

**Can a community be called “mentally healthy”? Maybe, but only when the whole really *is* greater than the sum of its parts.**

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The papers in this collection are meant to address what appears to be a straightforward question: “What contributes to mentally healthy Aboriginal communities?” One way of reading that question, however, perhaps an overly literal reading, raises the prospect that we may fall prey to a logical fallacy at the outset.

This arises because mental health is typically understood to be a property or feature of individual persons. That is, a person can be judged mentally healthy or unhealthy, or said to possess some amount or degree of mental health that may wax and wane over time. But to describe whole communities as either mentally healthy or unhealthy constitutes a sort of category error that takes the sum of individual differences and treats it as a psychological feature of the collective. To point to a community and declare it “healthy” courts what is called the “fallacy of composition.” This occurs when one assumes that what is true of any one member of a class is true for all (for example, this teenager is rude, therefore all teens are rude). The “fallacy of distribution” errs in the opposite direction by assuming that what is true of a group is also true for all individual members (because Whistler is a ski resort, everyone in Whistler must ski).

I raise all of this not because I fancy myself some sort of language maven, or amateur logician, but because there is a very real slippery slope here. To imagine that mentally healthy Aboriginal communities can be found, and contrasted with counterpart unhealthy communities, threatens to become a new variant on the prolonged historical practice of pathologizing and marginalizing Aboriginal communities.

In health research, the usual procedure for avoiding this error is to measure the incidence of mental illness within a population and to declare the population “mentally healthy” if the rate of illness falls below some more or less arbitrary set-point per thousand persons. We can acknowledge and perhaps even quantify the influence of forces beyond the individual level (e.g., social determinants of health), but all qualifications aside, we need to be especially vigilant in our use of language when addressing the real and dangerous difference between “communities with high rates of mental health” and “mentally healthy communities.”

The difference between these two phrases is especially apparent in sensationalized media accounts of “the epidemic of suicide within the Aboriginal population.” This fallacy of reasoning puts all Aboriginal youth at equal risk, and paints all First Nations with the same broad and disparaging brush. Worse still, if, as our own research has shown, the risk of suicide is *not* evenly distributed across First Nations, then prevention efforts mounted at the population level will invariably waste resources within communities that don’t need them, while simultaneously under-resourcing those communities with the greatest actual need.

Having just warned against such talk, I now want to go on to argue that, at least in certain special circumstances, it actually *is* permissible to talk of “mentally healthy communities” and that it is *not*

automatically wrong to apply concepts that arise at the level of individuals to whole cultural communities and vice versa.

For more than 15 years, Michael Chandler and I have been engaged in an program of research that examines the influence of culture on identity formation and well-being among adolescents and young adults. In particular, we have been interested in the concept of “self-continuity” or “personal persistence.” What we wanted to know was just how it is that adolescents construct and maintain a sense of enduring identity during a period of rapid and often dramatic developmental change. If it really is the case, as many have suggested, that the “job” of adolescence is to create a personal identity, and if change is the hallmark of adolescence (changing social roles and social expectations, puberty and psychosexual change, changing relations with parents and peers), then how is it that young persons understand that they must somehow persist at being the *same* person despite (or within) this storm of change.

We have referred to this as the paradox of personal persistence: to qualify as an instance of what we normally take “selves” to be, the self must be understood to persist through time. If selves did not have this property of persistence or continuity, then any moral or legal authority to hold persons accountable for their actions would be irretrievably lost, and there would be no reason to hope that we could ever reap the fruits of our own current labours toward some imagined personal future.

But if continuity is somehow constitutive or definitional of what it means to have or be a self, then how do young people solve this paradox of persistence and find sameness within a period of intense change? Because, adolescents don’t have clear and articulate thoughts on these matters sitting on the tips of their tongues, we needed to find some way of getting taciturn teens to offer up their best arguments in favour of their own self-continuity. The procedure we eventually developed included presenting youth with video and comic book versions of stories of personal transformation drawn from literary sources (e.g., Scrooge in *A Christmas Carol*, and Jean Val Jean in *Les Misérables*) and asking them to discuss how the protagonist could be understood to be the same person at the beginning and end of the story. This was followed by asking the participant to describe how they themselves had changed over time and how, despite these changes, they should still be understood to be the same person.

Having now followed these procedures with over 800 young persons, three things have become clear. First, over the course of their adolescence, young persons typically pass through five distinct and increasingly complex stages of reasoning. Second, the costs of failure in this identity formation process are high: the only participants who were unable to warrant a sense of persistence through time were those who were known to be suicidal at the time of the interview. The association between suicidality and the inability to see oneself as persistent through time follows, we argue, from the fact that self-continuity provides us with a sense of ownership of our own past and an investment in our own future, and when that conviction is lost, there is little to prevent young people from acting on even transitory self-destructive impulses. While this line of work may help us understand why suicide rates spike during the period of adolescence, it does little to explain the tragically high suicide rates among Aboriginal youth.

The third finding from our program of research is that the style of reasoning that young persons employ is strongly influenced by their cultural background. The majority of First Nations youth that we have interviewed use a “narrativist” style in which self-continuity is found in the plot of a life story that weaves together periods of personal transformation. Among non-Aboriginal youth this style is rarely seen. Instead, most use an “essentialist” style in which change is discounted as superficial, and continuity is found at depth within an unchanging core personality structure or set of values that remain untouched by change at the surface.

One reason for this observed difference may be that the narrativist style (with its emphasis on human relationships and the importance of place and time) is simply more congruent with First Nations worldviews than the essentialist style. Also, because the narrativist style provides for a more distributed notion of the self, it affords a stronger connection between individuals and the cultural worlds they inhabit. Where holding to a narrative view of the self binds one's personal story to the lives of others, the essentialist view does the opposite: the essence of the self is buried within the individual. But even if failures in self-continuity can help us understand the increased risk of suicide during adolescence, how can this line of reasoning help us in the search for "mentally healthy" communities?

Our approach to this problem has been to do what I said one should *not* do: to take a psychological concept developed at the level of individual persons and try to apply it at the level of whole cultural groups. The argument is simple: if individual selves are to persist through time, they must find some way of owning their own past and remaining invested in the person they are en route to becoming and this same logic applies to cultural groups. If a culture is to maintain continuity with itself, then some means of retaining ownership of a collective past must be found, along with a shared sense of investment in an envisioned collective future.

Our aim was to take the concept of self-continuity, and move it to a higher level of abstraction. What we needed—while actively courting potential fallacies in logic—was some way to measure a sense of "ownership of the past and commitment to the future" not at the psychological level but epidemiologically with whole communities as the unit of analysis. Toward this end, we developed a set of community-level indicators that assess "cultural continuity" and that index the degree of success that First Nations communities have enjoyed in maintaining their traditional cultural practices (ownership of a cultural past) and in securing local control over their own civic lives (commitment to a shared future).

These factors include measures of the history of land claims negotiation and litigation by the First Nation (meant to index success in maintaining access to traditional lands and resources), their efforts to preserve and promote the use of traditional languages, and the construction of cultural facilities within the community. Other factors assess community success in attaining goals related to self-determination: control over health services, education, police and fire protection, the participation of women in local governance, programming aimed at youth—including cultural and occupational training—and especially those programs that connect youth with elders and that promote the inclusion of culturally appropriate curriculum within local schools.

What our research has shown is that First Nations communities that have experienced success in these areas also enjoy lower rates of suicide and injury, and higher school completion rates. Not only were each of these factors individually associated with lower rates of suicide, but within the set of communities in which all of the factors were present, suicide was entirely absent (see Chandler & Lalonde, 1998; 2008).

There are several take-home messages from this research. To claim that there is an "epidemic" of suicide within "the" aboriginal population is not only incorrect, but also insulting and dangerous. It is incorrect, because, as our data show, suicide rates vary widely from one community to the next. With a dataset covering nearly two decades, it is apparent that this "epidemic" is remarkably selective, with some BC communities suffering rates of suicide many times higher than the provincial average while others have effectively solved the problem of suicide. What differentiates "healthy" from "unhealthy" communities within our dataset is not some randomly distributed pattern of shifting suicide risk, but instead appears to be strongly linked to ongoing efforts at the community level to preserve and protect their cultural heritage and to control their own collective future. The epidemic view is also insulting because it ignores the diversity that exists within and between First Nations communities by focusing on "aboriginality" as an explanatory variable. Worse yet, it is dangerous because it promotes the blind application of one-size-fits-all intervention and prevention solutions and outside resources to *all* Aboriginal communities without reference to the real needs of particular communities.

In closing, what our studies have demonstrated is that there actually *are* times when concepts commonly developed to understand the psychological life of individual persons can be usefully and appropriately applied to whole cultural groups. The search for “mentally healthy” Aboriginal communities can be informed by examining the relations between a set continuity preserving practices that operate at both the individual and the community level. When persons feel a sense of connection to their own past and are invested in their future, they are protected from the risk of suicide. And when whole communities experience success in their efforts to preserve their culture and control their collective destiny, suicide rates fall. Individual health and well-being, at least within First Nations communities, is tied to cultural and collective health. But any grandmother might have told us that.

#### References

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