

Canada's Aboriginal Communities and Suicide: Called to Listen, Called to Understand



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The reasons that any individual dies by suicide are multiple and complex. There are a host of psychological and biological factors that may influence someone to take his or her own life. Typically, there are many social and cultural factors that contribute to death by suicide as well (Lenaars, 2006). These particular complexities can be especially apparent in some Aboriginal communities. Historical aspects that continue to affect Native Canadians socially and culturally to this day make suicide prevention efforts a continuing struggle.

This situation is further complicated when acknowledgement is made of just how enormous and diverse this "community" actually is. Aboriginals in Canada include **First Nations, Inuit, and Métis**. Each of these distinct groups consist of unique peoples as well but they are all collectively referred to as "Aboriginal". First Nations people are further divided into **Status** and **Non-status** Indians. This faction also consists of people who live on reserves and those who choose to move their residence to larger cities. In some cases First Nations members choose to reside both on-reserve and off, and migrate back and forth. Within each of these unique populations, rates of suicide differ. Some communities have few or no suicides, while others -- like some Inuit settlements in our nation's north -- have the highest suicide rates in the world.

So why are some Aboriginal groups so much more at risk for suicide than other Canadian communities?

Impact of Colonialism

The historical events of colonialism, which continue to affect Aboriginal peoples today, cannot be overstated. Various policies of forced assimilation have assaulted and suppressed Native culture for as long as Canada has existed as a nation. (An informative and witty account of this history by Native writer, Thomas King, which I highly recommend, was published last year: <http://bit.ly/10RomNG>.)

The introduction of the reservation era in the 19th century, the residential school experience of the 20th century and the forced adoption policies of the 1960s and 1970s (also known as the “sixties scoop”) are just three of the more egregious injustices perpetrated by the Canadian government. The eradication of **culture** and loss of **language**, erosion of **traditional values**, and the disintegration of traditional **family structure** are all long-term results of these policies. They have passed down through the decades like colonial heirlooms. This effect is often referred to as **intergenerational trauma**, and it has left many communities once proud cultural traditions buried deep and nearly smothered from years of shame and persecution. Some traditions, for example the speaking of distinct languages in certain areas, have been irretrievably lost forever (Kirmayer, 2007; Elias, 2012).

This was, and remains, **dislocation** on a grand scale: diverse groups of Aboriginal peoples estranged from their land, culture, and heritage. This dislocation has historically created a psychological and social breakdown in many communities, causing feelings of marginalization, isolation, and hopelessness. Psychologist Bruce Alexander posits a theory of dislocation which states that those who are marginalized and “dislocated” will be more prone to states of despair and serious afflictions such as addiction. Additionally, states of “severe, prolonged dislocation regularly lead to suicide”. And this dislocation need not only be geographical in nature – it can also result from the suppression of one culture by a dominating one. Obviously, this is applicable to any displaced or alienated group of people. Oppressed and marginalized peoples, be they in New Zealand, the United States, or here in Canada, will react in predictable ways. High rates of **depression** and **mental illness**, feelings of **hopelessness**, high incidence of **substance abuse**, **sexual abuse** and **violence**, are just a few of the behavioural predictors that result from oppression. Ultimately, the manifestations of such a dispiriting environment may also result in suicide (Alexander, 2008; Elias, 2012).

And these rates of suicide can often be astoundingly high. It is important to note that before the 19th century suicide was extremely rare in North American Native communities. The culture shock that ensued with the arrival of the European explorers coupled with the institutionalized racism inherent in the Canadian government’s policies, resulted in a steady increase of suicide in the 20th century which has continued until the present day.

Suicides are especially high among the Native youth in some communities. Almost half (**48%**) of all Aboriginals in Canada today are under 24 years of age, and this age group is growing at a very rapid rate. Youth are in a seeming state of limbo as they “(Fail) to acquire and value Aboriginal values and identity, while also failing to identify with the cultural values of the larger society” (Kirmayer, 2007).

Even worse, among some youth, suicide has almost become a “normalized” response to a hopeless existence. The dire circumstances that surround these young people can further be exacerbated if the community formally chooses not to address the situation. In some areas the stigma of suicide is so strong that there is no word for it in the



native language, and there is a pronounced reluctance and unspoken rule that the word "suicide" is not spoken (Olson, 2012). An added threat of **suicidal contagion** occurs on some Aboriginal reserves because of the closeness of the residents and their shared social predicaments (Kirmayer, 2007). These clusters have the potential to "snowball" into what the mainstream media often describes and refers to as "epidemics".

These crises are not confined to Aboriginal reserves. As First Nations, Inuit, and Métis populations become larger in cities, suicidal behaviours are increasingly becoming an urban concern as well. **55%** of the Aboriginal populations already live in towns and cities, and it is a safe prediction these numbers will continue to increase in the future. It is important to note that this is not a new trend, and that not all Aboriginals are recent migrants; many have been residents for years, and many settled communities of Aboriginals can be found in all of Canada's major cities. However, our concern lies in the fact that these increases in urban populations are mostly due to **new arrivals** and that these migrants are generally **young** (Environics, 2010; Place, 2012).

Displaced Native youth might often find themselves in the city without vital cultural supports, and, additionally, they may experience prejudice and racism. The opportunities for employment may be few and, ultimately, this alienating environment can take its toll (Place, 2012). The lure of alcohol and other addictive substances can prove to be very strong, and there has been continuous wide-spread publicity about the fact that incidences of **homelessness** and **incarceration** are disproportionately high within this young group. For example, although they comprise only **3%** of the Canadian population, Aboriginal people make up **22%** of individuals sentenced to custody in provincial or federal correctional systems (Environics, 2010).

Culture as Cure

The good news is that there are positive signs emerging that changing the prevalence of suicide for many of our country's affected Native youth is possible. For example, The Urban Aboriginal Peoples Study (UAPS) suggests that a growing number of youth are starting to find more support in urban settings. Results of this study indicate that this is because there is more social integration and greater involvement in Native cultural and political groups in urban centers. They further report that there were greater and more positive feelings of Native pride among young people currently living in cities. A summary of the UAPS report can be found here: <http://bit.ly/1azYNXS>.

Publications such as the magazine *New Tribe* acknowledge the accomplishments made by urban Aboriginals: <http://bit.ly/1azZws0>.

These efforts to provide reconnection to cultural heritage and pride in Aboriginal culture are vital tools in this perpetual battle to combat feelings of hopelessness in those who feel that their lives are not important.



The traditional western approach to both physical and mental health and wellness does not usually take into account spiritual elements, let alone Native spirituality. Spiritual matters have, however, always been at the bedrock of holistic Native traditions, and healers continue to be integral figures who contribute to the overall health of the communities in which they practice.

Any community-based or school-based programs designed to prevent suicide among Aboriginal youth should have a spiritual emphasis.

A renowned example of a community-based approach -- although not specifically a suicide prevention program -- utilizing cultural and spiritual methods as healing practices, can be found in Alkali Lake, British Columbia. Dances, ceremonies, and spiritual practices, such as pow-wows, sweetgrass ceremonies, sweat lodges, and drumming circles were used by traditional healers to try and treat the substance-abuse issues of some of its members. The guiding philosophy of this treatment program is "**Culture is treatment, and all healing is spiritual**". A study conducted during the program indicated that the community reduced its alcoholism rate from 95% to 5% over a ten year implementation period (McCormick, 2000).

Supporting cultural traditions has proven to be a powerful catalyst in restoring meaning and purpose to entire communities, and many youth who are deemed hopelessly adrift may find hope via this support. Identifying oneself with a proud heritage can go a long way to creating and maintaining strong feelings of self-worth and a positive self-identity.

A program that has been lauded for its success is the **Leadership Resiliency Program**. This is a school and community-based program for high school students (14-19 years of age), that works to enhance the youths' internal strengths and resiliency, while preventing involvement in substance use and violence: <http://bit.ly/179MmNb>.

Our own efforts at the Centre for Suicide Prevention have been to develop, along with Aboriginal leaders, an online suicide prevention program called **River of Life**: <http://bit.ly/Jwj2Y4>. We are currently developing other workshops specific to Aboriginal culture. These are created with direct input from leaders of Native communities. There is also an Aboriginal Resource toolkit that is complementary to the preceding article. View it here: <http://bit.ly/13NXOgL>.

What do you think about suicide and the Aboriginal community(ies) in Canada?

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References

- Alexander, B. (2008). *The globalization of addiction: A study in the poverty of the spirit*. Oxford, UK: Oxford University Press.
- Chandler, M. and Lalonde, C. (2008). Cultural Continuity as a protective factor against suicide in First Nations youth. *Horizons*. 10 (1): 68-72.
- Elias, B., et al. (2012). Trauma and suicide behaviour histories among a Canadian indigenous population: An empirical exploration of the potential role of Canada's residential school system. *Social Science & Medicine*. 74 (10): 1560-1569.
- Environics Institute. (2010). *Urban Aboriginal peoples study: Main report*. Toronto, ON.: Environics Institute. Retrieved from http://uaps.ca/wp-content/uploads/2010/03/UAPS-Main-Report_Dec.pdf
- King, T. (2012). *The Inconvenient Indian: A curious account of Native people in North America*. Toronto, ON.: Doubleday Canada.
- Kirmayer, L., et al. (2007). *Suicide among Aboriginal people in Canada*. Ottawa, ON.: Aboriginal Healing Foundation.
- Lenaars, A. (2006). Suicide among indigenous peoples: Introduction and call to action. *Archives of Suicide Research*. 10 (2): 103-115.
- McCormick, R. (2000). Aboriginal traditions in the treatment of substance abuse. *Canadian Journal of Counselling* .34 (1): 25-32.
- Olson, R. (2012). iE7:Suicide prevention and cultural sensitivity. *iE: infoExchange*.
- Place, Jessica. (2012). *The health of Aboriginal people living in urban areas*. Prince George, B.C.: National Collaborating Centre for Aboriginal Health. Retrieved from http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/53/Urban_Aboriginal_Health_EN_web.pdf

