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10
Cultural Continuity as a Moderator of Suicide Risk among Canada's First Nations

MICHAEL J. CHANDLER AND CHRISTOPHER E. LALONDE

Eight years ago the journal *Transcultural Psychiatry* published the results of an epidemiological study (Chandler and Lalonde 1998) in which the highly variable rates of youth suicide among British Columbia's First Nations were related to six markers of "cultural continuity" – community-level variables meant to document the extent to which each of the province's almost 200 Aboriginal "bands" had taken steps to preserve their cultural past and to secure future control of their civic lives. Two key findings emerged from these earlier efforts.

The first was that, although the province-wide rate of Aboriginal youth suicide was sharply elevated (more than 5 times the national average), this commonly reported summary statistic was labelled an "actuarial fiction" that failed to capture the local reality of even one of the province's First Nations communities. Counting up all of the deaths by suicide and then simply dividing through by the total number of available Aboriginal youth obscures what is really interesting – the dramatic differences in the incidence of youth suicide that actually distinguish one band or tribal council from the next. In fact, more than half of the province's bands reported no youth suicides during the 6-year period (1987-1992) covered by this study, while more than 90% of the suicides occurred in less than 10% of the bands. Clearly, our data demonstrated, youth suicide is not an "Aboriginal" problem per se but a problem confined to only some Aboriginal communities.

Second, all six of the "cultural continuity" factors originally identified – measures intended to mark the degree to which individual Aboriginal communities had successfully taken steps to secure their cultural past in light of an imagined future – proved to be strongly related to the presence or absence of youth suicide. Every community characterized by all six of these protective factors experienced no youth suicides during the 6-year reporting period, whereas those bands in which none of these factors were present suffered suicide rates more than 10 times the national average. Because these findings were seen by us, and have come to be seen by others,[1] not only as clarifying the link between cultural continuity and reduced suicide risk but also as having important policy implications, we have undertaken to replicate and broaden our earlier research efforts. We have done this in three ways. First, we have extended our earlier examination of the community-by-community incidence of Aboriginal youth suicides to include also the additional

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8-year period from 1993 to 2000. Second, we collected comparable information on adult as well as youth suicides. Finally, we worked to expand the list of cultural continuity factors from the original six included in our 1998 study to a current total of nine. The full details of these new efforts are currently being compiled for separate publication. The present chapter will paint, in broad strokes, the general outline of these new findings, set them in relation to the results of our earlier 1998 publication, and bring out some of the practical implications flowing from these two studies.

Because the rationale and conceptual underpinnings that inform this ongoing program of research are already elaborated elsewhere (e.g., Chandler 2001; Chandler and Lalonde 1998; Chandler et al. 2003), we begin, in the first of the three sections to follow, with just enough about the theoretical foundations that undergird these efforts to make it clear why our search for insights concerning the roots of Aboriginal suicide is as focused as it is. The second section summarizes key empirical findings from our studies of the relation between cultural continuity and community-level rates of Aboriginal suicide – data that now cover the 14-year period from 1987 to 2000. Finally, in the third section, we emphasize what we take to be some of the action or policy implications of this work.

Working Out Which Stones Are Worth Turning Over

The program of research to be summarized here had its beginnings nearly twenty years ago with work aimed at better understanding the linchpin role that convictions about personal persistence play in the general identity-formation process (Chandler et al. 1987). Persuaded by these early results that disruptions in the maintenance of self-continuity were associated with a failure on the part of young persons to maintain a serious stake in their own future, we subsequently turned attention to the study of actively suicidal adolescents who behave in deadly serious ways as though there were no tomorrow (Ball and Chandler 1989; Chandler and Ball 1990). More recently (e.g., Chandler 1994, 2000, 2001; Chandler and Lalonde 1995, 1998; Chandler et al. 2003; Lalonde and Chandler 2004), we have aimed to extend this line of inquiry by focusing attention not on individual suicidal behaviours but on the differential rates of actual suicide found to characterize whole communities. In all these research contexts, we have been guided by the working theoretical assumption that the risk of suicide (whether at the individual or the community level) rises as a consequence of disruptions to those key identity-preserving practices that are required to sustain responsible ownership of a past and a hopeful commitment to the future.

On this evolving theoretical account, the successful development and maintenance of an "identity" (any "identity" – including the self-identities of individual persons and the shared cultural identities of whole communities) necessarily requires that there always be in place some workable personal or collective continuity-preserving mechanism capable of vouchsafing necessary claims of persistence in the face of inevitable change. Life

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(whether personal life or cultural life) is of course temporally vectored and thus always awash in a stream of exceptionless change. Identities are stops in this changing stream and stand as the test of, and the limit for, change (Bynum 2001). Identities do this by insisting that something (some entity, some process) remains in common, connecting one moment of inevitable transformation to the next. The battles we as individuals and as cultural groups wage against the currents of change – battles that when won allow both persistent persons and persistent peoples to be identified and reidentified as one and the same across time – are however never decisive but form parts of an ongoing project aimed at sustaining a measure of temporal coherence or biographical continuity. This is true, we have argued, not only because so many (classic and contemporary) touchstone figures before us have insisted that it is so (e.g., Harré 1979; James 1891; Locke 1956; MacIntyre 1977; Parfit 1971; Strawson 1999; Taylor 1988; Wiggins 1980) but also because, in a world otherwise on the move, notions of personal persistence and cultural continuity are deeply constitutive of what it could possibly mean to be a person or to have a culture. That is, any claims made on behalf of enduring personhood or cultural continuity would prove fundamentally nonsensical unless some such identity-preserving project was successfully in place (Cassirer 1923). This follows for the reason that every conceivable form of moral order requires an accounting system that allows individuals and communities to be held responsible for their own past actions (Locke 1956), just as every planful action commits both individuals and collectives to the prospect of a future in which they are the legitimate inheritors of their own just desserts (Unger 1975).

Although all that has just been said is meant to help build the case that a secure sense of personal and cultural continuity are necessary conditions for personal or cultural identity, more still needs to be said about the high costs associated with failing to meet these identity-securing requirements and about the reasons that such failures might sometimes occur. If, owing to some train of personal or collective mishaps, single individuals or whole communities lose track of themselves in time and thus suffer some disconnect with their past or future, life becomes cheap. On this account, what ordinarily keeps us all from impulsively shuffling off our respective mortal coils whenever (as so regularly happens) life seems hardly worth living are all those responsibilities owed to a past that we carry with us and all the still optimistic expectations we hold out for the persons we are en route to becoming. As seen from this perspective, individual persons and whole communities that successfully maintain a sense of personal persistence or cultural continuity are shielded from at least some of the slings and arrows that outrageous fortune regularly holds in store and thus ordinarily choose life over death. By contrast, when circumstances (whether developmental or sociocultural) turn in such a way as to undermine self- or cultural continuity, a sense of ownership of the past is easily lost, and the future (because it no longer seems one's own) loses much of its consequentiality. To the extent, then, that the temporal course of one's individual or cultural identity is somehow fractured or disabled, those persons and those whole communities that have suffered such broken ties to their

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past and future are put at special risk to suicide, just as achievements that serve to preserve or rebuild such ties work as protective factors that shield them from the threat of self-harm.

Any really adequate test of these theoretical expectations will require an extended program of research that examines the train of causal relations connecting measures of personal and cultural persistence with negative outcomes such as youth suicide. A necessary early step in detailing this causal chain is to show that suicide and other health-related problems do in fact co-occur with failures in the maintenance of personal persistence and cultural continuity. The program of research to be detailed below begins this search process.

From Theory to Practice

Two broad sets of implications flow from the theoretical account just outlined: one of these is diagnostic, whereas the other concerns "prevention," intervention, or otherwise minimizing the risks of suicide, especially in First Nations communities.

The first of these prospects having to do with risk assessment arises from the fact that, because suicides remain rare even when "epidemic," individual suicidal acts effectively defy prediction. Things that happen 10 or even a 100 times per 100,000 cases are simply too rare to ever get any predictive purchase upon. Still, it continues to make sense to try to ferret out which subgroups from the general population run markedly elevated risks of killing themselves. The likely utility of such information is strongly dependent upon: (1) the extent to which such efforts actually work to pick out persons or groups that are sufficiently at risk to warrant intervening in their lives and (2) the degree to which such profiling efforts actually recommend, or realistically afford, any sort of remedial action.

As it turns out, not everything known to be statistically associated with suicide actually fits the criteria just outlined. For example, boys are, on the average, about 4 times more likely to die by suicide than are girls (BC Vital Statistics Agency 2001), and Aboriginal persons, adolescents, and people living in poverty are at somewhat greater risk to suicide than are their richer or younger or older or culturally mainstream counterparts (Cooper et al. 1992). Although not without interest, such broad demographic markers are, in most cases, of only marginal utility. The obvious problem is that any serious suggestion that someone might be actively suicidal obliges us to intervene. Such preventative steps are of course the sort of things one undertakes not lightly but soberly and discreetly. Clearly, before limiting individuals' personal freedoms (as is commonly the case when suicide is seriously suspected), stronger evidence is required than, for example, simply noticing that an individual's risk to suicide quadruples (from something like 10:100,000 to 40:100,000) simply because he is young or male. Similarly, wholesale economic reform, although almost guaranteed to work, is unlikely to be judged as a politically expedient suicide-prevention strategy. What seems required instead, given the futility of going on naming things that can't or won't be changed, is not another blind troll through yet another sea of low-yield actuarial details but a theory-guided search for individual and

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cultural practices that are subject to possible reform and that stand in some interpretable relation to actual decisions about life and death.

Adolescent Development and Self-Continuity

Our initial work on suicidal behaviours, carried out in the late 1980s and early 1990s (Ball and Chandler 1989; Chandler and Ball 1990), built on still earlier research (e.g., Chandler et al. 1987) aimed at tracking routine developmental changes in the course of identity development – in particular, changes in the way that young people lay claim to, and attempt to warrant, the common conviction that they somehow remain one and the same person despite often dramatic changes. Relying on procedures that required young respondents to justify their claims to personal persistence, both in their own lives and in the changing lives of various characters drawn from classic works of fiction, we generated an age-graded typology of the increasingly complex ways that ordinary, culturally mainstream adolescents justify their own claims of personal persistence in time.

Although everyone we tested was quick to claim some measure of personal persistence, most got better at defending such claims as they grew older. The preteens we interviewed commonly imagined, for example, that they and various story protagonists retained their identity across large-scale changes in appearance, behaviour, and belief simply because their names or fingerprints or some other concrete part of their make-up somehow stood apart from time and served as tangible proof of their continuing identity. By contrast, their older teenage counterparts tended to subscribe to altogether different and more sophisticated claims for sameness in the face of change by insisting, for example, that the real personal transformations that they and others routinely suffered represented only surface changes that were easily trumped by the presence of some other deep-lying core (e.g., their personality, or character, or soul) that was thought to go on being self-same through thick and thin.

Our earliest research made two things especially clear. One of these was that, essentially without exception, all of the more than 200 ordinary young people that we individually interviewed were strongly committed to the view that, despite what was commonly recognized to be wholesale change, they and others were personally persistent (i.e., numerically identical with themselves) and thus deserved to be counted only once. Second, although the particular strategies that our young participants adopted in backing their claims for self-continuity varied in systematic ways, with older respondents typically employing more adequate and cognitively complex arguments, all were able to make some clear case for why the changes in their lives deserved to be discounted in favour of an identity that remained recognizably the same.

From Self-Continuity to Suicide

One implication of the evident stepwise developmental trajectory of strategies for warranting self-continuity displayed by the young participants in our research is that, in the usual course of their growing up, they ordinarily first subscribe to, and later reject, as

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many as three or four qualitatively different strategies for concluding in favour of self-sameness. As a result of this scalloped developmental pattern, it follows that, at selective moments in their adolescent lives, all these young persons regularly pass through a series of interim moments during which older and once serviceable methods for reasoning about personal persistence are rejected as childish and immature, sometimes before more mature replacement strategies are as yet comfortably in place. Caught in these awkward transitions, such individuals arguably lack the conceptual means necessary to negotiate a proper diachronic sense of selfhood and thus might be easily tripped up by what would ordinarily count as only minor adversities.

A part of what is potentially interesting about this on-again/off-again developmental picture of identity development is that it provides the interpretive means to make understandable a brace of otherwise perplexing findings. One of these paradoxes is that, more than any other age group, it is adolescents who most often attempt to take their own lives (Burd 1994). How, we wonder, could they – they with all of life's potential sweetness full on their lips – manage to act with such callus disregard for their own well-being? The second and equally puzzling matter turns on the fact that most young persons who try to kill themselves do not go on doing so relentlessly. Of course, some do, and for them the chances of their dying by suicide tend to mount with each successive attempt (Ennis, Barnes, and Spenser 1985). Still, much more often than not, suicidal youth who survive do not go on to become suicidal adults but tend to blend back in with the general population of young persons who end up choosing life over death. Among the many ways that things can and do go wrong, this is an unusual picture. More commonly, things that go wrong in adolescence simply go from bad to worse (Noam, Chandler, and Lalonde 1995). Because adolescent suicidal behaviour is not like that but peaks in the teenage and early adult years before falling back down to baseline, a developmental theory with its own peaks and troughs (a theory such as our own) seems just the ticket.

If, as our working model suggests, suicide becomes a serious option only when one's sense of connectedness to a hoped for future is lost, and *if*, as our own data indicate, a routine (if typically short-lived) part of growing up includes periodically abandoning old and outdated strategies for warranting self-continuity in favour of new and developmentally more appropriate working models, *then* the otherwise most perplexing aspects of youth suicide begin to make a new kind of sense. Young persons recurrently lose and typically regain faith in their own future as a predictable part of the usual identity-formation process, and these recurrent transitional moments leave them especially vulnerable – in ways that other age groups typically are not – to the risk of suicide.

If something like the above is true, the dramatic spiking of suicidal behaviours in adolescence becomes newly understandable, as does the fact that suicidality (at least among the young) is rarely a chronic condition. In addition, all that has just been said supports a fully testable hypothesis: adolescents who are currently actively suicidal should differ sharply from their nonsuicidal counterparts by showing themselves, at least

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for the transitional moment, to be entirely bereft of any workable means to understand their own personal persistence or self-continuity in time. Some of our earliest empirical efforts were designed as a direct test of this hypothesis.

This early work (Ball and Chandler 1989; Chandler and Ball 1990) involved individually administering an hour-long self-continuity interview to every young person admitted to a large adolescent in-patient psychiatric facility over an 18-month period. These young patients were then sorted into those who were and were not placed on active suicide precautions, and all were subsequently matched with an age-mate of the same sex and socioeconomic status drawn from the general community. All these adolescents completed a structured interview protocol that required them (1) to comment upon continuities in the lives of two *Classic comic book* characters (i.e., Jean Valjean from Victor Hugo's *Les Miserables* and Ebenezer Scrooge from Charles Dickens's *A Christmas carol*) and (2) to speak to the question of their own self-continuity by attempting to warrant their own claims for personal persistence in the face of reminders about acknowledged changes in their own lives. The hospitalized participants also completed the Beck Depression Scale (Beck et al. 1974), and their medical records were carefully reviewed for evidence of recent suicidal behaviours.

The resulting interview protocols were then assigned to one of three scoring categories indicative of whether their responses to problems of personal persistence were (1) age-appropriate, (2) comparable to those of much younger children, or (3) uncountable as any solution to the problem of personal persistence at all. By these standards, psychiatrically hospitalized but nonsuicidal adolescents, although inclined to respond in more immature ways than their nonhospitalized counterparts, were nevertheless consistently committed to the same conviction that their own identities (like those of the story protagonists) persisted as self-same despite often dramatic personal changes. In sharp contrast – and this is the telling point – all but two (i.e., 85%) of the actively suicidal participants seriously tried, but consistently failed, to come up with what they or others might reasonably accept as a workable means to justify a sense of personal sameness in the face of change. They regularly came up empty-handed not because they were more depressed or because they had little or nothing to say but because, although their protocols were equally lengthy and complex, they simply tried and failed to understand how, given all of the changes they had experienced, they could either own their past or feel connected to their as yet unrealized future.

Taken together, the results of these studies make a strong case that, in contrast to their nonsuicidal age-mates (both in and out of the hospital), young persons who are at special risk of attempting to end their lives are characterized by having lost a workable sense of their personal persistence. These findings, because they are linked to a detailed account of the identity-formation process, are more than mere happenstance. Instead, because the rocky developmental course by means of which young persons ordinarily come to an increasingly mature understanding of themselves in time is at least now partially

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charted, the increase in suicidal behaviour found during adolescence is itself less perplexing, and there are now grounds for working out how best to get this process back on track when, as in the case of suicidal youth, it occasionally comes off the rails.

What was not made any clearer by this early work, however, is why it happens that suicides, especially youth suicides, are so tragically common in certain social or cultural or historical circumstances but not in others. Our approach to this critical problem has been to extend, to the level of whole communities, our working hypothesis that acts of suicide are best understood as the by-product of a fractured or disabled effort to secure a sense of identity in time. As already suggested in our brief introduction, if entire cultures are to be identified and reidentified as self-same, they must possess, like individual persons, some procedural means to warrant their claims for persistence despite all the changes inevitably wrought by time and circumstance. On this account, continuity (both self-continuity and cultural continuity) is constitutive of what it could possibly mean to be a self or to have a culture. Any serious disruption to those practices that serve to make a diachronic unity out of one's past, present, and future is likely to prove equally corrosive to well-being. More particularly, anything that serves to cost either individuals or whole cultures their ties to the past and their stake in the future will rob them of just those responsible commitments and hoped-for prospects that ordinarily make living seem better than dying.

On such prospects, some ten years ago, we began a still ongoing cross-cultural study involving Aboriginal, or "First Nations," communities on Canada's West Coast. Our working hypothesis was that the incidence of suicide – measured this time at the band or tribal-council level – would vary as a function of the degree to which these cultural communities already had in place practices or procedures or institutions that function to preserve a measure of cultural continuity in the face of change. The section that follows summarizes the current status of this unfolding project.

Cultural Continuity as a Hedge against Suicide in First Nations Communities

Suicides are ordinarily taken to be deeply private acts, so to attempt to reach beyond this singularity and to somehow understand them in the aggregate requires finding answers to a range of puzzling questions. What, for example, is a proper grouping factor, and when does it make sense to group together suicidal persons as a way to gain some better viewing distance on what might otherwise resolve into a mere conglomerate of anecdotes? Some of the commonly proposed answers to these questions start from much too far back. Computing the rate of Aboriginal suicide for the whole of Canada or for the whole of any province is a prime example of backing up too far. The differences that divide North America's Aboriginal communities account for upwards of 50% of all of the cultural diversity across the whole of the continent (Hodgkenson 1990) – far too much diversity,

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one might suppose, to safely overlook. In British Columbia alone, there are some 200 distinctive First Nations bands that collectively speak some 30 distinct languages, live in radically different ecological niches, subscribe to a panoply of largely incommensurable ontological, epistemological, and spiritual beliefs, and have dramatically different histories of interaction with their traditional neighbours and different experiences of colonization. Simply cramming all these unique peoples together into one catchall common denominator to compute some overall national or provincial suicide rate produces a figure that is effectively empty of meaning.

That said, it remains something of a puzzle to know how to respect such diversity without losing all prospects of generalizability. Our own solution to this problem with units of analysis was to undertake to calculate separately the suicide rate of each of British Columbia's 197 formally identified bands. Because they represent self-acknowledged cultural groups, the decision to focus on individual bands would have been both our first and our only choice if not for the fact that many of these communities are so small that just one or two acts of suicide automatically result in astronomically high suicide rates when reported in the usual manner of "suicides per 100,000." This difficulty can be moderated, although not entirely solved, by focusing attention on the province's 29 Aboriginal "tribal councils" – those sometimes natural and sometimes artificially aggregated collections of bands that have been assembled for various political and cultural purposes. The data summarized here – and reported in greater detail elsewhere (Chandler and Lalonde 1998; Chandler et al. 2003) – include, where possible, youth (and/or adult) suicide rates for both individual bands and tribal councils during the two periods: 1987-1992 and 1993-2000.

Before we present these results, two further methodological details need to be clarified. First, all deaths counted here as Aboriginal suicides had been judged to be so by the BC Coroner's Office, following an inquiry that regularly involved consideration not only of the means and circumstances of the death but also interviews with relevant family members and acquaintances. There is no reason to doubt that this process is inherently conservative and that it seriously underreports deaths that were in fact self-chosen but failed to meet what are understandably strict reporting standards. Aboriginal status and "band of origin" were similarly determined using information gathered as part of the coroner's inquest. Again, it can be assumed that not everyone who might have satisfied some common criteria of Aboriginality was correctly identified by these procedures or that one's "band of origin" was always accurately determined.

Finally, although the two epidemiological analyses reported here were undertaken at different times and despite the second's employment of a wider search pattern that included adults as well as children, the methods are sufficiently similar to allow the two data sets to be patched together to cover a single 14-year period for some variables. Nevertheless, for ease of presentation, the findings from our original 1998 study of suicide among Aboriginal youth are summarized here first.

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The 1987-1992 Data Set

The first and clearest finding to emerge from our 1998 study was that, although suicides among non-Aboriginal persons occur at roughly equal rates across the entire province, just the opposite is true for Aboriginal youth. As can be seen from an examination of Figures 10.1 and 10.2, the rate at which young Aboriginal persons took their own lives

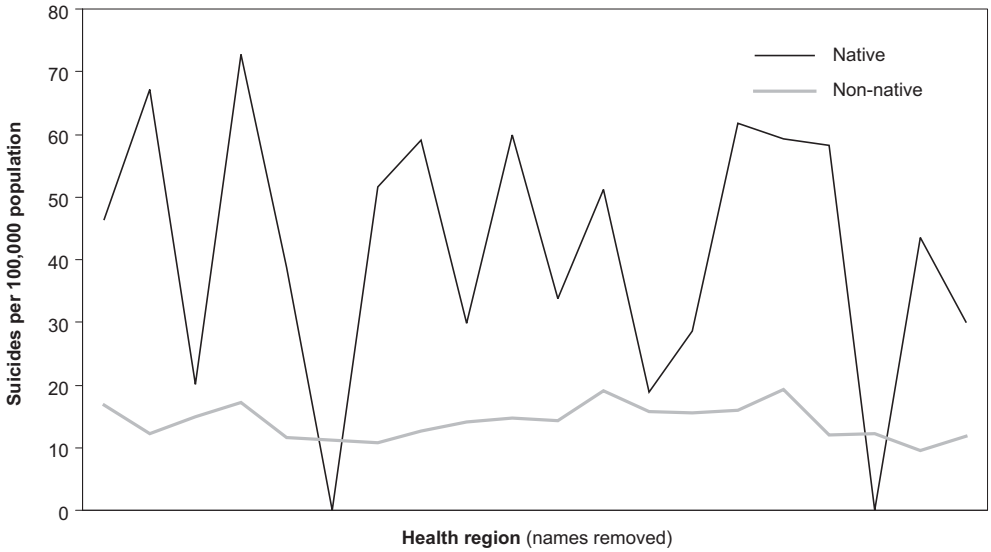

FIGURE 10.1 Youth suicide rate by health region (BC, 1987-1992)

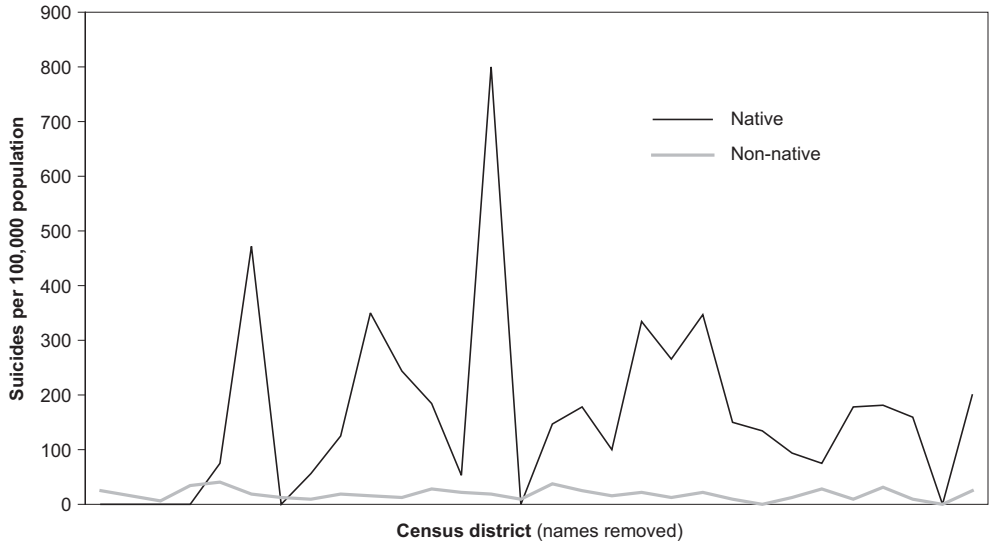

FIGURE 10.2 Youth suicide by census district (BC, 1987-1992)

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is wildly saw-toothed, piling up dramatically in some locales and much less so in others. Some part of this variability is no doubt an artefact of the relatively small size of the overall Aboriginal population (estimated to be about 3% by the provincial census) and of the dramatic way that an occasional death in small communities can radically impact such incidence rates. Still, there is little obvious difference across these various geographical regions that could account for the extreme variability observed – except that these different regions partially map onto territories occupied by specific Aboriginal bands and tribal councils.

Figures 10.3 and 10.4 more directly address the issue of differences between Aboriginal communities by examining the youth suicide rates for individual bands and tribal councils. As can be seen from an inspection of these figures, community-by-community rates of Aboriginal youth suicide demonstrate in dramatic ways the differences that divide one cultural group from the next. When the rates are examined at the band level (Figure 10.3), for example, it becomes clear that more than half the province's Aboriginal communities suffered no youth suicides during this first 6-year study period. In other communities the rate was as much as 800 times the provincial average. As can be seen in Figure 10.4, this same radically saw-toothed picture is again present when youth suicide rates are aggregated by tribal council. Here too, of course, distortions due to small group sizes are potentially at work, but one thing, at least, is clear. Although, when viewed as a collective, British Columbia's Aboriginal population does suffer heartbreakingly high rates of youth suicide, our data show that suicide does not occur in equal measure in all Native communities. Rather, whereas some First Nations communities in British Columbia have

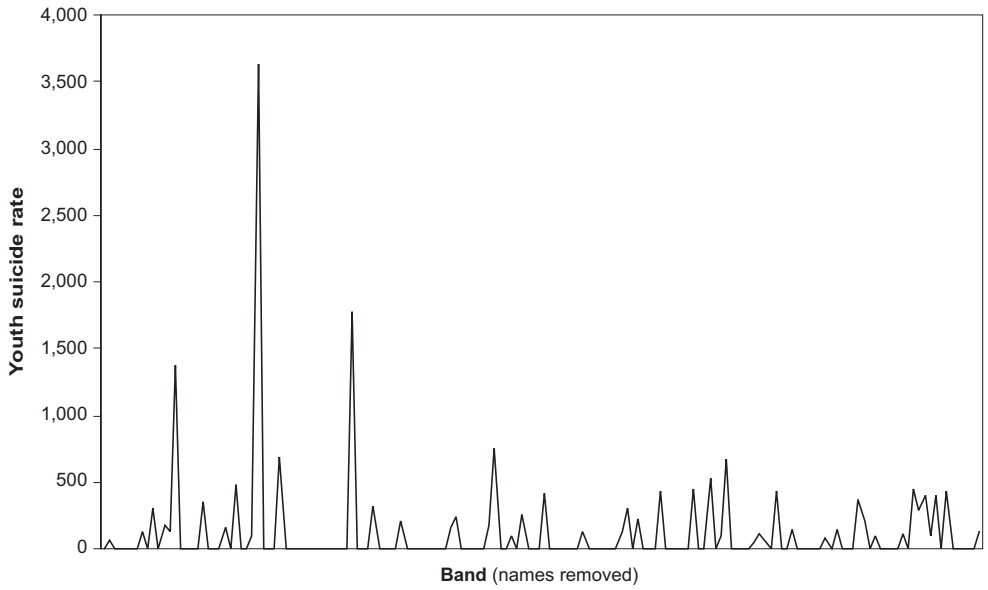

FIGURE 10.3 Youth suicide rate by band (BC, 1987-1992)

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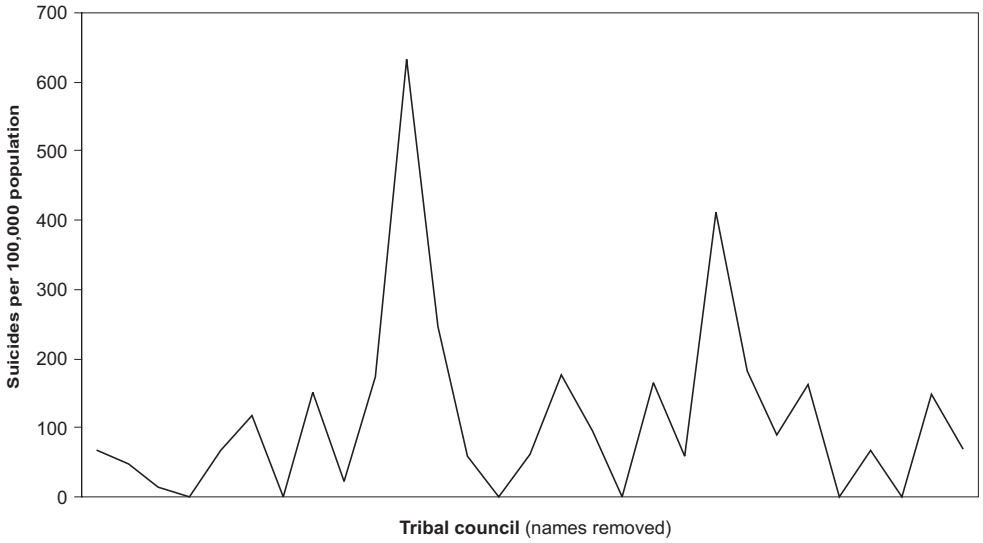

FIGURE 10.4 Youth suicide rate by tribal council (BC, 1987-1992)

experienced high rates of youth suicide, in other communities youth suicide remains unknown. These community-by-community differences make it clear that suicidality is not an attribute or defining feature of "Aboriginality" per se. With the "race card" removed from the deck, the interpretive task set by these data is to work out why youth suicide has so devastated some Aboriginal communities but not others.

The 1993-2000 Data Set

The epidemiological portion of our second study, especially as it applies to problems of youth suicide, amounts to a close replication of our 1998 work. Again the rate at which young Aboriginal persons took their own lives during this 8-year period varies not only as a function of geography (see Figures 10.5 and 10.6) but more particularly with band of origin. As was the case in our first data set, the incidence of youth suicide again varied dramatically from band to band (see Figure 10.7), and once again, the same communities generally proved either to be free of such deaths or to suffer them in elevated ways all out of keeping with the rest of the province. Again, roughly 90% of the suicides occurred in only 12% of the bands, and more than half of all Native communities suffered no youth suicides during this 8-year reporting period. As before, a similar picture emerged when individual band-level data were merged to calculate youth suicide rates for entire tribal councils (see Figure 10.8). In short, the 1993-2000 data amounted to a close copy of what was reported for the previous 6-year period.

New to our second study is the inclusion of comparable data dealing with the incidence of adult suicides. Although the model of identity formation we originally articulated was developed with an eye to the radical personal changes that largely define the adolescent

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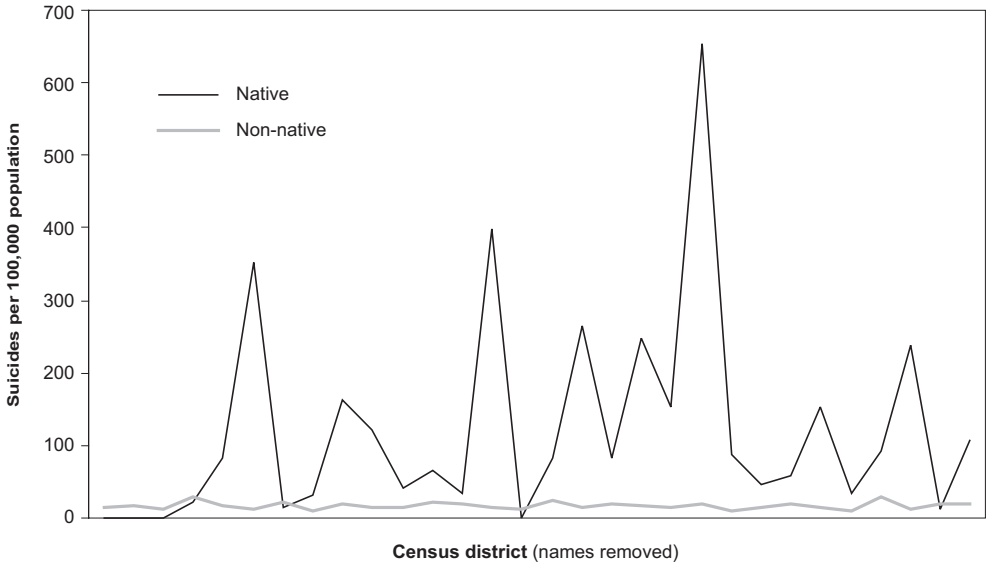

FIGURE 10.5 Youth suicide rate by census district (BC, 1993-2000)

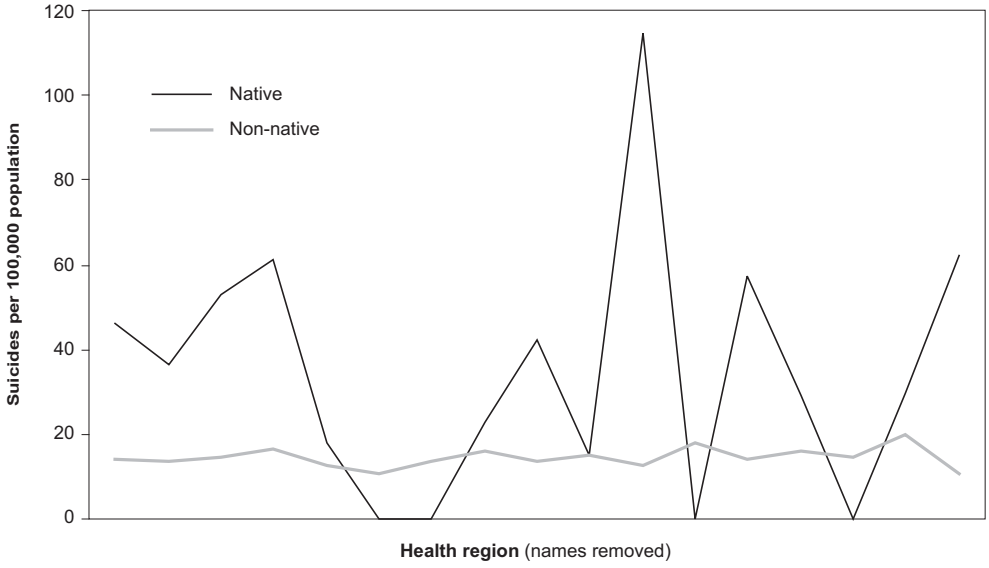

FIGURE 10.6 Youth suicide rate by health region (BC, 1993-2000)

years, there is no particular reason to imagine that older persons are immune to similar identity problems, especially as these manifest themselves in relation to large-scale cultural disruptions. This raises the likelihood that the community-level rates of adult suicides, like those of still younger people, will similarly vary as a function of the presence of

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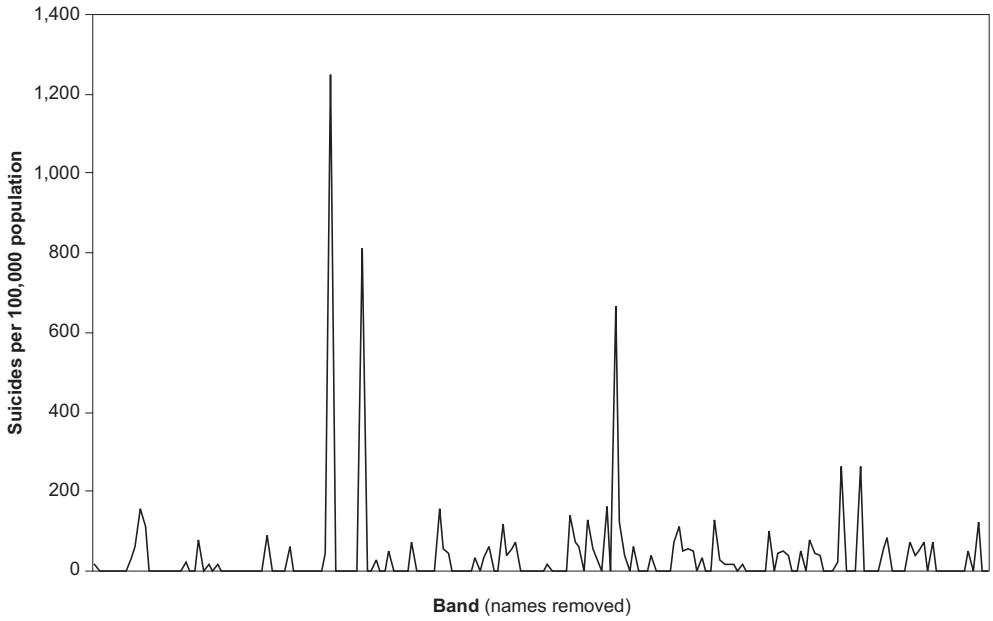

FIGURE 10.7 Youth suicide rate by band (BC, 1993-2000)

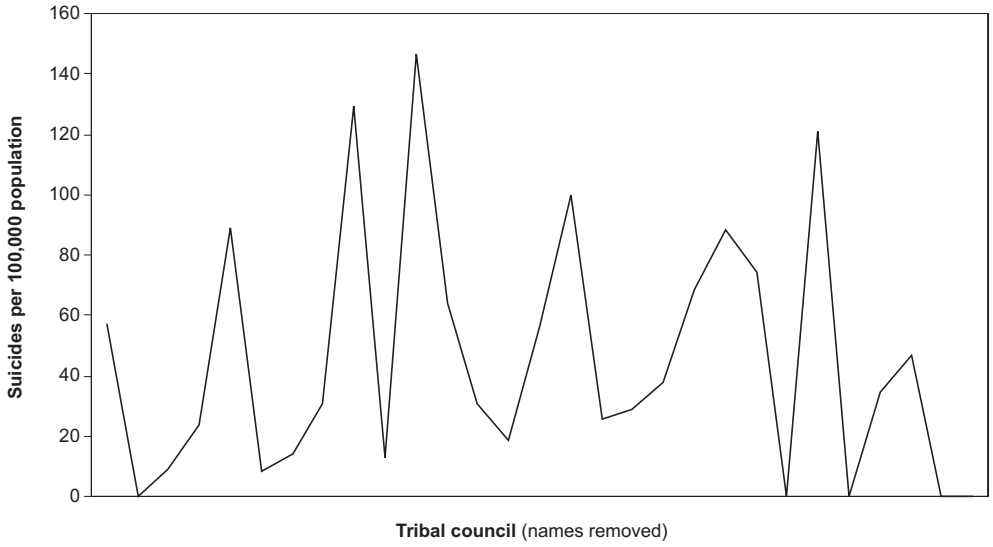

FIGURE 10.8 Youth suicide rate by tribal council (BC, 1993-2000)

sociohistorical conditions that either support or undermine cultural continuity. On the strength of such expectations, we hypothesized that much the same mix of circumstances associated with the dramatic band-by-band variability in Aboriginal youth suicide would affect suicide rates among adult members of these same communities.

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Although, as our new data show, the community-level variation in rates of youth and adult suicides is not always identical, what is most evident from this analysis (see Figures 10.9 and 10.10) is that the band and tribal-council rates of adult suicide are both saw-toothed, with some communities evidencing no deaths by suicide, while others suffer suicide rates many times higher than the provincial average.

Predicting Community-Level Variations in Youth and Adult Suicide Rates

Given our documentation that Aboriginal youth and adult suicides are not at all evenly distributed across British Columbia's numerous bands, the compelling question is: What is it that especially characterizes bands and tribal councils marked by dramatically elevated suicide rates, and what distinguishes them from communities where suicide (both youth and adult suicide) is effectively unknown?

As before, several guiding principles directed our search for answers to this question. Some of these were technical in nature, such as the need to restrict our search pattern to include only those variables for which band-level data are already available for all or most Aboriginal communities. Rather than trolling aimlessly through the mounting seas of Statistics Canada data in the blind hope of snagging something, we took our lead from available research (much of it our own) that supports the theoretical prospect that suicide (whether measured at the individual or community level) can be understood as an outcome of the collapse of those identity-preserving practices that serve to secure enduring

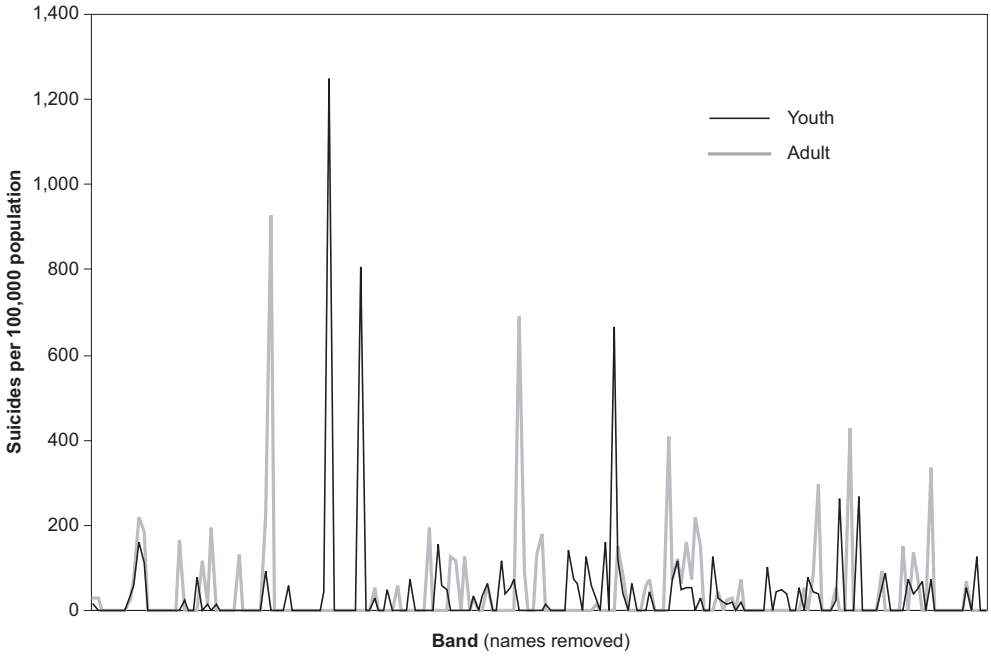

FIGURE 10.9 Suicide rates by band (BC, 1993-2000)

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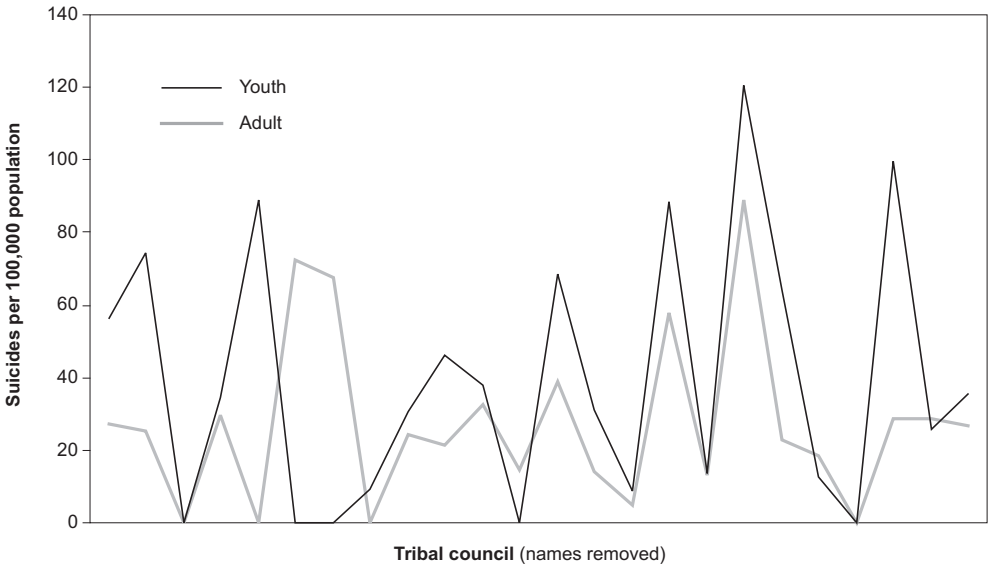

FIGURE 10.10 Suicide rates by tribal council (BC, 1993-2000)

connections to one's past and foreseeable future. However, because this prospect might well be seen as too roundabout, it was important to first consider the timeworn notion that high rates of Aboriginal suicide might be the direct consequence of some simpler and more straightforward social factor such as poverty or geographic isolation.

A well-recognized but frequently overlooked danger confronting all those concerned with identifying potential risk and protective factors in the lives of distinctive ethnic and racial groups is the possibility of conflating the negative impacts of poverty with whatever else might be involved in belonging to this as opposed to that culturally identifiable group (Clarke 1997). The burden of being poor, with its attendant lack of opportunities and frightening array of corrosive forces (e.g., deprivation, marginalization, isolation, discrimination, poor education, unemployment), is widely understood to both: (1) fall disproportionately on those living outside the cultural mainstream and (2) to condemn whole economic underclasses (whatever their racial or ethnic status) to a life that is often nasty, brutish, and short. However true this may be in the large, it is demonstrably true for indigenous groups in general and for Aboriginal groups in particular (see Durie et al., Chapter 2). The Aboriginal population of North America is known to be the most poverty-stricken group on the continent, to have the highest unemployment rates, to be the most undereducated, to be the shortest lived, and to suffer the poorest health (Clarke 1997). Given all this, it is certainly possible that the high suicide rates of some Aboriginal populations might be assignable, in whole or in part, to the "tangle of pathology" (Wilson 1987, 21) produced by bone-grinding poverty.

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The evident spoiler to any such exclusively economic explanation, however, is that whereas almost every Aboriginal community is seriously impoverished, it is also true (as we have clearly demonstrated) that high rates of youth suicide characterize only some Aboriginal communities and not others. Still, some Native communities are necessarily poorer than others, so the prospect remains that responsibility for suicides, where they occur, might still be traced to the consequences of being the poorest of the poor. At least such a prospect is sufficiently plausible that it demands close consideration.

However, responding to this methodologic necessity is no easy task. Familiar measures of socioeconomic status (SES) are generally ill-suited for use in Aboriginal and especially reserve communities, and there are often few face-valid markers of economic well-being that are standardly recorded for each and every Aboriginal band – or at least this proved to be the case for the Province of British Columbia, where our research was conducted. These difficulties not withstanding, in the end we identified six proxy measures that were generally available and that provided some rough means to order British Columbia's approximately 200 bands in terms of their degree of impoverishment. These included the ratio of lone-parent to dual-parent households within the community, the population density per dwelling (a measure of crowding), the percentage of income derived from government (as opposed to other) sources, rates of unemployment and labour-force participation, labour-force skill levels, and rates of education completion.

As expected, some communities turn out to be considerably wealthier, better housed, more educated, more skilled, and more likely to contain working, dual-income parents than others. By conventional wisdom, these should be the communities with low to vanishing suicide rates. Surprisingly, this is not the case. Although suicide rates within Aboriginal communities do fall slightly with increasing wealth, the correlation is neither statistically nor socially significant. When taken as an omnibus measure – that is, when these measures are combined to produce an overall working index of the socioeconomic status of these communities – the correlation between SES and suicide is a modest $r = .11$, *ns*.

We came up similarly empty-handed when we examined "rurality" as an explanation for suicide. It might have been the case that the geographic variability we observed in suicide rates across First Nations communities was somehow associated with the distance of these communities from urban centres. That is, Aboriginal suicide rates might have been especially high in large urban centres, or conversely, perhaps suicide haunts those in more rural or remote areas of the province. To test this possibility, each of the communities under study was categorized as urban, rural, or remote (the latter includes communities that are not merely distant from urban centres but also reachable only by floatplane or by other extraordinary means). For both youth and adults (see Figure 10.11), suicide rates are highest in rural communities – and reach their highest levels in those communities that lie on the apron of the province's three largest urban centres. Although clearly of considerable interest, given that these are population data, the differences are not significant when subjected to inferential statistical tests commonly applied to sample data: $F_{(2,193)} = .50$, $p = .61$; $F_{(2,193)} = .91$, $p = .41$ for youth and adult rates respectively.

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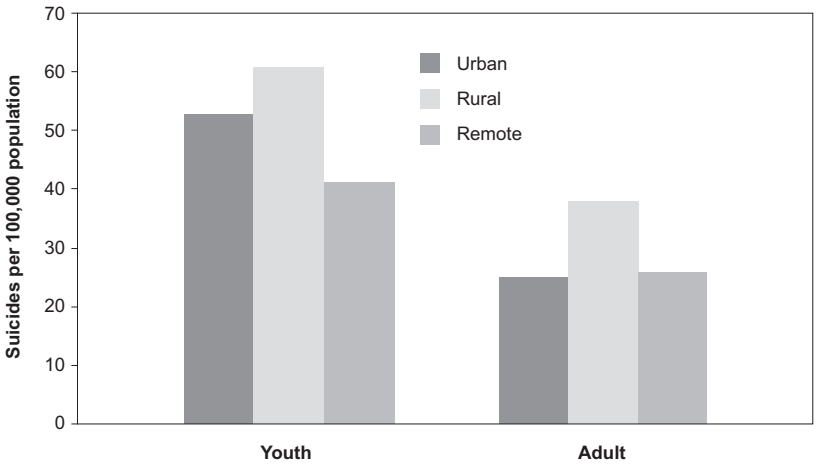

FIGURE 10.11 Suicide rates by band location (BC, 1993-2000)

Whereas suicide rates were largely unrelated to measures of poverty and isolation, they were strongly related to measures of cultural continuity, including efforts to regain legal title to traditional lands and to re-establish forms of self-government, to reassert control over education and other community and social services, and to preserve and promote traditional cultural practices. Finding ways to reliably capture the relative degrees of success that nearly 200 diverse communities have achieved in their efforts to maintain a sense of cultural continuity in the face of continued assimilative pressures and historical oppression has become a primary focus of our work over the past decade. As outlined in much greater detail in the published report of our first epidemiological study (Chandler and Lalonde 1998), the search for variables that act as reasonable proxy measures for the ability of whole communities to preserve their own cultural past and to create a shared vision of an anticipated common future is complicated not only by the sheer number and diversity of communities under study but also by the absence of any clear method for comparing one way of preserving culture to the next. We began with a set of six marker variables that met two essential criteria. The first of these, meant to ensure comparability, was that variables could be measured accurately for each and every First Nations community in the province using data verified by local, provincial, or federal data stewards. The second criteria concerned the relevance of these variables to the cultural and political goals of these communities.

The half-dozen variables that met these criteria and formed our first set of cultural-continuity factors included: (1) evidence that particular bands had taken steps to secure Aboriginal title to their traditional lands; (2) evidence of their having taken back from government agencies certain rights of self-government; (3) evidence of their having secured some degree of community control over educational services, police and fire services, and health-delivery services; and (4) evidence of their having established within their

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communities certain officially recognized "cultural facilities" to help preserve and enrich their cultural lives. The hypothesis supported in that initial epidemiological effort was that suicide rates would vary as a function of the presence or absence of these markers of collective efforts to preserve cultural continuity.

Round two of our epidemiological work has involved expanding this set of marker variables to include two additional binary variables: (1) the participation of women in local governance – a measure that is seen to be particularly important within the historically matrilineal First Nations of the West Coast of Canada – and (2) the provision of child and family services within the community. Among the many ways to quantify the level of participation of women in local band councils, the simplest was to count the number of council seats occupied by women in order to determine whether women constituted a majority of council members. Our child-services measure was constructed at the urging of Aboriginal leaders who were eager to assess the impact of their efforts to overcome what has become known as the "Sixties Scoop" – a period in the 1960s when large numbers of Aboriginal children were removed from parental care and placed, either temporarily or permanently, in the care of non-Aboriginal persons or institutions. Many communities have been labouring to gain control of child-custody and child-protection services from provincial child-welfare agencies. Our measure indexes the progress that communities have made in acquiring such control and in implementing these services at the local level. Finally, we supplemented this last variable with measures of the proportion of children within each community who had been removed from parental care. This continuous variable for children and youth in care served as a check against the possibility that control over child services was confounded with the relative size of the population of children in care. That is, the "devolution" of control over child and family services from provincial to local authorities might have proceeded not according to the actual capacity of the local community to undertake such services but according to government perceptions of the size of the problem.

As in our first study, the presence or absence of each factor within each First Nations community was assessed with reference to federal and provincial data sources and by contacting local community authorities. Suicide rates were calculated for each factor, and the number of factors present in each community was used to produce a measure of the cumulative impact of all these factors on suicide rates. In addition to replicating our earlier efforts to determine the ways that cultural continuity might affect youth suicide, we also collected data on all adult suicides.

Once again, each of our original set of six factors proved to be predictive of suicide rates. As shown in Figure 10.12, suicide rates are lower within communities that have succeeded in their efforts to attain self-government, or have a history of pursuing land claims, or have gained control over education, health, police, and fire services, or have marshalled the resources needed to construct cultural facilities within the community.

It was also the case, as shown in the figure above, that communities in which women form the majority within local government are marked by lower suicide rates, as are

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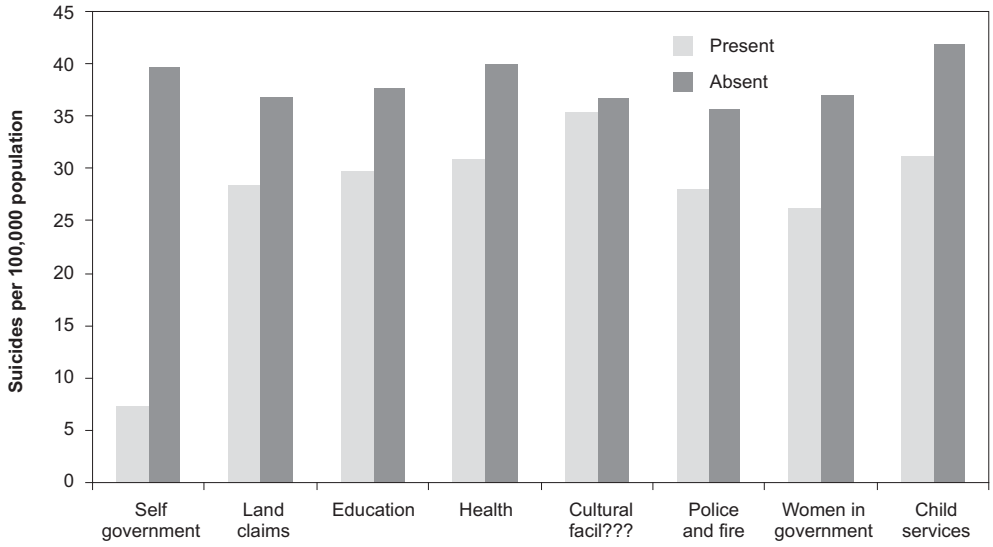

FIGURE 10.12 Suicide rates by cultural continuity factor (BC, 1993-2000)

those who have managed to gain a considerable degree of control over child and family services. Although there was a significant correlation between the suicide rate and the average proportion of children in care ($r = .18$, $p = .014$), communities in which the observed suicide rate was zero had reliably fewer children in care than did communities in which suicides had taken place. The mean percentage of children and youth in care was reliably higher in communities that experienced suicides (1.4%) than in communities that did not (1.1%) ($F_{(1,195)} = 5.15$, $p = .025$).

When communities were grouped according to the number of factors present – yielding a score that ranged from 0 to 8 – the cumulative effect of these variables on suicide rates became evident (see Figure 10.13). Once again, having more of these factors is better than having fewer, and attaining all eight reduces the suicide rate to zero. To gain a better purchase on the interrelations among the original set of six cultural continuity factors, we combined the two data sets to examine suicide rates across the full 14 years of our research efforts (i.e., 1987 to 2000 inclusive). The downside of this strategy is that it discards the new variables added in our second study, but this is more than offset by advantages that accrue from extending the time frame over which a low-incidence event such as suicide is calculated. The full details of this analytic approach are forthcoming, but in short, here is what we found.

In relation to the other cultural-continuity factors, the attainment of self-government constitutes something of a capstone. Self-government is, for example, the only factor that never appears in isolation. Among the communities that have attained self-government, just two have fewer than five of the remaining factors. In overall statistical terms, the presence of self-government is strongly correlated with the total number of other factors

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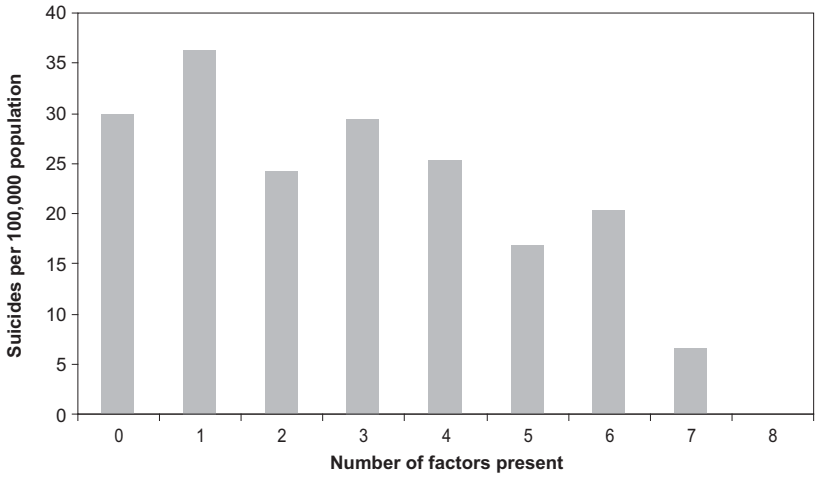

FIGURE 10.13 Suicide rates by number of factors present (BC, 1993-2000)

present within the community (Kendall tau-b = .31, $p < .01$). More intriguing, perhaps, are the patterns that appear in the constellations of factors that characterize particular sets of communities – or rather in the hard choices that communities make regarding the allocation of scarce material and human resources across competing economic, political, and cultural goals.

As one might expect, within the select group of communities that have managed to wrest substantial independence from provincial and federal rule, all were also marked by a long history of land claims litigation. Given the general reluctance of governments to relinquish power, one could hardly imagine how things could be otherwise. Still, a history of land claims was no guarantee of self-government: communities that have not yet achieved self-government are evenly split between those that do (52%) and those that do not (48%) have a history of land claims. Similarly, all but one of the self-governing bands also contained cultural facilities (the remaining band had achieved all other factors), and all but one self-governing band also exercised control over health care provision (the remaining band had cultural facilities and control of local police and fire services). All but one controlled police and fire services (the remaining band having elected to concentrate on health care and cultural facilities).

By contrast, within the set of bands that have yet to achieve self-government, most (72%) have erected cultural facilities, while the majority (77%) has yet to gain control over education and health care services (58%). As noted above, these bands are roughly evenly split in their land claims history and in the provision of police and fire services (52% provide such services). Clearly, then, the attainment of self-government marks communities as having been especially successful in their efforts to strengthen their traditional culture and to re-establish local political control over a host of community services.

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To further explore the interrelations among the factors, hierarchical loglinear analyses were conducted with the self-government variable removed. The simplest, best-fitting model (Likelihood Ratio π^2 (22) = 26.51, p = .23) contained a set of four two-way associations (all higher-order models were eliminated). The construction of cultural facilities is strongly paired with control over the provision of health care. Communities that have erected cultural facilities are more than twice as likely to have attained local control over health care services. Communities without cultural facilities are more than twice as likely also to lack control of police and fire services. The same relation holds for education and land claims: communities that either control the provision of education or have a history of land claims activity are twice as likely to control their own police and fire services and health care services.

What becomes readily apparent in these associations is that, in their quest for self-determination, communities elect to proceed in different ways. For many communities, success follows from the preservation or renewal of culture through the establishment of facilities dedicated to cultural purposes. Other benefits – in the form of increased control over local community services – appear to follow in due course. For other communities, land claims and education appear to be the primary goals. Here too success breeds success. The different constellations of factors that obtain as a result of these choices are reflected in the overall data pattern shown in Figure 10.14. Although having more factors present is evidently better than fewer, some combinations of factors offer more protective value than others. Whatever route is taken, our numbers show, these communities clearly have their eyes trained on the prize of attaining self-government.

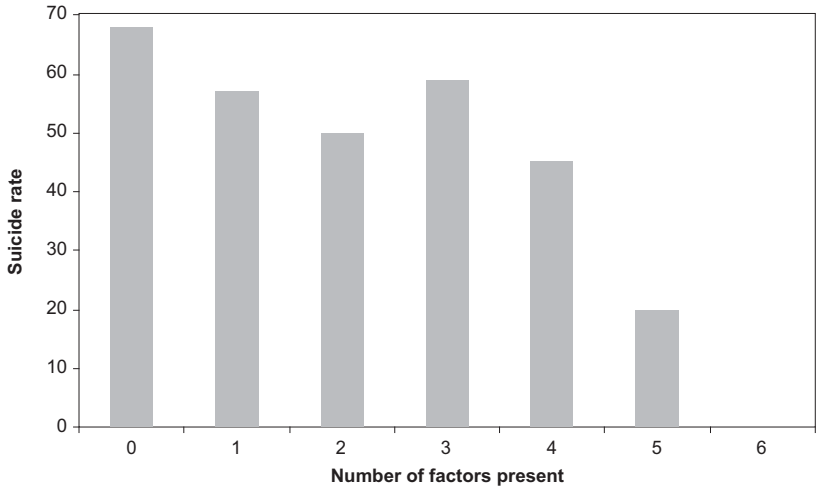

FIGURE 10.14 Suicide rate by number of factors present (BC, 1987-2000)

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Conclusion: From Data to Policy

Among the several action or policy implications that flow from the research just summarized, three in particular stand out. Two of these turn on the low to absent rates of suicide noted in many Aboriginal communities. The third grows out of advances in our knowledge of what specifically separates communities with high and low suicide rates.

The Myth of the Monolithic Indigene

The first of these implications is owed to our having exposed as false the mistaken idea that it is somehow possible, through the magic of long division, to capture generic truths about Aboriginal suicide in a single, totalizing, arithmetic gaze. It is, of course, technically possible to tally up suicide deaths, to divide through by the total of all Native persons, and to come up with a number indicating that "the" suicide rate among Aboriginal persons is somewhere between 3 and 7 times higher than the rate for the nation as a whole. Although who qualifies as Aboriginal and what counts as suicide are far from settled matters, the problem with such measures of "central tendency" is that the cross-community variability in suicide rates dwarfs anything else that might reasonably be said about these data. As a result, summary measures end up describing no one in particular and threaten to send us off in all the wrong directions. Clearly, if suicide rates across Aboriginal communities are as variable as we have shown them to be, then any summary statistic that represents Aboriginality as a seamless monolith is necessarily misleading and defamatory, and any "one size fits all" account or intervention strategy based on such summary figures cannot possibly be made to work. There is no monolithic indigene and no such thing as "the" suicidal Aboriginal. To imagine otherwise, and to invent uniform policies and procedures intended to serve Aboriginality in the large, needs to be seen as a mistake – one that represents, if anything, a kind of recoiling from "otherness" (Said 1978) and that threatens to squander scarce resources on preventing events that either do not happen or happen differently in different places (Duran and Duran 1995).

Whose Knowledge? Whose Best Practices?

A second set of implications contained in our research concerns matters of "indigenous knowledge" and arises not simply because suicide rates vary from one Aboriginal community to the next but because contained in this variable picture are so many bands for which suicide is essentially unknown. That is, it could have been, but was not, the case that British Columbia's tribal communities were still different, one from the other, in their respective suicide rates but that these differences simply ran from bad to worse. Instead, things were quite otherwise. As already mentioned, more than half the province's bands experienced no suicides during what is now a 14-year reporting period, and others enjoyed suicide rates equal to or lower than those found in the general population. The obvious implication of this finding is that, rather than simply being treated differently

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from their occasional counterparts whose suicide rates were found to be heart-stoppingly high, such communities should perhaps not be "treated" at all. Of course, some caution is required here; it could be that some Aboriginal communities without suicide are just those whose luck has not yet run out. It is, however, more likely that in Aboriginal communities that have no suicides, there must be sedimented knowledge about how to best avoid such tragedies – indigenous knowledge about how to create a life that is still worth living. This prospect not only runs counter to the widespread view that Aboriginal communities need to be saved from themselves but also invites a radical re-examination of two of government's most recently polished catchphrases: "knowledge transfer" and the "exchange of best practices."

These catchphrases are meant to prompt an audit of all the potential new knowledge that might be produced by a research program, along with some detailed strategy for ensuring that such information will be broadly shared. With rare exceptions, however, the only "best practices" one is likely to hear about are the positive findings to emerge from the reported research, and the words "transfer" or "exchange" are most often associated with plans to see that such findings are published in scholarly books or journals or otherwise communicated to one's academic peers. On rare occasions, plans are put in place also to deliver such information into the hands of communities, or at least those community leaders who can be counted on to put such "best practices" into action. Despite modest variations in such transfer schemes, knowledge exchange is invariably viewed as "top-down," and all that is required of lay people, end users, and community leaders is to quietly profit, as best they can, from the "trickle-down" of information produced by experts – information owned by the academy, promoted by government, and offered as largesse to those in need of being saved from themselves.

There are at least two sorts of practical reasons to recommend against an exclusive reliance on such "top-down" models of knowledge transfer and to entertain instead a much more horizontal, "lateral," or community-to-community form of information exchange, especially when such sharing concerns matters of Aboriginal suicide. One reason is that, because their efficacy is supported by at least some evidence, lateral transfers of information have some greater prospect of actually *working*. The other is that, in contrast to more "trickle-down" alternatives, efforts to promote sharing between Aboriginal communities – in this case, communities differently affected by suicide – could conceivably *be made to work.*

Working Out What Works

Simply knowing that some Aboriginal communities are free of suicide, while in others suicide is epidemic, is not the same thing as having adequately mapped suicide's epidemiologic causes and course. Nevertheless, it is a respectable empirical beginning, and in our own program of research, we have made some progress in sorting out what it is that distinguishes communities with especially high and low suicide rates. What we already know, at least in the case of British Columbia, is that those communities that have achieved a

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measure of self-government, that were quick off the mark to litigate for Aboriginal title to traditional lands, that promote women in positions of leadership, that have supported the construction of facilities for the preservation of culture, and that have worked to gain control over their own civic lives (i.e., control over health, education, policing, and child-welfare services) have no youth suicides and low to zero rates of adult suicide. This is not to say, of course, that anyone in communities without suicides necessarily has explicit or declarative knowledge of exactly what they are evidently doing right or that they chose to do the things they do for the reason that they might buffer against suicide. Nevertheless, such findings do provide some content for potentially productive community-level conversations about what to do next, and they will hopefully provide a beginning basis for the sharing of knowledge and practices between bands with low and high suicide rates.

Whatever their other merits, not every conceivable intervention strategy has the same prospects of being welcomed or endorsed by the communities they are meant to serve. Given the chronically subjugated status of Aboriginal peoples and the long history of "epistemic violence" (Spivack 1985, 126) directed against their traditional knowledge forms, it should come as no great surprise that they often show themselves to be mistrustful and less than welcoming of whatever appears next in the long train of government initiatives, all of which are alleged, in their turn, to be just what the doctor ordered. At least as analysts of postcolonial and colonial discourse would have it (e.g., Berkhoffer 1978; Duran and Duran 1995; Fanon 1965; Gandhi 1998; Nandy 1983; Said 1978), knowledge invented in Ottawa or elsewhere and then rudely transplanted root and branch into someone else's backyard is often and rightly understood to be just another flexing of the dominant culture's "technologies of power" (Foucault 1980) – another weapon wielded by those who have such power against those who must suffer it. A key plank in the platform of such accounts is that conquering cultures routinely work to brand "indigenes" as childlike, to label their indigenous knowledge as mere superstitions, and to reframe their own attempts to colonize the life-worlds of conquered peoples as well-intended educative or "civilizing missions" (Gandhi 1998, 13) aimed at dragging some otherwise "stone-aged" peoples kicking and screaming into the "modern" world. Such acts of "epistemic violence," whatever else they may do, guarantee the positional inferiority of indigenous people, further marginalize their voices, and undermine any possibility that they might be seen to know best how to manage their own affairs. Instead, such fundamentally elitist views promote the idea that serious knowledge about how (in this case) suicide might be prevented all ends up being the exclusive province of experts.

Although it remains a matter for debate just how many of these postcolonial charges can be made to stick in the case of Aboriginal suicide, what is not in serious doubt is that something like such dynamics work to endorse what we have termed "top-down" models of knowledge transfer – models that imagine that all real knowledge is a product of the academy (Chandler and Lalonde 2004; Lalonde 2003). What is mistaken about such views is that, in addition to being frankly defamatory, they effectively rule out of court the very possibility that there might actually be indigenous knowledge and practices or that such

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information could be profitably put to use in some "lateral" or community-to-community intervention program aimed at promoting exchanges between groups that enjoy greater or lesser levels of success in addressing their own problem of suicide.

That many Aboriginal communities are effectively free of the problem of suicide is of course not the same thing as demonstrating that they already have explicit or declarative knowledge of why this is so. Consequently, a great deal obviously remains to be understood: (1) about how social scientists might collaborate with Aboriginal communities to better access that knowledge and those practices that serve to insulate some, but not all, against the threat of suicide; and (2) about how this knowledge (or these "best practices") can be "transferred" or "exchanged" or, more simply, shared with other communities where such knowledge has not yet been accessed and where such practices continue to be left undone. Still, however short we may currently fall in knowing what needs to be done, the job of tackling all of this unfinished work seems altogether more promising than the alternative of simply clinging to that residue of lingering neo-colonialist thought that, as Fanon put it, continues to "want everything to come from itself" (1965, 63).

Notes

1 That we have shown that some First Nations are operating in ways that work to reduce and even eliminate youth suicide has not gone unnoticed within the Aboriginal community and among government policymakers. In British Columbia the Office of the Provincial Health Officer and the BC Ministry of Health have adopted the methodology we developed as their de facto standard for surveillance of Aboriginal suicide. The findings from the latest study were featured prominently in the provincial health officer's 2001 report on *The health and well-being of Aboriginal people in British Columbia* (BC Provincial Health Officer 2002) and formed the basis for three of the six major policy recommendations contained in the report. At a national level, the work was presented by Indian and Northern Affairs Canada to the House of Commons Standing Committee on Aboriginal Affairs during the committee's deliberations on the proposed First Nations Governance Initiative, and it has been presented by representatives of the Aboriginal Healing Foundation to the Senate Committee on Aboriginal Peoples. This research was also extensively quoted in the final report of the Advisory Group on Suicide Prevention, *Acting on what we know: Preventing youth suicide in First Nations*, jointly commissioned by National Chief Matthew Coon Come of the Assembly of First Nations and the federal minister of health, Allan Rock. In particular, the research was used to underpin recommendations aimed at "supporting community-driven approaches; and creating strategies for building youth identity, resilience and culture" (Health Canada 2002, 7).

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