PSYCHOLOGICAL SERVICES/THERAPY IN FIRST NATIONS POPULATIONS:
A CRITICAL PERSPECTIVE

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Dr. Webster has practiced as a police psychologist for over 35 years. He specializes in Crisis Management and works with law enforcement agencies both domestically and internationally. He has consulted on a number of high profile crises including Waco Texas, Jordan Montana, Lima Peru, and Gustafsen Lake British Columbia.
My interest in this topic springs from two sources. The first is the nature of my work as a (police) psychologist; with a specialty in crisis management, I have consulted with the principle parties involved in conflicts between various police services and Aboriginal groups including Gustafsen Lake, Apex Alpine, and the Six Nations Stand-offs in Ontario. As a result of these experiences, I have developed an interest in Aboriginal Culture and spirituality. The second is my discomfort with mainstream psychology’s focus on individuals, and its almost total disregard of the impact of power differentials, and sexual, social, organizational and racial influences on psychopathology.

With regard to terminology, I think it may be more respectful, and more inclusive, to use the terms Aboriginal or Indigenous rather than “First Nations”. The Aboriginal peoples of Canada may all request psychological services, and include First Nations, Inuit and Metis regardless of their status under the Indian Act. This combined group makes up approximately 4.4 – 5% of the population of the country; it is comprised of 11 major language groups, including 58 dialects and 596 bands and lives on 2,284 reserves, or in urban and rural communities (Statistics Canada, 2006). The Aboriginal peoples are richly diverse in their cultures, lifestyles, and languages. It can be argued that even the terms Aboriginal and Indigenous are inaccurate as the people being described are far from a homogenous group. They do share, however, similar historical experiences that have influenced similar perspectives; and they are welded together through the experience of colonization that has led to a similar body politic and collective identity.

Aboriginal Mental Health:
There is much historical evidence (e.g., the current Truth and Reconciliation Commission) to suggest that the mental health issues of the Aboriginal peoples originate with “their being victims of colonization.” Much of what they present in a therapeutic encounter can be viewed as symptomatic of an “historic trauma response” (Yellow Horse Brave Heart and DeBruyn, 1998; Duran and Duran 1995). When this “soul wound” becomes unbearable an Aboriginal person can experience what appear to be mainstream “mental disorders”.

It is unfortunate that Aboriginal knowledge systems, in the fields of mental health and treatment, have been underestimated. These systems when recognized and empowered will be able to take their place in a mainstream that enforces silence and conformity to a single dominant theoretical view of “mental disorders”. The strength of these knowledge systems is not merely theoretical, but practical, and present in the experiences and lived realities of the Aboriginal peoples. For example, the genocidal treatment of their ancestors has left many present day Aboriginal people with a kind of “survivor guilt”. This unresolved guilt remains, as Aboriginal peoples have not been afforded the opportunity to adequately grieve and heal. Many of the Aboriginal traditions and ceremonies around death have been erased through colonization. The generations of trauma experienced by their ancestors now live in the collective consciousness of the present day Aboriginal peoples. It is this “gut wrenching” emotional response that is passed down from generation to generation that fuels the blaze consuming interactions and relationships within communities, families, and individuals. Aboriginal/Indigenous health frameworks view the consequences of disenfranchised grief, masquerading as mainstream “mental disorders”, as a shame-like response within the Aboriginal peoples; and this shame about one’s identity, culture, and community has given rise to a destructive introjected racism and hatred. The end product then, of this unattended grief, may be a community at war within itself as it struggles for a place in Canadian society.

Psychological Services/Therapy:
Psychological interventions into Aboriginal communities are best born from decolonization. Decolonizing means assisting the Aboriginal
peoples in questioning the conventional notions of mainstream psychology/psychiatry. It means assisting in the assertion of Aboriginal/Indigenous healing systems and the confrontation of a single perspective as the definitive way of understanding psychological issues. It means assisting the Aboriginal peoples in understanding who they are, gaining confidence in what they know, and deciding for themselves which mainstream ideas they can work with and which they can’t.

Decolonization embraces the politics of identity, and its construction. In order to rationally challenge the domination of mainstream psychology/psychiatry, Aboriginal people must be in charge of defining their own aboriginality. Only then will they be able to abandon the role of passive victims and actively participate in the restoration of their own health. New truths must be established to overcome the “soul wounds” inflicted by governmental policies like “kill the Indian in the child”. And as mainstream psychological methods have been less than successful, there is little to be lost in the recognition of traditional healing and cultural methods. For example, preliminary steps on the path to healing require mourning and dreaming/visioning (Laenui, 2000). Aboriginal perspectives posit that in order to break free of paralyzing emotion, people must mourn what has been taken from them. Moreover, the chances of healing are increased by dreaming/visioning what the Aboriginal people want in their futures, and how to utilize resources toward that end for the entire community.

Finally, and in harmony with decolonization, the mental health of Aboriginal communities seems to lie in their degree of autonomy. Those communities with more local control and cultural continuity appear to thrive, whereas those with less psychological and spiritual connection with their past, present and future don’t. Those communities with more control of local government, renewed cultural practices, and successful land claims, boast overall improved mental health for their constituents. Chandler and Lalonde (1998) demonstrated the benefits of this alternate perspective by discovering a strong relationship between the degree of community autonomy and suicide rates in British Columbia Aboriginal communities. They found that of the 196 Aboriginal communities in the province, those with greater independence and cultural continuity were also those with significantly lower suicide rates among their youth.

**Conclusion:**
An alternate perspective on the provision of psychological services to Aboriginal peoples recognizes how power differentials between opposing views on healing and well-being are often ignored, resulting in hegemonies that are oppressive and insensitive to historical and local needs. By questioning the conventional notion that mainstream psychology is the only “story”, a more critical approach provides the impetus to empower the marginalized to evaluate their participation in health frameworks that do not recognize indigenous knowledge systems, or meet their needs.

**References:**

