Symbolic vs Practical Reconciliation. Why Choose?

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Introduction
Former Australian Prime Minister John Howard was fond of drawing a distinction between practical reconciliation (which he equated with government policies directed towards improving the socio-economic circumstances of indigenous peoples), and merely symbolic reconciliation (which he equated with calls for the recognition of indigenous rights, including the right to self-determination). Howard’s aim was to demonstrate that the indigenous rights agenda was at best a distraction, and at worst an obstacle to, the more vital goal of improving the life circumstances of indigenous Australians. Howard’s skepticism about indigenous rights eventually led to his decision to abolish Australia’s own (very limited) experiment with indigenous self-determination—the Aboriginal and Torres Strait Islander Commission—which he replaced with a government-appointed body. Subsequent Australian governments have proven to be equally allergic to the idea of indigenous self-determination, and like Howard have tended to favor government-driven initiatives targeting indigenous disadvantage, presumably under the same assumption that self-determination would be less of a help than a hindrance to these efforts.

While other settler states like Canada, New Zealand, and the United States have been relatively more prepared to respect the rights of their indigenous peoples, and have demonstrated a greater willingness to empower indigenous communities, both politically and economically, in these nations as well governments have frequently proceeded as if self-determination and the advancement of indigenous well-being are separate rather than interdependent goals. In Canada, for example, the government of former Prime Minister Jean Chretien made significant early progress in advancing the self-governing aspirations of First Nations, but eventually seemed to lose faith in this project, and shifted its focus onto more modest policies designed to improve the quality of life of indigenous people in Canada—as if these goals were somehow antithetical to one another (Murphy 2004a). A similar sort of thinking seems to underpin the Harper government’s approach to good governance and socio-economic development in First Nations communities, which combines an insistence on increased accountability with a reluctance to grant those communities the authority either to design their own governing institutions or to make their own independent policy decisions—despite evidence that such measures are essential to the government’s own desired outcomes (see Cornell and Kalt 1998, 2007; Cornell et al 2002).

This seeming disconnect in the eyes of governments between the imperative of recognizing indigenous demands for self-determination and the desire to achieve real progress in the advancement of indigenous well-being stands in stark contrast to the views of many academic supporters of indigenous rights, who argue that colonization and its devastating impact on indigenous territories, cultures, economies and forms of self-rule has been the primary driver of indigenous disadvantage, and that a return to self-determination is therefore the most promising strategy for tackling these disadvantages. Perhaps the best known example of this kind of research examines the link between indigenous self-determination and improved economic development.
outcomes. In this paper, however, I focus on the relationship between self-determination and indigenous health. More precisely, I explore the idea of self-determination as a direct and indirect psychosocial determinant of health. By psychosocial I mean the psychological impact of self-determination or its absence and how these experiences might, in turn, be influencing mental and physical health outcomes amongst indigenous people. Although there is a body of research documenting the disparities in indigenous health around the globe (see, e.g. Cook et al. 2007; Anderson 2006; Ohenjo 2006), and a literature focused more generally on the social determinants of indigenous health (see e.g. Carson et al 2007; Reading and Wien 2009; Boyer 2014), there is a dearth of research devoted to an in-depth exploration of the political determinants of indigenous health disparities, and studies that look explicitly at self-determination as a psychosocial determinant of indigenous health are even harder to come by. To help address this gap in the literature, I offer a synthesis of insights drawn from several different academic disciplines. I begin with the work of political theorists who draw a connection between collective self-determination and three goods that are connected in some fundamental way with individual well-being: autonomy/control, a sense of belonging, and the intrinsic value of cultural differences. I then turn to the literatures on social psychology and the social determinants of health for an explanation of how these different goods (or their absence) influence individual physical and mental health outcomes, and for evidence of these health effects in different domains of life. The final section of the paper considers a number of studies that offer more direct evidence of a psychosocial relationship between self-determination and the physical and mental health of indigenous individuals and communities. This is followed by a brief conclusion.

**Self-Determination And Health: An Interdisciplinary Investigation**

In broad terms, self-determination refers to the freedom, and capacity, of peoples to determine their own destinies as free as possible from external interference or domination. While some theorists favor a more absolutist conception of self-determination that emphasizes only autonomy, independence, and non-participation in central state institutions, I work with a relational conception of self-determination. Relational self-determination is founded on the conviction that a realistic, and politically relevant conception of self-determination must be capable of addressing the needs and aspirations of a great variety of distinctively situated, and distinctively constituted indigenous peoples. It acknowledges further that, in practice, self-determination is always a matter of degree, of slow and incremental change, of ongoing struggle and contestation, of frustration and setbacks, and in many instances of only partially satisfactory outcomes. Relational self-determination also speaks to the need both for spheres of autonomy where indigenous peoples can govern their internal affairs free from external interference or direction, and for shared forums of decision-making designed to govern the dense web of relationships by which indigenous and non-indigenous peoples are...

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1 The most well-known example is the research conducted by the Harvard Project on Indian Economic Development (see e.g. Kalt et al 2008). Two good Canadian examples are Slowey (2008), and Papillon (2008), both of whom consider a wider range of outcomes beyond the purely economic.

2 Sections of this paper draw extensively on two of my forthcoming publications: “Freedom, Self-Determination and Indigenous Well-Being,” submitted for inclusion in Dimitrios Karmis and Jocelyn Maclure (eds) *Civic Freedom in an Age of Diversity: James Tully’s Public Philosophy* (Publisher TBA); and “Self-Determination Theory: Political and Psychological,” submitted for inclusion in David McGrane and Neil Hibbert (eds), *Contemporary Canadian Political Theory* (Under Contract, University of Toronto Press).

3 By direct I mean the experience of self-determination itself as a determinant of health, and by indirect I mean the impact of self-determination on other factors (e.g. cultural preservation, economic development) which might in turn act as psychosocial determinants of health.

4 Some studies have considered the possibility of self-determination as a psychosocial determinant of health but have not pursued this connection in any detail (see e.g. Canada 1995: 218; Ring and Brown 2003).
mutually bound—relationships of interdependence, of power and conflict, but also of mutual interest and advantage. The message here is simple: to advance the cause of self-determination indigenous peoples must strive to exercise power and influence through multiple, and mutually complementary, institutional channels—some of them at a distance from the state, and others more firmly within state structures.5

Self-Determination, Autonomy, and Control

Self-determination has been defended from a wide range of normative perspectives, and has been associated with a variety of different goods, but here I will focus on three goods in particular that are deemed essential to individual well-being. The first is autonomy. Autonomy is a widely endorsed good, particularly amongst contemporary liberal thinkers. For example, liberals like Kymlicka and Raz argue that individual autonomy is an essential component of the good life, and that individuals who are unable to, or are prevented from, leading a life that accords with their own freely and self-consciously determined conceptions of what makes a life valuable and worth living, will suffer a diminishment of their well-being (Raz 1986: 368-95, 408; Kymlicka 1995: 80-81).6 What is the link between self-determination and the individual autonomy of the members of freely self-determining communities? Perhaps the most influential argument in the literature is that collective self-determination enables peoples (or nations) to protect and promote a common language and a broad array of social, cultural, economic, legal, and political institutions that support a distinctive mode of social and cultural life. This rich socio-cultural environment (what Kymlicka refers to as a cultural context of choice) nourishes and sustains individual autonomy in at least three different ways: first, by granting individuals the freedoms and opportunities they need to make choices about how to live their lives; second, by equipping individuals with the capacity to make free and informed choices and to evaluate them in relation to alternative options; and third, by providing a range of options and alternatives which have value and significance to them, options that they can explore and experiment with in the process of making and remaking their lives in accordance with their own values and preferences (Kymlicka 1995: 75-93; cf. Raz 1994: 133-4). To deprive a community of self-determination is thus to deprive it of the capacity to support the autonomy of its members in culturally meaningful, and culturally relevant ways.

Another closely related, though not identical, good associated with self-determination is control or what Martha Nussbaum might refer to as control over one’s political environment (Nussbaum 2008: 605).7 Self-determination offers both a sense of communal political control—in that the community

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5 Indigenous people may simultaneously need to press their demands outside of the bounds of formal democratic institutions, for example by seeking judicial remedies or by engaging in social movement activity or different forms of direct action. They may even need to consider options that lie outside of the boundaries of the democratic state, for example by voicing their grievances and demands in regional and international human rights forums. This account of relational self-determination draws on Murphy (2008).

6 The concept of well-being in these liberal accounts tends to be somewhat under-developed. For most theorists it means something like the successful achievement of our desired ends in life (see e.g. Raz 1986: 295, 297, 370; Dworkin 1989: 484; Kymlicka 1995: 80-1), but little attempt is made to explore how this links up with more conventional measures of well-being such as happiness, life satisfaction, positive and negative affect, or other indicators of physical or mental health. One exception is Gerald Dworkin, who further associates autonomy with a sense of personal satisfaction (1988: 112). Another exception, one from the history of ideas, is John Stuart Mill, who associates autonomy with happiness (though he was not entirely consistent on this point and in places argues that autonomy—or individuality—is to be valued even though it may not lead to greater happiness).

7 Nussbaum is referring to individual self-determination, but I find her construct equally apt in the context of collective self-determination. See Murphy (2014: 322-5), where I discuss Nussbaum’s views in relation to collective self-determination and the capabilities approach to human freedom and development.
as a whole gains greater control over its own destiny—and a sense of individual control that naturally flows to the members of a self-determining community (Murphy 2014: 323-4). The idea of control is implicit in the discussion of theorists like Kymlicka and Raz, but it receives its most explicit emphasis amongst theorists who defend self-determination from the perspective of democracy and non-domination (Philpott 1995: 356-7; Murphy 2004b; Harty and Murphy 2005; Tully 2008: 276-87). Self-determination can yield control over a wide range of matters, including the language of government, the design and function of governing institutions, and the method of choosing political leaders and holding them accountable. It may also yield control over key jurisdictions, such as land, natural resources, education, and economic development, and this may in turn produce greater control over desired outcomes (see e.g. Cornell and Kalt 2007). Another distinct notion of control can be derived from the work of Tully, who argues that the struggles of indigenous peoples against external forms of domination can themselves be understood as acts or instances of self-determination. In this sense protests and occupations, unilateral assertions of jurisdiction over territory and modes of self-governance, defending indigenous rights before the courts, seeking influence in international forums, etc. constitute different means of seizing control of the agenda and taking one’s fate into one’s own hands rather than waiting passively for an intransigent state to accede to one’s demands (Tully 2008: 3-4, 135-59; 257-88).

Autonomy, Control and Health
The psychosocial impact of autonomy on health outcomes is widely cited in the health determinants literature (see e.g. Larson 1989; Siegrist 2002; Downie et al 2007), but one of the most compelling examples with relation to the discussion at hand comes from self-determination theory (SDT), an empirically derived account of human flourishing and well-being hailing from the field of social psychology. According to SDT, there are three basic needs that are universally essential to psychological health and well-being, and the most crucial of these needs is autonomy. In a striking parallel with some of the literature on the political theory of self-determination, SDT emphasizes that the different communities or cultures we connect with provide much of the raw material upon which autonomous choice is based. In SDT’s terms, “cultures influence and provide the content for the life goals and projects people internalize” and different cultures offer raw materials that vary in terms of their propensity to “yield experiences of autonomy, competence, and relatedness” (Ryan, Curran and Deci 2013: 63). In SDT’s terms, to live autonomously is to live a life that is self-endorsed, a life that accords with one’s own considered values, preferences and interests. To be autonomous in this sense is to be self-governing, which carries the experience of being the regulator or controller of one’s own life. The opposite of autonomy is defined as “heteronomy”: the feeling that one’s life is being influenced, restricted, or controlled by forces that one does not freely or genuinely endorse. Autonomy in this sense is not synonymous with absolute independence, limitless freedom, or the absence of any form of influence, regulation or constraint on our choices or actions. Quite the contrary, autonomy is entirely compatible with actions taken out of a sense of duty or loyalty, actions taken in accordance with certain rules, laws or conventions, or actions taken in response to various pressures or inducements. It is even compatible with choosing not to make choices or granting others the authority to make decisions on one’s behalf. What matters in all of these cases is that the decisions, and the reasons behind those decisions, are freely endorsed and recognized, by us, as legitimate—which is to say—consistent with our most basic values and commitments. (Ryan and Deci 2004: 452-3; Ryan and Deci 2008: 667; Ryan and Sapp 2007: 75-6, 83).

The other two basic needs, belonging and competence, are discussed below.
Self-determination theory has been the subject of extensive empirical testing in different areas of human life, including intra-familial relations, educational and workplace environments, health and elder care settings, and in multi-country studies of comparative state support for citizen-level self-determination. The results of these studies consistently show that in contexts where people’s basic need for autonomy is satisfied they tend to lead healthier and more fulfilling lives, and in contexts where individual autonomy is thwarted or undermined, poorer mental health outcomes can generally be expected. This includes a greater tendency towards depression, anxiety, reduced self-esteem, feelings of hopelessness and passivity, and alienation, and social dysfunction (Kasser and Ryan 1999; Deci et al. 2001; Downie et al 2007; Helwig and McNeil 2011; Ryan and Deci 2011: 48-9).

A strong association between control and both mental and physical health has also been widely reported in the literature (see e.g. Larson 1989; Theorell 2004; Hertzman and Siddiqi 2009). Control sometimes goes by the term mastery, which is defined as “the extent to which people see themselves as in control of their lives” (Reading 2009), and a number of studies in particular have demonstrated a correlation between a sense of mastery and physical health amongst indigenous people in Canada and Australia (Daniel et al 1995; Daniel et al 2006), although neither of these studies specifically examined the relationship between individual mastery and collective self-determination. Perhaps the most influential research into the relationship between control and health is that undertaken by Michael Marmot and his colleagues. The primary finding to emerge from Marmot’s work is that health follows a social gradient: people who enjoy higher socioeconomic status generally have better health outcomes while people who enjoy lower socioeconomic status generally have poorer health outcomes. However, Marmot also found that the relationship between health and social status is partially explained by how much control people have over their lives. More precisely, it is the psychological experience of control or a lack of control that has such important consequences for health and well-being: people with greater perceived control over their lives tend to be healthier, while those with lower perceived control tend to be less healthy (Marmot 2004: 1-10). A lack of life control has been linked to poor health outcomes in at least two different ways: first of all through the production of chronic stress, and second of all through stress-induced coping behaviours such as smoking, alcohol consumption, poor diet and physical inactivity (Marmot 2004: 109; Marmot and Bobak 2000: 133). Health conditions linked to chronic stress (and the behaviours associated with chronic stress) include increased incidence of cardiovascular disease, metabolic disorders (including diabetes), death or injury resulting from accidents and violence, and depression (a trigger for suicide)—some of the very same afflictions that are amongst the leading causes of morbidity and mortality in indigenous communities worldwide (Marmot 2003: 575; Marmot 2004: 6, 24; Marmot 2005: 1100-102).

While most studies focus on individual-level ideas of control, there is also a small literature that explores the health impacts of communal or collective notions of control. One such notion is perceived collective efficacy, which refers to “people’s shared beliefs in their collective power to

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9 This research also confirms the importance of belonging and competence, but autonomy seems to be the most important factor contributing to mental health.

10 Marmot sometimes uses the terms control and autonomy interchangeably, an example of terminological imprecision that others have criticized in the health determinants literature more generally (see e.g Skinner 1996). I don’t claim to have made much headway in resolving these imprecisions, but suffice it to say that control in Marmot’s sense is clearly related to autonomy as it is defined within SDT, but the two terms are not identical (e.g. one can be in control within an institutional setting that one regards as illegitimate and therefore not be autonomous according to SDT, and conversely one can also be acting autonomously by willingly handing control over to others).
produce desired results” (Bandura 2000: 75). For example, one study conducted in Chicago found that a sense of collective efficacy amongst neighbourhood communities had a significant effect on self-rated physical health (Browning and Cagney 2002: 394). Another related concept is communal mastery, which is defined as “a sense of efficacy and control stemming from one’s relations with others, typically viewed from a collectivist (group or community) framework” (Tiessen et al 2009: 243). In a study of indigenous women living on-reserve in the state of Montana, a greater sense of communal mastery was found to be a source of resilience against the negative emotional impacts of stressful situations (Hobfoll et al 2002). A more recent study in Canada also found a positive mental health benefit of a related conception of perceived collective control amongst indigenous youth (Tiessen et al 2009). This study is discussed in greater detail in the final section of the paper.

Self-Determination and Belonging

A second primary good that has been widely associated with collective self-determination is a sense of belonging. The argument here is that many individuals have a powerful sense of attachment to the nation or people of which they are a part. This sense of belonging to a distinct people with its own history, territory, language and culture in turn contributes to their sense of identity as individuals, to their sense of self-respect, and to a sense security and assurance that bolsters their sense of agency—their capacity to live and act autonomously in both their public and private lives (Raz 1994: 25-6, 133-4; Taylor 1994; Kymlicka 1995: 85-90; Tully 1995: 187-91; Tully 2002: 161). Interestingly, this interdependence between a sense of belonging and a sense of agency has also been noted in research into the health implications of collective efficacy and communal mastery, both of which emphasize how a sense of connection with and attachment to a wider community or social group is partly constitutive of a sense of communal capacity or empowerment (Browning and Cagney 2002: 385; Hobfoll et al 2002: 856-7).

How, then, does self-determination support a sense of belonging? In a first, and material sense, people gain the capacity to design policies that will strengthen their language and culture (and thus their sense of common identity); they also gain the authority to represent, and actively defend, their rights and interests in face of external pressures and threats (which can help build a sense of communal solidarity); and perhaps most importantly, they gain control over jurisdictions that are essential not only to their future as a cohesive and thriving community, but possibly to their very survival as a community. In second, and symbolic, sense the granting of self-determination constitutes a form of recognition of one’s distinctive cultural and political identity. It is an affirmation of one’s status and dignity as a people on equal footing with other self-determining peoples. In contrast, the denial of recognition, or the granting of recognition in a diminished or distorted manner, constitutes a form of harm that poisons this sense of belonging and undermines people’s identity and sense of self-worth. As Charles Taylor observes: “Nonrecognition or misrecognition…can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being” (1994: 25). It is particularly damaging when people are subjected to ridicule or hatred or when their identities and practices become a source of persecution or

11 Thanks to Jodi Bruhn for encouraging me to revisit this notion and its potential connection to indigenous health.
12 Kalt et al (2008: 225) seem to suggest a psychosocial connection between health and an increased sense of communal control amongst Tribal Nations in the USA, but they do not explore this connection in any detail.
13 In the case of indigenous peoples, for example, this might include jurisdiction over matters such as land title, education, economic development, resource extraction, immigration, harvesting activities, environmental regulation, etc.
14 It is worth noting here that symbolic recognition in the absence of concrete measures to support self-determination in practice is itself more likely to be construed as a form of misrecognition or non-recognition, and possibly as a form of insult.
discrimination. Harms such as these can easily turn a valued source of belonging into a source of shame, humiliation, self-hatred, and paralyzing self-doubt (see e.g. Raz 1994: 25-6, 134). Tully presses this even one step further by specifically linking these harms with “well-known pathologies of oppression, marginalization, and assimilation” such as “alienation, transgenerational poverty, substance abuse, unemployment, the destruction of communities, high levels of suicide, and the like” (Tully 2000: 470; Tully 2008a: 243).

**Belonging and Health**

Evidence linking health with a sense of belonging comes from a number of different sources. For example, SDT identifies a sense of relatedness as the second basic need essential to psychological well-being. Relatedness speaks to the value of social connectedness, our need to feel a sense of belonging and a sense of importance, both to other individuals and to the larger social groupings or communities of which we are a part (Deci and Ryan 2012: 421). As with autonomy, when the basic need for belonging is satisfied psychological well-being generally follows, and when the need for belonging cannot be satisfied, psychological ill-being is the consequence. A sense of relatedness is important in its own right, but it also exists in a relationship of interdependence with the basic need for autonomy. For example, a feeling of relatedness offers us a sense of confidence and security as we explore our surrounding social environments and satisfy our basic need for autonomy. Additionally, the need for relatedness itself is fulfilled through a process whereby we internalize the socio-cultural values and regulations of the social groups we interact and connect with and in this way find meaning and purpose within their bounds; crucially, however, this process of social integration will be conducive to our well-being only if it occurs autonomously, which is to say that the values and practices in question must be freely endorsed by us, for only in this way can they truly become our own (Ryan and Sapp 2007: 73, 76, 79; Ryan and Deci 2011: 51-2, 53-4; Ryan, Curran and Deci 2013: 62-3). To undermine self-determination is thus to undermine not just one but two of the basic pillars of psychological well-being and good mental health.

Additional evidence of the health benefits of belonging comes from research into the relationship between health and social status. Recalling the foregoing discussion, the denial of self-determination in practice brings with it the symbolic experience of subordination and disrespect. It is a refusal to recognize subordinated peoples as peoples who are entitled to the same status and dignity as their more dominant counterparts. How might this relate to health outcomes? According to Martin Wilkinson, one of the foremost authorities in the area of health and inequality, the experience of subordinate social status is an acute source of health-compromising stress, and the most stressful (and therefore unhealthy) situations are those where subordinate status and a lack of life control are combined—which is to say, situations in which our lack of freedom (or control) “reflect[s] our subordination to others” (Wilkinson 2006: 341-3; cf. Marmot 2004: 118-22). Conversely, “social affiliations of almost any kind are protective of health…Close ‘confiding’ relationships, social support, friendship networks, and involvement in wider community life, all seem beneficial” (2006: 342; cf. chapter 8; Marmot 2004: 164-89; Hertzman and Siddiqi 2009: 43-4, 45-6). There is also some evidence to suggest that a sense of meaning and purposefulness that comes with the experience of belonging to a valued social group is a source of resilience against depression, anxiety and other sources of psychological ill-being (Hall and Taylor 2009: 91-2). In the final section of the paper I

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15 See the sources and discussion at note 9.

16 Below I discuss how self-determination is also connected to the third pillar of psychological well-being: competence.

17 For some evidence specifically linking the recognition of ethnic and racial minority rights with an enhanced sense of social status—and corresponding beneficial health outcomes—see Hall and Taylor 2009: 101).
will discuss a body of indigenous-specific evidence that offers support for precisely such a conclusion.

**Self-Determination and the Intrinsic Value of Culture**

A third way in which self-determination supports a good deemed fundamental to individual well-being is via the role it plays in helping peoples preserve and promote the distinctive cultures or cultural practices that have *intrinsic* value to their members. As Charles Taylor argues, in opposition to more instrumental arguments for minority rights (including the right to self-determination), we will miss something of crucial importance if we fail to recognize that many minorities are profoundly attached to their distinctive languages and cultures, and value them *in themselves* as irreplaceable—and that this profound attachment is what nourishes people’s desire to promote the survival and transmission of their cultural heritage to future generations (Taylor 1994a: 259-60; 1994b: 58-59; cf. Réaume 2000: 250-2). Kymlicka also places significant emphasis on the powerful bond that people have with their own languages and cultures, and remarks on how difficult and wrenching an experience it would be for people to be separated from their distinctive cultural form of life (1995: 84-90). Tully adds a further dimension to this argument by suggesting that different forms of self-rule (or self-government) are themselves manifestations and expressions of the cultural differences that are so firmly a part of the lives of distinct peoples (1995: 1-6). This can apply to the language of government, the form and function of governing institutions, the means of choosing leaders and holding them accountable, the style of decision-making, etc. Understood in these terms, speaking and interacting in one’s own language and engaging in one’s own cultural practices, including practices of governance, carries great meaning and significance and can be a powerful source of pride, satisfaction, and contentment, producing as Tully puts it, a feeling of being “at home in the world” (1995: 32).

**Culture and Health**

One way of linking the intrinsic value of cultural practices with health outcomes is through the concept of competence—the third building block of psychological well-being identified by SDT. Competence “refers to feeling effective in one’s ongoing interactions with the social environment and experiencing opportunities to exercise and express one’s capacities….The need for competence leads people to seek challenges that are optimal for their capacities and to persistently attempt to maintain and enhance those skills and capacities through activity” (Deci and Ryan 2002: 7).

Competence is properly understood not in terms of the factual attainment of any given skill or technique (e.g. being a competent political theorist or cheesemaker). It is obviously linked to these sorts of factual achievements or successes, but again what is crucial for psychological well-being is the *experience* or *feeling* of effectance or mastery as we engage in activities in our social environments and pursue our desired ends in life (Deci and Ryan 2002: 7).

What is the link between self-determination and the basic need for competence? The fundamental insight here is that self-determination enables a community to support and sustain its own language and institutions, and a range of culturally distinctive activities and practices that are highly valued by its members. In so doing, the community affords its members the opportunity to satisfy their basic needs for competence by living and governing themselves in their own linguistic and cultural terms, and by exercising their skills and capacities in relation to the distinctive activities and practices that are part of their cultural form of life. Indeed, the significance of these activities extends beyond the satisfaction of the basic need for competence. For they are also partly constitutive of what it means to be and feel autonomous in one’s particular cultural setting, and for many individuals they are very much a part and parcel of what it means to identify with and belong to cultural community, and to
be a valued and contributing member of that community. A deficit in self-determination should therefore be expected to produce a deficit in all three of these basic psychological needs, with all of the negative mental health outcomes that have resulted when people have been deprived of these needs in other domains of life. Indeed, as I argue in the next section, there are a number of studies that offer compelling support for the role of cultural connection/participation in promoting resilience and good mental health amongst indigenous peoples in Canada and elsewhere.

To briefly summarize the discussion so far, the political theory of self-determination offers us a picture of how self-determination is linked to three valuable human goods: autonomy, a sense of belonging, and the intrinsic value of distinct languages and cultural practices. Research in social psychology and the social determinants of health, in turn, provides evidence explaining how each of these goods is linked to mental and physical health outcomes in different domains of human life. By combining these insights I have offered a tentative explanation of how, and why, self-determination might be a contributing factor to good physical and mental health amongst indigenous peoples worldwide, and conversely, how a deficit in self-determination might be corrosive of indigenous health and well-being. That being said, given that it originates from an exercise in research synthesis rather than systematic empirical testing, the tentative nature of this conclusion cannot be emphasized strongly enough. In order to draw more definitive conclusions about the relationship between self-determination and indigenous health there is no substitute for theoretically informed, longitudinal, community-based research. To my knowledge, no such research has yet been conducted, or is even underway. Nevertheless, a number of studies do exist which at least bring us a little bit further towards this goal. These studies are the subject of the final section of the paper.

Self-Determination And Indigenous Health: Reviewing The Evidence

Perhaps the most well-known study lending credence to the idea that health and self-determination are connected is Chandler and Lalonde’s investigation of suicide amongst indigenous youth in British Columbia. Chandler and Lalonde were particularly interested to investigate why the rate of youth suicide varied so dramatically across these communities. To answer this question, the researchers set out to test the relationship between youth suicide and measures of what they refer to as cultural continuity amongst the indigenous communities included in the study. Cultural continuity was measured using six different variables (or factors):

“a) evidence that particular bands had taken steps to secure aboriginal title to their traditional lands; b) evidence of having taken back from government agencies certain rights of self-government; evidence of having secured some degree of community control over c) educational services; d) police and fire protection services; e) and health delivery services; and finally, f) evidence of having established within their communities certain officially recognized ‘cultural facilities to help preserve and enrich their cultural lives’” (Chandler and Lalonde 1998: 209).

The results show that communities in which few or none of these factors were present had dramatically elevated levels of youth suicide, and that communities in which all of these factors were present had low to non-existent levels of youth suicide, with self-government proving to be the single most important contributing factor (Chandler and Lalonde 1998: 211-15).

How should we interpret these results? Chandler and Lalonde’s own view is that communities which have made substantial progress in their efforts to protect and revitalize their cultures create an environment within which their youth feel a greater sense of identity continuity (or security), which

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18 See the sources and discussion at note 9.
acts as a powerful protective factor against suicide (Chandler and Lalonde 1998: 214-16). This interpretation is entirely consistent with the foregoing analysis of the role of culture and belonging in mental and physical well-being.

Yet in light of the foregoing discussion, several other interpretations are possible. For example, as a number of other commentators have observed, what we may be witnessing here is a mental health benefit deriving from an increased sense of community control over the institutions, jurisdictions, and decisions that govern the daily lives of their members, and a corresponding sense of liberation from outside sources of interference and domination (see e.g. Hertzman 2000: 149; Kirmayer et al 2003: S18; Waldram 2006: 280). It would also seem plausible to conclude that communities with so many successful achievements under their belt are reaping a mental health dividend from an increased sense of collective efficacy, a sense of their “collective capacity to translate social resources into specific outcomes” (Browning and Cagney 2002: 385). Another study of mental health amongst indigenous youth, this one conducted in two Cree communities in Northern Manitoba, provides some evidence in support of this interpretation. The specific aim of the study was to investigate whether perceived community control, defined as the sense that one’s community has the opportunity to control valued outcomes, has any relationship to levels of mental health and well-being amongst community members. Looking at the results, two observations stand out for attention. First, when individual youth feel that their community has greater control over valued outcomes, they themselves experience a greater sense of personal control, and a sense of liberation from outside domination, and this in turn is associated with increased levels of psychological well-being (Tiessen et al. 2009: 263-4). Second, the authors of the study suggest that the experience of personal control could be connected to a positive experience of community status and belonging—in the sense that youth are able to “see themselves as part of an effective, valued group, instead of a powerless, dependent group that is marginalized, ignored, exploited, or otherwise devalued,” an experience which increases their sense of individual (and communal) self-esteem (Tiessen et al 2009: 264).

Returning again to the Chandler and Lalonde study, the successful communities identified in the study would also seem, on their face, to be highly conducive to the autonomy of their members: for example, by facilitating their desire to live and learn in the their own linguistic and cultural terms; to participate in shaping their political institutions and public policies; and to engage in traditional activities on their communal land base. Picking up on the latter point, communities of this kind also seem able to offer their members greater opportunities to satisfy their basic need for competence in relation to a range of activities (e.g. harvesting practices, artistic pursuits) that are culturally familiar, valuable to them as individuals, and highly regarded by their fellow community members. Similarly, such communities would also seem to be highly supportive of a sense of belonging: first of all by helping to ensure the ongoing integrity and survival of their culture, institutions, and land base; second of all by contributing to a sense of solidarity and pride amongst their members stemming from the vigorous, and successful, defense of core community interests; and thirdly, by working to preserve and promote their common language, culture and identity. Given what we have learned about the health benefits of autonomy, belonging, and access to valuable cultural practices, it seems

19 Waldram offers a somewhat different, but complementary interpretation linked to the notion of community vitality: “…A community with all six factors will be very busy indeed. There will be substantial employment available in running the various institutions and programs and many community committees acting in an advisory capacity. People in these communities likely have more meaningful lives. Initiatives are generated from within and sustained by local people rather than imposed from the outside and carried out by non-residents or non-Aboriginal people. Young people are able to see real career options available in their communities” (2006: 280). Waldram also emphasizes the importance of self-determination in explaining these study results.
reasonable to expect that communities capable of supporting these goods would exhibit better mental health, and that communities lacking the capacity to support them would have poorer mental health outcomes, which might in turn be contributing to elevated levels of youth suicide.

Several other studies offer evidence of a potential link between health and both a sense of belonging and participation in traditional cultural activities. For example, in a study of Aboriginal language knowledge and youth suicide in British Columbia, Hallet, Chandler and Lalonde found that “those bands in which a majority of members reported a conversational knowledge of an Aboriginal language also experienced low to absent youth suicide rates. By contrast, those bands in which less than half of the members reported conversational knowledge suicide rates were six times greater” (2007: 398). Another study in Australia found that indigenous people with a strong sense of cultural attachment had better self-rated health and a lower levels of high-risk alcohol use (Dockery 2010: 329). Additional research in the circumpolar region has identified both a sense of communal belonging and the ability to engage in traditional cultural practices as key contributors to mental health and well-being amongst indigenous peoples, and as protective factors that increase individual resilience against the onset of severe mental health problems. Some of this research demonstrated further that a sense of competence in the performance of valued cultural activities and practices contributed to an increased sense of personal autonomy and self-esteem (Bals et al 2011; Wexler et al 2013: 4; Wexler et al 2014: 14-16).

While this evidence of the health benefits of culture and belonging should be regarded as self-standing, in that indigenous people may still be able to access these goods in the absence of self-determination, two caveats are in order. First, to revisit a point already made above, indigenous communities lacking in self-determination may nevertheless find themselves with a much reduced capacity to provide these goods to their members. The reasons being that they may struggle to preserve their land and resource base and their natural environments; they may also struggle to preserve and promote their distinctive languages and cultures and to transmit them to future generations. Indeed, without self-determination they may struggle to ensure their very survival as distinct communities over time. A second caveat, which also recalls the discussion above, is that the act of participating in self-government itself is simultaneously an expression of autonomy, an important aspect of peoples sense of identification and belonging to their community, and a manifestation of a distinct cultural form of life. So in this sense at least, self-determination can be regarded as a necessary precondition for each of these three individual health-promoting goods.

One final bit of evidence I would like to discuss is Chandler and Lalonde’s observation of “a significant relation between lower youth suicide rates [in communities that have] withdrawn in protest from BC’s treaty process” (2004: 121). While Chandler and Lalonde offer no explanation for this correlation, I would like to suggest some possibilities. First, following the work of Tully, we can interpret the act of walking away from a treaty process which, from the perspective of the community in question, lacks legitimacy and offers no meaningful prospect of progress on questions of land and self-government as itself an exercise in self-determination—an active assertion of freedom and control over one’s destiny by refusing to comply with an unjust structure of political domination. Similarly, from the perspective of SDT, what might be going on here is that the communities in question are simply refusing to ‘swallow the rules’ and are instead exercising their collective autonomy by exiting a process within which they feel controlled or manipulated, and

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20 It is important to note that this study relied upon aggregate rather than community-specific data.
21 For a review of this research see MacDonald et al. (2013).
where the agenda (and possible outcomes) are largely determined by others. For the members of these communities, such an exercise of freedom in protest may yield a sense of empowerment (not to mention an increased sense of collective efficacy), a strengthening of the bonds of community and solidarity, and perhaps also a greater sense of self-esteem and pride as a consequence of their refusal to be dominated by, and dictated to, by others and thereby relegated to a subordinate status. Perhaps, then, it is these factors (or some combination of these factors) that is contributing to better mental health and lower youth suicides in these communities.

**Conclusion**

Self-determination is a basic and universal freedom to which indigenous peoples, like all other peoples, are equally entitled, and any state committed to the principles of democracy and human rights should do its utmost to recognize, and respect that freedom. What I have attempted to do in this paper is to offer some theoretical arguments, and some empirical evidence, which together suggest that self-determination may also be something like a fundamental human need, whose presence or absence could be a contributing factor to the health and well-being of indigenous peoples around the globe. I offer this suggestion with full knowledge that the task of sorting out the determinants of indigenous health is enormously complex, that it is almost certainly the case that there are multiple different causal factors involved (see e.g. Reading and Wien 2009; Boyer 2014), and that subsequent research may show that self-determination is either a minor contributing factor, or perhaps not even a factor at all. Be that as it may, I hope to at least have made the case that the potential relationship between self-determination and indigenous health ought to be the subject of much more thorough, and determined, investigation, rather than simply assuming that political empowerment and concrete improvements in the well-being of indigenous peoples are entirely separate, if not antithetical, policy objectives.

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22 As Ryan and Deci put it: “People who are “unfree,” who either feel pressured or compelled to act against their interests and values or have “merely swallowed” the rules of the societies around them, are less well both individually and socially” (2004: 451, emphasis added).
23 For others who make a link between indigenous protest/activism and improved health outcomes see Wexler (2006: 2946-7); Alfred (2009: 57), and Kirmayer et al. (2009: 458-9).
References


