**Isumagijaksaq**: mindful of the state: social constructions of Inuit suicide

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**Abstract**

Inuit suicide is the most significant mental health issue in the newly created Nunavut Territory of Canada’s eastern Arctic. Suicide rates in Nunavut are 6 times those of Canada’s southern provinces. Consistent with other Canadian populations, males aged 15–29 years of age are most at risk.

Various social constructions have been used to make sense of Inuit suicide, a phenomenon of historical interest to anthropologists, who popularized the idea of elderly Inuit voluntarily abandoning their lives to the elements so as not to burden their surviving relatives. An examination of the literature and research dealing with Inuit suicide suggests that three typologies have typically been used to explain the problem: organic or quasi-organic explanations, social explanations involving concepts of social change and social disruption, and socio-psychological models of two types; a risk assessment approach focusing on the circumstances surrounding the deceased or the person with suicidal thoughts and another dealing with norms, values, thought processes and relationships within Inuit culture.

We argue that these approaches offer incomplete explanations of the current problem. Attempts to complete the picture by identifying risk factors have produced contradictory and unsatisfactory results. We conclude that the impact of colonial relations of ruling has much to do with the current problem and advocate an approach that combines narrative research and intergenerational communication with community action to address the problem. Low Inuit inuusittiaqarniq (self-esteem) is an important factor in Inuit suicide, but rather than a psychological problem, has its roots in a history of colonialism, paternalism and historical events.

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**Introduction**

The most intractable problem confronting the government of Nunavut in the Canadian eastern Arctic is a suicide rate that, particularly among young Inuit males, is among the highest in the world. This paper examines social constructions dominating investigations of suicide in the Canadian Arctic with reference to the literature on suicide among North American Aboriginal people. We argue that examining colonial relations of ruling, intersecting with the autonomy afforded Inuit youth, is essential to understanding the contemporary problem of young Inuit suicide. Colonial relations of ruling refer to the institutions, social relations and communication styles, as well as the content of communication, associated with the imposition by the dominant Canadian culture of “ways of knowing and of doing things”. These stand in sharp distinction to Inuit traditional knowledge and practices. Models attempting to explain Inuit suicide need to be critically examined for ways in which they embody the same logic and historical relations to power that help explain the contemporary problem.

**The problem**

The extent of Inuit suicide was recently documented in a report prepared for the former Baffin Regional Health and Social Services Board (Linn, 1999). The rate in the area comprising the former Northwest Territories...
(N.W.T.) was 6 times greater than southern Canada. The Baffin Region of what is now Nunavut Territory (N.T.) had the highest male rate at 133.9/100,000, and the highest female suicide rate at 47.1/100,000. Inuit accounted for 87% of all suicides within the area comprising the former N.W.T. A 12-year analysis reveals that suicide rates in N.T. have risen, and that rates in what was formerly the western part of the N.W.T. have declined. Rates in N.T. have risen dramatically from 48.7/100,000 (1985–1987) to 66.7 in the following 4 years, 75.1 (1991–1993) and 85.5/100,000 from 1994 to 1996.

Even more dramatic increases have been reported for Greenland where rates rose, commencing in the 1960s, from 9.4/100,000 to 114.1/100,000 by 1986. Young men 15–24 years of age experienced the highest rates. Rates among Inuit in Nunavik (Arctic Québec) increased from 5.2 in the period 1944–68 to 80/100,000 in 1979–83 (Thorsland, 1990a). Research reveals that 34% of Inuit youth in Nunavik, 14–25 years of age, reported an attempt at suicide (Kirmayer, Malus, & Boothroyd, 1996). In Labrador, for young people 15–24 years of age, the suicide rate was as high as 295/100,000 between 1979 and 1983 (Wotton, 1985). Aggregated rates for all indigenous people in the State of Alaska put the rate at 69/100,000 in 1989, a 500% increase since 1960 (Brems, 1996). Travis (1990) reports a rate of 90.8/100,000 in the early 1980s for the Inupiat. Other studies conclude that suicide among Alaskan Native people is seriously under reported (Hlady & Middaugh, 1988). Seen in light of historical data, the rate for young Baffin Inuit males of 133.9/100,000 reported by Linn (1999) is extremely high.¹

Numerous reports establish that Inuit suicide is a problem especially among young people (Boyer, Dufour, Prévillé, & Bujold-Brown, 1994; Kirmayer, Malus, & Delage, 1993). The most recent data on suicides in the N.W.T. (including what is now Nunavut Territory) show that not only are areas of the Arctic inhabited predominantly by Inuit experiencing the highest annual rates (Fig. 1), the problem among Inuit youth is severe (Fig. 2). The data suggest the importance of understanding cluster suicides. The Nunavik rate reported for 1982–86 was 28.6/100,000, increasing to 80/100,000 for the period 1987–91, due to a cluster of 10 suicides occurring in 1991 (Kirmayer et al., 1993).

The rate of attempted suicide in the Inuit population of Nunavik is also high. A Santé Québec study (Boyer et al., 1994) reported that among young people 15–24 years of age, the attempted or parasuicide rate for males was 27.6% and for females, 25.3%.

Furthermore, 12% of Inuit declared having seriously considered committing suicide and 14% reported having attempted suicide during their lifetimes. Parasuicides among Inuit were 3.5 times more prevalent than among the Québec population as a whole. The higher rate at which suicidal thoughts were reported by females (17.1% for women, 15–24; 5.1% for males, 15–24) does not imply that young Inuit women are more vulnerable to suicide. Disclosure is likely more common for Inuit females than males, while males are more successful at committing the act. Young, Moffatt, O’Neil, Thika, and Mirdad (1995) reported, in a study done with the Keewatin Regional Health Board, that 18% of all respondents reported they had planned or attempted to commit suicide. They reported a male:female ratio of 1:3, the reverse of what is true for completed suicides. This is consistent with the general observations of the Nunavik study noted above.

Some evidence suggests that rates of suicide among young males have been high throughout the modern

¹Suicide data for Inuit populations must be interpreted keeping in mind the relatively small size of the populations involved [the Inuit population of Nunavut was (2001) 26,745]. Furthermore, cluster suicides can result in considerable differences in the rates reported on a year-to-year basis.
period. A study examining the decade between 1970 and 1980 calculated an average annual age specific rate for the entire Northwest Territories in the age group of 15–24 years at 120/100,000 (Rogers, 1982). While the contemporary young Inuit male rate, previously cited, is high and the aggregated data for the former N.W.T. shows a much lower overall rate, what is of historical significance is that commencing in the early 1970s, the rate for the N.W.T. rises significantly compared to national rates (Fig. 3).

The historically important observations of Balikci suggest that at least among the Netsilingmuit, suicide was not a phenomenon confined to the elderly (Balikci, 1970). While his data is limited and poorly defined, Balicki’s observations suggest that traditionally, suicide may have been spread across all Inuit age categories. Current rates for elderly Inuit of Nunavut parallel Canada as a whole (Isaacs, Keogh, Menard, & Hockin, 1998, (Fig. 1); Statistics Canada, 2002). Isaacs et al. put the Inuit rate for those 60 and over at about 12/100,000 for the period 1986–1996. The rate for Canadians 65 years and over was 12.4/100,000 in 1997. It may be the case that suicide among elderly Inuit, contrary to popular belief, was no more common that among younger Inuit. The data to prove otherwise do not exist. The dramatic images of elderly Inuit turning themselves out into the snow to die so as not to be a burden on others has likely coloured understanding, not only of elder suicide, but of Inuit suicide in general. As a social construction it may reflect the extent to which the harshness of the Arctic environment impressed itself upon Qallunaat observers. Rather than ending their lives because it was too demanding to live as a “burden”, the motive was more likely genuinely altruistic.

Only the elders used to do away with themselves. When they felt they were no longer able, then they would do away with themselves, they did this by walking on the land. They felt children and youth should have more food (Irniq, 2002).

Balikci’s observations suggest an annual rate for the Netsilingmuit in the period 1930–1970, of 250/100,000 [based on his report of “an average of one suicide every year and a half in a population of fewer than three hundred individuals” (1970, p. 163)]. A bimodal distribution of high rates (suggested by comparing Balicki’s data with trends noted above) raises interesting questions about motives. Balikci, in his general discussion of Inuit suicide, cites the “major socio-economic changes taking place among the Netsilingmuit during the first half of this century” (1970, p. 168), but in doing so, retreats to social disorganization—a structural/functional explanation. He conforms to Durkheim’s notion of egoistic suicide. But other explanations are possible. “I’m not going to live like this!” “I don’t care what you think! You can’t do this (separate someone from family) to me!” “To hell with your ideas. I’m not going to play by your (colonial) rules!”, etc. Suicide can be understood as an act of resistance and defiance.

Balikci, while noting the presence of considerable culture change, fails to integrate it with his observations on colonial relations of ruling, changing forms of production and of social re-organization. For Balikci and others, the problem of suicide is with the colonized, not the colonizer. Suicide reflects a failure to adapt to changing circumstances.

How might we explain a decline in the rate of suicide paralleling the historical period of the move to settlements and a subsequent increase in the rate among young people? It may be that cultural theories have something to say about the historically high rate. It may also be that subsequently, the impact of colonial relations was momentarily replaced by some measure of hope as Inuit moved to settlements, and as life, initially, appeared to benefit from the warmth of a permanent dwelling, access to medical and other forms of care, etc. It may also be the case that what followed (the shooting by the Royal Canadian Mounted Police of sled dogs, children sent to boarding schools in Frobisher Bay or Chesterfield Inlet, etc.) and the realities of being monitored and controlled within the confines of settlement life, took its toll. And this in turn has taken a toll on the children of those who made the transition from qarmaq, tents and igloos, to settlement living. This suggests, among other things, the likelihood of parenting problems originating in colonial relations of ruling and that, in turn, are being passed from generation to generation, reflected in the rising rate of youth suicide in the 1970s, 1980s and 1990s.

This, of course, assumes that Balikci’s observations for the Netsilingmuit can be generalized to other Inuit. These are anecdotal and based on a small population group. They should therefore be treated with some caution.

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2Inuktitut for a person of other than Inuit origin, but more commonly used to designate Caucasian people of western European origin.
The literature

A review of the literature dealing with Inuit and Aboriginal suicide in North America reveals explanations that typically fall into one or more of a number of categories. It is these approaches that Kirmayer et al. (1994) attempt to integrate in a model produced for the Royal Commission (1994). These include medical (organic or quasi-organic), social, and socio-psychological explanations. Our use of these terms parallels those employed by Shneidman (2001). Like Shneidman, we identify a genetic or biological approach that we have labelled “organic or quasi-organic” and a sociological approach that includes demographic research as well as anthropological and social explorations. Finally, we use the label “socio-psychological” in place of Shneidman’s “psychological approach”, identifying this category primarily with the assessment of risk that has emerged in the past decade as a major focus of suicidology. Some publications fall into more than one of these three categories, while a dominant theme or explanation is often evident. Social explanations typically focus on disruptions caused by the experience of modernization. Socio-psychological reasons, while relating to the experience of modernization, tend to focus on the feelings, emotions or “states of mind”, and most importantly, the social and personal circumstances of those committing, attempting or contemplating suicide. These circumstances include the presence of alcohol, drugs, sexual abuse, school truancy, a broken relationship, and many others.

Some research and writing is very comprehensive and attempts to integrate different perspectives. It casts a wide net in advancing actions to address the problem (Kirmayer, Fletcher, & Boothroyd, 1998b). However, even where social and community approaches to suicide prevention are advanced, the language used to articulate the problem is often that of social disruption. For example: “Of greatest importance, the effects of rapid social, cultural, and economic change on Inuit peoples in the Canadian north have contributed to the increasing rates of destructive behaviour through their impact on personal and community identity and sense of wellness” (Kirmayer et al., 1998a,b). It is the exact nature of the “contribution” that is the focus on this paper, as well as implications for how the problem is articulated and addressed.

We were able to identify few exceptions to the discourse of disruption within a sociological analytical framework. Writing in Anthropology and Epidemiology, John O’Neil (1996) of the University of Manitoba discusses Inuit suicide in the context of the anthropology of colonialism. Rather than retreating to what ultimately are notions of personal failure, O’Neil introduces the concept of colonial stress and a “processual and interactionist approach ... (that) must replace the structural-functional bias that prevails in most epidemiological and medical anthropological studies” (O’Neil, 1986, p. 250). Sullivan and Brems (1997) also examine social and cultural oppression in a detailed and thought-provoking discussion of colonial relations of ruling and their impact on the mental health of the Alaskan Yupik. After reviewing these options for understanding Inuit suicide, we return to questions of concept and language, building upon O’Neil’s notion of colonial stress.

Not all Inuit suicide research is empirical, but much of it attempts to correlate suicide with a number of variables. This research fits with the most contemporary approach to understanding public health problems; that of predicting risk and developing from the results, what has become known as “evidence-based practice”. This research, involving instrument development, surveys in remote communities, considerable fieldwork and data processing, is expensive. The results are also contradictory. Furthermore, the attempt to identify risk factors is anything but neutral and has potentially significant social implications. Lupton (1995) points out that: “The discourses of risk and testing serve to cast certain individuals and groups as dangerous, either to themselves or others based on apparently objective medical and epidemiological classifications derived from the statistical principles. The categorization of which risks are deemed to be external and which internal, influences the moral judgements made about blame and responsibility for placing health in jeopardy” (p. 105). The articles discussed below are illustrative—and by no means exhaustive—of these assumptions and methods.

The organic/quasi-organic model

A paper published in 1976 by psychiatrist H.M. Sampath (1976), “Modernity, social structure, and mental health of Eskimos in the Canadian eastern Arctic”, illustrates the social construction of Inuit within the medical model. Sampath interviewed 214 Inuit in a south Baffin community, using a health opinion survey and the American Psychological Association’s DSM II. By these criteria he claims to have found that 80 of those interviewed had a diagnosable disorder. He calculated the incidence of schizophrenia at 28/1000 and psychoses at 46/1000, attributing the rates to “genetic inbreeding” but also blaming overcrowding and poverty for the high incidence of schizophrenia. The rate he calculated for neurotic disorders was 116/1000 compared to North American standards of 52/1000. He claimed that female neurotics outnumbered male neurotics by three to one.

The author’s conclusion was that “stress of adjustment” was the problem and that it was experienced primarily by older women. Despite a reference to social considerations, the author’s explanations are
quasi-organic. He notes that the most stressful area in the social structural field appeared to be male–female relationships. He suggested that Eskimo women preferred white men and Inuit males were subsequently resentful. They expressed their feelings by physically abusing Inuit women. He refers to settlement life as a “castrating factor”, notes that the older men (45–54) are “promiscuous” and claims they are “acting out” their feelings toward their menopausal wives. The cultural and gender biases in this social construction are extreme. The historical experiences of Inuit who were interviewed were not part of the study.

In a study of Alaska Native suicides, Robert Travis returns to the same quasi-organic theme, attempting to use empirical methods to establish that “psychic terror” brought on by social isolation lies behind many suicides and that this constitutes a form of mental illness (Travis, 1990). He cites studies concluding that about 56% of suicides are alcoholics, manic-depressives or schizophrenics (p. 240). Paradoxically, his approach—correlating social circumstances with the act of suicide—serves little purpose in addressing his basic argument. The question of whether feelings can explain behaviour is epistemological, and not conducive to resolution by empirical method.

Consistent with a risk reduction approach, Travis uses a statistical analysis to identify factors correlated with the act of suicide. He concludes that being male, under 30 years of age, never married, and unemployed are the strongest indicators, with “being on vacation”—certainly a non-Aboriginal concept—or in a new community, also being significant factors. From this he draws conclusions about the importance of social isolation, but has to make assumptions about accompanying feelings, as he has no interview data with Alaskan Aboriginal people who contemplated or attempted suicide.

A recent example in this tradition, although not focussed on Aboriginal suicide, is a paper “Psychological Vulnerability to Completed Suicide: A Review of Empirical Studies” in which the authors employ the concept of “psychological vulnerability”, arguably a synonym for “personality trait”, that they suggest may have neurobiological origins (Conner, Duberstein, Conwell, Seidlitz, & Ciane, 2001). The impulsive/aggressive behaviour they identify with a common profile for those most at risk is attributed to a possible problem with serotonin function in the central nervous system (p. 375).

Organic and quasi-organic models leave unanswered questions about the circumstances leading to the so-called neurosis, psychosis, “psychic terror”, or even the physiological correlates used to explain suicide or attempted suicide. That these states may have their origins in social circumstances is not considered. In fact, doing so would shift the authors’ attention in an entirely different and, depending on their ideological or philo-

Social change-social disorganization

References to the rate and nature of social change among Inuit since World War II are common in almost all accounts of Inuit suicide. In this category are studies documenting the extent of the problem, many of which also discuss contributing factors (Kettl & Bixler, 1991; Thorsland, 1990a; Young, Moffat, & O’Neill, 1992; Middaugh, 1992; Hlady & Middaugh, 1988; Rogers, 1982; Isaacs et al., 1998; Kirmayer et al., 1996; Kirmayer et al., 1998). Modernization and rapid social change are held to be responsible for a range of personal and emotional states. Kral (1998), building on the classical work of Menninger (1938), identifies the most important of these as perturbation—“upset, disturbance, agitation and pain” (p. 222). Kral is one of very few authors writing in this tradition to use the concept of “internalized colonialism” in reference to suicide and Inuit experience.

Social disorganization is the most common framework for examining Inuit suicide. However, among those using the concept, there are different emphases. Some authors focus on contributing factors (social disorganization), (i.e. Kirmayer et al., 1998), while others emphasize the psychological states to which social disorganization gives rise (i.e. Kral, 1998). Details of how social disorganization is manifest in mental health problems are rarely provided. As Kral (1998) suggests, this may be because we have little narrative research helping us detail archetypes of experience, motivation and action that allow us to further understand “the confluence of person and culture in suicide” (p. 230).

Not all Inuit undergoing rapid cultural and social change experience pain and depression and ultimately take their lives. This obvious truth, upon reflection, can contribute to the pathologization of those reporting suicidal thoughts and having committing the act. It suggests that the difference between those committing or contemplating suicide and others is a lack of coping skills. For example Gregory (1994), having conducted psychiatric evaluations of 52 Alaskan Inuit who had
attempted suicide, concludes that “poor affective relatedness”, particularly around issues of loss, characterized most of his subjects. Other researchers identify suicide or suicidal thoughts with adjustment reactions and depressive disorders (Young, Hood, Abbey, & Malcolmson, 1993). Differences in experience, including experiences that enhance or strip individuals of coping skills, may explain different outcomes, suggesting that details about the lived experience of those suffering from depression and suicidal thoughts is of considerable relevance in revealing more about the origins of the problem.

Other researchers use social analysis, emphasizing economic factors, industrialization and changing lifestyles (Kettl & Bixler, 1991). Many papers refer to what is generally believed to be true about the nature of rapid social change and acculturation, but while the theoretical frameworks are well developed, details of change and how it is manifest in resulting psychological problems are usually unexplored. Furthermore, contrary to what Kirmayer, Fletcher and Boothroyd claim, it can be argued that it is not just rapid culture change “and the demands that have come with it (that) have contributed to the range of mental health problems” (1998, p. 203). It is the systematic abuse of Inuit—physically, emotionally, mentally and spiritually—by individuals, often working for the State, and themselves socialized within a totalizing Qallunaat culture.

The structural/functional language of social disorganization theory diminishes and obscures these relationships. The result is to portray acculturation as a passive, and perhaps even benevolent process, where pressure from the dominant culture leads to a variety of changes in the “non-dominant” culture (Berry, 1985). The subtext accompanying this discourse is that these changes are unfortunate and unavoidable. Detailing the so-called “pressure” is important and is likely to reveal that pressure is (was) in many instances, coercion, manipulation, relocation and abuse (Tester & Kulchyski, 1994). EcoHawk (1997) documents these considerations in her examination of suicide among Native American people. A failure to detail this experience means that Qallunaat society, the State and its actors—the RCMP, teachers, priests and nuns and administrators—are relieved of responsibility for historically significant events and the totalizing agenda of the State.

By way of example, D.D. Rogers, a psychiatrist working from the University of Manitoba, offered the following social explanation in 1982. “Such a new, loosely integrated society, whose traditional controls are being dislocated by outside forces and where excessive use of alcohol is combined with readily available lethal weapons is at risk. The dislocation of community and family restraints again along with the disinhibiting effects of alcohol, are factors which lead to an increase of violent deaths in this region particularly in males” (p. 495).

The explanation begs many questions. What is meant by a “loosely integrated society”? Is Inuit society, where the vast majority of residents of Arctic communities were then and are now, predominantly Inuit, any more loosely integrated than the multicultural—and in other ways, extremely diverse—communities of southern Canada? What is meant by “traditional controls are being dislocated by outside forces?” What traditional controls and which outside forces? What controls are replacing them and what might be the effect of these on the sense of inusittiaqarniq (self-esteem) to be found among Inuit? How are outside forces going about this process of dislocation—what images, texts and edicts have they produced? What actions have they taken—and what is (was) the significance for those affected?

In a 1990 article, Hugh Sampath, a Newfoundland psychiatrist, abandons much of the quasi-organic model used in his 1976 paper on the topic and writes about socialization and modernization (Sampath, 1990, 1976). He cites an international study that generalizes depression to cohorts in the United States, Sweden, Germany, Canada and New Zealand, born after World War II. Noting that suicide has increased in all these countries, he concludes that Inuit are experiencing risk factors which “in (his) opinion, are part and parcel of the universal process of modernization” (p. 145). This suggests that the observed outcome—especially high rates of suicide among young people—is inevitable. History, seen in this manner, is a fixed, immutable reality with predictable and unavoidable consequences.

As previously noted, Asen Balikci, in his classic study of the Netsilingmiut, also takes a social disruption approach to explaining Inuit suicide. He suggests that social change among Inuit is not confined to the period of high modernism following World War II. He notes that: “Major socio-economic changes took place among the Netsilik during the first half of this century, the period when the suicide cases (the approximately 50 noted earlier) took place” (Balikci, 1970, p. 168). He then outlines the changes: the establishment of trading posts, the resulting disruption to extended families, the impact on marriages, the use of the rifle and its impact on collaborative hunting.

Balikci, however, does make a start at connecting these historical changes with specific behaviours, and at outlining some of the operative mechanisms. He focuses on the disruptions to arranged marriages caused by immigration and notes the hostility introduced to husband-wife relations. “Having a wife could not be taken for granted at any time; competition for wife ownership was strong and many cases of wife stealing were known” (p. 169). The concept of “ownership” merits deconstruction and perhaps wife stealing was a case of “wife leaving”. This is a colonial text, and as such has implications for Inuit self-esteem, through the production of images and ideas—along with a myriad of
other texts, documents, reports and stories—informing the lived consciousness of many Qallunaat, and subsequently manifest in their systemic treatment of Inuit. At the same time, the text also provides some clue as to the relationship between historical (material) circumstances and behaviour.

The socio-psychological model

The socio-psychological model is predominantly the domain of risk assessment, an approach to public health issues that grew significantly in the 1990s. Risk assessment focuses on the circumstances surrounding the individual and, to some degree, his or her emotional state.

In “Suicide attempts among Inuit youth: a community survey of prevalence and risk factors,” Kirmayer et al. (1996) attempt to identify the prevalence of risk factors for attempted suicide and suicidal ideation in a population of 99 Inuit, aged 14–25 years, from a northern Québec community. They base their results on a survey and correlation of results with attempted suicides or suicidal thoughts in the study sample. They note differences between male and female subjects. The risk factors identified include, in order of importance; having parents with a drinking or drug problem, having friends who attempted or committed suicide, use of solvents and having a personal or mental health problem during the previous year. But as the authors note, other studies have found that other variables are significant predictors, including “age, unemployment, having been adopted, having parents who were separated or dead, having a relative who had treatment for a psychiatric problem or who had attempted or committed suicide, weekly alcohol use, indication of a substance use disorder, not being brought up by the same people all one’s life, self-perception of poor health and having experienced sexual abuse” (p. 13). The authors perform a myriad of statistical operations—including t-tests, \( \chi \) statistics, correlation and logistic regression analysis—in an attempt to identify the most important predictors of Inuit suicide. Similar methods and results are reported in another publication based on a re-examination of survey data from a 1992 report, A Health Profile of the Inuit, published by Santé Québec (Kirmayer, Boothroyd, & Hodgins, 1998).

Other studies of youth suicide confirm and contradict these results. While Kirmayer et al. (1996) found that having a relative who had attempted or committed suicide was not a significant variable, a study by Shafii, Carrigan, Whittinghill, and Derrick (1985) found that in a sample of 20 teens, 12–19 years of age who had committed suicide, having a sibling or friend who had attempted or completed suicide was a significant predictor of suicidal behaviour. Kirmayer et al. were concerned with Inuit youth while the study conducted by Shafii et al. was with regard to American teens. As is true of risk assessment research in general, what is a symptom and what is a “cause” is an epistemological problem, as are ways in which the many variables being examined interact with one another; a factor of particular importance where cultural circumstances and differences are being considered.

An analysis of coroners’ reports on suicides in the N.W.T. for the period 1994–1996 produced the following outcomes. The authors of this study deal with variables such as time of occurrence, place, method, alcohol and drug consumption, events preceding death, social and mental history and circumstances surrounding the suicide (Isaacs et al., 1998). Their analysis reveals that most suicides occur between 10 p.m. and 10 a.m. with 28% of the cases examined occurring between midnight and 4 a.m. Alcohol and drug use at the time of the suicide is indicated in a minority of cases. Those considered impaired at the time of death were 33% and other than a few cases where cannabinoids were detected, drug use was not indicated. Forty six per cent of cases had a reported history of alcohol abuse. Those committing suicide were reported to have been in the presence of others (94%) in the 24-h period prior to the event, and many suicides (59%) occurred while others where on the premises. Twenty four per cent had a criminal or other conviction on record. Forty per cent had a history of previous attempts. Twenty seven per cent had lost at least one friend or relative to suicide. Only 28% had sought help for social or mental health problems and only 13% had seen a professional care-giver in the week prior to the suicide, suggesting, paradoxically, severe limits to risk assessment as an approach to dealing with the problem by identifying, through intake or other forms of interview, individuals most at risk. Forty six per cent had a history of emotional distress or depression. This study is not comparable with those conducted by others because it deals with data for the N.W.T. as a whole, including all Aboriginal populations as well as non-Aboriginals. Furthermore, a dizzying array of possible variables emerges from the assessment of risk and any given piece of research is as notable for what it does not include in comparison with other studies, as for the relationships it identifies as significant.

While not denying the relevance of some modernist assumptions in searching for the most predictable variables (all human beings need love and affection, a sense of purpose; all children a sense of safety, belonging, etc.), the results of risk assessment also reinforce the significance of post-modern sensibilities to understanding Inuit suicide. Inuit communities vary greatly in many respects. With regard to alcohol availability, some are virtually “dry”. Others are best described as “damp”. In some, the Inuktitut language is very much intact. In others, young people have difficulty...
communicating in Inuktitut as well as English. Some communities have strong Catholic and/or Anglican religious traditions and a history of animosity between adherents. Others are torn by conflict between Pentecostal and recently introduced alternative traditions. Others have dysfunctional secondary schools, a large percentage of Qallunaat in the population, a history of mixed Inuit groups and difficult social relations. Furthermore, each individual has a different story to tell; a story not easily revealed by the data typically sought through questionnaires or structured interviews.

Canadian anthropologist Jean Briggs attempts to overcome the limitations of a socio-psychological approach by using ethnographic methods. In a paper entitled: “Vicissitudes of attachment: Nurturance and dependence in Canadian Inuit family relationships, old and new” (Briggs, 1995), she provides insights into child rearing practices in traditional and contemporary Inuit culture that suggest important considerations for the aetiology of contemporary suicide among Inuit youth.

Briggs deals with the nature of attachment, as it is manifest in the relationships among parents, infants and children in traditional and contemporary Inuit culture. These are concepts useful in understanding the proclivity of Inuit youth to suicide and attempted suicide. Briggs identifies patterns of attachment in relationship to a sense of personal worth (inuuttiaq) and personal power. She argues that attachment with children is profound and intimate in Inuit culture. These feelings of attachment—nallik—feelings of nurturing, concern and intimate connectedness—are so strong that sometimes behaviours are initiated that protect the feelings of the caregiver from potential loss: “... if children were too loveable, those who loved them—if members of their own household—might treat them aggressively, controllingly, or even rejectingly. ... The “right” solution was to nallik—other people universally, but moderately, circumspectly, and in proportion to their needs, not so much that it was painful to others or to oneself” (pp. 26–27). Children who are loved too much are sometimes treated sternly in an attempt to create distance between parent and child, and independence in the child. In a modern world of confusing images, messages and opportunities, independence can be both a liability and an asset.

Briggs relates the resulting feelings associated with Inuit child rearing practices to suicidal feelings in some teens. In doing so, she classifies the result as “bonding problems”. Briggs argues that favourite children may have difficulty leaving home (growing up) because of the special attention they receive (Briggs, 1985, p. 45). This may be a problem exacerbated by settlement living where the exigencies of modern life make it important for teens to leave home to attend school or where young people are seduced to leave remote settlements for centres like Iqaluit or southern cities where “the lights are brighter”. She also documents the problems experienced by young people who have lost parents early in life and who were, subsequently, never able to form secure bonds with parents—and hence, others (p. 46). Historical and material circumstances (the impact of the tuberculosis epidemic, the deaths brought about by epidemics of flu, measles, meningitis, and troubles with alcohol during the 1960s and 1970s) are relevant to appreciating disruptions to Inuit family life and intergenerational consequences.

While Briggs maintains a psychological level of analysis in discussing social change and Inuit child rearing practices, her logic is not difficult to extend. Relations of power, fear of rejection and a reticence to put forth one’s own opinion at the expense of others are characteristic of those born after World War II; the Inuit equivalent of the “baby boom” generation. At the same time, modern culture, the exigencies of participating in new forms of social organization—commencing with settlement councils in the late 1950s and now a territorial government structured as a western liberal democratic State—demand personalities and behaviours that are potentially anathema to the personality traits characteristic of a generation of Inuit largely born on the land and raised by a generation of parents thoroughly steeped in Inuit Qaujimajatuqangit (traditional knowledge). The historical record suggests that many traditional cultural practices and psychological states interact with colonial (and capitalist) relations of ruling, likely constituting much of the perturbation to which Kral (1998) refers.

History, the story and Inuit suicide

The search for universal truths, for certitude and predictability, are well-documented characteristics of modern western culture. These are reflected in quasi-organic, social change and especially socio-psychological models, particularly the focus on circumstances in the case of the latter. The search for a model, a predictor or a set of predictors of vulnerability to suicide, is firmly grounded in modernist assumptions. While a model combining elements of the theories noted is a more holistic approach to the problem of Inuit suicide, the way in which the elements of such a model combine, their sequencing, the importance of some factors over others—a function of how the elements are displayed and worded—their linear development and sequencing, and the cause–effect relationships they imply, continue—albeit with some degree of sophistication—the precepts and assumptions associated with modern thought. Once such models have been developed, the

An example of such a model of Inuit suicide is provided by Jorgen Thorslund (1990b).
tendency to make individuals and events “fit” is often hard to avoid.

Writing in 1986, O’Neil is one of few authors to advocate a detailing of what he calls “colonial stress” in relation to the problem of young Inuit suicide. Having abandoned an empirical and positivistic approach to understanding the nature of young peoples’ participation in various sectors of community life (p. 256), O’Neil reverts to a case study and narrative approach to detail elements of the colonial stress he associates with the problem. These elements he labels as: (1) the stress of definition, (2) the stress of isolation, (3) the stress of transition, (4) the stress of timing (timing the transition from one phase of life and personal development to another) and (5) the stress of consolidation (strengthening the identities and coping styles adapted to deal with the stresses of transition into adulthood at a particular historical moment). These are useful categories, suggesting a relationship between stress experienced by individuals and both the social contexts and historical moments in which individuals are located. While O’Neil’s research initiates an investigation of these considerations, it is an approach that could benefit from further exploration. O’Neil’s experience raises questions about the methods that might not only help further research, but assist communities in dealing with the current epidemic of suicide among young people in Nunavut. There is merit in combining, in a unitary effort, both research and social action aimed at addressing the problem.

The history of events in the 1950s and 1960s that greatly affected the current generation of Inuit leadership contains important clues that help explain individual and collective behaviours. Intergenerational realities are relevant to dealing with Inuit suicide. Grandparents of the current generation of young people were born and lived much of their lives on the land, in camps with Inuit values and practices intact. This generation and their children had an initial and enduring fear of Qallunaat authority figures, particularly the RCMP who often, along with school principals and administrators, removed children from families and camps to attend school, interfered with cultural practices (i.e. drum dancing), treated welfare recipients harshly, arrested Inuit for behaviours they did not understand as criminal, etc. The result was to develop a fear of authority and doubt about beliefs and practices binding Inuit culture together for generations.

The children of the generation that was born and lived most of their lives on the land were also caught between new and different forms of authority: parents and others who, through their use of discipline, anger and power, did much to undermine the traditional balance between autonomy and social obligation characteristic of Inuit culture. In fact, Inuit culture was most often misrepresented and portrayed in ways that served to degrade and humiliate young people who were left to struggle with the notion that their culture (and parents) were primitive, backward, immoral and irresponsible. There are, in the archival records of the Department of Indian and Northern Affairs, held by the National Archives of Canada, and the Archives of the Government of the Northwest Territories, thousands of examples of discourse directed at Inuit that illustrate this in practice. The following is but one example.

Eskimos have always been highly individualistic, moving when it suits them, splitting up hunting teams at individual convenience and taking no responsibility for initiative or even inquiry in matters of welfare of neighbours. The entitlement to share in food and clothing skins, and to shelter in another persons (sic) house has always existed. It is the right which the taker must exercise and seems to imply no responsibility on the part of the giver to enquire about the welfare of others or to go out of his way to relieve stress, even if he knows of it. In the primitive society, it was possible for children, old people or others considered useless to be allowed to die without any comment or questions from the rest of the community.

The Arctic Division of the Northern Affairs and National Resources produced this colonial and racist assessment in commenting on a proposal by McGill University (Montreal) to do research into options for the governance of Inuit communities. The memo concludes with the following incredible statement: “Racial discrimination is not considered to be a serious problem in the north. A measure of it does exist and there are potential dangers in some aspects of it. Some white men feel that any small strange group are basically inferior and they show this attitude towards Eskimos” (p. 2). The archival evidence makes it clear that many teachers, health care professionals, social workers, administrators and general labourers working throughout the eastern Arctic commonly held such attitudes.

Manifest in the physical, sexual and emotional abuse of Inuit, these attitudes contributed to anger, low self-esteem, poor and destructive parenting practices, failed relationships, alcoholism and other forms of self-destructive behaviour. These experiences have often produced anger, shame and self-effacement, all of which impact upon family and interpersonal relations and contribute to many of the difficulties experienced by the current generation of Inuit youth. Some empirical evidence for this can be found in the results of a Statistics Canada survey of self-esteem in different parts of the country (Statistics Canada, 2000/2001). The residents in Nunavut with low self-esteem were recorded as 16.2% for males and 15.9% for females. This rate is
comparable for other regions of the country with a high Aboriginal population, and considerably higher than for the N.W.T. where comparable figures were 11.8% and 10.9%, respectively.

The following excerpt from communication with someone who lived through the intensely colonial period of the 1960s and 1970s and has tried to make sense of his experience is illustrative.

You cannot paint (northern history) with a nice brush and say Canada was trying to save Inuit. It was not doing that. It was exerting its domination of real estate. It bullied Inuit through the RCMP, missionaries. Canada encouraged the Hudson’s Bay Company to extend lines of credit that Inuit could never hope to pay off, in order to tie them to some economy that was non-existent. It discouraged belief systems that were there from times considered as stone-age, yet encouraged disregard for even considering Inuit as human beings.

Even immigrants to this country have their pride intact, not like native-Canadians torn apart and destroyed by a national strategy of assimilation. What are native people today in Canada but a race of people that Canadians look at with some degree of pity, hatred for them being reliant of national programmes. Yet for Inuit they don’t even enjoy the basic services Canadians enjoy, nor can they hope to access services Indians do, as they don’t qualify. What are Inuit left with but a feeling of being Canadian but in name only! (Anonymous. (2002))

It is not difficult to see the anger in this passage. Nor is it difficult to understand how degraded, humiliated and abused many Inuit feel as a result of their historical experiences. At the same time, this is not a statement that would be made by all Inuit. Different people deal with their historical experiences in different ways. Some turn to religion. Some try to forget the past. Some turn to religion. Some try to forget the past and “fit in” with the colonizing culture—often with remarkable success. Others fail. Some drink. Still others take their feelings out on their families. And some kill themselves. These experiences (and they are not all historical) have, in many cases, created considerable shame, anger and reticence in a generation of Inuit parents who do not know how, or do not feel comfortable in communicating this developmental experience to their children. Furthermore, anger is an emotion that is seldom expressed directly—as in confrontation—in Inuit culture. Rather than being turned outward, it is often turned inward where it has the potential to do considerable harm. The current education system has little to offer in helping young people uncover the colonial history noted above and, subsequently, does little to help young people under-stand both the factual and affective content of their parents’ experience.5

The patterns of communication (or non-communication)—both in style and content—that result, then become inter-generational, compounding the problem. It is these children and, in some cases, their children who are now committing suicide at alarming rates.

This reality was complicated by language. In the 1960s, access to a new language permitted children to communicate about things that were neither heard nor understood by their parents. The traditional authority of parents was undermined. For a current generation of young people the problem is often a loss of language. Many Inuit youth are not proficient at communicating in either English or Inuktitut. Furthermore, their lives are still very much governed by Qallunaat and by institutions reflecting Qallunaat culture and organizational realities. Currently, only about 47% of the Nunavut civil service is Inuit. Beyond the third grade, school instruction is in English. Most teachers are Qallunaat. Few registered nurses working in Nunavut Territory are Inuit. Most social workers are Qallunaat and while the intentions, dedication and commitment of many of these professionals is notable, it is impossible to fully understand and work with the lived reality of Inuit communities without prior knowledge of the colonial and developmental history that has played such an important role in shaping Inuit lives.

Narratives—stories of people’s lives in relation to this history—are essential to understanding the relationship between suicide in a current generation of young people and Inuit colonial history. Some efforts at narrative research have been undertaken. Kral and Minore (1999) report on the preliminary results of a project in which 90 Inuit—an equal number of males and females—were interviewed about suicide and wellness in Igloolik and Qikiqtarjuaq. The themes of having someone to talk with, connections to family, connections to the land and familiarity with other forms of traditional Inuit knowledge (Inuit Oauijimajatuqangit) were identified in association with wellness, happiness, health and healing. The problem of suicide was identified with being disconnected from family and with the break-up of romantic relationships.

However, having someone to talk to, while necessary, is insufficient. The capacity to talk is itself affected by the historically constituted relations noted above, and these constitute a barrier. Furthermore, the content of what is discussed is also relevant. Dealing with circumstances and feelings—such as those uncovered by risk analysis—may serve an immediate and necessary purpose, but ultimately prove inadequate in addressing

5 For example, there are currently no textbooks available in the Inuit secondary school system that allow students to explore contemporary Inuit social history.
what has become a large-scale and community-wide problem in need of something other than case-by-case clinical attention.

Speaking in October of 2002 to an elders gathering in Igloolik, Jack Anawak, minister of culture, language, elders and youth for the Nunavut government, identified these concerns in relation to the problem of suicide.

If we take a look at Nunavut today, there are many indicators that the social fabric in our communities is crumbling—that the problems people are facing as individuals, families and groups are becoming too large and are beginning to overwhelm them.

Many people now feel these values and beliefs that kept us in harmony with one another are not being communicated regularly, clearly and loud enough to be heard by youth. ...

We must promote Inuit pride. We must win (young people) back and demonstrate in our words, in our stories, in our art, our songs and our daily discussion with them how we are capable, caring people they should be proud to be a part of (Anawak, 2002).

Anawak’s remarks suggest that narrative history, popular education and participatory research all have important roles to play in researching and addressing the problem of Inuit youth suicide.

However, these efforts must confronted fear of the past and, more importantly, the fear of talking about and revealing historical and colonial relations of ruling. If interventions in Inuit suicide are to be successful, they must be designed and researched with the idea of returning relative autonomy to the subject. Leonard suggests that in doing so: “… one is trying to render an account of the diverse everyday experiences of heterogeneous subjects as they struggle with the relationships between determining structures, that which is internalized from these structures, and what remains of their own intentions, albeit mediated by culture” (Leonard, 1997, p. 47). The objective is to arrive at an appreciation of how colonial relations of ruling impact intimate and intergenerational relations among Inuit and have contributed to the most pressing public health problem currently confronting Inuit communities of Nunavut.

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