

PAPER PANEL: PLURALISM, ETHICS, AND NAVIGATING CARE (JOINT-F-6)

MAiD and Mental Illness in Canada: Psychiatric Discourses on Care and Harm

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Since June 2016, federal law in Canada has permitted eligible adults to request medical assistance in dying (MAiD). Until March 2021, however, the law stipulated that only those whose natural death was “reasonably foreseeable” were eligible to access MAiD. At that time, the legislation was changed to permit MAiD for anyone with a “grievous and irremediable medical condition,” including mental illness. For the latter category, however, a two-year delay until March 2023 was instituted, to enable study and implementation of appropriate safeguards and procedures. Following a Parliamentary review and appeals from psychiatrists, the March 2023 deadline for passage of legislation governing MAiD for people with only mental health conditions has been further postponed. Using publicly available sources including testimony at the Senate hearings on this issue, this paper explores debates among psychiatrists and mental healthcare providers on the issue of extending MAiD to those suffering solely from mental illness. While some psychiatrists claim that denial of MAiD for mental illness is paternalistic and discriminates against the mentally ill, others argue that there is a lack of scientific evidence to support the idea that any mental illness is irremediable and that high quality mental healthcare can alleviate suffering, making MAiD unnecessary. Still others point to the vulnerability of people with mental illness and their potential lack of capacity for decision-making, as well as to inequities in access to mental healthcare despite Canada’s publicly funded healthcare system. This paper analyzes these competing discourses and argues that they are rooted in fundamentally opposed ethical and moral interpretations of the nature of care and harm.

Beyond the Frame: Visualizing Recovery Narratives in Kashmir

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Background

Recovery is a complex phenomenon which is contingent on a confluence of socio-cultural and political factors. Despite the growing importance of recovery narratives in addictions research, the context of

substance use recovery in conflict zones remain relatively unexplored. Further, as each conflict zone is different in terms of history, risk factors, actors and socio-cultural milieu, development of local contexts of recovery is essential for providing appropriate mental health services.

Aims

This paper examines the trajectories of substance use recovery in the conflict zone of Kashmir.

Methods

Clinical encounters, qualitative narrative interviews and participant observation conducted with 10 service-users in various drug de-addiction centers across Kashmir form the basis of this visual ethnographic project. The first author has lived experience of caring for a person with substance use disorder which facilitated the co-production of narratives in a few cases. Ethnographic exchanges and one such co-produced recovery narrative is presented in the form of a photo-essay in this paper.

Potential Results

This paper unpacks how within the boundaries of a photographic frame recovery emerges as a contested and divergent space for moral agency and conflict. By prioritizing experiential knowledge of the participants' understanding of addiction, recovery and distress, these ethnographic portraits delve deeper into the 'untellable' narratives of living with recovery in Kashmir.

Discussion/Implications

The co-produced photographs bring forth a transdisciplinary understanding of the complex and multi-faceted nature of recovery narratives as it develops in the interstices of institutional settings and community life in Kashmir, a place that has been dominated by conflict for more than 30 years. This study creates an intersectional corpus of substance use recovery narratives in the politically complex dynamic of Kashmir, while drawing from psychiatry and photography to broaden the understanding through a less explored visual narrative.

Full List of Authors

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Learning Objectives

At the conclusion of this presentation participants will be able to:

1. Interpret the photographs in a subjective manner which will inform the context of addictions recovery in Kashmir
2. Analyze different socio-cultural and localized ways that facilitate or hamper recovery in a conflict zone like Kashmir

Practices That Harm, Practices That Heal - Clinical Ethnographic Studies of Traditional Healing and Mental Health In Cambodia Between 1990-2023

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Background

Cambodia is a Buddhist society evolving since 1979 from Maoist-inspired genocide to Moscow-driven communism to democracy and a neoliberal economy. Cambodians suffering mental distress have traditionally sought out monks, mediums, and traditional healers for ritual interventions. In spite of the growth of western mental health services, the traditional healing sector provides the mainstay of relief from mental suffering.

Aims

The aim is to explore the shifting balance between traditional practices that harm and those that heal. Three interrelated issues are how traditional healing has remained central; adapted to change; and shown evidence of being harmful.

Methods

In more than three decades of clinical ethnographic fieldwork in Cambodia, I have observed many hundreds of healers at work. In this presentation, I draw on clinical examples to provide a perspective on the continuities and changes in these interventions.

Results

Traditional interventions to alleviate mental distress have continued, for the most part with benefits to well-being and social cohesion and with little evidence of harm. Monks or healers could perform a particular intervention, e.g., casting a love charm benevolently to prompt the reconciliation of a marital couple or malevolently, on the other hand, to enchant a patient to succumb to child sexual abuse. Traditional funerary ceremonies help overcome the fear of survivors against attack by death ghosts but during COVID-19, the government-decreed mass cremations deprived grieving families of this protection, and healers are adapting in order to meet this need for remoralisation.

Discussion/Implications

Distinguishing the nuances between helpful-safe and unhelpful-harmful aspects of traditional healing beliefs and practices is salient in the face of intersectional inequality and violence, and in response to crises such as the pandemic.

Learning Objectives

At the conclusion of this presentation participants will be able to:

1. Formulate how to distinguish those traditional healing beliefs and practices that are beneficial from those that are harmful

2. Critically evaluate the manner in which traditional healing systems adapt to contemporary crises (e.g. the pandemic) and to discern the balance between the helpfulness and harmfulness of these adaptations

Religious and Medical Pluralism Among Traditional Healers in Johannesburg, South Africa

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Background

Religion and spirituality are powerful social forces in contemporary South Africa. Traditional Health Practitioners (THPs) are commonly consulted for both spiritual and medical ailments as a first line of care. Many studies have assessed African traditional health seeking behaviors but few have examined beliefs, practices, and behaviors of THPs themselves.

Aims

The goal of the study is to explore the perceptions and practices of THPs with regards to syncretic Christianity as well as Pentecostal beliefs. Additionally, this research aimed to examine pluralism among THP treatments which melded traditional and biomedical approaches.

Methods

Semi-structured in-depth interviews were conducted with 18 THPs in Johannesburg, South Africa between January and May, 2022. Interviews were transcribed and translated into English. Data was managed using NVivo 12 software and thematically analyzed.

Results

The majority of THPs interviewed indicated that initiation as a THP was almost always preceded by a sickness accompanied by dreams/visions that represented an “ancestral calling” to become a healer. Most THPs also trained as both sangomas – who healed according to traditional beliefs – and prophets – who healed according to Christian beliefs. This reflects a syncretic relationship between traditional African beliefs and Christianity. However, not all churches are accepting of traditional beliefs and subsequently these THPs are members only at non-Pentecostal AIC churches who blend both African and Christian practices. Similar to these forms of religious pluralism melding Christianity and traditional beliefs, many THPs also often practice medical pluralism, mixing Western treatments with traditional practices/medicines.

Discussion/Implications

This study sought to explore spiritual worldviews amongst South African THPs. THPs are able to adapt elements of Western and African beliefs into healing practices that span multiple religious and medical fields. Thus, collaborative and decentralized healthcare services would be highly acceptable among such a pluralistic community.

Full List of Authors

Michael Galvin, Lesley Chiwaye, Aneesa Moolla

Learning Objectives

At the conclusion of this presentation participants will be able to:

1. Identify the differences between traditional, non-Pentecostal, and Pentecostal Christian beliefs among traditional healers
2. Observe medical pluralism among the practices of THPs in this context