Involuntary Cultural Change, Stress Phenomenon and Aboriginal Health Status

Judith G. Bartlett, MD, CCFP, MSc Community Health (candidate)

This issue of the Canadian Journal of Public Health presents samples of the diversity of interests in the health of Aboriginal and Indigenous peoples. Topics range from discussion of specific disease entities to primary care delivery by outpost nurses; from population health statistics to capacity building in Aboriginal research. Although useful and up to date, these articles reflect the common approach to describing Aboriginal health status in relation to increased levels of morbidity and mortality. What is missing is an understanding of either the etiology or pathogenesis of current-day disease and dis-ease experienced by Aboriginal populations. The cultural etiology of this has had extensive examination and is clearly related to the effects of sustained contact with an external society that brought dramatically different cultural norms and practices. The pathogenesis remains obscure. Important to Aboriginal health discourse, whether for non-Aboriginal advocates or for First Nation, Métis and Inuit peoples, is the need to understand that the impact of massive cultural change, as is observed in Aboriginal peoples, can occur in any society. Thus, it is important to explore the structure of this cultural pathogenesis which has had such a profound effect on Aboriginal health.

Contact between cultures involves the two basic processes of acculturation and adaptation. “Acculturation” is defined as culture change that results from continuous, first hand contact between two distinct cultural groups.” Berry's states that change may occur on seven levels: physical (place to live, type of housing, increasing population density, etc.); biological (new nutrition, new diseases); political (loss of autonomy); economic (move away from traditional pursuits to new forms of employment); cultural (loss of original linguistic, religious, educational and technical institutions); social relationships (alterations in inter-group and inter-personal); and psychological (values, attitudes, abilities and motives). ‘Adaptation’ is the term often used to refer to both the process of dealing with acculturation and the outcome of acculturation; these being ‘adjustment’ (to increase congruence); ‘reaction’ (retaliation against environment); and ‘withdrawal’ (removal from adaptive arena by forced exclusion or voluntary withdrawal). Berry’s opinion is that neither ‘reaction’, due to lack of political power or ‘withdrawal’ are available to Aboriginal peoples, thus they must undergo some form of ‘adjustment’. Overlooked is the fact that for generations, forced ‘withdrawal’ was the predominant mode of action utilized in attempting to first segregate (reserves) and later assimilate (residential schools) First Nation peoples. Métis ‘reaction’ was forcibly crushed by Canada’s military in what has historically been termed the 1885 Riel rebellion; Métis refer to this battle as the 1885 ‘resistance’.

Berry further states that in order to acculturate, individuals and groups must confront two important issues: whether one’s own cultural identity and customs are of value and should be retained, and whether relations with the larger society are of value and should be sought. Berry’s four-fold classification model in acculturation options arises from the answer to such questions; the options are assimilation (relinquishing one’s cultural identity and moving into larger society); integration (some maintenance of cultural identity and movement to become an integral part of a larger society); separation/segregation (imposed by dominant society to keep people ‘in their place’); and marginalization (loss of cultural and psychological contact with both their traditional culture and the larger society by exclusion or withdrawal). The majority society assumed the answer to be ‘no’ to the question of whether to maintain Aboriginal cultural identity and characteristics, and ‘yes’ to the question of desirability of maintaining relationships with Europeans. The genesis of pathology observed as disease and dis-ease within and between Aboriginal peoples clearly flows from ‘stress phenomena’ and related ‘social and psychological pathology’ that are products of forced acculturation. Aboriginal populations have experienced an involuntary type of acculturation process; one in which they have been experiencing one or all of assimilation, integration, separation/segregation or marginalization.

Acculturation stress behaviours have been described as including lowered mental health status, feelings of marginality and alienation, heightened psychosomatic symptoms, identity confusion, homicide, suicide, substance abuse, and family violence. Stressors are defined as “demands to which there are no readily available or automatic adaptive responses” and are articulated as a list of eleven sources of psychosocial stressors, one being the gap between culturally inculcated goals and socially structured means. Not only does the majority society control the ‘reactive’ (Riel ‘resistance’) and ‘withdrawal’ (residential schools) modes of adaptation, it also continues to prevent ‘adjustment’ (attempt to increase congruent fit) by promoting ‘healthy lifestyle’ approaches through mostly majority-society-designed health education and promotion. Although intentions are honourable, the end result is often perceived as an externally imposed ‘blame the victim’ approach, along with a perception of being objectified.

Antonovsky analyzed life experiences and their context relative to the need to develop a ‘Sense of Coherence’ over the lifespan. He states, “When others decide everything for one – when they set the task, formulate the rules, and manage the outcome – and we have no say in the matter, we are reduced to being objects.” Sense of Coherence is defined as “a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explic-
able; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.” More concisely, the sense of coherence includes comprehensibility (the extent to which things make sense), manageability (the extent of adequate resources to address the stimuli), and meaningfulness (the motivational element). It is unfortunate but understandable that ‘contact’ has resulted in a significant level of individual and inter/intra group stress. Such stress (i.e., “demands to which there are no readily available or automatic adaptive responses”) must be understood in order to create a solid basis for policy and program development. Since the earliest continuous contact with newcomer Europeans, original peoples have been erroneously identified by externally designated and often misleading names such as Indian, Eskimo, and Half-breed. This has resulted in poor self-image for individuals and groups who have in some cases, in order to survive, gone underground with their identity. The most recent designation, of course heavily influenced by the Indian Act, is that of the 1982 Constitution Act of Canada in which Aboriginal peoples in Canada are ‘legally’ described as Indians, Inuit and Métis. This new ‘legal’ definition does not act in a direction that would unite Aboriginal peoples, but influences the development of tension since some groups have access to certain ‘rights’ and ‘resources’, while others do not. Destructive impacts of colonization, such as socio-political identity conflict between Aboriginal groups, inhibit a collective movement of Aboriginal peoples in Canada are ‘legally’ identified as belonging to the Aboriginal community. The remaining 15,000 may be erroneously identified by externally designated names such as Indian, Eskimo, and Half-breed. This has resulted in poor self-image for individuals and groups who have in some cases, in order to survive, gone underground with their identity. The most recent designation, of course heavily influenced by the Indian Act, is that of the 1982 Constitution Act of Canada in which Aboriginal peoples in Canada are ‘legally’ described as Indians, Inuit and Métis. This new ‘legal’ definition does not act in a direction that would unite Aboriginal peoples, but influences the development of tension since some groups have access to certain ‘rights’ and ‘resources’, while others do not. Destructive impacts of colonization, such as socio-political identity conflict between Aboriginal groups, inhibit a collective movement of Aboriginal peoples toward attainment of a more secure future in Canada.

On a positive note, revival of cultural identities is increasing rapidly. For example, in the 1996 Census, 60,000 Winnipegers stated that they have Aboriginal heritage, yet only 45,000 identified as belonging to the Aboriginal community. The remaining 15,000 may be individuals who temporarily integrated into the larger society, yet could not maintain this over the longer term. Psychological pain can span generations when individuals/groups are forced to deny a key construct of their being – culture. The 2001 Census shows that 9,000 additional individuals identify as belonging to the Métis community in Winnipeg. It is unlikely that this is due to migration, but rather to its being more socially acceptable and tolerable to exist as a Métis in today’s society. In conclusion, due to significant cultural, social, economic and political impacts of colonization, Aboriginal peoples have existed under conditions of extreme stress for multiple generations. It is little wonder that the ‘stress phenomena’ and related ‘social and psychological pathology’ are products of forced acculturation. Understanding the pathogenesis of stress phenomenon may result in development of culturally grounded approaches rather than the increasing and disturbing trend of utilizing Aboriginal terminology (and sometimes frameworks), yet simply delivering the same Western programs that have not proven very successful. It is argued that carefully examining cultural understandings and how culture has been affected by sustained contact between groups will result in the most appropriate design for culturally grounded contemporary life approaches that will increase First Nation, Métis and Inuit health and well-being.

REFERENCES

Le changement culturel involontaire, le phénomène du stress et l’état de santé des Autochtones

Judith G. Bartlett, M.D., CCFP, M.Sc. en santé communautaire (candidat)

ÉDITORIAL

Ce numéro de la Revue canadienne de santé publique reproduit à plus petite échelle la grande diversité des intérêts en matière de santé des populations autochtones et indigènes. On y aborde des maladies spécifiques, la prestation de soins primaires par les infirmières en région éloignée, des chiffres sur la santé de la population et le renforcement des capacités en études autochtones. Malgré leur utilité et leur actualité, ces articles sont à l’image de la façon dont on décrit traditionnellement l’état de santé des Autochtones dans l’optique des niveaux de morbidité et de mortalité élevés. Il manque à ce portrait une compréhension soi de l’étiologie, soit de la pathogénie des maladies et du « mal-être » observés à l’heure actuelle dans les populations autochtones. L’Étude culturelle de cette situation, qui a fait l’objet d’études approfondies, est clairement liée aux effets du contact soutenu avec une société extérieure qui a amené des normes et des pratiques culturelles radicalement différentes. Quant à sa pathogénie, elle demeure obscure. Il est important pour le

Directrice adjointe (Programmes), Centre for Aboriginal Health Research, Winnipeg (Manitoba)
Correspondance : Dr. Judith Bartlett, Associate Director (Programs) & Research Associate, Centre for Aboriginal Health Research, Suite 715, 7th Floor, Buhler Research Centre, The University of Manitoba, 715 McDermot Avenue, Winnipeg (Manitoba) R3E 3P4, Tél. : 204-975-7751, Courriel : bartlett0@ms.umanitoba.ca

ÉDITORIAL

Le changement culturel involontaire, le phénomène du stress et l’état de santé des Autochtones

Judith G. Bartlett, M.D., CCFP, M.Sc. en santé communautaire (candidat)