

Part I: Conceptualizing, Framing and Politicizing Aboriginal Ethics in Mental Health

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ABSTRACT

This article looks at how mental health issues are conceptualized from the lens of Aboriginal world views. It refers to the legacy of colonization and the resulting historical trauma as the root of mental health "illnesses." But it also raises questions on how definitions of "mental illnesses" are arrived at by one's world view or lens. What may be seen as a mental health problem from one world view can be seen as a positive, healing spiritual experience from another.

Introduction

In writing about Aboriginal cultural protocols and ethics within the area of mental health, three major questions come to mind:

- How do Aboriginal world views conceptualize mental "illness" and healing processes?
- What are the challenges in considering Aboriginal ethics in the area of mental health?
- Can Aboriginal and Western approaches to healing work ethically together?

Throughout this paper, the term Aboriginal peoples will be used to refer to the descendants of the original people of Turtle Island or the colonized name Canada. The term Aboriginal peoples is inclusive of those who are First Nations, Inuit and Metis regardless of status under the Indian Act. We make up about 4% of the Canadian population, have 11 major language groups with at least 58 dialects, include 596 bands, and live on 2,284 reserves or in urban and rural communities (Frideres, 1998). Needless to say, Aboriginal peoples are greatly diverse in terms of cultures, lifestyles, languages and opinions. Thus, using a generic term such as "Aboriginal" or "Indigenous" can be problematic as we are not a homogeneous group. However, Aboriginal peoples do

share basic world views and are also tied together by the legacy of colonization which, to some degree, creates a common political agenda and collective identity among diverse groups.

In this paper, I make references to Aboriginal world views, but I will not be addressing Aboriginal cultures. World views, the foundation or lens by which peoples look at the world and includes values and ethics, is fairly generalizable to all Aboriginal Nations. However, cultures are not. Cultures are the day to day practices of specific Nations in specific geographical territories. As mentioned, Aboriginal peoples are diverse in terms of languages, lifestyles and teachings. To assume that the cultural practices of the Inuit in the far north of this continent are similar to those of the Onieda in southern Ontario or the Haida in British Columbia is equivalent to assuming that the cultural practices of the original peoples of Mozambique are similar to those of Egypt or Nigeria.

Let me introduce myself: I am of Mi'kmaq and Irish descent, originally from northern New Brunswick. My clan is the fish (salmon) and my spirit name translates as something like The Woman Who Passes On The Teachings. I am made up of multiple identities – mother, partner, teacher, social worker, a woman living with two diagnosed "mental health illnesses."

Conceptualizing Mental Health Issues

In looking at the mental health issues of Indigenous peoples around the world, clear parallels stand out suggesting that there are common processes and experiences amongst them, despite diversity (Hunter, 1993; Kunitz, 1994; Spencer, 2000). By far the presenting mental health issues that most Aboriginal peoples bring to the attention of helping professionals are depression, anxiety, suicide attempts, and alcohol and drug misuse (Westermeyer, 2001). These issues tend to be viewed as a state experienced by a person rather than as a characteristic of the identity of that person. For example, in the Inuktitut language spoken by the Inuit, the word "isumaluttuq" means something like "too much thinking" which can lead to the mental health issues listed above (Brown, 2003). Thus, terms such as "alcoholic" or "schizophrenic" are not attached to people.

The many traumas that Aboriginal peoples have faced has created a spiral of effects that stem from unresolved guilt, disenfranchised grief and internalized self hatred which is the legacy of colonization. The guilt, grief and self hatred are all symptoms of what has come to be referred to as the “historic trauma response” or “soul wound” (Yellow Horse Brave Heart and DeBruyn, 1998, p. 61; Duran and Duran, 1995, p. 10) which is unique to Aboriginal peoples. Aboriginal peoples tend to access services when these responses or effects have grown out of their control.

Unresolved guilt occurs due to genocidal practices towards generations that have left present day Aboriginal peoples feeling that they do not deserve to be alive when so many of their relations were raped, tortured and killed. These atrocities that Aboriginal populations have been subjected to have not been properly mourned, as many of the traditions around death and dying have been taken from us through colonization, leaving many people without culturally appropriate ways to grieve and heal. In addition, the Western idea of the stoic Aboriginal person has also hampered the grieving process by creating an environment where the “loss cannot be openly acknowledged or publicly mourned” (Yellow Horse Brave Heart and DeBruyn, 1998, p. 66).

These traumas, faced by generations of Aboriginal peoples, are now part of our collective memory. These painful and destructive memories, passed from one generation to the next, perpetuates the cycle of unhealthy interactions and relationships towards family members, other community members and the self which is the struggle that needs to be addressed as a whole. The effects of disenfranchised grief, named as anger, guilt and helplessness, have created shame within Aboriginal peoples. This shame of ones’ culture and community has spurred internalized racism and hatred that must be worked through even before the guilt and grief.

As important as referring to trauma as a means of addressing the personal and collective harm endured by Aboriginal peoples may be, it raises complicated issues for both healing and the prevention of mental health challenges. The following quote provides an explanation of this complexity and my earlier statement on the parallels amongst the mental health of Indigenous peoples world wide:

The emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence against Aboriginal people are structural or implicit and so may remain hidden in individual accounts. It is

tempting to focus only on the stories that can be told about explicitly traumatic events and use these to explain persistent inequities, but these individual events are part of larger historical formations that have profound effects for both individuals and communities – effects that are harder to describe. These damaging events were not encoded as declarative knowledge but rather “inscribed” on the body or else built into ongoing social relations, roles, practices, and institutions. Social analysis to delineate these structural forms of violence and oppression is needed to aid efforts to resist them and to promote change (Kirmayer, Brass & Tait, 2000, 607).

Aboriginal World Views Frame Ethics

A review of the literature reveals that little has been published on the subject of Aboriginal ethics in the area of mental health. This may be, in part, because Aboriginal ethics are rooted in a context of oral history and storytelling which are framed within a process rather than as a specific code (Ellerby et. al, 2000). Ethical decisions, then, will be made within the context of a particular situation and will likely involve the individual, family and community members. This is because there is no separation between the individual, family and community, between the mind, body, emotions and spirit or between all of these and the cosmos.

In defining ethics generally from an Aboriginal world view, Brant-Castellano (2004) states:

Ethics, the rules of right behaviour, are intimately related to who you are, the deep values you subscribe to, and your understanding of your place in the spiritual order of reality. Ethics is integral to the way of life of a people. The fullest expression of a people’s ethics is presented in the lives of the most knowledgeable and honourable members of the community. Imposition of rules derived from other ways of life in other communities will inevitably cause problems, although common understandings and shared interests can be negotiated. (103).

It is crucial, then, that Aboriginal peoples, be in control of constructing their world views and identities which, in turn, frame their ethics because these shape our understanding of “mental illnesses” and our approaches to those who carry them.

Of particular importance within Aboriginal world views are the ethics of relatedness and reciprocity. Needing help, and being able to offer it, is seen as fluid. Today you may need my assistance and I give it to you because I can. Tomorrow or next month or next year, I may be in need of help and you will offer it to me because you can. Relatedness and reciprocity may also involve a level of self-disclosure on the part of service providers. Aboriginal peoples who access assistance tend to ask questions that go far beyond a helper’s education and qualifications. Rather, Aboriginal community members are much more likely to be interested in who the helper is. Such questions focus on where a helper is from, who his family is, if she has children, what his spirit name is, what her clan is, who he knows, what she believes in, what his life experiences have been, etc. For those helpers who practice from Aboriginal world views, it appears unethical to ask intrusive questions of a service user and expect her/him to tell us everything about themselves without revealing much of anything about ourselves. Hence, there can be a strong emphasis on developing and maintaining emotionally sincere relationships between service users and service providers. Health care ethics which emphasize professional distance between service users and service providers may conflict with the belief that relationships hold significant power within the healing process (Ellerby et. al., 2000).

Aboriginal world views, ethics and healing processes also include knowledges which construct methods of healing and forms of

medicine. In contemporary times, the word “traditional” is often attached to these as in “traditional healing” and “traditional medicines.” These English terms are uncomfortable for some Elders and healers who prefer to see helping practices and beliefs simply as “knowledges” and “medicines.” This preference lies in the fact that the term “traditional” came from European peoples who had the intention of separating their beliefs from those of Aboriginal peoples, thereby creating an “othering” of Aboriginal knowledges (Martin-Hill, 2003).

Nevertheless, Aboriginal organizations, Elders, healers and researchers have come to an agreement on an accepted definition and use of the term “traditional” (RCAP, 1996; Martin-Hill, 2003; NAHO, 2003). According to the Report of the Royal Commission on Aboriginal Peoples, volume 3 (1996), “when Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders” (348). Martin-Hill (2003) further elaborates on this by adding that a definition of traditional medicine includes “everything from diet, lifestyle, identity, knowledge of language and culture and expressions of love and comfort (hugging and smiling), positive verbal reinforcement, herbal and ritual knowledge, and spiritual doctoring” (24). The National Aboriginal Health Organization (2003) emphasizes balance and respect as two key principles of traditional medicine. Maintaining balance includes methods such as “healing circles, sweat lodges...songs, dancing, feasts, and other ceremonies” while respect is necessary “for changes to take place in people’s health [whereby people] must have respect for themselves and their place in the world” (5).

Aboriginal world views inherently include an epistemology that has ethical and moral dimensions. For example, within every relationship, obligations and responsibilities are entered into with spirits. Hence, when someone comes into a relationship with specific knowledge, that person is not only honoured and transformed by it, but must also take responsibility for it (Newhouse, 2004). Such a relational perspective teaches one to have a social responsibility for living an ethical and moral life in the present, to honour the past through spiritual care of those who have passed on and to always keep the future in mind by taking care of the earth for the next seven generations to come (King, 1990). Living an ethical life is particularly important of Elders, healers and other service providers as they are known within the community they work in and their efficacy and moral behaviour are open to scrutiny. Being a helper involves issues of power which need to be open to critical examination by those accessing services and by all community members.

Everything is Political Including Ethics:

When it comes to healing, Aboriginal world views also focus on transformative actions and outcomes which is a process of decolonization. Within the healing journey is an understanding that before we move to action, there is mourning and dreaming (Laenui, 2000). Mourning for what has been taken from us is a holistic healing process which we must move through and leave

behind so that we do not remain stuck in and paralyzed by intense emotions. Dreaming or visioning is about exploring our own cultures, imagining what we want for the future, and considering how we will put our aspirations and hopes into reality for the well being of the collective.

When it comes to addressing historical trauma, Denham (2006) suggests that “historical unresolved grief” and the “historical trauma response” can be healed through the use of reframing the trauma or the wound into an act of resistance through the use of stories and narratives. This is a means to acknowledge the strength and cultural power that Aboriginal peoples, families and communities possess even though they may not be conscious of it. He suggests that by finding the connections to a lived experience and passing that knowledge on to the next generation Aboriginal peoples can heal, de-colonize and strengthen communities, families and individuals. This can be done in an Aboriginal person’s life as s/he can use her/his own personal story that might include sexual abuse and drug and alcohol misuse, to explain the effects of colonization upon her/himself.

Asserting our position to implement Aboriginal ethics in the work that we do as helpers means challenging the discourse and the conventional rules of how mental health services are provided to service users. It involves challenging accepted terms such as “cross-cultural” practice which implies that “other” cultures do not have their own valid epistemologies which results in Western subjectivity being imposed on Aboriginal peoples (Duran and Duran, 1995). When we understand who we are as Aboriginal peoples and practice what we know with confidence, we are better equipped to help others and, in so doing, we determine which Western ethics we can abide by and which ones we cannot. However, this is a difficult and draining stand to take alone. It is really only powerful and possible when the struggle becomes a collective one.

Thus, the politics of identity construction become integral in resisting and challenging domination within the professions of psychiatry, psychology and social work. Aboriginal peoples must have control over the construction of Aboriginality. The politicizing effects of this control within these professions can be emancipatory and anti-colonial because control helps us move away from victimization -- having practices done to us, rather than actively participating in the restoration of our health and well being. As Young (1990) notes, “assumptions of the universality of the perspective and experience of the privileged are dislodged when the oppressed themselves expose those assumptions by expressing positive images of their experience. By creating their own cultural images they shake up received stereotypes about them” (155).

Decolonization also involves the political processes of both recognition and reconciliation in order to redress the horrific impacts of colonization. These processes need to include a dialogue that confronts the histories of colonial encounters as they occurred all over the world. In Canada, 12 years ago, a reconciliation proclamation was developed by a Sacred Assembly of representatives who share a common spiritual foundation (Brown, 2003). This proclamation states that actions must be taken to overcome injustice through respecting treaties, fairly settling land rights reclamations, implementing self-government and creating economic development leading to self-sufficiency. Faith communities in particular took a strong position to further the process of healing by providing

forums and supports, advocating for justice, holding governments accountable for implementing just policies and educating about issues related to land rights, self-government, economic development and racism (Brown, 2003).

In keeping with the notions of recognition and reconciliation, the mental health of Aboriginal communities appears to be linked to local control and cultural continuity, which is seen as a psychological and spiritual connection to the past, present and future. Recent successes in negotiating land claims, renewing cultural practices and control of local government initiatives point towards improved mental health for community members. For example, a study by Chandler and Lalonde (1998) identifies a strong connection between levels of community control and suicide rates in British Columbia. These researchers found that of the 196 First Nations communities in B.C., those that have greater local control and cultural continuity also have substantially lower youth suicide rates. They, and other researchers, note the presence of six indicators within the area of First Nations' autonomy and lower suicide rates:

- Community control of fire and police services;
- Community control of health;
- Community control of education;
- Existence of local facilities for cultural activities;
- Self-government; and
- Involvement in land claims (Chandler & Lalonde, 1998; Kirmayer, Brass & Tait, 2000; Brown, 2003).

It is likely, then, that providing more health care and supporting traditional forms of healing are critical in improving mental health for Aboriginal peoples, these do not address the root causes of the issues. Rather, local control is necessary to respond to community needs and promote collective efficacy and pride that contribute to positive mental health and well being. Clearly, political work in reclaiming Aboriginal peoples' rights, justly settling land reclamations, and redistributing power and control via self-government will lead to healthy communities.

Conclusion

If we believe that every Canadian has been impacted by colonization, Aboriginal peoples because of all that was stolen from them and non-Aboriginal peoples because of the loss of opportunity for what could have been possible via a partnership between the two groups, then we also understand that every one of us must participate in the processes of de-colonization. The following article – Working Together in the Circle: Challenges and Possibilities Within Mental Health Ethics -- takes up the topic of Aboriginal and Western service providers working together with those who are facing the impacts of colonization which show themselves as mental health struggles.

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