates individual mental health within interconnected layers of family, community, cultural identity, and historical context. This framework emphasizes that Indigenous well-being is sustained through relationships with ancestors, cultural traditions, and land, and that trauma interventions should therefore address these interconnected domains rather than focusing solely on individual symptoms (O’Keefe et al., 2022).

Such models reflect a broader shift within global mental health research toward strengths-based approaches that recognize Indigenous knowledge systems as sources of expertise rather than deficits requiring correction. Community-led programs across Canada, Australia, New Zealand, and the United States increasingly integrate cultural practices—including land-based healing, intergenerational storytelling, and ceremonial gatherings—into trauma recovery initiatives.

## 6. Community-Led Healing Programs and Outcomes

Indigenous-led youth programs in Alaska and northern Canada have integrated land-based activities such as hunting, fishing, and intergenerational mentorship with mental health support. These initiatives aim to strengthen cultural identity, restore relationships with land, and reduce suicide risk among youth (Wexler, 2014).

Similarly, Aboriginal Australian healing programs incorporate storytelling, ceremony, and language revitalization to support outcomes including cultural continuity, community cohesion, and intergenerational knowledge transmission (Dudgeon et al., 2014). Rather than focusing solely on symptom reduction, these programs emphasize rebuilding social and cultural infrastructure as a foundation for long-term wellbeing.

In this context, outcomes extend beyond clinical measures to include restoration of language use, renewal of ceremonial practices, strengthened kinship networks, and increased community safety (Dudgeon et al., 2014; Kirmayer et al., 2014). These indicators reflect a broader understanding of healing as the reconstitution of cultural and relational systems rather than solely the alleviation of individual distress.

These developments also align with growing recognition that trauma recovery often requires rebuilding social and cultural infrastructure that supports collective resilience. Studies of Indigenous elders, for example, have demonstrated how life narratives linking past experiences of colonization with contemporary cultural identity can foster resilience and coping strategies across generations (Grandbois & Sanders, 2009).

The integration of ecological trauma frameworks with Indigenous healing traditions has also influenced contemporary approaches to trauma-informed care. These approaches seek to avoid the over-medicalization of distress and the risk of reproducing colonial forms of retraumatization, and they do not focus exclusively on symptom reduction. Instead, trauma-informed models increasingly emphasize restoring safety, strengthening social relationships, and reconnecting individuals with community resources. Ecological approaches highlight that trauma recovery is often facilitated through networks of support that include families, cultural institutions, and community organizations.

At the same time, researchers caution that efforts to integrate Indigenous knowledge systems into Western mental health frameworks must avoid reproducing colonial patterns of knowledge extraction. Indigenous scholars emphasize that culturally grounded trauma interventions should be developed in partnership with communities and guided by Indigenous leadership rather than imposed through external institutional structures (Gone, 2020).

Taken together, these developments suggest that contemporary trauma research is gradually moving toward more pluralistic and relational models of healing. By integrating insights from Indigenous traditions, ecological systems theory, and public health, researchers are beginning to recognize trauma as a phenomenon that unfolds across interconnected social, cultural, and historical dimensions.

Understanding trauma through this broader ecological lens offers important implications for both clinical practice and public policy. In contexts marked by historical violence, colonization, or social displacement, trauma interventions may be most effective when they address not only individual symptoms but also the cultural and institutional conditions that shape community well-being. As scholars continue to explore these integrative frameworks, Indigenous knowledge systems are increasingly recognized as essential contributors to the evolving field of trauma research.

## **7. Discussion: Decolonizing Trauma Research without Repeating Colonial Extraction**

It is important to acknowledge that the interpretation of trauma as a collective and historically embedded phenomenon remains debated within trauma research. Some scholars caution against overgeneralization across culturally distinct contexts or the uncritical extension of trauma frameworks beyond their clinical origins. These critiques highlight the need for methodological transparency and conceptual precision when engaging in comparative and interdisciplinary analysis.

This study responds to these concerns by situating its argument within documented patterns across multiple literatures while explicitly recognizing variation across colonial histories, legal frameworks, and cultural contexts.

Decolonizing trauma research requires more than adding Indigenous examples to an otherwise unchanged Western framework. Over the last 10 - 15 years, scholars in Indigenous mental health, transcultural psychiatry, implementation science, and decolonial methodology have argued that the problem is structural: who defines trauma, which forms of evidence count, who owns the data, who benefits from the findings, and whether communities retain authority over interpretation and application (Kirmayer et al., 2014; Smith, 2012; Kovach, 2021). These findings suggest that colonial transformation of trauma care involved a fundamental shift in the locus of regulation—from collective, land-based, and relational systems to individualized diagnostic frameworks—effectively narrowing the social and political nervous system through which suffering is recognized and addressed.

Joseph Gone has argued that meaningful advances in Indigenous mental health research require moving beyond externally imposed psychiatric assumptions and toward approaches grounded in Indigenous priorities, knowledge systems, and self-determination (Gone, 2013, 2020). Similarly, Kirmayer, Gone, and Moses cautioned that historical trauma cannot be reduced to a simple clinical construct detached from colonial histories, community meanings, and survivance (Kirmayer et al., 2014). These critiques are particularly relevant when considering how colonial processes not only produced harm but also transformed the frameworks through which that harm is interpreted, often privileging individual pathology over collective and relational dimensions of suffering.

A decolonized trauma research agenda, therefore, begins with a different question. Instead of asking how Indigenous communities can be fitted into existing trauma theory, it asks how trauma theory itself must change when Indigenous epistemologies are taken seriously as theory-producing, method-producing, and practice-producing knowledge systems (Smith, 2012; Wilson, 2008). Recent work in Indigenous-centered health and wellbeing stresses that Indigenous cultural health is not a peripheral “context variable” but a core determinant of wellbeing, inseparable from kinship, language, ceremony, reciprocity, and land (Dudgeon et al., 2014; Walters et al., 2011). This is why current reviews increasingly frame healing in terms of relationality, cultural continuity, and collective wellness rather than symptom reduction alone (O’Keefe et al., 2022).

One of the clearest lessons from this literature is that Indigenous knowledge must be treated as equal not by symbolic inclusion but by shared authority. Linda Tuhiwai Smith’s work remains foundational here because it identifies research itself as historically entangled with imperial power and insists that Indigenous communities must define research priorities, ethics, and benefit (Smith, 2012). More recent work has translated this critique into practical research design by emphasizing community governance, Indigenous rights-based approaches, and culturally grounded implementation (Kovach, 2021; Wilson, 2008). Reviews of decolo-

nizing healthcare for Indigenous peoples identify community governance, holistic care, relationality and trust, storytelling, reflexive practice, and colonization-informed care as recurring elements across studies from several countries (Dudgeon et al., 2014; Walters et al., 2011). These are not minor adjustments to standard research paradigms but reflect a fundamentally different architecture of inquiry grounded in relational accountability.

This shift has major implications for how trauma is conceptualized. Western trauma research has often privileged the event, the symptom cluster, and the individual patient. By contrast, recent ecological models emphasize layered relations among body, family, community, culture, institutions, and history (Bronfenbrenner, 1979; Kirmayer et al., 2014). The Indigenist Ecological Systems Model, for example, explicitly centers Indigenous knowledges and worldviews in youth mental health, locating wellbeing within interconnected systems rather than inside the isolated individual (O’Keefe et al., 2022). Parallel work on cultural trauma as a fundamental cause of health disparities has argued that historical oppression damages protective cultural systems and thereby shapes long-term mental health inequities (Walters et al., 2011). These approaches do not reject clinical care, but they reposition it within a broader trauma ecology shaped by historical and political conditions.

If trauma research is to avoid extraction, it must also change its methods. The extractive pattern is familiar: outside researchers define the problem, collect stories of suffering, publish findings in academic venues, and leave little material, clinical, or political benefit behind. Indigenous methodologists have long challenged this model. Margaret Kovach emphasizes that Indigenous methodologies arise from Indigenous epistemologies, stories, protocols, and relational accountability (Kovach, 2021), while Shawn Wilson frames research itself as ceremony, meaning that relationships are not secondary ethical procedures but the substance of valid inquiry (Wilson, 2008). Recent community-based and participatory studies continue this line by demonstrating that research becomes less extractive when communities co-design the questions, control interpretation, and determine what can be shared, with whom, and for what purpose (Gone, 2020; Walters et al., 2011).

Avoiding extraction also requires rethinking what counts as an outcome. In much Western trauma research, success is measured by reduced symptom scores, improved functioning, or treatment retention. Indigenous scholars and community-led programs increasingly identify additional outcomes, including restoration of ceremony, language use, reconnection to land, intergenerational knowledge transmission, cultural safety, and strengthened collective identity (Dudgeon et al., 2014; Walters et al., 2011). Reviews of Indigenous cultural health and wellbeing argue that culture itself functions as a health-generating force rather than merely a contextual variable (Walters et al., 2011). Likewise, studies of Indigenous resilience continue to show that story, memory, elder knowledge, and land-based practice function as protective resources (Kirmayer et al., 2014). If these are central to

healing, then research that excludes them risks reproducing partial and potentially misleading understandings of trauma.

Building bridges between Indigenous knowledge and Western trauma research is therefore possible, but only under conditions of epistemic equity. One influential concept here is *Etuaptmumk*, or Two-Eyed Seeing, which proposes learning from one eye with the strengths of Indigenous knowledges and from the other with the strengths of Western knowledges, using both together (Bartlett et al., 2012). Recent reviews demonstrate that Two-Eyed Seeing is increasingly used as a practical framework for integrating methods and epistemologies without subordinating one to the other (Bartlett et al., 2012; Kirmayer et al., 2014). In healthcare, scholars have similarly argued for approaches that bring Indigenous and biomedical knowledge into dialogue (Gone, 2020). Importantly, such integration does not imply the assimilation of Indigenous healing into psychiatric frameworks but rather coexistence, mutual correction, and shared benefit.

A related and equally important concept is Willie Ermine's ethical space, which provides a framework for engagement between different knowledge systems (Ermine, 2007). Ethical space emphasizes that meaningful dialogue requires recognition of historical and ongoing power imbalances. Recent trauma-informed and self-determination-oriented research suggests that collaboration is not possible without Indigenous governance, rights, and the authority to refuse participation (Kovach, 2021; Smith, 2012). In trauma research, this means that communities must retain control not only over participation but also over interpretation, timing, and dissemination of knowledge.

Another critical dimension is cultural safety. Cultural safety differs from cultural competence in that it is defined by those receiving care or participating in research, rather than by practitioners or researchers (Dudgeon et al., 2014). Implementation research increasingly demonstrates that cultural safety is inseparable from issues of ethics, power, and accountability (Walters et al., 2011). This is particularly relevant in trauma research, where the process of data collection can itself reproduce asymmetry, retraumatization, and the conversion of lived suffering into professional capital. A culturally safe trauma research design therefore requires Indigenous governance, locally meaningful consent processes, and reciprocal forms of benefit, including training, service development, co-authorship, and accessible dissemination (Kovach, 2021; Smith, 2012).

Recent Indigenous-centered healing frameworks also offer important implications for clinical practice. These models emphasize constructs developed within Indigenous communities rather than adaptations of mainstream psychiatric frameworks (Walters et al., 2011). Evaluations of Indigenous traditional medicine programs demonstrate that community-defined healing can be rigorously examined without being reduced to biomedical residual categories (Gone, 2020). This suggests that effective integration requires decentering Western trauma models so that they function as one component within a broader system of healing rather than as the dominant interpretive framework.

The findings of this review support the argument that colonial processes produced forms of harm that extend beyond individual psychological injury. By disrupting land-based identities, kinship systems, cultural practices, and collective regulatory mechanisms, colonization fundamentally altered the conditions under which suffering is experienced and addressed. At the same time, colonial systems dismantled or marginalized Indigenous healing practices that historically provided collective mechanisms for processing grief, violence, and social disruption. Within this context, the subsequent expansion of trauma models focused on individual symptomatology—such as PTSD—can be understood as emerging within a landscape in which collective systems of healing had already been weakened or removed.

This does not negate the value of individual trauma treatment. However, it suggests that approaches focused exclusively on individual diagnosis and symptom reduction may be insufficient when applied in isolation from the broader social, cultural, and political conditions that shape collective experiences of loss, identity disruption, and historical violence. In this sense, the limitation is not inherent to clinical models themselves but arises when they are used as universal frameworks in contexts where suffering is fundamentally relational, collective, and historically produced.

In this sense, decolonizing trauma research is not anti-science. It is a demand for more comprehensive and contextually grounded science—historically informed, politically aware, methodologically plural, and open to the possibility that Indigenous societies have long developed sophisticated knowledge systems for understanding collective suffering, relational repair, and the conditions of healing (Kirmayer et al., 2014; Smith, 2012). The task is not to romanticize Indigenous traditions or to reject clinical advances, but to create a field in which multiple epistemologies can coexist without one erasing the other. This requires humility, shared authority, and a willingness to allow trauma theory itself to be transformed by the knowledge systems it has historically marginalized.

## 8. Limitations

This study has several limitations that should be considered when interpreting its findings.

First, the comparative scope necessarily simplifies highly diverse Indigenous knowledge systems, historical trajectories, and cultural practices. Although the analysis includes Lakota, Inuit, San, and Aboriginal Australian contexts, these cases are illustrative and cannot represent the full diversity of Indigenous experiences globally.

Second, as a narrative review, the study prioritizes interpretive synthesis over exhaustive literature coverage. Although transparent search strategies, inclusion criteria, and screening procedures were applied, the selective nature of the literature introduces a risk of selection bias. The analysis focuses on theoretically and empirically influential sources rather than attempting comprehensive inclusion of

all available studies.

Third, the comparative framework may emphasize recurring structural mechanisms of colonial disruption while underrepresenting historically specific differences between colonial systems. Colonial governance operated through distinct legal doctrines, administrative structures, and temporal trajectories across regions. While these differences are acknowledged, the analytical focus on shared patterns may partially obscure contextual specificity. This reflects a methodological trade-off inherent in cross-contextual synthesis.

Fourth, the study relies primarily on published academic and ethnographic literature, which may underrepresent community-based knowledge, oral traditions, and locally grounded healing practices not captured within academic databases. Fifth, the analysis does not employ formal systematic review protocols such as PRISMA, nor does it include quantitative synthesis. The conclusions are therefore interpretive and analytically driven rather than statistically generalizable.

Finally, while the author's professional and field experience informed contextual sensitivity, it did not constitute formal data collection and is not treated as primary empirical material within the analysis.

## 9. Conclusion

Over the years, trauma scholarship has increasingly moved toward ecological, relational, and historically grounded models of suffering, bringing it closer to long-standing Indigenous understandings of wellness and disruption (Kirmayer et al., 2014; Walters et al., 2011). Researchers such as Joseph Gone, Laurence Kirmayer, Maria Yellow Horse Brave Heart, Pat Dudgeon, Helen Milroy, Victoria O'Keefe, Bonnie Duran, Karina Walters, and others have demonstrated that colonization, cultural suppression, institutional racism, and land loss are not background variables but constitutive conditions shaping trauma and recovery (Dudgeon et al., 2014; Gone, 2020; O'Keefe et al., 2022; Walters et al., 2011). At the same time, Indigenous methodologists including Linda Tuhiwai Smith, Margaret Kovach, Shawn Wilson, and Willie Ermine have emphasized that decolonization is not merely a metaphor for inclusion but requires transformation in ethics, governance, and the broader relations through which knowledge is produced, validated, and applied (Smith, 2012; Kovach, 2021; Wilson, 2008; Ermine, 2007).

At the same time, it is important to recognize that these developments take place within a field that remains shaped by dominant frameworks grounded in individualized models of diagnosis and treatment. The literature reviewed here suggests that the future of trauma research depends on whether the field can move beyond an extractive model of collecting suffering and toward a relational model of co-creating knowledge, while also maintaining conceptual precision and sensitivity to differences across historical and cultural contexts. Indigenous traditions contribute not only culturally specific practices but also theoretical correctives: trauma is collective as well as individual; healing involves land, story, kinship, and ceremony; and safety cannot be separated from justice, sovereignty, and cultural

continuity (Kirmayer et al., 2014; Walters et al., 2011). Western trauma research contributes important clinical tools, epidemiological methods, and treatment frameworks, but these become more valid, not less, when placed into dialogue with Indigenous paradigms under conditions of shared authority rather than epistemic hierarchy (Gone, 2020).

The analysis presented in this article suggests that colonial processes must be understood not only as producing widespread harm but also as fundamentally transforming the systems through which that harm is interpreted and addressed. By dismantling land-based identities, kinship systems, cultural practices, and collective mechanisms of regulation, colonization disrupted the conditions under which Indigenous communities historically processed grief, violence, and social disruption. At the same time, colonial institutions introduced and normalized frameworks that increasingly located suffering within the individual body and psyche. Within this historical trajectory, contemporary trauma models—particularly those focused on individual symptomatology such as PTSD—emerged in contexts where collective systems of healing had already been weakened, suppressed, or removed.

This does not diminish the clinical importance of individual trauma treatment. Rather, it highlights the limitations that arise when such models are applied as universal frameworks without attending to the relational, cultural, and historically embedded dimensions of distress. In postcolonial contexts, where suffering is often inseparable from collective histories of dispossession, identity disruption, and structural violence, approaches focused exclusively on individual diagnosis and symptom reduction may be insufficient when detached from broader social and political realities.

This suggests that effective trauma approaches in postcolonial contexts require not only clinical interventions targeting individual distress but also frameworks capable of addressing collective, cultural, and historically produced forms of harm. Such approaches must engage with the restoration of cultural continuity, the rebuilding of social and relational systems, and the recognition of ongoing structural conditions that shape vulnerability and resilience.

A decolonized trauma field would therefore treat Indigenous knowledges as equal partners in theory, method, ethics, and practice. It would measure success not only by symptom reduction but also by restored community capacity, cultural continuity, strengthened relational systems, and meaningful benefit to those whose lives and histories make the research possible (Dudgeon et al., 2014). In that sense, the bridge between Indigenous knowledge and Western trauma research is not built by translation alone. It is built on accountability, reciprocity, methodological transparency, and the willingness to allow the field itself to be transformed by the knowledge systems it has historically marginalized.

### **Conflicts of Interest**

The author declares no conflicts of interest regarding the publication of this paper.

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