In this chapter, we present some reflections on Inuit concepts of mental health based on ethnographic research and clinical consultations in Nunavik, Quebec. Our aim is to identify cultural knowledge and practices relevant to mental health services, promotion, and planning. At the same time, we hope to show how contemporary knowledge of mental health and illness is a complex and shifting outcome of cultural models of affliction, familiarity with a variety of contemporary forms of counselling and healing practices, popular theories spread through mass media, and the exigencies of a rapidly changing way of life.

More than 50,000 people in Canada identify themselves as Inuit (Statistics Canada 2008). Most live above the 50th parallel in the territories of Nunavut and Nunavik (northern Quebec), although increasing numbers make their lives in the major cities of Canada (see Figure 13.1). The Inuit have been among the most intensively studied peoples in the world since their long history of survival in the stark environment of the Arctic has captured the imagination of explorers and anthropologists. In recent years, with increasing control over their land and systematic efforts to record their history and traditional knowledge, Inuit across Canada have become concerned with how to maintain or recuperate the vital elements and values of their tradition while advancing the well-being of their people as equal citizens within a modern multicultural nation.

This challenge is especially acute because of the recency and intensity of cultural, social, and economic change in Inuit communities, which has led to radical disjunctures between the experience of the generations (Brody 1975). Many Elders in the communities
were brought up in circumstances profoundly different from those of their children and grandchildren. With few exceptions, the communities that dot the North today were small commercial and administrative outposts with no permanent housing as recently as the early 1960s. People lived almost exclusively on the food species available in the North, following the animals’ seasonal cycles and capturing them by employing detailed knowledge of their behaviours (Brody 1987). Many in the generation that is currently middle-aged were displaced at a young age from the lifestyle of their parents and experienced the hardships of prolonged hospitalization for tuberculosis or attended residential schools that aimed to suppress and transform their cultural identity. The younger generation is being educated within the communities, in school systems that now acknowledge Inuit tradition and that are under Inuit control through completed land claims agreements. This generation is the most self-consciously “global” in that, through mass media, its members have been saturated with the sights and sounds of an international youth culture that

FIGURE 13.1 This map shows the distribution of the Inuit population in Canada based on data from the 2001 Census. The population is represented by symbols of varying size and tints, corresponding to: 10-299, 300-999, 1,000-1,499, 1,500-2,555. Source: Statistics Canada, 2001 Population Census, Natural Resources Canada, GeoAccess Division.
celebrates a fast-paced urban life that is hard to realize in their small, remote communities. This sketch of generational differences suggests some of the many influences on individual concepts and experiences of self, community, and place that co-exist within the current population.

Although for convenience we will refer to Inuit as a group (as in “Inuit culture” or “Inuit concepts”), it is important to recognize that this way of speaking creates a sense of homogeneity and consensus that does not reflect the diversity of viewpoints, and sometimes disagreements, among individuals within any community. Contemporary cultures are not closed, homogeneous societies but open systems cross-cut by diverse flows of information that allow individuals to adopt different perspectives and to position themselves in many different ways (see Waldram, Chapter 3). Nevertheless, most Inuit share a common language, historical tradition, ethnocultural identity, family and community structures, and social predicament. This makes it meaningful to consider how the shared elements of their background contribute to individual and collective knowledge of illness and well-being.

Every culture has explicit notions of how people “work” that could be termed an “ethnopsychology,” and all individuals navigate these ideas in their own ways to make sense of their own and others’ behaviour. These notions include what the sociologist Marcel Mauss (1979) called the “cultural concept of the person,” which characterizes what it is to be a socially valued and well-functioning human being. The mental health disciplines, including psychiatry, psychology, and social work are underwritten by specific cultural concepts of personhood that include an emphasis on the autonomy of individuals, the value of open expression of feelings, and the centrality of rationality, self-direction, and internal conflict in determining behaviour (Kirmayer 2007; Rose 1996). These concepts are woven into academic research and training in mental health and are also expressed in popular culture, so they have been widely exported along with the mental health professions. However, the assumptions of conventional mental health practices do not always fit with local cultural understandings of the person. There is increasing recognition that mental health practices must be rethought and adapted to local social and cultural realities if they are to be effective and not undermine core cultural values.

The impact of local social and cultural realities on models of mental health and illness became clear to the first author (LJK) during the period 1988-93 when he served as a psychiatric consultant to the Inuit communities on the east coast of Hudson’s Bay. To explore understandings of mental health and illness in Inuit communities, he conducted an ethnographic study in Nunavik in the early 1990s (Kirmayer et al. 1994). The study involved interviews with eighty key informants in four communities to identify the symptoms, signs, and meanings of behaviours and experiences likely to be related to conventional psychiatric disorders and to a broad range of social problems. Interviews also explored local knowledge of the causes and appropriate treatment of mental health problems, the impact of culture change, and models of childrearing. This ethnographic work was interpreted against the backdrop of clinical experience. The second author (CF) took part in this study and also conducted participant-observation research annually for varying amounts of time.
toward a general ethnography of contemporary Inuit life-ways in communities in Nunavik between 1990 and 2000. The third author (RW) was raised in Nunavik, participated in the study, and has subsequently served as an educator, administrator, and advocate for Inuit health. Because the social world of the Inuit population continues to change rapidly, it is likely that knowledge and practice have changed since these studies. Contemporary Inuit understandings of mental health and illness reflect both traditional knowledge and ongoing influences of educational institutions, mental health services, and mass media. As with any population, there is enormous variation in the experience and perspectives of individuals. However, we believe that the basic issues we outline remain relevant to the delivery of mental health services and to broader considerations of health promotion.

The Ecocentric Self

The Inuit concept of the person has been called “ecocentric” in that it gives a central role to connections among individuals and to place in the health and well-being of the person (Stairs 1992; Stairs and Wenzel 1992). Inuit notions of the person view the individual as in constant transaction with the physical environment. This occurs both through subsistence activities, like hunting and fishing, and through the act of eating, in which the substance of animals is incorporated into the body and the person. This accounts for the importance given to eating traditional “country foods,” including raw meat and fish, and directs attention to the central role that the land (nuna) takes in Inuit culture, thought, and experience. The northern landscape has many kinds of significance in this context. People frequently point to the land and its food resources as reassuring evidence that Inuit have always been able to support themselves and can continue to do so, even if at present one can survive comfortably within a cash economy. The land presents a constant reminder of cultural history in that places, topographical features, and travel routes constitute an Inuit memoryscape (Nuttall 1992). Conversely, from the vantage point of the new challenges and constraints of community life, the land may signify how much has changed and perhaps the distance that now exists between the people and some aspects of their cultural history. Nevertheless, for most Inuit with whom we spoke, the landscape continues to provide a healthy space that can bring calm to troubled individuals and joy to families camping out on the land; more than that, skills in living on the land are viewed as a source of strength and resilience relevant to surviving in the modern world. As Inuit activist Sheila Watt-Cloutier put it in a recent interview: “Young people are prepared for life through the hunt, how to be patient, to be bold under pressure, to withstand stress, to focus, be tenacious, how not to be impulsive, to be courageous, to exercise sound judgments and ultimately, how to be wise” (McIlroy 2006, A3).

The land continues to be a source of real sustenance for most Inuit. In conversations with Inuit of Nunavik, the consumption of country foods was closely associated with
generalized feelings of health and well-being. When food from the land was not available, people reported that they had feelings of weakness, lassitude, and tiredness, and these extended to emotional states of irritability, uncooperativeness, lack of interest in daily events, indifference toward children, and generalized depression. For example, a man in his mid-thirties, who was not a regular hunter and expressed a lack of interest in the hunting lifestyle, explained that the only times he went out hunting were when he was feeling depressed and lazy because of the lack of country food in his system. (He referred to his “system” in general but rubbed the veins on his forearm while talking, implying his circulatory system.) At these times, he would go seal hunting to replenish himself and would always feel much better for some time afterward.

Borré found similar sentiments among Inuit of Clyde River, Northwest Territories. She describes the case of a woman who was experiencing depressed mood, nausea, and headaches. She declared that she needed seal meat to feel better, and upon receiving some, “the next day her headache and nausea were gone, and she was working as usual. She explained that her blood had become weak from the lack of seal meat and that she needed seal meat for the next few days to be sure she was well” (1991, 56).

Other Inuit in Borré’s study reported that depression was a common occurrence when they were unable to consume seal meat for extended periods of time. In Nunavik elderly Inuit reported a need for beluga whale skin (a highly valued food) with a similar rationale. Eating beluga could also alleviate the feelings of depression experienced by some elderly people when they were no longer able to participate in camp life or in hunting. Consuming beluga rejuvenated them through its effect on the blood and hence on both body and mind.

The beluga whale is an important animal on a symbolic level to many Inuit in Nunavik. Beluga travel in family groups, are highly social, follow a leader, are intelligent, and, like Inuit, can carry their young on their backs (amaut). The capture and consumption of beluga are charged events. Eating beluga blood, skin, and fat (maktak) reconstitutes the human physically and mentally and imparts some of the animal’s intelligence and social qualities to the person. To be without beluga as food is to be slowly drained of an essential element of health and well-being. One person stated:

There is something you should know, it is the blood that is very important for the health and Inuit eat mainly meat because it has blood in it and that helps the individual very much, more than meat with little blood ... and the person will be in better health, his blood will be more ... stronger. Its visible even on the cheeks, the cheeks were redder we say (in the past). (Salluit, 1 November 1992)

The late Taamusi Qumaq of Puvirnituq, a noted Inuit linguist, author, and intellectual, stated:
When I am sick, I think perhaps I could be helped by the nurses and that I could take some medication. I say especially that if I eat the food that I like I will get better faster. I also say that if my family is with me I will get better. It happened to me that I was sick at a time when my family was away. I said qailaurli, qailaurli, qailaurli [come back]. I am not in the habit of taking medication that the nurses and doctors give. I prefer to use the fat from marine mammals and plants. (Quoted in Therrien 1995, 81, translated from French by CF)

In addition to the notion of food as the most basic medicine, Mr. Qumaq explicitly linked the curative powers of northern foods to the importance of the company of family in the healing process—a connection that points to the inseparability of sociality and physical healing in Inuit models of health maintenance. Of course, the actual capture and consumption of food species engages social, physical, and intellectual activities that are
fundamental to healthful life for Inuit. Finally, the Inuit diet is also a self-conscious marker and conveyor of Inuit identity, and parents are concerned to get their children to learn to eat and enjoy such foods are *maktak* (whale skin and blubber) or *qisaruaq* (stomach of a caribou or other grazing animal) (Graburn 2006).

Inuit recognize a close link between food, blood, and mental well-being, and this counters the tendency in Western biomedical views to separate mind and body in health and illness (Kirmayer 1988). The brain is considered the seat of consciousness and, like other organs, is nourished by blood, which transports healthy materials throughout the body. The quality of blood is directly affected by the quality of food consumed. Weakness associated with the impoverishment of blood quality or quantity is best remedied by consuming raw meat containing a lot of blood (seal, ptarmigan) or blood itself. It is for this reason, according to people who spoke with us, that when Inuit must leave their communities for hospital treatment in the south, they may become weak and depressed over time, for they are being fed essentially bloodless southern food. At the same time, they are far removed from the support of family and friends, which they would otherwise experience, in part, through convivial activities of food sharing and consumption.

Several participants in the research mentioned environmental factors as causes of mental health and illness. Participant-observation research, as with previous ethnography, emphasizes the central role of the physical environment in Inuit concepts of the normal functioning of the person. For example, in Salluit several people attributed the perceived higher prevalence of mental disorders to the fact that the settlement was ringed by mountains on three sides. This setting could make people feel “closed in” and uncomfortable. It was considered more natural for people to live with wide-open spaces over which they can range freely. Indeed, being cooped up in an office might make people ill. This is particularly a problem among men for whom being outside and moving across large territories while hunting has been an important element of experience and identity buttressed by cultural, linguistic, and cosmological principles (Therrien 1987). Women were more accustomed to confined spaces since they would spend much time together at the family camp.

There is broad agreement today that being out of the community on the land has a rejuvenating effect on the mind and the body, and people use camping, hunting, and fishing as ways to regain a sense of well-being. This way of interacting with the environment also persists in prescriptions for men to control anger or to deal with other difficult feelings by going out on the land. The various constraints on mobility and access to the land that characterize community life today – tied to the availability of time, equipment, and cash – may then contribute to the exacerbation of illness. For many people, the sense of well-being is tied to the visual experience of open vistas of tundra and ocean. Lack of access to this sort of visual expanse may provoke feelings of distress, disorientation, and anxiety.

In Inuit accounts, the environment is not an impersonal, inanimate landscape but is alive and closely linked to personal memories. Looking out the window from an airplane landing at a settlement, a young man remarked, “I know that coast line like the back of my hand.” His eyes filled with tears of emotion at returning home. The sense of place is
very strong and tied to highly valued activities like hunting that are the basic sources of self-esteem for many men. Animals, in particular, have held a central place not just in Inuit subsistence patterns but also in traditional religious belief, mythology, and artistic expression. Animals were viewed as nonhuman persons who had their own autonomy

FIGURE 13.3  The shaman makes a sealskin blanket magically appear in order to warm a young boy he has rescued from a fall through the ice. The shaman’s spirit helper, a lemming, appears at his foot. (Sculpture: Paulusie Kasudluak, Inukjuak, 1999) (Photo: L.J. Kirmayer)
and agency and were deserving of respect (Stairs and Wenzel 1992; see also Fienup-Riordan 1990). There are many legends that describe the close ties between animals and people and that tell of transformations of people into animals and vice versa. The shaman (angakok) drew his power from animal helpers. Although traditional notions of the links between people and animals were displaced by Christian doctrines and have been largely supplanted by more purely utilitarian views, many Inuit retain a strong sense of admiration and respect for animal life.

Concepts of Mental Health and Illness: The Transition to Community Living

There is relatively little historical or ethnographic material that directly addresses Inuit ideas about mental health. Vallee’s (1966) report, based on interviews and case studies collected in Inuit communities on the Hudson coast in 1963, remains unique in the literature and is close to the concerns of the present study. His observations are probably indicative of cultural knowledge in the first half of this century since, at the time of his survey, only about 10% of Inuit could read and write in English, although most were literate in Inuktitut syllabics.

Finding no general indigenous concept of mental or psychiatric disorder, Vallee chose as his basic criterion of mental breakdown: “incapacity of the person to perform some or all of his normal roles accompanied by behavioral oddity, as defined by the interviewees, and where the incapacity and oddity are attributable to the head rather than to some other body organ” (1966, 57). He thus requested that his informants talk about “happenings in which people were rendered incapable of performing in their everyday capacities and where there was no obvious physical cause for this inability, and where the individuals behaved in an unusual, although not necessarily unpatterned, manner” (57). From these open-ended ethnographic interviews, Vallee identified four distinct patterns of emotional/behavioural illness, which corresponded roughly to epilepsy, “simple hysteria” (i.e., isolated episodes of conversion or dissociation), withdrawal with acute melancholy, and a state of agitated, accelerated, and incoherent behaviour called quajimaillituq, a term applied to rabid dogs and, in this context, conveying the sense “he does foolish things and does not know what he does” (61). The Inuktitut terms all were attached to states, not discrete entities or categories of persons. After the condition had passed, the person was no longer in that state and was not labelled sick. However, persistence or chronicity of the condition could be denoted by an infix meaning “usually.”

While Vallee’s findings might be taken as indicative of “traditional” knowledge, it is important to recognize that the period from the late 1950s through the 1960s was a time of major social and economic upheaval and profound disempowerment for Inuit across Canada. Throughout the North, people were emerging from a period when epidemic disease killed many, evacuations to southern sanitariums for tuberculosis were frequent, and community living with mandatory primary schooling was being implemented. All of this
had a destabilizing effect on Inuit society. Families were fragmented, and traditional socialization and social control norms were undermined. In a very real sense, powerlessness reached its apogee in the 1960s and is today exemplified by the story of the High Arctic relocation (Tester and Kulchyski 1994) and by ongoing efforts among Inuit organizations to have the slaughter of sled dogs by the Royal Canadian Mounted Police (RCMP) – a highly contested historical event – redressed through political and legal mechanisms. Without dogs, Inuit were effectively immobilized in the new communities and highly dependant on local administrators to supply them with the basic needs of life. It is interesting to note that one of the cases of *qaujimaillituq* that Vallee describes involves a man who was coerced by non-Inuit into shooting a number of seemingly rabid dogs, actions that were contested by people in his community. He contracted influenza in the “annual epidemic” (1966, 70) and subsequently felt that people were trying to harm him. He dressed in mock military style and went about shooting at imaginary dogs and ultimately developed a full-blown state of *qaujimaillituq*. While speculative, it is possible to interpret this episode as a reaction to the highly stressful events of the transition period grounded in the cultural alienation of the times – stresses that were particularly concentrated on individuals who mediated between the Qallunaat (non-Inuit) and Inuit populations’ expectations and ideologies.

**Contemporary Views of Mental Illness**

In our fieldwork in the early 1990s in northern Quebec, participants in the study recognized four broad classes of causes of mental health problems: (1) physical or organic, (2) emotional or psychological, (3) spirit possession, and (4) the impact of rapid social and cultural change. Similar frameworks for thinking about illness have also been documented in collaborative work with Elders at Arctic College in Iqaluit, Nunavut (Therrien and Laugrand 2001).

**Physical or Organic Causes of Mental Illness**

Organic mental health problems were generally recognized to be those with which a person was born. Epilepsy, mental retardation, Down syndrome, and other problems evident at birth or from a young age were considered by most people to be organic in origin. They can be caused by environmental factors, the mother’s behaviour during pregnancy (particularly drug and alcohol use), trauma encountered during pregnancy, problems encountered during parturition, accidental trauma at a young age, and biological variability among individuals. One person in Kuujjuarapik explained that just as some animals are born with birth defects, so too can human children be born with a variety of defects, including defects in the brain, which may cause the individual to behave in an unusual manner. In another community, an individual who had experienced lifelong seizures, personality problems, and intermittent extreme antisocial behaviour was known to have been born that way, although her condition was aggravated by physical abuse suffered during
childhood. Despite the disruptive personality and extensive hardship suffered, it should be noted that this individual was not adrift in the community. In times of familial crisis, people would house and care for her with great tenderness. The possibility that a seriously ill person would simply be cast aside and ignored – as seems to many Inuit to be the case for the mentally ill in southern cities – is anathema to the ethos of shared responsibility that permeates Inuit society.

In our interviews, a great variety of problems were attributed to the mother’s use of drugs during the pregnancy. This often carried a degree of moral censure of the mother. The implication of this prenatal vulnerability is that pregnant mothers must take special care to ensure their children turn out normal.

When you’re pregnant, I think it’s very important that you take care of yourself. Sleep well and have a lot of rest, and get consultations from one of the older people. Then your baby can be very healthy in mind and in physical.

When I was pregnant my mother was preparing me for it. I had to do certain things: get up early, get a good sleep, get good rest, try to do things rapidly so that they will not linger on in your mind all the time, try to get things done fast. (Puvirnituq, 16 July 1992)

Before birth, I guess if the woman is involved with drugs or alcohol that is mostly likely that a person or a child will be like that in her life. Mostly today it would happen. More often than in past because in the past we didn’t have anything, eh? Today, there’s everything. Maybe in the future we will see lots of people are like that – you know, they could be like handicapped or they would have a mental illness caused by these drugs. Other than that, if the mother is healthy and she doesn’t fool around with these other things I think a child would be very normal. (Puvirnituq, 27 August 1992)

Difficult and prolonged labour can also cause behavioural problems in children related to developmental disabilities: “In your labor, it might take a long time to for the baby to get out. I did not believe that for a little while but then I told myself it can be true because it can follow your personality and everything. It might have a personality that’s not very likable, who’s not saying, who’s not listening to other people” (Puvirnituq, 16 July 1992).

Among the physical reasons for mental illness that research participants mentioned were drug use, sleep deprivation, or some other bodily problem. People could also experience a wide range of mental health problems as a result of head trauma at any age.

**Psychological Causes of Mental Illness**

Many participants expressed the notion that mental health problems could follow from too much thinking (isumaluttuq) or being completely unable to think because of “having no mind” (isumaqanngituq). This points to an ethnopsychological model of the workings
of the mind and capacity for thought (isuma) as the cause of emotional and behavioural problems.

Isumaaluttuq is a term glossed as “having heavy thoughts,” “having a lot on one’s mind,” “thinking too much,” “being worried,” or “being anxiously preoccupied.” It covers a very broad range of problems and situations, ranging from ordinary worry and preoccupation to profound depression, withdrawal, and behaviour clinically consistent with psychosis. One informant explicitly noted it could be applied to people either with depression or with schizophrenia, although the two groups clearly had different problems. At the mild end of the spectrum, one informant stated that a hunter concerned about where the caribou are located might experience “isumaaluttuq.” More serious anxiety was implied in the following account: “Isumaaluttuq would be, if someone is lost, out in the tundra. The mind, the thought that the person keeps coming back to, in not, in a way that doesn’t give you peace. It worries you. So ... something that keeps coming back to you, that makes you worry. Or that doesn’t, doesn’t imply being well, mentally well” (Puvirnituq, 29 January 1992).
As well as describing normal states of preoccupation, *isumaaluttuq* covers mild to moderate forms of depressed or anxious mood. It was offered as a label for behaviour manifested by worried facial expression, distractibility or difficulty concentrating, confusion, dysphoric mood, and other difficulties in everyday functioning: “When a person has a mental health problem, what I see is ... the person cannot think very well, very well. The way he acts, the way he does things, and they get confused, he has ... the word for Inuktitut can, we can say that it’s *isumaaluttuq*. Which means doesn’t think positive things” (Puvirnituq, 30 January 1992).

The severity of *isumaaluttuq* can usually be judged directly from the person’s account of what is troubling them, from bodily posture, from attentiveness to the world around them, and from the quality of eye contact. Other indications of *isumaaluttuq* include trouble sleeping “because the person is disturbed.” *Isumaaluttuq* is essentially a psychological concept since it implies difficulty with thought processes. As such, it can be used as an explanation of mental health problems as well as a label of specific symptoms. Since it names a state of mind rather a characteristic of a person, *isumaaluttuq* in itself has no expected course or prognosis (Kirmayer, Fletcher, and Boothroyd 1997). It can change as rapidly as the person’s mental state and experience change.

The second term offered by many informants as having broad applicability for mental health problems, *isumaqanngituq*, implied more severe problems. *Isumaqanngituq* was glossed as “he has no mind/brain,” “crazy,” “doesn’t know what’s going on around him,” “doesn’t know what he’s doing,” “acting strange.” A literal translation in English is “she/he is without thoughts” and suggests an inability to act normally because of incoherent thoughts.

We usually call them not very bright with mind ... *isumaqanngituq* ... They will probably think that this person has no mind to think ... they will do things that a normal person wouldn’t do. Like facing other people with madness. They have to be different ... They talk to themselves or they blame other people for absolutely no reason and they are very isolated from other people and actually some of them are quiet and one or what would you say, a pain in the neck. (Puvirnituq, 7 July 1992)

This same term can be used for someone who is profoundly intellectually disabled or demented. An alternative term used by some informants as a more accurate translation of “mental illness” was *isumaqatsiangittuq*, which they glossed as “losing their mind,” “going crazy,” “having a mental illness.” Both *isumaqangituq* and *isumaqatsiangittuq* tended to imply a persisting condition or permanent state of affairs. A temporary mental illness was denoted with a change of infix as *isumarsungittuq*.

*Isumaaluttuq* implies thinking too much, whereas *isumaqanngituq* is not thinking at all. Both terms can be applied to similar behaviours but carry different implications about the underlying process. For example, both can be used to explain violent behaviour, but
isumaaluttuq would imply that the violence is not totally irrational but stems from brooding, anxiety, depression, or nonpsychotic jealousy. In contrast, isumaqanngituq would imply the violent person was literally “out of his mind” and was acting destructively for completely irrational reasons or without any self-awareness or reflection. The distinction meets a grey zone in explanations of delusions and hallucinations, which were more often understood as “thinking too much” rather than “having no mind.”

Another common theme concerned the interpersonal determinants of mental health. Most people had clear notions of the positive effects of kindness and open communication among parents and children and recognized the negative effects of criticism and rejection. One Elder in particular – who spoke only Inuktitut and hence might be expected to have had less direct influence of current “pop” psychology and Euro-American ideals of childrearing – eloquently described her vision of healthy childrearing through an interpreter:

What she thinks, she’s not sure, but what she thinks is that parents who always treat their children, or make them feel low, are those who don’t really care about their children. And she thinks that they don’t think about their future. Like they’re young, they’re growing up and their mother is taking care of them. Even as they grow, a parent should care. Even if the kid is an adult, that they should care and be willing to help their child. But she thinks that they parents who, they take care of their children, but when it comes to doing something bad, they criticize them because they don’t really care about them.

(Puvirnituq, 13 February 1992)

The negative effects of troubled family relationships, harsh words, and abuse were even more emphatically stated. Family conflict was regularly described as the major cause of the complete range of mental health problems – with the partial exception of conditions that were viewed as predominately organic, like mental deficiency or seizures, although even here the family’s response was recognized as an important determinant of the course of the illness.

Physical and sexual abuse and neglect of children, rape, and spousal abuse have become more evident in Nunavik in recent years, and informants were unequivocal about the harmful consequences of these forms of violence. Emotional trauma suffered as a result of abuse, particularly sexual abuse, is an important cause of mental health problems according to many informants. People interviewed suggested that the cycle of abuse from victim to perpetrator was an important factor in the abuse occurring throughout the North.9

Some older informants suggested that, for many, the abuse cycle started at the hands of non-Inuit. In the 1940s and early 1950s Inuit suffered severe hardship as a result of disease, poverty, government policies, and game shortages. Their desperate situation was taken advantage of by several non-Inuit, who were becoming more numerous in the region at the time. There are stories of school administrators, priests, and other people who
abused women and children with impunity. These people had control over the allocation of goods, the few available jobs, and relations with the outside world – all of which gave them a great deal of power over the lives of the Inuit and led to many instances of coercive, violent, and exploitative sexual relationships. Some of these victims, abused at the hands of powerful non-Inuit, went on to abuse others. Social, political, and legal avenues for dealing with these cycles of abuse are only now becoming more widely available, and in most communities resources are still not adequate to address the emotional problems suffered by many people.

Other sources of emotional trauma, which put the individual at risk for mental health problems, come from the sphere of interpersonal conflict and communication. Several study participants described the importance of forgiveness in maintaining personal emotional health. In these instances, forgiveness may be viewed as a healing act that allows the victim to reorganize traumatic life experience into both a constructive social event and a coherent personal experience. Equally important, particularly when the abuser is a community member, is the potential for the victimizer to be recognized and offered a chance to acknowledge the pain he or she has caused. This provides an opportunity for victim and victimizer to create a new social context and maintain a measure of continuity in family and community. A number of people with whom we spoke discussed the futility of incarceration for many abusers who where themselves the victims of abuse. A socially grounded accounting and resolution is a preferable alternative in some instances (see Drummond 1997). The possibility of personal transformation and reconciliation through acknowledgment of wrongdoing, contrition, and forgiveness fits with the Christian values embraced by many Inuit as well as with the notion that behaviour is determined largely by changeable psychological states or patterns of thinking rather than by obdurate character traits.

In addition to the psychological and interpersonal factors described above, social factors such as isolation, unemployment, and poverty were also very commonly offered as explanations for such problems as drug abuse, depression, suicide, and violence among adults.

It’s hard to answer you this question. I think it would have – a person who is isolated or drinks too much, takes drugs too much – it could easily turn to have these kinds of problems. A person who doesn’t have a job, who doesn’t have anything, or who don’t have any equipment to hunt. I guess it goes to these people to feel get tired of life. I guess that’s mostly the causes. (Puvirnituq, 27 August 1992)

Although some individuals recognized larger social and historical determinants of health, for many these social circumstances were viewed as difficult to change or implacable, so an emphasis on personal, psychological, moral, and religious factors may have seemed to lead to more possibilities for positive change or healing.
Spirit Possession

Accounts of traditional Inuit culture note that some illnesses were considered to be caused by the interaction between the soul of a person, place, or thing and the individual affected by the illness (Merkur 1991). In Inuit cosmology, humans were considered to be the amalgamation of three types of souls: the name-soul atiq, the life-breath anirniq, and the shadow-soul tarniq (Saladin d’Anglure 1984, 2001, 2006; Guemple 1965). Each type of soul was subject to manipulation by angakuit (shamans), who could exert constructive or destructive forces on individuals and groups. Shamanic healing practices involved spirit journeys to confront the hostile evil spirits and placate or defeat them with the shaman’s own spirit allies. Many individuals had some shamanic experiences and powers, and a wide range of unusual experiences and behaviours were tolerated and interpreted as the result of spirit communications. Spirits (mitilit) might pay brief visits or live for an extended time with individuals, who, if they were not impaired in their social functioning, were not viewed as deviant or afflicted.

Although these traditional explanations of affliction now are generally downplayed in favour of psychological or physical explanations, in our ethnographic interviews and participant-observation work in Nunavik in the early 1990s, spirit possession or attack was offered as a potential cause in many cases of bizarre and aberrant behaviour. There was no single criterion or method for determining whether someone had become possessed, although it tended to be considered a possibility when a person’s attitude and behaviour changed suddenly, with no warning and no previous occurrences. People who were known to have been possessed in the past and began again to exhibit bizarre behaviour were presumed to be possessed again. Some informants stated that the symptoms of mental illness could be essentially identical to those of possession. These explanations were not mutually exclusive, and in many cases a person could be viewed as having a mental illness and also as suffering from possession. Such possessions could result in a wide range of symptoms and behaviours of varying severity, including substance abuse, argumentativeness, violence, and florid psychotic states.

Three forms of interaction with spirits or demons were identified (Fletcher and Kirmayer 1997). Utuuluttaq involved disembodied spirits attacking individuals when they were vulnerable. The spirit was experienced as a force, as feelings of the uncanny, or through its symptomatic effects. It could be dispelled by refusing to traffic with it or by acceding to its influence. This form of “possession” is probably related to traditional notions of spirit intrusion or attack, although no natural agency or malevolent shaman was identified as being behind utuuluttaq. It may be linked to experiences of sleep paralysis, which give rise to unusual and compelling bodily experiences that fit explanations in spiritual terms (Law and Kirmayer 2005).

A second form of possession, which also seems to derive from traditional beliefs, involves the acquisition of a spirit husband or wife, called uirsalik or nuliatsalik, respectively. This can occur when individuals have intense longing for an idealized mate and constantly think, daydream, or obsess about him or her. In response to this concentra-
tion of thinking, a free spirit may be attracted to the individual’s thoughts and come to inhabit him or her. The person can see and interact with this spirit partner. This accounts for such phenomena as hallucinations and otherwise senseless or delusional actions, like knitting clothing for nonexistent children. People may live peacefully with a uirsilik or nuliatsilik for many years, and this does not, in itself, constitute an illness. However, since most affected individuals are withdrawn, “strange,” hallucinating, or have other interpersonal difficulties, it often constitutes a social problem.

The model of uirsilik/nuliatsilik possession makes it clear how close the link is between psychological processes (desiring, longing, obsessing) and the spirit world. Just as psychological processes have an obvious moral dimension referring to the individual’s harmful or selfish actions, so the activity of spirits is mediated through psychological processes.

The third form of possession closely followed the prototype of Christianized demonic possession found around the world (Goodman 1988). Although it is tempting to view this as simply an importation of southern Pentecostal Christian practices, it is probably more accurate to see all three forms of possession as syncretic belief systems in which traditional forms of possession are integrated with Christian beliefs to provide a credible explanation for aberrant behaviour. Conviction in the possession diagnosis is grounded in bodily experiences of the uncanny and the interpretive authority of individuals aligned with the church or evincing personal power and charisma. The possession model is appealing because it leads to specific treatments in which many community members can participate. The rise of evangelism is perhaps the most significant, and poorly understood, social movement in Inuit communities today. It is explicitly oriented to “healing” psychological trauma and victimization of various origins. However, its long-term impacts on mental health and social cohesion are unknown.

Finally, although spirit possession was a common theme in many interviews, it should be noted that several people did not believe in demon possession in any form:

Yeah, demon – this I do not believe. Maybe it’s the people that get things long enough to disturb their mind, that their mind is playing tricks on them because they’re left feeling alone. Or they have difficulty in life and they have family problems. They cannot talk to each other. That’s what I think, because I never had this kind of thing happening to me. (Puvirnituq, 10 February 1992)

Skeptics tended to have had more formal education and were less closely affiliated with the church. For the most part, however, even skeptics kept open the possibility that possession was a real phenomenon, perhaps because of the compelling nature of stories in wide circulation in the early 1990s.

Impact of Rapid Culture Change on Childrearing and Mental Health

Many people with whom we spoke introduced historical awareness of recent social and cultural changes as important causes of mental health problems, especially substance
abuse, suicide, family violence, and child abuse and neglect. The Inuit of Nunavik have experienced profound changes in their life-ways in just two to three generations. This sort of rapid culture change, and the specific demands that have come with it, was widely recognized by informants as a contributor to the range of mental health problems. This did not take the form of a vague nostalgia for times past but involved explicit links between mental health, childrearing, life circumstances, and changes in the scale and configuration of the community, the family, and the economic and educational systems.

Before the implementation of mandatory schooling and social housing regimes, Inuit lived in small migratory bands composed of one or a few extended families. In winter people tended to congregate in larger camps, whereas in summer extended family groups fractured and people spent much time in relative isolation. Larger gatherings were times of celebration, and any conflicts that arose would be solved by Elders’ mediation (Minor 1992).

In camp life, parents’ activities were captivating for children, who would naturally gravitate to watch and learn by modelling and imitation. Hence, except in situations of immanent danger, traditional childrearing did not involve explicit teaching but patient modelling and waiting for the child to catch on. Education occurred through the continual testing of the physical and intellectual limits of children by their elders so that they knew both the certainties and vagaries of their world (Briggs 1970, 1985, 2000). For example, Jean Briggs (1998) eloquently describes how a young girl comes to know herself, her kin, and her culture through a series of dramas enacted by adults to destabilize knowledge of her world only to reaffirm it through a learning exercise. The stable and reassuring social world of the child is thus constructed with her participation even while the cautionary lesson is instilled that things can change precipitously.

Education prior to the advent of formal schooling was achieved through close interactions within the family that also served to comfort and reassure parents and children:

All she can remember about her childhood is that when she was a little girl, as she was growing, they always used to go camping – either a few nights, or really go camping in the summer. She was always there with her parents, with her mother, and she feels she was never separated from them. When she had her mother and she was living with her mother when she was still a young person, she had nothing to worry about. But as an adult with growing children, she started to worry about things. Worry about her children. (Puvirnituq, 13 February 1992)

Many adults report joyful memories of time spent in close association with parents and grandparents while on the land. This satisfaction continues to be enacted for many, particularly in spring and summer camps located away from the communities. Camp life still allows families to regain some of the comfort and harmony of traditional life by providing a context commensurate with ideas about relationships.
Well, when you’re away on your own, personally speaking, when I am out camping, I let my kids go and do whatever they like. There’s nothing really they can do wrong. There’s nobody else there. There’s no property to damage. There’s no other kids to fight with. Nothing to steal. And, well, it’s harder to keep them outside at the camp. It’s as hard to keep them outside at the camp as it is to keep them inside at the village. Do you know what I mean? They tend to stay inside to see what you’re going to cook up next, or what kind of neat thing you’re going to do. What their mother’s going to do. [In the settlement] they see other kids horsing around outside, they want to take part. And when it’s time to come in it’s harder to bring them in ... in the past ... and that maybe some of the traditional ways of childrearing fit that situation very well. (Salluit, 19 August 1992)

Methods of childrearing and social control of inappropriate or troublesome behaviour that were effective in the traditional context are often found not to work in the current communities (Matthiasson 1992). These communities have created new forms of social segmentation and stratification by age and economic level. To some extent, they have eroded the central importance of the family and the authority of family heads in particular. In current communities, children are sent to school – which parents expect to replace much of their own socialization efforts – or else they wander about the community freely, in continuation of the laissez faire approach that fit camp life but that now seems to some community members to border on neglect.

The kids went to school. They were out of their parents’ sight from 9 to 3 in the afternoon, 3:30 or 4 in the afternoon. And parents didn’t have to deal with that anger any more. I mean the parents didn’t want to take the time to teach their child any more. They were told that the teacher would teach the child everything. How to live, how to earn money, how to grow up, how to be, everything. They trust that all these books are, the kids are learning all that, how to be a human being. They don’t understand that they’ve lost control of their position. That’s why they get angry. They can’t understand why there are so many dropouts. Why the school system is failing. They don’t want to deal with that anger any more. (Puvirnituq, 29 January 1992)

In the absence of traditions that fit the current social context, people have to fall back on their own devices in childrearing, thinking through the alternatives they are exposed to by popular media, church, school, and health services or by their own experiences in residential schools or in other southern institutions.

Well, I’m kind of caught between being a strict disciplinarian and being a lenient father who advises his children against things that are wrong. The lenient
approach is, on the extreme, allowing your child to do whatever he wants, up to a certain point. Not allowing him, or her, to be outside past a certain hour at night. And expecting him to be there when it’s time to go home. But if he’s not, saying “well don’t let it happen again.” Whereas, a strict approach, using the same example, would be to preach to your child, in a fire and brimstone way, as to how not to behave. And if you catch your child behaving like that, or hear that your child has behaved that way, administering corporal punishment, as it’s termed in the schools, with physical punishment. Personally I try not to, punish my kids every time with the flat of my hand. If I feel they deserve it, I’ll yell at them but then if they’ve been exceptionally bad I won’t think twice about putting them over my knee and spanking them. (Salluit, 19 August 1992)

Corporal punishment was little used in the past except as a way to curb immediately dangerous behaviour (like slapping the hand of a child who was reaching toward something that might burn him or her), with adults relying on the strong attachments and moral authority intrinsic to family life. Some adults who were sent to residential schools or who endured prolonged hospitalizations for tuberculosis may have experienced or witnessed corporal punishment and other harsh sanctions and thus have incorporated notions of strict discipline into their ideas about “ideal” childrearing.

When a child was caught stealing something, without realizing they were actually stealing, they were just taking something they wanted. Nothing really belonged to anybody, speaking of food, for example. A hunter’s harpoon is more or less sacrosanct. You didn’t touch that, it belongs to that guy. It’s taboo to take that away. It’s taking away food from his family. But, let’s say I had a full meal just a few hours before, and this family had nothing to eat all that day. And their parents, my friend’s parents brought home a small piece of dried meat from another household. And I took that small piece that was intended for my friend. Well, my parents would most likely reprimand me. “You already had something to eat – it’s that child’s turn. We’ll get something else for you to eat tomorrow.” That kind of thing. (Salluit, 19 August 1992)

Teasing has been described as an important part of traditional childrearing aimed at establishing interpersonal control and preparing children for uncertainty (Briggs 1970, 1998). In the present study, when asked about it explicitly, however, most informants did not report teasing as an intentional or conscious aspect of childrearing, and many mentioned the emotionally damaging effects of unfair or excessive teasing.

The change in the nature of youth culture was a concern to many people, who viewed it as an intrusion of non-Inuit values through the various media and as a source of suffering for young people and their parents alike. The discrepancy between the lifestyle depicted
in mass media and the roles available in Inuit communities is especially stark for young men. The shift from hunting and a subsistence-based economy to a status hierarchy based on wage earning and the ability to successfully negotiate with local and distant bureaucracies has left many men, young and old, feeling marginalized and ineffective.

For people in the North, there isn’t much work. Only a good person, or positive people who can work well, because we don’t have higher education. We don’t have diplomas. We don’t have certificates. We didn’t have long-term schooling. Because there was no high school in the North. Even though we tried to go to high school down south. People get homesick. People get tired of living down south. Where the drugs and the alcohol are. We miss the nature of our home. But when we get home there’s hardly anything to work for. We try to apply for good jobs, but only the good person can be hired. (Puvirnituq, 30 January 1992)

Conclusion

For a hunting people living in rugged conditions, intimate knowledge of the land, weather, and wildlife was essential to Inuit survival. Despite exposure to North American ideas of individualism and images of the urban landscape, the central importance of the land and animals in Inuit concepts of the person and well-being persist. This is expressed in an ecocentric concept of the person that goes beyond connection to other human persons to include relationships with the land. Health, including mental health, is maintained by opportunities to live on the land and, especially, to eat country food. The association of positive childhood experience, individual autonomy, good food, and cultural continuity with access to the land lends a logic to the ecocentric model of the self and to the healing strategies often employed individually and collectively, whether formally or informally, within Inuit communities today.

In our ethnographic interviews in Nunavik in the 1990s, mental health problems were attributed to four broad classes of causes: (1) physical or organic effects of the environment or human behaviour; (2) psychological or emotional factors related to childrearing, interpersonal relations, and mental functioning; (3) various forms of spirit possession, intrusion, or attack; and (4) rapid culture change and social disadvantage. People readily employed multiple explanations for complex or severe mental health problems. The choice of explanations and their relative emphasis reflecting the area of concern: the personal, familial, sociomoral, or political significance of the individual’s condition.

Congenital problems were widely interpreted as physical disorders linked to accident, to environmental or hereditary influences, and especially to the prenatal care taken by the mother. Maternal drug abuse was most often mentioned as a cause of problems through physical effects prenatally. For childhood problems, the emphasis in causal explanations
shifted to the quality of parenting and the atmosphere in family life. Children who were treated harshly or neglected were seen to grow into adults with mental health problems. There was much diversity, uncertainty, and conflict of opinion over appropriate child-rearing, reflecting the dramatic changes in Inuit lifestyle in recent decades that have rendered traditional methods difficult to apply or sometimes ineffective.

Among adolescents, rapid culture change, lack of educational success and vocational opportunities, drug abuse, and the “youth subculture” were all invoked as explanations for the widely recognized increased prevalence of suicide, depression, and related mental health problems (Kirmayer, Fletcher, and Boothroyd 1998). Depression in adults was more likely to be attributed to loss of parents or significant others, marital conflict and abuse, and childhood emotional neglect and abuse. Verbal and physical abuse was noted as having an especially strong negative impact on children and adults.

Most informants were very “psychologically minded” by the standards of mental health practitioners. In fact, some of the most traditional, least acculturated individuals, who spoke only Inuktitut, offered sensitive accounts of psychological processes underlying emotional suffering and advocated models of childrearing based on the importance of clear communication, expression of love, and empathy for another’s feelings. There was a clear concept of the role of mental processes in well-being and in suffering, articulated in terms of the functions of *isuma* – mind, thought, or rationality. Psychological explanations overlap the moral domain. Bad actions within the family give rise to painful thoughts and feelings that, in turn, may lead to further bad actions in subsequent generations.

A series of ruptures of the order and coherence of traditional life amplified through time have fostered a substrate of social and emotional difficulties today. Whereas in the past the people we now see as mentally ill would have lived their lives within a largely supportive extended family, today they have lost much of the positive support they enjoyed. But they also have recourse to a wide range of healing systems, including biomedicine, and these have been incorporated into common ways of understanding mental health and illness.

Clearly, there are connections between this intercultural dynamic and mental health issues today. For example, Tester and McNicoll (2004) locate the high prevalence of suicide in Inuit communities today within this colonial dynamic and its effects on self-esteem. However, it is simplistic and potentially disempowering to reduce the entirety of abuse, suicide, and suffering to a problem brought by outsiders. Certainly, current dilemmas were set in motion by contact and colonization and were maintained by political policies, economic forces, and bureaucratic and professional practices that have undermined autonomy and fostered dependency. Exclusive focus on these extrinsic forces, however, ignores the ways that communities have become caught in their own self-perpetuating cycles of social suffering. To address these internal problems, communities must take hold of their own direction and work together to create a healthy social environment. To some extent, this requires new ways of thinking about community and collective action. Despite the frequency and severity of mental health problems, there is an ongoing social
ethos of caring, empathy, and concern for others that can provide a solid basis for building social cohesion, collective efficacy, and well-being (Fletcher 2004).

The events of the community-transition period have created conditions far removed from the ethnographically imagined “traditional” Inuit lifestyle. Although we have juxtaposed traditional knowledge and practice and the current confluence of ideas, the dynamic between local and global knowledge demands much closer examination. Current mental health theory and practice have focused mainly on the psychological dynamics of the individual. Even the smaller fields of community psychology and social psychiatry have tended to focus on individuals and communities in urban settings. This suggests two crucial areas in need of further study in the mental health of Inuit and other indigenous peoples. The first concerns the effects of collective disempowerment on social cohesion, on individual and collective distress, and on subsequent social suffering. Within the literature of mental health and cultural psychology, culture change usually has been depicted as an impersonal or purely psychological process, which ignores the issues of power and violence that drive it. The second issue concerns the effects of dislocating people from a highly mobile land-based way of life to a sedentary community-based society. The contribution of sense of place to individual and collective identity, health, and well-being is poorly understood. This is an area where work with Inuit scholars and communities can contribute much both to the development of effective methods of promoting well-being and to the broader project of advancing an ecological psychology and psychiatry that take seriously our relationship to the environment, viewing the landscape not simply as a backdrop to our lives or as something to be exploited but as the webs of connectedness that constitute our very being.

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Notes
1 For more on the history of the Inuit of Nunavik see Saladin d’Anglure (1984), Graburn (1969), and Dorais (1997). See also the discussions of similar changes in Nunavut in Duffy (1988), Matthiasson (1992), Damas (2002), and Kral and Idlout (Chapter 14).
2 The study involved both qualitative ethnographic methods and quantitative analysis of questionnaire data. The research was conducted with full attention to the ethics guidelines available at the time, including those of the Association of Canadian Universities for Northern Studies (1990). In particular, community residents and agencies were involved in the planning and development of the project. The research protocol was approved by the Kativik Regional Board of Health and Social Services, the Council of Physicians, Dentists, Pharmacists and Midwives of the Inuulitsivik Health Center, and the Research Ethics Committee of the Sir Mortimer B. Davis – Jewish General Hospital in Montreal. In addition to this institutional evaluation, the proposal was presented to representatives of the communities’ health committees for their evaluation and approval.
3 Collignon (2006) describes how Inuit place names are part of cultural and historical knowledge and wisdom about the land (“geosophy”) that provide both geographic emplacement and narrative emplotment to individual identities and experiences.

4 **Amautik** is the term for the large hooded parkas that Inuit women use to carry their infants.

5 Unless otherwise noted, all quotations are drawn from interviews with key informants conducted by the authors in Nunavik.

6 According to Vallee, there were no precise terms for mental disorders in Inuktitut. A variety of idiomatic expressions described “relatively benign, commonplace behavior” that was odd, silly, or evidence of stupidity. The nearest word translating “mental illness” is *niaqeriyuq*: “he has an illness of the head” (from *niaq* = head of man or animal). See Schneider (1985): *niaqiliruq* = to have an illness in the head (that causes one to lose one’s balance); *niaqungurow* = he has a headache, which applied to any organic malfunctioning of the head. A related term is *quajimaillituq* (he does not know what he is doing), which however has a more restricted application.

7 Along with other Inuit leaders, Pita Aatami, president of the Makivik Corporation (the Inuit holding company for the James Bay and Northern Quebec Agreement), has commented on the RCMP investigation of the issue frequently. See for example [http://www.cbc.ca/north/story/atami-dogslaughter-11052005.html](http://www.cbc.ca/north/story/atami-dogslaughter-11052005.html) (accessed 3 June 2008).

8 This interpretation would be consistent with Dick’s (1995) re-analysis of episodes of *pibloktoq,* a prototypical “culture-bound syndrome,” which occurred in association with Robert Peary’s expeditions to Greenland (1895-1909). Peary employed the Greenlandic Inuit men to map the land, while their wives served as something akin to “comfort women” for his sailors. Seen in this context, *pibloktoq* seems less a distinctive culture-bound syndrome than a response to exploitation and abuse (see also Waldram 2004, 195-99).

9 There has been a popularization of the notion that people who have been abused are more likely than others to become victimizers. In some cases, this view has stigmatized the abused as potentially dangerous and has led some victims to fear their own future behavior. This mistrust of one’s self may exacerbate the emotional and social difficulties faced by victims of abuse.

10 It is possible that “possession” was used metaphorically in some instances, in much the same way that “crazy” is used in English. However, there is a widely known and accepted etiology of possession linked to behavioural states with clear antecedence in Vallee’s (1966) ethnographic description and in well-documented historical episodes of religious movements (Grant 1997).

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