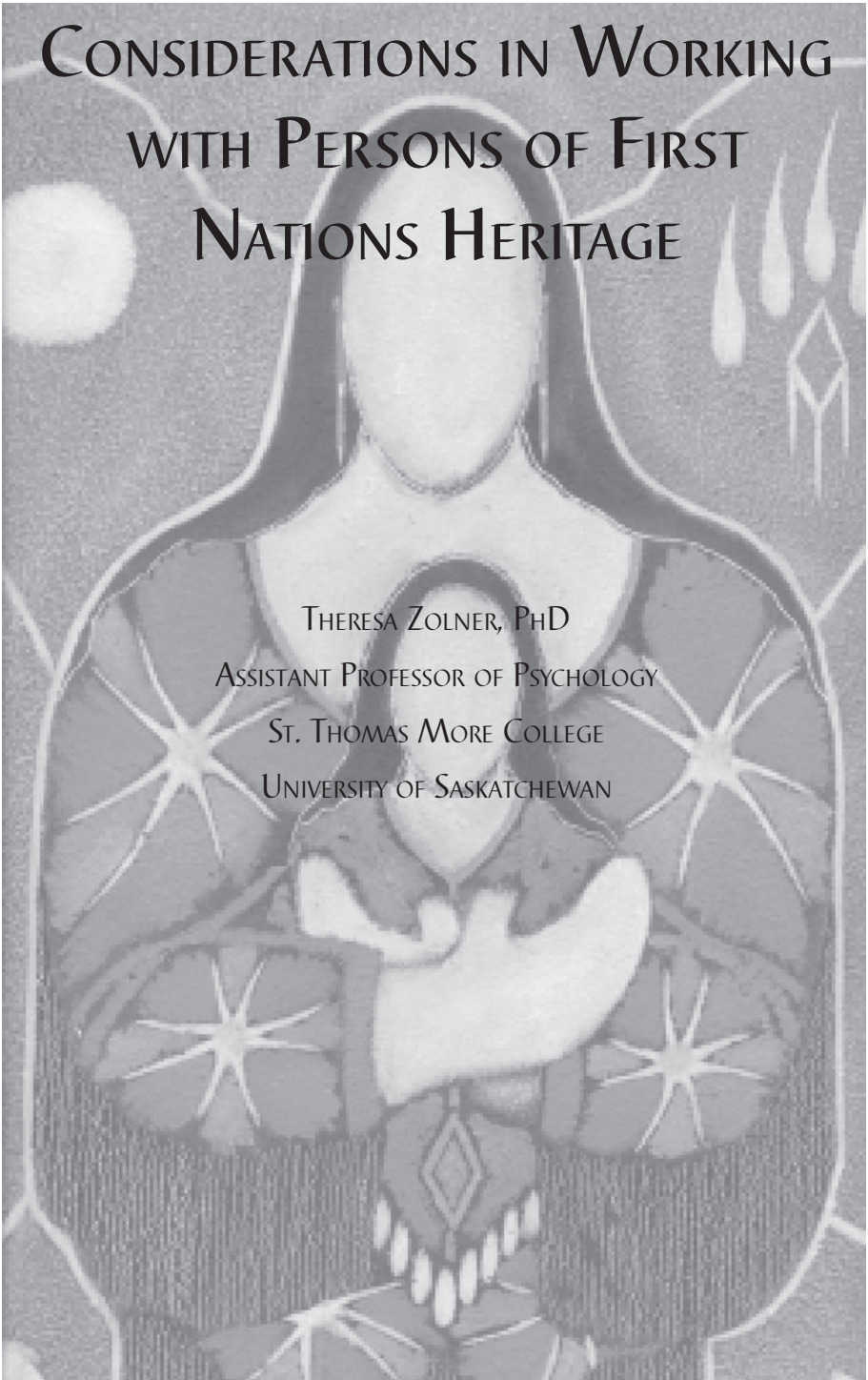


CONSIDERATIONS IN WORKING WITH PERSONS OF FIRST NATIONS HERITAGE

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Artwork by Henry Letendre, courtesy Native Counselling Services of Alberta

Practice in psychology within Canada often involves working with persons of First Nations heritage. Although psychological practice occurs on a daily basis in the province and the country as a whole, there is scant dialogue occurring in Canada about best practice for psychological service delivery to First Nations peoples. Criticisms have been leveled over the past several years about psychology's cultural bias and intentions, including some that were published in the *Saskatchewan Psychologists' Newsletter* (1994) by Louise Halfe, who is a woman of First Nations heritage and a respected Canadian author. She wrote that psychologists have an "entrenched ethnocentric perspective"¹ and that "the institutions providing mental health services continue to fail the First Nations people" (1994: 1).

In the face of these kinds of criticisms, some healthy self-examination by psychologists, mental health service administrators, and psychological training institutions might prove beneficial for everyone, clients and the profession alike. However, whether this professional self-examination occurs depends on psychology's openness to the experience of self-reflection. Resistance to self-reflection regarding practice issues can lead to defensiveness and tension between colleagues as they begin to line up on either side of a variety of professional issues affecting their clinical work and academic research.

Self-reflection and consideration of professional and personal biases can be a starting point to developing cultural competence when working with a particular cultural group. What to reflect upon or consider may not be so obvious. This article suggests some central and pivotal issues practitioners should be aware of. Familiarity with these issues will increase personal cultural competence and stance in providing psychosocial services to persons of First Nations heritage.

THE NEED FOR SELF-REFLEXIVE TRAINING IN PSYCHOLOGY

Psychology has a history that is tied to historical developments in philosophy and the natural sciences, as well as social and political developments in academic, corporate, and popular culture. Cushman (1995) pointed out that psychologists' claims of being objective, amoral,² ahistorical,³ and apolitical⁴ in both research and practice are impossible and dangerous. To claim that psychology is objective, amoral, and apolitical is to misunderstand the

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1. entrenched ethnocentric perspective: looking at something only from one's own particular cultural point of view without considering other points of view as valid or reasonable.
 2. amoral: acting without reference to or respect for a moral code or firm set of values.
 3. ahistorical: acting without reference to or respect for the history of a situation or people.
 4. apolitical: acting without reference to a particular political point of view or beliefs.

history of psychology as well as the role of philosophical thinking in the development of thought in the discipline.

Discourse⁵ regarding philosophical and theoretical assumptions in psychology seems a rare commodity⁶ in current psychological training. Intensive effort remains focused on research design, methodology, and clinical technique with minimal attention devoted to critical reflection. This lack of critical reflection has followed the general decline in focus on the history and systems of psychology coupled with an increased trend in publication of “sliver histories” that focus exclusively on one or another aspect of the discipline. Sliver histories give attention to the historical events within an area within psychology (e.g., cognitive psychology, neuropsychology, development psychology) but fail to tie those events to the larger history of ideas and events outside of psychology. One further support for the general lack of critical self-reflection in psychology is the relatively recent development of the sub-specialization within psychology, largely based in Australia, called “critical psychology.” Rather than being the norm within the discipline, critical psychology remains very much on the margins.

Even with the increased focus on cultural issues in psychology, discussion of psychology’s relationship with larger cultural and historical epochs,⁷ social movements, and systems of thought remains marginalized⁸ within the discipline. It is as if psychology can be understood to be autonomous⁹ from the very cultures and societies in which it developed and that we can work, self-reflexively,¹⁰ within our own academic and professional bubbles. Psychology has taken great strides to separate itself from philosophy and align itself with Newtonian science. In its rush to distinguish itself as a discipline, it has cut off its own roots and denied its students the ability to know who they are, from where they have come, and how they got to where they are now. The present decline of formal history classes in psychology and the movement towards “sliver histories” only make this trend worse.

I make the comments in this article, first of all, based on my own experience being trained as a clinician in the discipline; however, the comments also are made from my experiences working in the area of cultural psychology over the past decade. The training content of my particular graduate pro-

5. discourse: a formal discussion of something; it could be spoken or written.

6. commodity: something that can be traded for money or profit.

7. epoch: an extended period of time.

8. marginalized: to be treated as less important than other ideas or people.

9. autonomous: acting completely on one’s own or separately from everyone else; not dependent on anything or anyone.

10. self-reflexively: reflecting back on oneself.

gram was not unique — it was based on standard requirements for training of clinicians in North America. Psychologists are trained as specialists in their particular field and domains of study, but not trained to critically examine and reflect on how their readings, discussions, research, and conclusions have been influenced by assumptions stemming from the particular society, culture, or medium in which they have lived, trained, and worked.

The comments in this article may or may not apply to the experience of other indigenous peoples (e.g., Inuit, Métis, Maori, etc.). I write from my observations and experiences working with First Nations peoples here in Canada because those are the experiences and observations which have formed my concerns. Other peoples may read this and take from it what is helpful to them or what applies to their particular situations and experiences. Just as indigenous peoples across Canada and around the world share common experiences in terms of colonization, they also may share common experiences in terms of their treatment in mental health settings. Finally, this article predominantly addresses problems within the mainstream discipline of psychology. What I do not discuss in the article are First Nations or indigenous psychologies, which have a history and standing in their own right quite separate from the mainstream academic discipline of psychology.

PROBLEMS IN CLINICAL ASSESSMENT

Some psychologists see culture as a variable to be controlled or manipulated. Others see it as irrelevant.¹¹ I recall a session at meetings of the Canadian Psychological Association a number of years ago. When asked about the relationship of culture to intelligence testing, the preeminent scholar giving the presentation stated, in defense of psychologists as experts in assessment, “If you don’t agree with intelligence testing, you don’t belong in the discipline of psychology.” This kind of defensive comment distracts us from understanding where we connect and where we fail to connect with people who come from cultures very different from our own culture within psychology as well as from that of mainstream Canadian society.

Other kinds of defensive arguments have been created, such as that by Griffith (1995). In his zeal¹² to support the concept of transcultural adoption, Griffith put forth an argument denying that Black culture exists. Griffith (1995: 558, 559, 561-2, my emphasis) wrote:

It is of fundamental importance to appreciate that whether one is for or against [transracial adoptions], there seems to be substantive^[13] emphasis on the notion

11. irrelevant: not important; meaningless; not worth considering.

12. zeal: enthusiasm.

that there is some entity called black culture, and it is important to blacks. . . . Blacks in the United States have an important history that has been powerfully linked to the experience of slavery in this country. . . . The next step then must be to the question of whether only blacks can pass on that necessary history. . . . I return then to the basic position that there is a *memory* of black culture and history that a significantly large percentage of blacks would like transmitted to their children. . . . There is also a considerable amount of information that may comprise¹⁴ black culture. There is simply no way to establish agreement among blacks or among whites, however, of what would legitimately constitute black culture in their eyes. When courts therefore insist that black children be exposed to black culture, I am mystified as to what should be taught.

This argument is based on rigid definitions of culture as static and having the primary goal of preserving history and tradition. Griffith's arguments throughout the article are based on the view that because black culture is heterogeneous,¹⁵ it does not have a separate existence. These kinds of arguments are naïve¹⁶ and race-based. Instead of seeing the value of cultural difference, Griffith minimizes and reduces Black culture to a collection of what he sees as negative attitudes, values, and music. He does not think these should be passed along to Black children because it would prevent them from learning how to succeed in the "white worlds of power and privilege" (1995: 557).

When considering culture, psychologists and other social scientists need to acquaint themselves with what culture is, with how culture currently is being defined and discussed by those who make it their primary focus of study. A psychologist who does not see culture as an important part of personal life brings that attitude to professional life and will have a reduced ability to consider culture as an important aspect of a client. People who have daily awareness of the importance of culture in their lives would not say that culture is not relevant or important.

Other clinicians and researchers will say that culture matters, but only in the most limited way. For example, culture frequently has been discussed as a variable in psychological and other research without adequately being defined. When researchers attribute findings to cultural differences, they need to specify what about a culture accounts for perceived differences in research findings. The term "culture," itself, is too broad and needs to be understood in terms of specific details with regard to specific cultural groups. Also, an understanding of the level at which culture is being discussed remains key. For

13. substantive: having an important, real, or material quality or substance.

14. comprise: include, contain, be made up of.

15. heterogeneous: made up of parts that are different from each others.

16. naïve: not very knowledgeable or worldly.

example, First Nations peoples belong to a number of distinct cultural and linguistic groups, and also share aspects of culture with each other and with indigenous peoples all over the globe.

CONCEPTUAL PROBLEMS WITH THE TERM CULTURE

Overgeneralization and lack of specificity about culture also exist within the field of clinical psychology. At the present time, when assessing persons from cultures other than the mainstream, many psychologists write in their reports that they must “take culture into account” or “be cautious” when interpreting the results of assessments because the client is from a non-dominant cultural group. Phrases such as “take culture into account” do not reveal what aspects of culture will be taken into account nor what the implications of those aspects are for the particular testing situation and results. General comments about exposure to education or cultural opportunities are not good enough — they can be applied generically¹⁷ to a number of people across a number of different situations. Cultures are more specific and more complex than that. Culture is about socialization and child rearing, relationship expectations, beliefs, values, and much more.

In asking what aspects of culture should be brought to bear on a testing situation, colleagues¹⁸ might start with their depth of familiarity with the particular culture being considered. I frequently have been asked by other clinicians and by some students whether I expect psychologists to be experts in every possible culture. Of course, this is an unreasonable expectation. However, psychologists should know when they have knowledge about something and when they do not. Not every psychologist is competent to work with every person. For example, a psychologist who works extensively with First Nations people may be more competent to treat them than a psychologist who has no experience with Aboriginal communities. However, just because a person has worked with a cultural group does not mean that the person is an expert on that group’s culture.

For example, in her insightful book about medical care for Hmong refugees in the United States, Fadiman (2000) pointed out that the physicians who regularly treated Hmong persons in hospital often knew very little about Hmong culture, although that did not stop them from having opinions about Hmong people. The same rings true for work with First Nations peoples and other indigenous peoples around the world. Working with people here in Canada, I have noticed that clinicians sometimes will say that a person is First

17. generically: in general.

18. colleagues: people who work together, usually in the same discipline of study or professional field.

Nations or “Cree.” When I ask, which First Nation or what kind of Cree, I often get a blank stare or a confused shrug. Often, they do not know because their familiarity with First Nations peoples’ culture and heritage is limited at best, uninformed at worst. The single, biggest failing of a clinician is to make assumptions or judgments about a person without understanding the worldview and culture in which the person was raised. A pre-judgment is “prejudice.” To make false assumptions and judgments about a person, hurts the person. To do so with *power and influence*, such as in a psychological report or research study, is to colonize the person.

When we test people using standardized¹⁹ and normed²⁰ instruments,²¹ we compare the person being tested to hundreds or thousands of other people who also have taken that test. In comparing people of minority cultural status to this “average,” we compare them to the very cultural group which, in the case of First Nations people, have the political power to define and legislate who they are within Canada. On a legislative front, on a political front, and now on a psychological front, we define their reality and their “normality.” We justify these actions as psychologists by claiming that they share in the common human psychology that can be tracked as universal regularities in human psychology across time, place, and space. However, in looking for what we think is important, we miss what others see as important and even critical in understanding who they are as a people and who we are as a culture of psychologists.

A WORD ABOUT PSYCHOLOGICAL TESTING

Psychological assessment is a broad process that includes gathering information from a variety of sources. Some information is collected through interviews with the identified client or people who know the client, such as relatives or teachers. Psychologists also gather information through the use of psychological tests that are based on dominant cultural values. The danger is that such testing may lead us to interpret minority response patterns as pathological,²² unhealthy or abnormal²³ in relation to the dominant culture for which the tests were developed.

19. standardized: done exactly the same way every time according to a certain set of rules or standards.

20. normed: designed or based on a particular group’s way of life or way of responding to a set of questions.

21. instruments: measures or tests used to find out information about a person, like the person’s personality, intelligence, etc.

22. pathological: bad, abnormal, unhealthy, related to disease.

23. abnormal: not like the average person.

Some of the more popular and reliable psychological tests are constructed using mathematical processes in order to quantify and stratify people's responses to the test questions. Stratification and quantification are not inherently bad procedures — they are simply mathematical ways of representing concepts and classifying people. The problem is the reference (norm) group and the content of the tests. Cattarnich, Gibson, and Cave (2001) state the point nicely in their study of mental capacity in Canadian aboriginal seniors. They point out that attention to the cultural aspects of assessment is missing in most mainstream mental health literature, including attention to different degrees of acculturation within Aboriginal groups. In particular, they highlight the need for culturally appropriate content and process in performing assessments.

CULTURAL COMPETENCE

Psychologists need to examine for themselves what it means to them when they use dominant cultural values to work with people outside the dominant culture. As a discipline, psychologists need to decide whether and how to address this issue. This is both a personal and a professional decision. The decision to treat the cultural issue as just another variable can lead to comparisons of First Nations peoples to the mainstream that seem to demonstrate disproportionate²⁴ weakness or pathology.²⁵ Much of the psychological research and clinical writings on First Nations peoples focuses on weaknesses, with little focusing on strengths. This continual comparison to the mainstream pathologizes²⁶ First Nations peoples and fosters a conceptualization²⁷ of them as chronically²⁸ helpless or disabled, a profile that, reflected in the media, reinforces existing training models.

We are trained to focus on problems in both assessment and research, but without understanding a community's strengths, few genuinely constructive solutions can be offered for those problems. Instead, as a discipline, we psychologists publish thousands of articles on pathology, ignoring the context of the pathology and how we, ourselves, economically and professionally, profit from the very system that generated the historical tensions which still exist in Canada. If we rely on the current form of psychological testing as our cornerstone, then we continue to define these problems as individual in na-

24. disproportionate: unequal in relation to another group.

25. pathology: disease.

26. pathologize: to describe a client's condition as if the person had a disease or severe problem.

27. conceptualization: an explanation for why or how something happened or exists; a detailed description of something or someone.

28. chronically: over a long period of time.

ture. This creates responsibility for change at the individual level rather than systemically²⁹ and across our discipline.

Last year, a graduate student asked me to point her in the direction of some literature to assist her in understanding the First Nations community with which she was trying to work. She wanted a way to bridge the gulf that seemed to be standing between her and the people with whom she was attempting to build a relationship. Rather than seeing them as a source of knowledge and help, she turned to the psychological literature for authoritative information on the current “issues.” Eventually, that relationship broke down, like many do when people do not know how to communicate with each other and build trust.

In our quest to achieve grant monies³⁰ or other forms of recognition for our research, we follow the power and authority within health service administration systems, stewards³¹ of the mainstream, which results in tenacious adherence³² to governmental and professional “standards” that are devoid³³ of cultural understanding. In our drive to show that we adhere³⁴ to ethical requirements, we often forget that ethical standards need to evolve and change to better accommodate the changing profile of Canada. The current climate of potential legal repercussions³⁵ and increasingly wide definitions of liability³⁶ reinforce the reluctance to work outside well-established guidelines.

The Canadian Psychology Association’s ethical code, focussing as it does on individuals, does not deal well with families and groups. It needs revision to accommodate the cultural groups, First Nations peoples among them, for whom the family, group and clan are most important. For example, in British Columbia, researchers from the Sal’i’shan Institute Society (Mussell, Nicholls, and Adler 1993) have emphasized the family, group, and clan as having a primary focus in therapeutic work, rather than individual issues or priorities. It identifies the family as the *group* to whom the helper is first accountable. The Sal’i’shan Institute Society’s emphasis on the helper’s accountability to the family/group/clan stands in direct contrast to the Canadian Psychology Association’s ethical code, which says a psychologist’s first duty is to the indi-

29. systemically: a problem or issue that occurs across a whole system.

30. monies: money; often different kinds of international currencies from different countries.

31. stewards: people responsible for the care of something.

32. tenacious adherence: refusing to give up something — like a dog with a bone.

33. devoid: empty or lacking.

34. adhere: remain fixed or firm.

35. repercussions: a widespread, indirect, or unforeseen effect of something said or done.

36. liability: legal responsibility for something bad or wrong that happened.

vidual client. It would be wrong to set up a false dichotomy³⁷ by claiming that First Nations peoples are “collective” and not “individual.” Individuality exists within collectivities. Researchers and clinicians need to be able to address issues at both levels, learning to respect and balance individuals’ concerns within the larger framework of family, group, and band priorities.

In addition to federal ethical code requirements, psychologists’ actions may also be driven by provincial or federal government requirements/standards, insurance company policies and regulations, or corporate client contractual requirements. Psychologists’ failure to agree or comply³⁸ with these kinds of administrative requirements could result in withholding of funding, insurance coverage, or contract renewal.

This point is most poignantly³⁹ realized when psychologists come face-to-face with worldviews⁴⁰ that are fundamentally imbued⁴¹ with spiritual or divine ideas and extra-sensory experiences. Psychologists must individually confront their personal (dis)comfort with concepts of spirituality and divine reality so that each understands his or her personal limitations in being able to work with people who have worldviews that are different from their own. Achieving fluency in discourse about worldviews or systems of thought is a requirement of graduate programs in Canada that are accredited by the American and/or Canadian psychological associations. Professional training rarely includes training in issues pertaining⁴² to spirituality or divine systems of thought, or in how to interpret behavior and dialogue concerning these topics.

The lack of understanding, or at least acceptance of, spiritual beliefs can have an effect on clinical outcomes. Something as simple as whether the clinician believes that spiritual visions are possible can influence the interpretation of an assessment process. Competent delivery of services to First Nations peoples, whether in research or clinical practice, requires psychologists to be aware of the cultural context in which they are working as well as the implication of their own actions within that context.

Benevolence⁴³ sometimes is given as a motivation for working with or studying peoples of First Nations heritage. However, benevolent actions are

37. dichotomy: division into two parts.

38. comply: consent, yield, do as asked.

39. poignantly: notably, clearly, sharply.

40. worldviews: a person or people’s perspective on the world and how to live in it.

41. imbued: to be penetrated or influenced as completely as dyed cloth.

42. pertaining: belonging, relating, with reference to.

43. benevolence: kindness; acting with kindness.

not immune⁴⁴ from doing harm. The attempt to help may simply be resocializing people into a Western way of living that seems appropriate and normal to the therapist. Researchers who use mainstream standards for measures of normality fall into the same trap. Examination of the assumptions that inform both helping and research initiatives⁴⁵ must take place. When assumptions are revealed, learning takes place, and learning permits positive change. Exposure of assumptions can also create feelings of potential threat, causing people to retreat into more familiar philosophical, methodological, or political camps. Those who have more authority and established power may attempt to shut down or silence new views via collegial⁴⁶ consensus, forming another, indirect colonization⁴⁷ of indigenous thought and cultural worldviews.

An argument sometimes put forth in favour of mainstream assessment and treatment is that the First Nations people, themselves, want mainstream mental health services. Without even going into the underutilization⁴⁸ of service issue, I would like to point out that psychologists might benefit from revisiting the implications⁴⁹ of therapeutic work with people whose identity and way of life was and continues to be challenged as valid. When generations of people have been resocialized according to dominant culture socialization programs such as residential schools, psychologists have the responsibility to be aware that these people, their families and their communities, may be in the process of rediscovering what they have lost and how they can regain their individual and common identities.

Therefore, psychologists must be careful that they do not act as resocializing agents who are blind to the historical forces that have shaped the lives of First Nations persons in Canada. As therapists, we say that we build relationships with people on a "human" level. We can build personal relationships that way, but as professionals, it is not enough to rely simply on our common humanity. We need information, and we need training to enact⁵⁰ responsible change that is not politically assimilative.⁵¹ We also should be aware that our

44. immune: having a special capacity for resistance.

45. initiatives: plans, goals, or projects started by a person or group of people.

46. collegial: referring to the way people work together when they are equals in a process.

47. colonization: when a group of people from one culture take over cultural and land-based control of a group of people from another culture.

48. underutilization: not using a service or resource to the level that might be expected by the people running the service or resource.

49. implications: the impact, meaning, or effect of something.

50. enact: make law.

51. assimilative: causing or bringing about integration or blending into another cultural group.

personal feelings about these issues may get in the way of our professional ability to provide responsible service to First Nations individuals and communities. The impact of assessment and treatment on a client will depend on the cross-cultural knowledge and skills of the psychologist as well as the life experience of the client.

Psychologists also might reflect upon their willingness to take on contractual work⁵² for First Nations communities with no long-term commitment and no vital connection to the people there. It is not enough to make a living by traveling out to reserves and delivering “therapy” that has little impact on the people or conditions. Our training teaches us to avoid creating dual relationships with our clients; to achieve this, we avoid learning about the community by spending time there. As professionals, we cannot be content merely with a paycheque, which takes funds outside the community without building health and wellness over the long term for that group of people.

Awareness of cultural context means awareness of current and past discourse regarding the existence of First Nations peoples in Canada. For instance, most Canadians are aware that First Nations people lived on the land now known as Canada prior to Northern and Western European overseas expeditions⁵³ and the establishment of European colonies. They may also have some knowledge of the effect of European diseases and colonization on First Nations peoples. Very few have studied the history of public, social, and federal policies towards First Nations peoples in Canada. The long-term psychological, and psychosocial⁵⁴ effects of history and policies are the least understood by non-First Nations people, unless they have worked with First Nations communities.

In short, issues pertaining to First Nations people are visible and frequently politicized,⁵⁶ but not necessarily well understood. Familiarity with the particularities⁵⁷ of current Canadian discourse regarding First Nations people is a first step in understanding the context within which psychologists are working. For example, in discussing the Saskatchewan reservation system forty years ago, Davis (1965: 521) wrote:

52. contractual work: doing “work for hire” by agreeing orally or in writing to do certain tasks in return for pay.

53. expedition: a trip of journey in order to discover something or accomplish a goal or task.

54. psychosocial: relating to the psychological and social aspects of a person’s life.

55. tenor of discourse: the general sense or tone of a discussion or argument.

56. politicized: when the outcome of an event or process is heavily influenced by the political goals of a particular group of people who have influence over that process or event.

57. particularities: details.

We believe that such rural settlements, because they lack the economic and motivational resources for evolving into modern communities, should be recognized for what they are — outdoor custodial institutions.^[58] Subsidies^[59] should not ordinarily be further increased, either in the form of direct allowances or in the form of make-work programs. Rather, subsidies should be limited, perhaps sometimes reduced, in order to increase the “push” out of substandard communities without a future. Simultaneously,^[60] funds and programs should be made available for voluntary^[61] relocation. In brief, prod from behind, and put a big bunch of juicy carrots in front.

A more recent position on First Nations peoples’ status in the country was offered by Flanagan (2000: 43, 195; my emphasis), who wrote:

It is wrong for the hunters to insist on maintaining their way of life; rather they should adopt agriculture and civilization, which would actually make them *better off* while allowing more people to live. The farmers are justified in taking land from the hunters and defending it as long as they make the arts of civilization available to the hunters. . . . But obsession^[62] with political campaigns to repair injustice, even if the injustices are real, does not produce *independence* and *prosperity*. . . . In order to become self supporting and get beyond the social pathologies that are ruining their communities, aboriginal people need to *acquire* the skills and attitudes that bring *success* in a liberal society, political democracy, and *market economy*. Call it assimilation,^[63] call it integration,^[64] call it adaptation,^[65] call it whatever you want: it has to happen.

I have highlighted words in the above quotation (“better off,” “independence,” “prosperity,” “acquire,” “market economy”) that speak to some of the economic values and assumptions informing Flanagan’s perspective on an appropriate “way of life” in Canada. Alternatively, Toynebee (as quoted in Patterson, 1972, epigram to section I) wrote:

When we Westerners call people “native” we implicitly take the cultural colour out of our perception of them. We see them as wild animals infesting the country in which we happen to come across them, as part of the local flora^[66] and

58. custodial institutions: a place where a person lives and is looked after (food, clothing) by people paid to work there. Examples would be a foster home, orphanage, residential school.

59. subsidies: to receive some money from an agency or government in order to help a person live or pay for something.

60. simultaneously: at the same time.

61. voluntary: doing something of a person’s own free will.

62. obsession: unable to stop thinking about a person or idea.

63. assimilation: blending into another cultural group by being absorbed into their way of life.

64. integration: becoming a part of something.

65. adaptation: getting used to something new.

66. flora: plants.

fauna^[67] and not as men of like passions with ourselves. So long as we think of them as “natives,” we may exterminate^[68] them or, as is more likely today, domesticate^[69] them and honestly . . . believe that we are improving the breed, but we do not begin to understand them.

These quotations from Davis, Flanagan, and Toynbee are not representative of all views on First Nations peoples and issues in Canada, but they are examples of important stances⁷⁰ that form part of the discourse occurring across the nation. For psychologists to understand the reality in which First Nations peoples are living, they must understand the range of viewpoints that are held, particularly by persons with authority and power who help shape public policy and professional discourse in Canada.

This cultural discussion, regarding First Nations peoples in Canada, appears, for example, in newspapers, grade-school classrooms, election speeches, court-room decisions, and late-night comedy shows. The discourse involves issues such as payment of tax or land-claim settlements, and other topics about which many Canadians have been statistically polled⁷¹ or have formed personal opinions.

These positions and their implications form part of the lived experience of First Nations peoples, particularly in interaction with people of non-First Nations heritage. Psychologists, individually, need to come to terms with where they stand on these issues as well. Nothing contributes more to empathy⁷² failure in therapy than the sense that First Nations peoples are getting something from the government that you feel they should not have or that you feel you should have too. Psychologists need to be clear about their personal views on the issues of First Nations assimilation, self-determination, and self-government. Whether their views are positive or negative they will have an impact on empathic⁷³ understanding and the ability to work with First Nations people.

These issues are not yet part of a broad cultural discussion or a discipline-wide discourse in psychology. Many articles have been published about First Nations peoples; however, most of those articles are deficit-focused,⁷⁴ concen-

67. fauna: animals.

68. exterminate: eliminate, get rid of, kill.

69. domesticate: making something tame instead of keeping it wild. Cattle are domestic animals.

70. stances: a particular viewpoint or opinion about something.

71. polled: to be surveyed or asked your opinion about some issue.

72. empathy: to understand another person's situation or life events and feelings as if they were your own.

73. empathic: to show empathy toward another person or animal.

74. deficit-focused: focusing on weaknesses and things people lack instead of their strengths and abilities.

trating on the weaknesses and pathologies that psychologists have defined and identified in First Nations' communities, such as alcoholism (Trimble and Medicine 1993, Zolner 2000).

ACCEPTING RESPONSIBILITY FOR CHANGE ON A PERSONAL AND DISCIPLINE-WIDE BASIS

Sue (1989) argued that psychology lacks any mental health services, literature base, and institutional resources to address minority group concerns in a meaningful way. Since Sue made that claim, additional attention has been given to First Nations people's concerns, particularly by such scholars as Eduardo and Bonnie Durand, Delores Subia-Bigfoot and Laurence Kirmayer, as well as the launching of several academic journals that attend directly to cultural issues. Veroff and Goldberger (1995) noted that psychology as a whole is just beginning to acknowledge that indigenous perspectives on cultural heritage are pertinent.⁷⁵ If we are to accept our responsibility for performing competent research and practice, then we must accept our individual, professional responsibility for learning some things about those people whom we study and treat before we study and treat them.

I would argue that, as a discipline, psychology has yet to come to terms with its responsibility for ensuring culturally competent practice amongst its clinicians and researchers. Until the discipline takes positive action in this regard, it remains guilty of perpetuating systemic discrimination through its training, assessment, and counselling methods. Failing to be responsible for culturally competent practice means resigning psychology to the role of a resocializing agency in Canada as recommended by Flanagan (2000). Rather than creating and imposing how people should live, psychology must come to terms with the cultural, historical, and political realities of peoples' lives. Only then will the psychologists be able to understand in a self-reflective way both their power to heal and to harm.

THE WAY FORWARD

Psychologists can confront this challenge in many ways. For example, collaboration on the assessment front would allow the development of culturally competent assessment practices. Starting from an indigenous perspective is better than trying to "indigenize" pre-existing psychological tests which have years of history and precedent. Many psychologists would vehemently⁷⁶

75. pertinent: relevant, applicable.

76. vehemently: in a forceful or passionate manner.

disagree with this idea, citing the years of precedent and psychometric⁷⁷ development as the gold-standard⁷⁸ for psychological testing (as one part of the assessment process). Others would argue that cultural paradigms⁷⁹ already exist, citing Erikson, Vygotsky, Luria, and others, all of whom come with their own, non-indigenous, cultural perspectives and assumptions.

Creating indigenous assessment processes and tests from mainstream processes and tests might offer “near hits” in assessment information. The problem, however, is that assessors gain no understanding of what is missed by adopting mainstream instruments as the foundation for their assessment work. The temptation to create pan-Native normative databases could be destructive if those databases rely on stratification and norming of diverse First Nations cultural groups to the detriment of smaller groups within the normative set. For example, in Canada, the Plains Cree have significantly different cultural experiences than the Assiniboine, who are also a much smaller group.

Starting from an indigenous perspective on assessment means developing the right processes for assessment and then the right content for interviews and measures, as Cattarnich, Gibson, and Cave (2001) pointed out. Starting from an indigenous perspective also affords the opportunity for real invention and change. Psychology has waxed⁸⁰ long on its precedents; it is time for true creativity. Development of assessment frameworks, tests, and processes from an indigenous perspective is imperative⁸¹ if psychologists are to provide adequate mental health services to First Nations people. Some development along these lines has begun in this country already.

Partnering of major organizations, such as the Canadian Psychological Association and national First Nations organizations tends to be politicized and works only at the level of policy development. Since psychologists practice individually, change must occur on an individual basis as well as a discipline-wide basis. Partnering between First Nations and non-First Nations clinicians works better, and some good examples of these kinds of partnerships exist in Canada already.

Isolation of First Nations people from psychologists is impractical and will result in continued hostility and power-struggles. First Nations people struggle against mainstream systems such as social service agencies, justice

77. psychometric: the application of statistical and mathematical techniques to psychological testing.

78. gold-standard: a monetary standard in which the basic currency unit is made equal to and redeemable by a specified quantity of gold.

79. paradigms: examples, patterns, or models.

80. wax: to grow or increase.

81. imperative: expressing a command, a request, or encouragement.

Considerations in Working with Persons of First Nations Heritage 57
 services, and family courts. In those systems, mainstream services have the most powerful voice. When the models for positive change which exist in pockets across the country become the mainstream voice, we will have achieved mutual understanding and a model for positive change.

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