# THE CHARTER OF QUÉBEC VALUES: A VIEW FROM CULTURAL PSYCHIATRY

**Laurence J. Kirmayer**, M.D. is James McGill Professor and Director of the Division of Social and Transcultural Psychiatry. McGill University. He is Editor-in-Chief of the journal *Transcultural Psychiatry* and directs the Culture & Mental Health Research Unit at the Jewish General Hospital in Montreal, where he conducts research on culturally responsive mental health services, the mental health of Indigenous peoples, and the anthropology of psychiatry. He co-edited the volumes: *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives* (Cambridge University Press); *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (University of British Columbia Press); *Cultural Consultation: Encountering the Other in Mental Health Services* (Springer); and *Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health* (Cambridge, forthcoming). He is a Fellow of the Canadian Academy of Health Sciences.

**Jaswant Guzder**, MD is Head of Child Psychiatry, Director of Childhood Disorders Day Hospital, and senior staff of the Cultural Consultation Service, Jewish General Hospital. She is Associate Professor of Psychiatry in the Divisions of Child Psychiatry and Social and Transcultural Psychiatry, McGill University, Montreal. She co-edited the volume *Cultural Consultation: Encountering the Other in Mental Health Services* (Springer). She is active in clinical training and research in India, Jamaica and other centres and is an artist and a mother.

**Cultural diversity can contribute to mental health. Research demonstrates that familiarity with others can reduce prejudice and that the positive valuation of one's own cultural identity by others can reinforce self-esteem and well-being. Recognition in public institutions is one important dimension of such social recognition. As well, there is evidence that systematic recognition of cultural and religious identity in health services contributes to improved care. The presence of clinicians from diverse backgrounds in the health care system is an essential resource to improve the accessibility, appropriateness and effectiveness of health care. In addition to undermining fundamental human rights, therefore, the proposed Québec Charter of Values may negatively affect the health of minority groups as well as impeding their access to safe, equitable, and effective health care.**

The current proposal by the Parti Québécois for a Charter of Québec Values raises key questions about the direction of our society. Despite the claim that they will foster an egalitarian society, we believe that the Charter proposals are profoundly misguided for many reasons. By restricting expression of religious identity in public institutions, the Charter will undermine basic human rights of freedom of expression of religion and culture. Although respect for human rights is the most fundamental issue, and sufficient reason for rejecting the Charter, this paper briefly reviews evidence from cultural psychiatry, psychology and social sciences that suggests that the Charter will have negative effects on mental health, well-being and social integration (Kirmayer, 2012).

Given that certain symbols, items of clothing, and modes of dress are central to everyday religious practice in many tradi-

tions, their use in public settings is protected by human rights charters and legislation. However, in addition to the fundamental right to practice one's religion, there are important considerations for the Charter that stem from social science research on identity, integration and mental health. Specifically, the Charter and its proponents ignore the following relevant facts:

> • Cultural, religious, spiritual and moral values, traditions, identities and practices play an important role in individual and collective mental health, resilience and well-being;
>
> • Some of the benefits of cultural and religious identity and practice come from their positive public recognition, acceptance, and valorization;
>
> • Lack of familiarity with particular groups or identities may lead to increased stereotyping and discrimination;
>
> • On the other hand, stereotyping and discrimination are reduced with greater exposure to minorities, especially when they occupy positions of trust, power and authority in public institutions;
>
> • Health care services and the clinical encounter are important arenas where people get to know about others' identities and traditions and develop a measure of trust and mutual understanding;
>
> • Diversity within the healthcare workforce can improve accessibility and quality of care for minorities and increase acceptance of minorities and of diversity within the larger society. (Kirmayer, Guzder, & Rousseau, 2014)

## CULTURAL DIVERSITY AND MENTAL HEALTH

Language, religion, ethnicity and other aspects of cultural background are potential sources of strength, resilience and belonging (Carpentier & de la Sablonniere, 2013; Umana-Taylor, 2011). There is evidence that practicing religion or other spiritual or moral traditions can contribute to better mental health, perhaps because it provides a supportive community and a worldview that provides meaning to adversity, and positive values to orient one's life (Jarvis et al., 2005; Green & Elliot, 2010; Koenig, 2009). The positive effects of cultural identity also come from recognition and respect by others, which is necessary to guide equitable sharing and redistribution of resources (Fraser & Honneth, 2003; Licata, Sanchez-Mazas & Green, 2011). To promote mental health, therefore, we need to actively engage others in ways that respect their backgrounds.

There is much research documenting the role of ethnic enclaves as a buffer against the negative effects of prejudice and discrimination in the larger society (Jurcik et al., 2013). Such discrimination has been shown to have effects on the mental health of migrants, with increases in the prevalence of major mental health problems as well as more common forms of emotional distress (Bosqui, Hoy & Shannon, 2013; Hassan, Rousseau & Moreau, 2013; Shaw et al., 2012). This is particularly important in the development of children and adolescents. Studies of immigrant, refugee and ethnic minority children indicate that exclusionary practices in a society increase the risk of difficulties in school as well as physical and mental health problems (e.g. Huynh & Fuligni, 2010; Ruiz-Casares et al., 2014). Allowing members of ethnocultural and religious minority groups to participate fully in public institutions is an important pathway toward their health and vitality and their ultimate integration into a society that aims not at homogeneity but a rich and lively diversity.

We all seek a balance between the comfort and familiarity of sameness and the vibrancy and stimulation of diversity (Kirmayer, 2011a). But lack of exposure to others leads to unfamiliarity, and unfamiliarity breeds stereotypes, prejudice and mistrust. Those who live in highly diverse urban settings like our large cities are more likely to become comfortable with diversity and see it as a source of strength and creativity. People who live in settings where they have little exposure to diversity may find others from different backgrounds strange and the whole idea of diversity challenging or even threatening. Rather than exploiting the stereotypes and prejudice that come from lack of familiarity, then, we need more education and exposure to diversity to actively promote mutual understanding and acceptance.

## NEUTRALITY AS A VEIL FOR DISCRIMINATION

Under the banner of secularism and neutrality, the proposed Charter launches an attack on minorities and on the very idea of diversity in society. Neutrality — in the sense of equity, fairness, openness and even-handed recognition — does not depend on ignoring difference or insisting that individuals hide their identities. On the contrary, it means recognizing people for who they are and insuring they have the same opportunities, agency, voice and presence in public institutions as others, regardless of their identity (Kirmayer, 2012).

Over 82% of the Québec population identify as Christian; another 12% declare no religion. Those with non-Christian religious affiliations constitute a small minority of less than 6% and it is these groups that are explicitly targeted in the Charter. It is striking that this small minority is viewed as a threat to the integrity of Québec society. This seems to be an example of what has been called the "fear of small numbers," in which a dominant group frames itself as threate-

ned and besieged in order to justify restrictions on minorities (Appadurai, 2006).

Given the nature of religious practice, exclusion of symbols from public institutions will also mean the exclusion of certain individuals and traditions. This is, of course, not an accidental byproduct of the Charter but central to its significance. Although presented as liberating, in fact, the Charter is most restrictive of those for whom a particular style of dress is part of their daily observance of religion or spirituality. This process of exclusion will diminish the integrity of Québec society.

Tolerance, mutual understanding and respect come from dialogue with others. Public displays of religious affiliation are affirmations of personal and communal identities and values from which we all can learn. Excluding personal expressions of culture, religion, and spirituality by employees working in public institutions will prevent people from learning about each other and will lead to greater stereotyping, discrimination and social exclusion. The Charter will thus undermine efforts to build a tolerant and inclusive society and will increase ethnic conflict both at home and abroad. It is a major step backward in the effort to build a pluralistic society committed to human rights.

## THE POLITICS OF DIVISION: MAKING A RELIGION OF SECULARISM

The thinking behind the Charter is a throwback to an earlier time when racism, anti-Semitism and discrimination against minorities were features of everyday life in Québec — as they also were elsewhere in Canada (Satzewich, 2011). Both Anglophone and Francophone institutions participated in this intolerance. Indeed, the Jewish General Hospital, where both of the authors work, was built in the 1930s because of systematic discrimination at major academic and health care institutions in Montreal.

Given this history, and the francophone experience as a minority in the larger North American context, Québec politicians should have a good understanding of the importance of recognition and respect for collective identity and well-being. But there are particular features of Québec history that have led to some difficulties appreciating the experience of local ethnic, religious and linguistic minorities. Memories of the colonial history of Québec and the injustices of Anglophone domination, in particular, seem to hamper awareness of the impact of the Charter — or else are used to justify its evident repression and exclusion of minorities. As Joppke (2008) points out, attitudes toward the veil are mirrors of identity of the larger society that is moved to enact restrictive legislation.

Québec society had a long history of domination by the Catholic Church and, from the 1950s, many steps were taken to diminish the role of the church in everyday life. Only a few decades ago, nuns in habits were a common sight on the street and religious values suffused everyday life. In fact, despite efforts to secularize, Québec remains a society profoundly shaped by Catholicism. The role that this history plays in current debates is seen by the frequency that those seeking to justify the suppression of other traditions refer in positive ways to this recent experience of throwing off the oppression of the Church. Unfortunately, in making this connection, they assume that this very specific local experience provides insight into the meaning of religious institutions for people from very different backgrounds. For example, the framers of the Charter mistakenly view the religious clothing and symbols of other traditions, such as the Sikh turban or Jewish kippah, as analogous to Christian symbols like the nun's habit or the cross. In fact, the meaning and purpose of such clothing for the wearer and for others varies widely across traditions.

Arguments from Québec's past have been transposed to interpret a very different current reality rooted in the dynamics of global migration and growing hybridity. The solutions that seemed to have worked for an earlier dilemma will certainly not have the same impact on this entirely different situation. Interestingly, our own research with francophone Québecois found that many who thought of themselves as secular, nevertheless turned to religion or spirituality to cope with serious illness (Groleau, Whitley, Lesperance, & Kirmayer, 2008). Hence, the self-depiction of Québec as a secular state ignores the experiential reality of many of its "old stock" members. It is hard to see how ignoring or suppressing this reality will contribute to open, welcoming attitudes toward others with their own religious and spiritual commitments.

In the last 50 years, we have made real strides in moving beyond the history of discrimination in public institutions, including schools, hospitals, social services, police and the courts. Now, the Charter proposal is sowing the seeds of dissension by proposing a policy that violates fundamental human rights and creates an environment openly hostile to minorities. Freedom to practice one's religion and other aspects of culture are fundamental human rights and integral the mental health of individuals and communities (Kirmayer, 2012). The current effort to limit religious freedoms has capitalized on global anxieties about the "Other" — usually framed as someone from Muslim or other non-Christian background. There is evidence that such political manipulation of fear and mistrust has had negative impacts on the security and well-being of many minorities as well as the population as a whole (Rousseau et al., 2011).

Confronted with the obvious irony of exempting the large Christian crosses in the legislature, on Mont Royal, and on the Québec flag, advocates insist these are essential parts of Québec's historical patrimony—and not strictly religious. This view fails to comprehend the meaning and message of these symbols to those who are not Christian. These exemptions also

perpetrate a very selective view of history that ignores the centrality of First Nations peoples and the contributions of many other immigrant groups. Aboriginal peoples had their traditions undermined and suppressed by government policies and have struggled long and hard to regain and revitalize their own spirituality. Indeed, honouring their history and traditions with prominent symbols in public institutions would be an important acknowledgement of our collective history (Saul, 2008).

From an Indigenous perspective, images of co-existence emphasize not integration or assimilation but mutual tolerance and respect, in which Indigenous peoples and Euro-Canadians move along toward a shared future along their separate paths. For Iroquois, this is symbolized by the wampum belt with two parallel rows (representing two paths or vessels, two nations, etc.) and three beads representing peace, respect, and friendship bridging the rows (Kirmayer, et al., 2011). The message is clear: "Peaceful coexistence among conflicting voices is possible, but only from within a dialogical relationship" (Turner, 2006, p. 85).

The citizens of Québec come from many different backgrounds. Many minority groups have been here for generations and rightfully expect to have their values and traditions fully represented and respected in mainstream public institutions. For some, religion or spirituality are key aspects of what constitutes them as individuals and as a community. Other newcomers have come here fleeing persecution in their countries of origin. All have chosen Québec because they see it as a society that is committed to values of equality and mutual respect. Honouring these values requires not just toleration of others but active recognition and engagement with diversity, giving others a place in all of our institutions.

## PLURALISM, MULTICULTURALISM AND DIVERSITY IN CIVIL SOCIETY

In the discussion of the Charter, Premier Pauline Marois made some misleading statements about the negative effects of multiculturalism in the UK and has implied that French republicanism avoids these pitfalls. In fact, these claims have little basis in reality. The UK is not rife with ethnic conflict and France certainly is not free of it. Many have critiqued the way that the French ideology of republicanism has worked to marginalize, silence and exclude minorities (Ben Jalloun & Bray, 1999; Joppke, 2008).

The Commission for a Multi-Ethnic Britain, report, *The Future of Multi-Ethnic Britain* advanced the ideal of a "community of communities" and of individuals undergirded by a strong human rights framework (Modood, 2007). While "ethnicity" has been institutionally marginalized or politically distained as a source of inter-group conflict on much of the European mainland, Britain has enjoyed a measure of ethnic assertiveness that includes promoting "positive" images that challenge longstanding stereotypes (Kivisto, 2002).

In reality, though, it is Canada —and Québec— that have been among the most positive examples of successful pluralism, advancing the ideal of creating societies inclusive of diversity. Multiculturalism, which the Québec government rejects as a political policy, actively supports diversity as a source of collective strength and shared identity (Kivisto, 2002; Kymlicka, 2007). Although the metaphor of interculturalism, which the Québec government favours, would seem to imply a symmetrical relationship —with an equal exchange between two cultures— in its application by the Parti Québecois, *interculturalisme* appears to be coded language for the re-enactment of systems of domination, marginalization and exclusion. The fear of losing one's own identity stands in the way of deeper exchange, power sharing, and mutual transformation through encounters with the cultural other.

Despite criticism of multiculturalism, there is evidence that it has promoted social integration and well-being (Beiser, 2009; Bloemraad, 2006). Though many have proclaimed the death of multiculturalism, it is fairer to describe it as an unfinished project (Ryan, 2011). Multiculturalism, genuine interculturalism, and other inclusive approaches to pluralism need encouragement and consistent support through education and social policy.

In its mental health strategy, the Mental Health Commission of Canada (2012) noted the importance of developing a health care system that is culturally safe. Cultural safety, in this context, comes from recognizing colonial histories and systems of racialized identity and discrimination that have oppressed Indigenous peoples and many minority groups in Canada since its inception. Only by recognizing this history, and actively supporting the inclusion of minorities at the center of our public institutions can we redress this historical inequity.

Culturally competent mental health care provides an opportunity to advance this project, by respecting the nature of individuals' cultural backgrounds and identities in the clinical encounter (Kirmayer, 2011a,b). There is evidence that systematic recognition of cultural and religious identity in health services contributes to improved care. The presence of clinicians from diverse backgrounds in the health care system is an essential resource to improve the accessibility, appropriateness and effectiveness of health care. For many from minority communities, having a clear presence among professionals in health care institutions and other public settings is a source of comfort and trust as well as an acknowledgement of the openness and inclusiveness of our society.

In fact, new waves of migration to Québec will lead to even greater diversity, changing the nature of our culture and community. We need to respond to this inevitable process of culture change by dialogue rather than political repression, promoting a vision of pluralism and unity in diversity, rather

than ethnic nationalism. Far from leading to divisiveness, dialogue and engagement with others, learning about their traditions and living together, can strengthen the social fabric so that we all benefit from the rich tapestry of diversity (Meyer & Brysac, 2012). Respecting each other — not simply for our common humanity but precisely for our uniqueness — is the way to build a healthy, strong and creative society. Diversity itself is a value that must take a place beside our commitments to insuring basic freedoms, equality, and human dignity.

## REFERENCES


APPADURAI, A. (2006). Fear of small numbers: an essay on the geography of anger. Durham: Duke University Press.

BEISER, M. (2009). Resettling refugees and safeguarding their mental health: lessons learned from the Canadian Refugee Resettlement Project. Transcultural Psychiatry, 46(4), 539-583.

BEN JELLOUN, T., & BRAY, B. (1999). French hospitality: Racism and North African immigrants. New York: Columbia University Press.

BLOEMRAAD, I. (2006). Becoming a citizen: incorporating immigrants and refugees in the United States and Canada. Berkeley: University of California Press.

BOSQUI, T. J., HOY, K., & SHANNON, C. (2013). A systematic review and meta-analysis of the ethnic density effect in psychotic disorders. Social Psychiatry and Psychiatric Epidemiology, 1-11.

CARPENTIER, J., & DE LA SABLONNIERE, R. (2013). Identity profiles and well-being of multicultural immigrants: the case of canadian immigrants living in Québec. Frontiers in Psychology, 4, 80. doi: 10.3389/fpsyg.2013.00080

FRASER, N., & HONNETH, A. (2003). Redistribution or recognition?: a political-philosophical exchange. London: Verso.

GROLEAU, D., WHITLEY, R., LESPERANCE, F., & KIRMAYER, L. J. (2010). Spiritual reconfigurations of self after a myocardial infarction: Influence of culture and place. Health & Place, 16(5), 853-860.

HASSAN, G., ROUSSEAU, C., & MOREAU, N. (2013). Ethnic and religious discrimination: The multifaceted role of religiosity and collective self-esteem. Transcultural Psychiatry, 50(4), 475-492.

HUYNH, V. W., & FULIGNI, A. J. (2010). Discrimination hurts: The academic, psychological, and physical well-being of adolescents. Journal of Research on Adolescence, 20(4), 916-941.

GREEN, M., & ELLIOTT, M. (2010). Religion, health, and psychological well-being. Journal of Religion and Health, 49(2), 149-163.

JARVIS, G. E., KIRMAYER, L. J., WEINFELD, M., & LASRY, J. C. (2005). Religious practice and psychological distress: the importance of gender, ethnicity and immigrant status. Transcultural Psychiatry, 42(4), 657-675.

JOPPKE, C. (2009). Veil: Mirror of Identity. Cambridge: Polity.

JURCIK, T., AHMED, R., YAKOBOV, E., SOLOPIEIEVA JURCIKOVA, I., & RYDER, A. G. (2013). Understanding the role of the ethnic density effect: issues of acculturation, discrimination and social support. Journal of Community Psychology, 41(6), 662-678.

KIRMAYER, L. J. (2011a). Les politiques de l'altérité dans la rencontre clinique. L'Autre : Cliniques, Cultures et Sociétés, 12(1), 16-29.

KIRMAYER, L. J. (2011b). Multicultural medicine and the politics of recognition. Journal of Medicine and Philosophy, 36(4), 410-423.

KIRMAYER, L. J. (2012). Culture and context in human rights. In M. Dudley, D. Silove & F. Gale (Eds.), Mental Health and Human Rights: Vision, Praxis and Courage (pp. 95-112). Oxford: Oxford University Press.

KIRMAYER, L. J., DANDENEAU, S., MARSHALL, E., PHILLIPS, M. K., & WILLIAMSON, K. J. (2011). Rethinking resilience from indigenous perspectives. Canadian Journal of Psychiatry, 56(2), 84-91.

KIRMAYER L. J., GUZDER, J., & ROUSSEAU, C. (Eds.). (2014). Cultural Consultation: Encountering the Other in Mental Health Care. New York: Springer.

KIVISTO, P. (2002). Multiculturalism in a global society. Oxford, UK: Blackwell Pub.

KOENIG, H. G. (2009). Research on religion, spirituality, and mental health: A review. Canadian Journal of Psychiatry, 54(5), 283-291.

KYMLICKA, W. (2007). Multicultural odysseys: navigating the new international politics of diversity. New York: Oxford University Press.

LICATA, L., SANCHEZ-MAZAS, M., & GREEN, E. G. T. (2011). Identity, immigration, and prejudice in Europe: A recognition approach. In S. J. Schwartz, K. Luyckx & V. L. Vignoles (Eds.), Handbook of Identity Theory and Research (pp. 895-916). New York: Springer.

MENTAL HEALTH COMMISSION OF CANADA. (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Ottawa: Mental Health Commission of Canada.

MEYER, K. E., & BRYSAC, S. B. (2012). Pax ethnica: where and how diversity succeeds. New York: PublicAffairs.

MODOOD, T. (2007). Multiculturalism. Cambridge, UK: Polity.

ROUSSEAU, C., HASSAN, G., MOREAU, N., & THOMBS, B. D. (2011). Perceived discrimination and its association with psychological distress among newly arrived immigrants before and after September 11, 2001. American Journal of Public Health, 101(5), 909-915.

RUIZ-CASARES, M., GUZDER, J., ROUSSEAU, C., & KIRMAYER, L. J. (2014). Cultural roots of well-being and resilience in child mental health. In A. Ben Arieh, I. Frones, F. Casas & J. Korbin (Eds.), Handbook of Child Well-Being (pp. 2379-2407). New York: Springer.

RYAN, P. (2010). Multiculturalism. Toronto: University of Toronto Press.

SATZEWICH, V. (2011). Racism in Canada. Don Mills: Oxford University Press.

SAUL, J. R. (2008). A Fair Country: Telling Truths About Canada. Toronto: Viking Canada.

SHAW, R. J., ATKIN, K., BECARES, L., ALBOR, C. B., STAFFORD, M., KIERNAN, K. E., PICKETT, K. E. (2012). Impact of ethnic density on adult mental disorders: narrative review. British Journal of Psychiatry, 201(1), 11-19.

TURNER, D. A. (2006). This is not a peace pipe: towards a critical indigenous philosophy. Toronto: University of Toronto Press.

UMANA-TAYLOR, A. J. (2011). Ethnic identity. In S. J. Schwartz, K. Luyckx & V. L. Vignoles (Eds.), Handbook of Identity Theory and Research (pp. 791-809). New York: Springer.