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Part II: Working Together in the Circle: Challenges and Possibilities within Mental Health Ethics

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ABSTRACT

This article explores how ethics are framed for both Aboriginal and non-Aboriginal helpers. It examines both the challenges and the possibilities of working in the area of mental health, particularly if one is looking at the world through only a Western lens. It finishes with a brief exploration of how the two groups of helpers – Aboriginal and Western - might be able to work together ethically.

Introduction

In considering how helpers with differing world views can work together within the area of mental health for Aboriginal peoples, three questions arise:

- What are the challenges in considering Aboriginal ethics in the area of mental health?
- What are the possibilities that sharing space with Aboriginal world views and ethics can bring to the area of mental health?
- Can Aboriginal and Western approaches to healing work ethically together?

As explained in the previous paper, the term Aboriginal peoples will again 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.

As in the previous paper, I make references to Aboriginal world views rather than writing about 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 hugely 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.

In case you have not read the previous paper, please 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."

Challenges

Mental health practitioners who are unfamiliar with Aboriginal peoples' world views, spirituality, etc. may misdiagnose certain behaviours as psychotic for two major reasons. One of these can be the incorrect identification of cultural beliefs as delusions. For example, spiritual abuse can be the cause of mental health challenges rather than psychopathology. By spiritual abuse, I mean the erosion, breaking down or prevention of a people practicing their own cultural and spiritual beliefs while, at the same time, forcing another belief system upon them. In Canada, as in elsewhere in the world, when it came to Indigenous populations, spiritual abuse was an organized state and church initiative which was implemented through the residential school system (Haig-

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Brown, 1988; Johnston, 1988; Knockwood, 1992; Lomawaima, 1993; Armitage, 1995; Miller, 1996; Chrisjohn, Young & Maraun, 1997; Fournier & Crey, 1997). Spiritual abuse results in a sense of "I don't know who I am" which can lead to, for example, depression, anxiety and substance misuse.

Another reason for the misdiagnosis of the mental health of Aboriginal peoples on the part of service providers could be a lack of understanding of spiritual experiences which may be sought as a means for resolving a crisis, setting a life journey or seeking direction for a major life goal which is often referred to as a vision quest. These can be mistaken for hallucinations and/or delusions occurring in visual or auditory realms which are then assigned meanings usually with the assistance of an Elder or other guide (AHT, 2000a; AHT, 2000b; AHT, 2005). Having these spiritual experiences is a positive thing and many Aboriginal peoples work hard at developing these abilities to, for instance, see spirits or hear their voices.

Misunderstandings, such as that described above, raises a discussion on the ideology of colonization as based on an entrenched stand that one way is the right way and everyone else in the world will be measured by this yard stick. Everyone else is expected to behave in this "right way", but the unwritten rule is that, no matter what, they will never measure up. In addition to this, the ideology goes so deep that the descendants of the original colonizers are not even aware that they are biased and apply their own values to everyone else.

Along with this comes Eurocentric ideas of how to make sense or interpret Aboriginal peoples' thoughts and behaviours which is another major issue when working with Aboriginal peoples who carry mental health challenges. This includes an assumption that something needs to be done about Aboriginal peoples' thoughts and behaviours, that some sort of intervention needs to occur even though the people in question have responses that make complete sense to them within the framework of Aboriginal world views. However, if the response does not fit into the Eurocentric social construction of what a person's behaviour should look like, then something has to be done about it.

What is particularly ironic about this approach is the fact that, according to the codes of ethics of the professions involved in helping, one of the values emphasized is that of non-judgment. However, it appears to me that much within these professions does the exact opposite. The histories of these professions with Aboriginal peoples have been dominated by judgments stemming from their particular world views (Duran and Duran, 1995). Aboriginal communities are the only ones who ought to be defining what the "problems" and solutions to mental health issues are for their populations.

A further issue that needs to be addressed is the idea of objectivity. I do not think objectivity, as defined in conventional usage, exists. We bring who we are and what we believe – our values – into everything we do, whether that be within a social work assessment of a family or a psychiatric evaluation of an individual. The decisions we make are neither neutral nor objective. Rather, they are based on our values and ethics and on how we express these through our actions. What is significant is whose values we are interpreting actions through or whose lens we are looking through. The helping professions are not neutral or objective, nor are the people who work in these areas. They cannot be.

I would say that what is needed is respect, rather than holding on to the notion that objectivity exists. At its roots, the meaning of respect involves "looking twice" at something, which allows for an open mind. It means going beyond one's initial reactions or assessment and looking at a situation again in a closer, deeper way, taking everything possible into account.

Another piece to the notion of working ethically with Aboriginal peoples comes out through the idea that we need rescuing. There are some in the helping professions that pity us, feel sorry for us. Despite the reality that we have survived all that has been inflicted upon us, they see us as unable and incapable. I would say this comes from arrogance or guilt. Arrogance in that the Eurocentric way is the right way, Aboriginal peoples need to be further assimilated into these ways because they can help us and because within these ways are the solutions to "our problems". Guilt because of the impacts of colonization which some helping professionals have some knowledge of and, therefore, feel a need to alleviate this feeling in themselves through helping the victims.

Associated with the guilt of some helping professionals is the idea of a general "Canadian guilt." By this, I am referring to the reality that atrocities in the world can be made public information, even to children in educational institutions, as long as they are not atrocities committed by Canadians. Canada continues to put much energy into presenting itself to the rest of the world as a peaceful, decent multicultural nation. To face up to a "Canadian holocaust" certainly contradicts this façade. I wonder, however, how we as a country will ever be able to move forward into a future that is inclusive of all peoples without acknowledging the wrongs of the past and committing to change. People cannot be allies nor can they do what is ethically right if they remain stuck in feeling guilty.

Can We Work Together in Ethical Ways?

Consider this: part of the role of medications, crisis intervention and hospitalization in a Western framework is to re-establish needed connections to reality, the here and now, etc. and to alleviate symptoms. The goal of, for example, sweat lodge ceremonies, the meals that follow them, and the use of herbal medicines is to activate a new relationship between body, mind and spirit. Both of these approaches may calm the person and ground him in human relationships so he can make an informed choice about his treatment or healing.

Consider this: a mental health issue is not seen as only lodged within a person, but also as reflecting problems in that person's family, peer group and community. The body is one part of a triangle together with a person's spirit and the world of relatives which need to work together in order for health and well being to be re-established. Thus, it is necessary for all relatives of a person with mental health challenges to be present, involved and working on a common desire for the person. Restoration

of a person's health, then, needs to include restoring relatedness within that person's family.

Consider this: ceremonies often help to strengthen one's sense of identity as an Aboriginal person and provide a sense of respect for one's community. Ceremonies can also provide guidance in terms of locating a Western practitioner who will help an Aboriginal person on her own terms. Often, family members of a person with mental health challenges often speak of how ceremonies help them realize how they can help their loved one.

Consider this: Western practitioners can also work with families through the modeling they do in responding to those who are struggling with mental health issues such as how to be calm with a person who is experiencing an anxiety attack or how to assist the person in coping with ongoing symptoms of anxiety. Such modeling can aid in increasing the skill and competence of the family while assisting them in building the confidence to know that they can help.

Consider this: although the recovery model within the area of mental health, advocated primarily by Deegan (1988, 1993, 1996) in the U.S. and Campbell (1998), Coleman (1999), May (2000) and Perkins (2001) in the U.K. is gaining attention in other countries such as Canada, New Zealand and Australia, it may not be a good fit for Aboriginal peoples. The recovery model is an individualistic process (Carpenter, 2002) that is monocultural (O'Hagan, 2004) and ignores the socioeconomic concerns that are the prime difficulties for those with mental health challenges (McLean, 2003; Reville, 2005). I agree with Masterson and Owen (2006) who argue that "the widespread acceptance of the recovery model is not something that people with mental health problems can achieve on their own. To a large extent its success very much depends on changing the way that the rest of society conceptualizes mental illness, and it is always easier for people with social power and status to resist unacceptable re-conceptualizations" (30). As long as recovery focuses on transforming the individual rather than the system, it cannot be a part of the de-colonization process. However, Western practitioners can join with Aboriginal peoples to address not only the specific vulnerabilities of those struggling with mental health challenges, but also the past and current sources of oppression – social, political and economic – which is where transformation is critical.

Conclusion:

I have a further challenge to those who hold the power in the helping professions. The topic of Aboriginal ethics in mental health holds a great deal of potential to make contributions to services for diverse sociocultural peoples and communities. Perhaps by incorporating ethics that emphasize pluralism and cultural context, Western practitioners can relate to the needs of the whole person. In Canada, should Western practitioners learn first how to respond appropriately to the ethics of Aboriginal peoples, they may have a basis upon which to be more responsive to the ethics of members of many diverse ethnocultural communities (Ellerby et. al., 2000). What do you suppose is the ethical thing to do?

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