

Indigenous Suicide in Canada: A Synthesis

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## **Abstract**

### **Indigenous Suicide in Canada: A Synthesis**

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Indigenous suicide (particularly amongst youths) in Canada is an exceedingly complex and harrowing phenomenon. The First Nations suicide rate is three times higher than the non-Indigenous national average and the Inuit suicide rate is nine times the national rate. However, excessive suicidality is by no means a commonality amongst every Indigenous community, as the majority of bands have well below the national average, with significant amount having zero suicides. Thus, it is select bands that have epidemic level rates of suicide to the point that it spikes the Indigenous national averages. This has bred both a very unique and urgent set of circumstances. Circumstances that are undoubtedly impelled by the legacy of colonial policies compounded with neo-colonic socio-economic conditions Canada's Indigenous populations find themselves within. This has led to many researchers from a variety of disciplinary backgrounds and methodological approaches to try and contend with. It is therefore the goal of this thesis to present, evaluate, and synthesize the leading research on Indigenous suicide in Canada. Namely, cultural continuity (Chandler & Lalonde), suicide clusters & communication (Niezen), historicity of suicide & institutional control (Kral), mixed-methods prevention oriented approaches (Kirmayer), and Indigenous perspectives on neo-colonialism and its impacts on Indigenous identity and suicide (Talaga). All with the intent to inform further researchers, advocates, and policy makers with the best ways to understand and hopefully prevent this phenomenon.

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Sociology MA Thesis

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## Indigenous Suicide in Canada: A Synthesis

### MA Thesis

### **Introduction**

Suicide amongst First Nations (particularly youths) is and has been a significant social issue in Canada (Chandler & Proulx, 2006: 137, Kirmayer, Brass, Holton, Paul, Simpson, Tait 2007: 14; Niezen, 2009: 131). Aboriginal suicide in Canada is striking in that some communities suicide is virtually non-existent whereas in others the rate is so exorbitant that it drives the national rate of First Nations suicides to thrice that overall of the Canadian average, along with Aboriginal youth suicide to five times their Canadian counterparts (Chandler & Proulx, 2006: 137, Kirmayer, et al., 2007: 14, 21-22, Niezen, 2009: 131). Moreover, Inuit suicide rates are nearly ten times that of the national average, yet many communities have no suicides as well (Statistics Canada, 2019, Kral, 2019: 84). Thus, given the extreme disparity in how suicide manifests amongst First Nation peoples, many researchers have sought to examine this phenomenon to pinpoint its origins as well as means for prevention/intervention. Herein lies the intent of this project: to provide a synthesis of the most prominent frameworks that conceptualize and address the issue of First Nation suicide in Canada. The five main paradigms are: 1) self and cultural continuity, heralded by Michael Chandler & Christopher Lalonde, 2) communication and imitation, heralded by Ronald Niezen, 3) historicity of suicide and institutional control, posited by Michael Kral, 4) an integrated model approach as advocated by Laurence Kirmayer, and 5) an Indigenous activist perspective provided by Tanya Talaga. Furthermore, government responses will be explored due to their complicity in this situation. The aim of this synthesis is to provide a compilation of the leading conceptualizations of First Nations suicide in Canada in order to aid researchers, communities, and/or policy makers in understanding some of the key (sometimes interlocking, sometimes conflicting) perspectives on this phenomenon which could lead to potentially influencing further research and policy making regarding this subject.



## Methodology

It is certainly important to justify the corpus of works this thesis is attempting to synthesize in order to offer possible new pathways for deepening our understanding of suicide among Indigenous peoples in Canada. No randomized search has been made to retrieve, out of data basis, the most represented studies in the field. It is of course debatable to have proceeded this way. Nonetheless, the authors presented here represent the great studies, conducted over a protracted period of time, bearing specifically on Indigenous suicide, that comport an empirical dimension as well as an original theoretical approach, and have gained recognition in academia (their specific contributions will be discussed shortly). The primary authors selected here all possess an ambition to grasp the phenomenon of Indigenous suicide *as a whole*, in ways that link the collective phenomenon with its individual manifestations. In a sense, we have favored a focused literature review (similarly to Jeffrey Ansloos) of the most widely recognized studies rather than a systematic literature review of the totality of Indigenous suicide research (Ansloos, 2018: 10). We have thus endeavored to provide the most relevant and insightful information on the subject of inquiry in lieu of an exhaustive account (Ansloos, 2018: 10).

One of the reasons to proceed in this manner is because the field of suicide studies has been dominated for the last 50 years by the paradigm of *suicidology*. According to this paradigm suicide is not related to any deeper meaning and is just something that should be stopped based on the grasp of “factors” that characterize suicidal “behavior” of the individuals therefore pathologized (Dagenais, 2007a). The anti-humanist perspective exhibited by this dominating paradigm stands in rupture with the spirit that characterized the discipline of sociology since the groundbreaking suicide studies conducted by Emile Durkheim, Thomas Masaryk, Gabriel Tarde, etc. A real industry of so-called suicide prevention has emerged, since the work of the American psychologist Shneidman, who interpreted suicide as a *cognitive mistake* that is a function of an “unbearable *psychache*” that is devoid of any specific content (Dagenais, 2007a). His approach quickly spilled over the Canadian border and has gained an almost spectacular success in Quebec, so that it would be possible to correlate the rise of this industry with the rise of youth suicide in general and with Indigenous people in Canada (Gagné & Dupont, 2007). What the studies on which this thesis relies on share in common is that they all represent paradigms that are starkly opposed to suicidology. This is in large part, as we shall see, that suicide prevention programs do not immediately come out of such studies (with the exception of Kirmayer).

The interpretations that are relied on in this study are aligned with the anti-suicidology sentiment shared by Indigenous epistemologies for understanding suicide among Indigenous peoples (Kral, 2019: IX; Ansloos, 2018: 17-18; Talaga, 2018: 177-178; Niezen, 2009: 11; Kirmayer et al., 2007: 98; Chandler & Lalonde, 1998: 192, 201). To begin with, they were written by people who shared contempt for this situation that is a shame upon our society, and sought understanding of this situation, without necessarily being concerned with prevention in the first place<sup>1</sup>. Here are a few brief remarks to shed light on the merit of the studies included

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<sup>1</sup> When Michael Chandler was asked questions about suicide prevention by the members of the Canadian Senate to whom he had just presented the results of the research conducted with Chris Lalonde, he responded with two things: one, communities that experience few to no suicide are not characterised by their suicide prevention programs but rather by the political control over their destiny; second, if something can work it is horizontally, through the sharing of experience between communities.

here. The late Michael J. Chandler and Chris Lalonde (along with their many research assistants who aided them over the decades of their studies) employed a development psychological approach rooted in the theories of foundational psychologists William James and Jean Piaget, alongside a rigorous methodology that they fine tuned over the 20 years over their study (Chandler et al., 2003: 5). Their study provides many unique contributions, in that it built a conceptual system able to understand and draw a link between the individual and collective levels of suicide (personal and cultural continuity) (Chandler et al., 2003: 37). Moreover, they were prescient to shed a light on the many First Nations communities that were not experiencing suicide, which is a feature of Indigenous suicide that many of future researchers on this subject have attempted to grapple with (Chandler & Lalonde, 1998: 191).

The anthropologists Ronald Niezen and Michael J. Kral have both innovated within this space as well. Their research is predicated on the anthropological standards set by the discipline's founders, in that they shared in the life of the populations that they studied. Niezen and Kral have lived in First Nations and Inuit communities respectively for so many years that the term "fieldwork" may indeed be too light of a methodological expression to account for their research. Niezen's numerous publications, as of the 1990s (see bibliography), testify to the fact that his entire career has been devoted to becoming an advocate of First Nations struggles. Having worked for the Québec James Bay Cree as a political advisor, he had initially intended to do a long-term study of the Cross Lake First Nation community's campaign, then in its early stages, to redress grievances following from the construction of a large-scale hydroelectric project in the early 1970s. Particularly due to the failure of a compensation treaty, the Northern Flood Agreement, signed in 1977 (Niezen, 2009: 8). The Cross Lake community demanded from him that he lived for two years with his family in Cross Lake in order for them to agree to collaborate with him. He got involved with the study of suicide almost by accident, and he spent several years coming to terms with this. His work is unique for his attempt to understand a specific phenomenological dimension of indigenous suicide, the fact that suicide clusters are so common (Niezen, 2015: 107-108). Furthermore, Niezen is more concerned with trying to understand the messages underlying the dramatic rates of suicide and the form this epidemic has taken rather than trying to trace suicidal behavior (Niezen, 2009: 139-140). Accordingly, Niezen's theoretical paradigm is to interpret suicide almost rationally based on the politics and communication of suicide (Niezen, 2015: 108; Niezen, 2009: 140).

Michael J. Kral has spent some 25 years studying suicide among the Canadian Inuit population, living with them for years and collaborating with Inuit scholars (Kral, 2019: XI). Besides this long-term relationship, through which he has been accepted by multiple communities, Kral's work is unique from other researchers in that he is able to tackle a historicity of Indigenous suicide (Kral, 2019 IX-X). Colonialism, he argues, is unquestionable at the root of Inuit suicide, while at the same time being too broad an explanation (Kral, 2019 IX-X, 45). This is because he was able to pinpoint that Inuit suicide fully belongs to the ramifications from what he calls the *government era* (Kral, 2019: 9). This period, occurring in the 1950s was characterized by forced settlement of this nomadic people, being folded into the Canadian capitalist economy without any attempt at integration, and being subjected to residential schools (Kral, 2019: 10-11, 39). Accordingly, Kral was able to underscore the unique situation the Inuit people have been faced with and its consequences, having suffered centuries worth of colonization in a mere decade, and in doing so is thus far seemingly the only researcher to

highlight when exactly a suicide epidemic had started within an Indigenous community (Kral, 2019: 45-46)

Rounding out the preeminent researchers covered in this thesis are the transcultural psychiatrist and psychological anthropologist Laurence J. Kirmayer and the nationally recognized Ojibwe journalist and author Tanya Talaga. What these authors share in common is that they are both more action oriented. Kirmayer's research, conducted in conjunction with the Aboriginal Healing Foundation (and a sizeable team of researchers), offers a unique contribution to the subject of Indigenous suicide in Canada in his attempt to correlate as many possible socioeconomic factors, which are not necessarily considered by the other researchers. These factors range from depression, hopelessness, low self-esteem or negative, self-concept, substance use (especially alcohol), suicide of a family member or a friend, history of physical, or sexual abuse, family violence, unsupportive and neglectful parents, poor peer relationships or social, isolation, and poor performance in school (Kirmayer et al., 2007: XVI). Moreover, Kirmayer is the researcher here that is most explicitly concerned with providing detailed prevention plans (that are to be tailored to and informed by the community in question) (Kirmayer et al., 2007: 99, 101). Conversely, Talaga is unique in that she provides an accounting of this phenomenon from an Indigenous perspective provided by herself alongside a considerable number of interviews with Indigenous peoples affected by this epidemic. Her discussions of exactly how neo-colonial policies such residential schools, Indian hospitals, the "Sixties Scoop" and institutional biases have impacted Indigenous identities provide first-hand insights into this tragic situation from the people afflicted that the other researchers have not (Talaga, 2018: 24, 40, 130, 149). Moreover, she discusses Indigenous social movements from an activist perspective rather than the realm of theory that most of the other researchers here dwell in (Talaga, 2018: 156-157, 200-209).

Each of these studies is in and of itself remarkable and gained recognition in academia. Furthermore, they are centrally concerned with suicide, that is to say they all include empirical studies together with original theoretical attempts to understand it. Now, taken together they constitute an almost all-encompassing grasp of the phenomenon. The historicity of the phenomenon (when did it begin?) is tackled by Kral. Niezen focuses on its phenomenal shape in order to grasp the specific meaning of Indigenous suicide. Chandler and Lalonde link in a way unique the individual and collective dimensions and succeed in highlighting the difference between communities experiencing dramatic suicide rates and others experiencing none, thus helping us to understand the resilience of some communities. It is difficult to find elsewhere than in the work of Kirmayer a wider a review of all the components at work in Indigenous suicide combined with working toward transcultural psychiatry and in-depth prevention measures at the micro, meso and macro levels. Talaga provides important insights into the existential questions Indigenous people must grapple with when attempting to constructing their identity having to choose life or death in the wake of colonialism and in the face of contemporary neo-colonialist policies. Finally, analysis of the Canadian government responses to the Indigenous suicide epidemic has been conducted here due to their unquestionable role in this phenomenon.

The decision to try and synthesize such important studies, so different from one another, was motivated by the hope that a humble candidate to a master's degree might identify new research perspectives. This has been endeavored by highlighting the strengths and daring to point out the shortcomings of these great studies, along with attempting to emphasize and synthesize prevailing forces throughout this corpus research that others have not. The choice of this particular corpus of works remains a matter of (informed) judgement, and judgments are always

open to debate. Now, if, as we believe, that in choosing them we succeeded in covering a wide array of works, encompassing several dimensions and originating from various disciplines, without question there are still important studies that have remained outside the purview of this thesis. This is undoubtedly a limitation of this work.

It must be acknowledged, to begin with, that the large corpus of robust suicide prevention programs elaborated by the various Indigenous communities has been omitted. This is not to disregard the importance of these many crucial prevention efforts that are currently being led throughout Indigenous communities, as the scope of this thesis is already exceedingly large (perhaps too much so), and as shall be seen, is more concerned with researchers attempting to *understand* this phenomenon rather than attempting a suicidology of it. Moreover, a case-by-case analysis of the plethora of Indigenous led prevention plans merits a dedicated work in and of itself in order to do it justice.

Also, perhaps most notably absent throughout the body of this work is the emergent field of Indigenous Critical Studies that is now more and more concerned with suicide. It must be made plain that this thesis advocates for dissemination and incorporation of Indigenous Critical Studies into the wider corpus of Indigenous suicide research. However, this nascent field is largely aligned with the researchers discussed here in that they are all decidedly against a contemporary suicidology approach for addressing Indigenous suicide. Thus, in order to compensate for the absence of this perspective a brief presentation of Indigenous Critical Studies will be given using Jeffrey Ansloos as a representative. This is done with the hope of establishing for the reader as they read on a convergence between the researchers covered here and Indigenous epistemologies. What is more, as this emergent field continues to grow there is no doubt that similar works to this thesis in the future must attempt to provide a more wholesale account of Indigenous Critical Studies concerning Indigenous suicide in Canada.

Like the authors to be discussed in this thesis, contemporary Indigenous Critical Studies rebukes conventional suicidology practices as being insufficient for addressing Indigenous suicide (Ansloos, 2018: 13). Coinciding with the professionalization of mental health services, suicide research has become monopolized by a biopsychological perspective that perceives suicide and suicide prevention to be static, individual, and recognizable (Ansloos, 2018: 13). Moreover, the dominant methodologies in suicidology are hyper-focused on developing “profiles” of a suicidal person that link assumed personality traits and cognitive characteristics as the main inducers of suicide (Ansloos, 2018: 14). For instance, Ansloos notes that the World Health Organization, bases their assessment on which individuals are at-risk for suicide on a suicidal profile consisting of factors such as previous suicide attempts, mental disorders, hopelessness, financial loss, etc. (Ansloos, 2018: 14-15). What this means is that, excluding socio-economic factors, pervading perspectives on suicide present the suicidal individual as being the antithesis of having a coherent and healthy self (Ansloos, 2018: 15). Furthermore, these mental illness and cognitive error centric viewpoints do not take into account the long-standing structural violence that has continually affected Indigenous peoples in Canada (Ansloos, 2018). Therefore, from this perspective, current suicidology essentially oversimplifies suicide in a way that positions the suicidal individual as deficient and erases social implications (I.E., historical colonialism and contemporary neocolonialism) from the equation (Ansloos, 2018: 16-17).

This has proven neither helpful for preventing Indigenous suicide nor understanding the phenomenon at large, as overall Indigenous suicide rates have maintained elevated over the past 25 years (Ansloos, 2018: 11). Government suicide prevention efforts such as the National Aboriginal Youth Suicide Prevention Strategy (which will be discussed in greater depth shortly, and has also been heavily criticized by Niezen and Kral) have ultimately failed due to being inherently decontextualized, reductive, and stereotyping (Ansloos, 2018: 16, 18). This is easily exemplified by the fact that merely being an Indigenous person is framed as a suicidal determinant, when as illuminated by Chandler & Lalonde, there is massive variation in suicide from community to community (Ansloos, 2018: 18).

Accordingly, Indigenous Critical Studies postulates that Indigenous suicide research must be conducted beyond the boundaries of neoliberal multiculturalism and be guided by a cultural lens that makes a concerted effort to incorporate and value Indigenous cultural knowledge, approaches, languages, and ways of knowing (Ansloos, 2018: 18-19). Notably, Ansloos points to Chandler & Lalonde and Kral as successful research endeavors that have attempted to understand Indigenous suicide from these perspectives (Ansloos, 2018: 17, 18; Ansloos, 2022: 102). Thus, Ansloos argues that for Indigenous suicide research to truly be insightful and effective, a more dynamic understanding and utilization of Indigenous culture is desperately needed in order to design strategies that address the unique social, cultural and human needs of each community (Ansloos, 2018: 20). Moreover, Ansloos posits that it is imperative that research make a commitment to methodological approaches that decolonizes dominant perspectives of suicide and also must consider that Indigenous suicide is inextricably occurring during a context of ongoing colonialism (Ansloos, 2018: 21). As such, Indigenous scholars aim to reframe Indigenous suicide research in ways that lead to strategies that are ‘life activating, hopeful, justice seeking, community-building, and creative’ (Ansloos, 2018: 23).

Ansloos proposes three avenues for future Indigenous suicide research, felt theory, biosociality, and land-based relations. Felt theory is predicated on exploring felt knowledge within Indigenous communities in order to gain insight into the nature of Indigenous suicide unfiltered by regulation, governmentality, and risk assessment (Ansloos, 2022: 105). This way colonial harm can be articulated by Indigenous individuals in such a way that provides felt understandings that transcend typical psychocentric intervention-based conceptions of suicide (Ansloos, 2022: 105). Biosociality refers to the way Indigenous bodies themselves have been infringed upon by settler colonial structures (Ansloos, 2022: 105). Due to the extreme conditions imposed upon Indigenous peoples historically and contemporarily in Canadian society indigeneity itself can be considered a zone of biological struggle, as many communities have high rates of diseases such as diabetes, which is indicative to Ansloos as a “sort of exhausted existence” (Ansloos, 2022: 109). As colonialism encroaches upon the very biology of Indigenous people to the point of causing internal misery, Ansloos argues that Indigenous suicide must be (re-)analyzed as an intentional, de-pathologized, and rational response to the tumultuous existence categorized by living under a colonial empire (which is a very Niezen-esque in approach) (Ansloos: 2022: 105, 109). Lastly, Ansloos proposes an examination of the intersection of land, colonialism, and Indigenous suicide, so as to understand the importance of land to Indigenous people beyond reductive ecological terms (Ansloos, 2022: 111-112). As the treatment of Indigenous land by settler colonialism is fundamental to the assault on Indigenous peoples, contemporary relationship to land should be considered as a significant point of inflection in the influence or resistance to suicide. In summation, Indigenous Critical Studies

contends that Indigenous suicide needs to be extricated from the discussions of the mind and articulated in terms of colonialism and how it entangles Indigenous social conditions, bodies, and land (Ansloos, 2022: 113).

This thesis is proponent of the further advancement of the Indigenous Critical Studies' perspectives on Indigenous suicide in Canada. The connections between felt theory, biosociality, land-based relations and suicide will undoubtedly be fruitful new channels for future research. However, as these studies are relatively nascent, for the time being this thesis will be centered around the preexisting land-mark studies on Indigenous suicide in Canada. Therefore, this thesis should not be considered as a "static" work and as something to be amended as future research is conducted, particularly to further incorporate growing Indigenous epistemologies. It is also important to highlight, which will hopefully be made clearer to the reader as they progress, that the body of research covered in this thesis has been conducted with similar sentiments to that of Indigenous Critical Studies. For instance, the very first sentences of Kral's preface to *Return of the Sun* (2019) are:

"Suicide is typically looked at from an individual perspective, as a symptom of psychopathology, as a function of many risk factors. Theories of suicide usually take this approach. For the understanding of suicide among Inuit, these theories are unsatisfactory."

As well, Ansloos draws significant inspiration from Chandler & Lalonde and Kral, citing the former five times and the later four times between the two articles previously discussed and has multiple entries for each listed in his bibliographies (Ansloos, 2018: 11, 17, 18, 23; Ansloos, 2022: 102, 109). His discussion of biosociality and the statements that are being made when an Indigenous person rationalizes committing suicide is very much aligned with Niezen's theories on the politics of Indigenous suicide and suicide clusters (Niezen, 2015: 108; Niezen, 2009: 140). Moreover, there is a movement within contemporary sociology to dispute the ruling paradigm of suicidology. The work of my supervisor and his colleagues testify to that. They published, in 2007, the first and only issue of a Canadian journal in sociology (in French or English) entirely devoted to revisiting contemporary suicide in the light of the birth of youth suicide in our age and time. In the presentation of the special issue, they write that this special issue "offers itself as a refutation of the suicidological paradigm which, denying the truth of suicide, broaches it as a suicidal behavior devoid of any meaning." In this special issue, two papers (Gagné and Aujard) are explicitly devoted a criticizing suicidology.

The classical sociological perspective on suicide remains relevant today, both to counter the suicidology paradigm and to explain phenomena. It is evident, for instance, that the notion of anomie is very useful to understand the birth of youth suicide. However, and more importantly, the main contribution of sociology (as opposed to philosophy) has to do with the necessity to focus on the actual located and practical features of the phenomenon of suicide to understand what suicide is. This is the reason why Kral's work is so important: there is no escape from the necessity to trace precisely when suicide became a reality in Indigenous communities if we are to understand what it is. The same goes for understanding why suicide is more prevalent in males than females. The literature is almost silent on this (it is discussed at length by Kral, but not substantially in Niezen, Chandler & Lalonde, Kirmayer or Talaga). Therefore, we humbly believe that this thesis provides key insights into the where Indigenous suicide research is at

**now**, with the hopes of sparking future research directions based on our evaluations. Research that must also be bolstered by Indigenous Critical Studies.

By synthesizing the various theoretical perspectives on the phenomenon of Indigenous suicide in Canada into distinct (albeit at times contrasting and overlapping) paradigms, this project will provide a concise compendium for future researchers, social workers, and/or policy makers to be able to refer to when grappling with this issue. Although the paradigms compiled here may in instances contrast with one another (or at least are presented as such by author's, in the case of Niezen), each is evaluated without bias (beyond accounting for the critiques certain authors may have for one another, and constructive criticisms), as each archetype is substantiated by significant empirical evidence. Moreover, as much as each source may claim to be presenting the whole picture, each researcher is not without their blind spots, hence the need to evaluate and synthesize. As such, this synthesis can inspire future researchers to conduct studies that can further bolster or potentially disprove these paradigms, further attempting to contribute to a greater understanding of this clearly complex and nuanced phenomenon. Moreover, social workers, community leaders, and/or policy makers may use such a compendium to select the paradigm they believe best applies to the social context of their particular community and adapt that paradigm's prevention/ intervention methods within said community.

### **Key Concepts**

**First Nations**: Term used as an identifier for Canada's non-Arctic aboriginal/Indigenous peoples who lived in Canada prior to European contact and colonization. This term is used to represent the fact that Canada's Indigenous population is composed of various distinct cultures, each with their own traditions, languages and histories (Gerber, 2014: 124; Centre, 2019: 47). Within this paper the term is used interchangeably with aboriginal or Indigenous.

**Inuit**: Inuktitut word meaning "the people". Used to describe the Indigenous people of Arctic Canada. Inuit communities are situated in the Northwest Territories, Nunavut, and Northern Quebec (Nunavik) (Library and Archives of Canada, 2020).

**Suicide**: Term applied to any case of death that was the result (whether directly or indirectly) of a positive or negative act, carried out by the victim themselves, in which they were conscious of what result their action would produce (Durkheim, 1897 [2006]: 19).

**Youth Suicide**: Suicide committed by young people within the age group 15-24. Globally, suicide is the second leading cause of death amongst young people in this cohort (Grimmond, et al., 2019: 2; Doran & Kinchin, 2020: 1)

**Cluster Suicides**: A high number of suicides occurring in close temporal and geographical proximity, and often amongst the same cohort (Niezen, 2009: 130; Robinson, Lay San Too, Pirkis, & Spittal, 2016: 1-2; Hanssens, 2016: 38-39).

**Self-Continuity**: The ability to constitute one's linear identity across their past, present, and future. Youth who experience a lack of self-continuity are more likely to be prone to self-destruction and suicide (Chandler & Lalonde, 1998: 198-199; Santo, Martin, Recchia, & Bukowski, 2018: 876; Ji, Hong, Guo, Zhang, Su, & Li, 2019: 736).

Cultural-Continuity: An extension of the premise of self-continuity to a macro-cultural scale. The degree to which a culture is able to maintain some sort of continuity from what they were to what they are now, and what they will be in the future, in spite of changes over time. A lack of cultural continuity in a given community can influence the suicidality of its constituents. For example, places where First Nations have had their language, traditions, and institutions dismantled are more prone to suicidality than bands whose culture has persevered according to Chandler and Lalonde (Chandler & Lalonde, 1998: 199-200, 215).

Integrated Model Approach: A systematic macro and micro approach to examining the factors that can result in First Nations suicide on the community, family, and individual level. This model is cross-disciplinary, integrating biological, psychological, developmental, and socio-historical dimensions (Kirmayer, et al., 2007: 98).

## **Overview**

### Suicide in General

Each year around 800 000 people die from suicide, which is twice as many deaths annually then caused by homicides, and is one of the leading causes of death globally (further, this figure that is likely underestimated due to underreporting of suicides in countries where suicide is illegal/heavily stigmatized as well as many being labelled as accidents) (<https://ourworldindata.org/suicide>; Pollock, et al., 2018: 1). While global suicide rates have been decreasing since 1990, global Indigenous suicide rates have generally been increasing (<https://ourworldindata.org/suicide>; Pollock, et al., 2018: 4). However, that is not to say that suicide is an extensive issue for all Indigenous groups globally, as suicide rates vary drastically from group to group/culture to culture (in fact Pollock, et al., identified 21 studies which indicated Indigenous suicide rates being lower than their non-Indigenous counterparts from the same relative regions) (Pollock, et al., 2018: 5, 14). Indigenous communities with high suicide rates are generally associated with struggling to cope with the adverse effects of colonialism (systematic violence, dispossession, assimilation, etc) (Clifford & Doran, 2013:2; Pollock, et al., 2018: 2). This is the situation in Canada, the United States, Australia, and New Zealand, wherein not every Indigenous community within these countries may have particularly high suicide rates, but the ones that do are so excessive that they drive each countries' national suicide rates statistics for their Indigenous populations to be 2-3 times higher than their non-Indigenous populations (Clifford & Doran, 2013: 1-2; Pollock, et al., 2018: 1-2, 5). As we shall see, it is the stark disparity in suicide rates from Indigenous community to community relative to the general population that has made First Nations suicide in Canada such an opaque social issue (Chandler & Proulx, 2006: 137, Kirmayer, et al., 2007: 14; Niezen, 2009: 131; Kumar & Tjepkema [Statistics Canada], 2019: 6).

The act of committing suicide has been chronicled since at least antiquity and has had many shifts in terms of the semantics and perspectives surrounding both how it occurs and how it should be interpreted (Dagenais, 2021: 1-2). In antiquity, accounts of suicides were written with connotations that a voluntary death was perceived as an act of reflexivity (“embrace death”, “voluntarily go to Hades”, “die with one’s own hands”, etc.) which had a meaning that



corresponded more to voluntary death (Dagenais, 2021: 2-3). Christianity, although belatedly, would go on to replace this sentiment with an abhorring of suicide, framing it as an act of murder, as you are *killing* yourself (Dagenais, 2021: 3-4). Suicide from the Christian point of view would be postulated as a sin against oneself, against society, and against god (Dagenais, 2021: 7-8). The modern era long maintained this reprobation of suicide, although over time becoming more aware and understanding that suicide is a social problem (Dagenais, 2021: 7-8, 15).

In that perspective and according to Dagenais, it can be hypothesized that the contemporary semantics regarding suicide are that suicide have been trivialized (Dagenais, 2021: 15). Not in the sense that it is not viewed as a significant issue, but in relation to it being viewed as either almost as a positive in Antiquity or disapproval during modern Christian times (Dagenais, 2021: 15-16). Contemporarily suicide has become so widespread and commonplace, that it is just accepted as a trivial consequence of humanity, to which it signals a weak attachment (free from the moral implications of the past) (Dagenais, 2021: 15-16).

While the existence of suicide has become more accepted as a feature of human life, that is not to say it is not perceived as a major social and public health issue to be attempted to curb/combat (Recker & Moore, 2016: 78; Lorant, Kapadia., & Perelman, 2021: 2-3). However, the approach from which to tackle this issue is by no means unanimous, as in their strictest forms the disciplines of sociology and mainstream psychology view suicide from differing perspectives (Giddens, 1966: 276; Recker & Moore, 2016: 79-80; Lempert, 2018: 110). Sociology views suicide on a macro scale, as a function of the social factors in play within the society a suicide takes place (Stack & Gundlach, 1994: 1258; Recker, & Moore, 2016: 80). Where-as mainstream psychology addresses suicide on a case by case basis, focusing on the mental health of each particular individual (cognitive abilities, depression, disorders, etc) (Giddens, 1966: 280; Levi-Belz, Gvion, & Apter, 2019: 2). However, even within each discipline there are conflicting perspectives on suicide (Durkheim vs Tarde which we shall see later, for example) (Abrutyn & Mueller, 2014: 701; Niezen, 2015: 104). Furthermore, not all researchers necessarily confine themselves to one discipline in their approach, and many are trying more and more to account for both the macro and micro (sociological and psychological) factors in play in regard to suicide (Kirmayer, et al., 2007: 97-98; Lempert, 2018: 110-111; Levi-Belz, Gvion, & Apter, 2019: 1).

## Youth Suicide

Despite suicide in general being well documented (with various perspectives and interpretations) throughout history, youth suicide is a relatively contemporary phenomenon (Occhipinti, et al., 2021: 2; Smyth & Maclachlan, 2004: 83; Dagenais, 2007). Youth suicide only began to emerge as a pervasive issue in the 1950's/1960's, and while there are many differing perspectives on how/why it occurs, youth suicide is wholly considered to be a significant social and public health concern (Dagenais, 2007; Smyth & Maclachlan, 2004: 83-84; Thompson & Swartout, 2018: 807). Suicide is the second leading cause of death for adolescents worldwide (Thompson & Swartout, 2018: 813; CDC, 2021: <https://www.cdc.gov/nchs/fastats/adolescent-health.htm>). Many causal factors include mental health issues, emotional /physical/sexual abuse, drug and alcohol issues, and socio-economic factors (Occhipinti, et al., 2021: 2; Thompson &

Swartout, 2018: 809; Smyth & Maclachlan, 2004: 83). While these influencing factors largely overlap with those of “conventional” suicide, it is how said factors intersect and interact with issues concerning identity and coming of age which makes youth suicide a unique phenomenon (Dagenais, Thompson & Swartout, 2018: 808).

Both Dagenais and Thompson & Swartout argue that issue of coming of age and identity are at the crux of youth suicide (Dagenais, 2021: 18; Thompson & Swartout, 2018: 808). In Dagenais’ 2003-2005 study of 30 suicide cases in Abitibi (Quebec), he documented two clear suicide “types” that emerged, each one having to do with issues regarding entering adulthood (Dagenais, 2021: 18). The first type being a fear of becoming an adult, in which young people dreaded having to enter genuine adulthood, and instead they would solve this fear by attempting to be pseudo-adults within their own family (Dagenais, 2021: 18). For example, they would pretend to be their mother’s “man” or pretend to be the father of their cousin’s child, to such an extent that they ultimately killed themselves when their solution to avoiding adulthood proved impossible (Dagenais, 2021: 18). The second being an absolute refusal to acknowledge and adhere to the conventions of society that are ascribed upon entering adulthood (Dagenais, 2021: 18-19). In this case their hatred and refusal of society turns into a hatred and refusal of themselves (Dagenais, 2021: 18-19). Thompson and Swartout, in their epidemiology of suicide attempts amongst youths stress how in contemporary society emerging adulthood is a particularly precarious time in that an individual will likely endure many shifts in identity as they experience many changes in relationships, life goals, work aspirations, and worldviews (Thompson & Swartout, 2018: 808). Thus, the choices and circumstances surrounding someone in emerging adulthood greatly impacts their trajectory positively or negatively, which can influence the suicidality of an individual (Thompson & Swartout, 2018: 808, 813).

As we shall see shortly, in the First Nations communities which have inflated rates of youth suicide many of these preceding factors are present. Due to the omnipresent weight and impact of Canada’s colonial legacy many First Nations communities suffer from rampant poverty/socio-economic ailments, substance abuse, and various forms of familial abuse (Kirmayer, Simpson, & Cargo, 2003: 18; Dionne & Nixon, 2014: 337, 345). Moreover, due to policies of cultural destruction and forced assimilation imposed upon First Nations peoples, many Indigenous people are likely more susceptible to the potential issues that characterize youth suicide in the vein of those described by Dagenais and Thompson & Swartout (on a more exacerbated scale due to the profound impact of colonialism), whilst additionally having to grapple with the unique challenges of being First Nations peoples in (post?) colonial Canada (Chandler & Lalonde, 1998: 191, 193-194; Niezen, 2009: 142-143; Niezen, 2015: 111; Talaga, 2018: 17-18, 24).

### First Nations Suicide in Canada

First Nations peoples in Canada have contemporarily suffered from a higher rate of suicide than the rest of the general population: three times as much across Canada as a whole and ten times as much when isolating the Inuit regions (Kumar & Tjepkema [Statistics Canada], 2019: 5). For the purposes of this research, “First Nations” will refer to non-Inuit, non-Metis Canadian Aboriginal peoples, with any exceptions being noted. Suicide predominantly afflicts

Aboriginal youth, particularly males. The rate of suicide for First Nation males age 15-24 living on reserve relative to non-Indigenous males in the same cohort is almost seven times higher, as there are 78.8 deaths per 100 000 individuals in the former, versus 11.4 per 100 000 individuals in the latter. (Kumar & Tjepkema [Statistics Canada], 2019: 11). While on the surface these statistics may paint a picture that First Nations people across Canada are suicidal on a wholesale level, as the preeminent researchers on this subject have called attention to, this is not the case as the reality is much more nuanced (Chandler & Proulx, 2006: 137, Kirmayer, et al., 2007: 14; Niezen, 2009: 131). Suicide rates vary drastically from community to community amongst First Nations, with many bands in fact having much lower rates of suicide (sometimes even having none at all) than the general Canadian population, and it is in particular bands that suicide rates are so excessively high that it pushes the average suicide rates to their aforementioned heights (Chandler & Proulx, 2006: 137, Kirmayer, et al., 2007: 14; Niezen, 2009: 131; Kumar & Tjepkema, [Statistics Canada] 2019: 6). This can be evidenced from a study of British Columbian First Nation communities over an eight-year period which revealed greatly disparate suicide rates ranging from zero to 120/100 000 (the Canadian average is 12/100 000), with 90 percent of all the recorded suicides taking place in just 12-15 percent of the studied bands (Chandler & Proulx, 2006: 137, Kirmayer, et al., 2007: 14-15; Niezen, 2009: 131).

Thus, given that suicide is an epidemic in some Aboriginal communities and non-existent in others, researchers have sought to identify the crux of the unique issue that is First Nations suicide in order to frame (and thus understand) the phenomenon and to suggest prevention/intervention policies (Chandler & Proulx, 2006: 125-126; Kirmayer, et al., 2007: 1; Niezen, 2009: 129-130). Chandler and Lalonde attribute the phenomenon to the notions of self and cultural continuity which have been shattered in communities with high suicide rates by the legacy effects of colonialism (individual identity and cultural identities having been eroded) (Chandler & Lalonde, 1998: 191). Niezen conversely sees First Nation suicide through the framework of cluster suicides in that communication, whether through imitation, the media, and/or politics is central to manifestations of Aboriginal suicide (Niezen, 2009: 141-143; Niezen, 2015: 110). Lastly, Kirmayer and collaborators aim to provide an integrative model based on a cross discipline approach (biological, psychological, developmental, and socio-historical) which addresses First Nation suicide on a communal, familial, and individual level, by taking a systematic account of influencing facts (poverty, availability of guns, drugs and alcohol, depression, impact of residential schools, etc.) (Kirmayer, et al., 2007: 98).

### Inuit Suicide in Canada

Inuit suicide rates are even more drastically high than the general First Nations population statistics (although they do share the same phenomenon in that some communities have little or even no suicides) (Kral, 2019: 84-85; Kumar & Tjepkema [Statistics Canada], 2019; Stack & Cao, 2020: 86-87). In fact, the Inuit have one of the highest rates of suicide globally (Morris & Crooks, 2015: 311; Kral, 2019: 84). The rate of suicide per 100 000 persons is 184 for males and 55 for females versus the general Canadian population rates of 22.4 and 4.5 respectively (Kral, 2019: 84). Thus, the Inuit suicide rate is around ten times as much as the national average (Morris & Crook, 2015: 322; Kral, 2019: 84; Kumar & Tjepkema [Statistics Canada], 2019). Moreover, the median age of suicide is 20, with elderly suicide being very rare

(Kral, 2019: 84; Kumar & Tjepkema [Statistics Canada], 2019). This is the inverse when compared to White populations where suicide amongst the elderly is always more common (though youth suicide amongst the White population is still a mainstream social problem to be sure), thus illustrating how suicide amongst the Inuit youth is an epidemic statistically (Morris & Crook, 2015: 322; Kral, 2019: 84).

These exorbitant rates are usually attributed to the consequences of colonialism having eroded Inuit culture, their traditional kinship system, as well as forced (and failed) assimilation into Canadian culture and economy (Morris & Crook, 2015: 322; Kral, 2019: 48). This, similarly, to the consequences of colonialism on the general First Nations population, in turn has bred rampant substance abuse, physical/sexual abuse, poverty/unemployment, depression, collective powerlessness and anomie (Morris & Crook, 2015: 322; Kral, 2019: 44). Though there is major overlap in terms of colonial consequences between Inuit and First Nations peoples, the Inuit colonial experience is unique due to the fact that systematic colonial efforts were only enacted upon them following the second World War (Morris & Crooks, 2015: 322; Kral, 2019: 59-60). Thus, whereas First Nations peoples have suffered from colonialism and the cultural changes it has imposed for centuries, Inuit people had their entire culture dismantled within a generation (Morris & Crook, 2015: 322; Kral, 2019: 59-60). As such, this extreme rate of cultural change that Inuit people were involuntarily subjected to makes them unique in comparison to other Indigenous groups and is likely a predominant factor behind their extreme suicidality (Morris & Crook, 2015: 322; Kral, 2019: 44, 59-60).

### Residential Schools

Indian Residential schools (inspired from Indian boarding schools in the United States), were devastating institutions which were established across Canada as far back according to some sources as 1863 and lasted on the large scale until the 1960's (with one persisting until as late as 1996) (Kaspar, 2014: 2186; McQuad, et al., 2017: 423; Milller, 2019: 173). Residential schools had an overt agenda ("killing the Indian in the Child") of assimilating First Nations peoples into the Western-Christian Canadian society, and as such Indigenous children were legally mandated to attend and were forcibly expunged from their family homes on a wholesale level (Dionne & Nixon, 2014: 336; Kaspar, 2014: 2184; McQuad, et al., 2017: 423). What assimilation would ultimately look like in practice in residential schools was rampant mental, physical, and sexual abuse taking place under dreadfully unsanitary living conditions (Dionne & Nixon, 2014: 336; Kaspar, 2014: 2185; McQuaid, et al., 2017: 423). While this certainly caused a fissure in Indigenous peoples' relationship with their traditional cultures, it by no means succeeded in any measure in terms of integrating them into Canadian society, thus only serving to traumatize the Aboriginal population and leave many feeling situated in an alienated space outside of both cultures (Dionne & Nixon, 2014: 347; Kaspar, 2014: 2184-2185; McQuaid, et al., 2017: 424; Talaga, 2018 101-102).

Tragically, the impact of residential schools in Canada is still felt to this day for First Nations peoples. The children who attended residential schools would go on to suffer from a disproportionate level of mental health issues, lack of education and career success, poverty, substance abuse, self-harm, and some unfortunately would repeat the cycle of abuse that they had

imposed upon them in residential schools (Dionne & Nixon, 2014: 337; Kaspar, 2014: 2186-2187). These same social ills disproportionality have riddled the succeeding generations of First Nation peoples, and there is largely a consensus amongst researchers and community members that the intergenerational trauma caused by the legacy of residential schools plays a significant factor in each of these ailments (often manifesting through individuals who were forced into residential schooling being too traumatized to parent; unable to communicate with their child, lack of ability to convey warmth and intimacy, and repetition of abuse) (Kirmayer, Simpson, & Cargo, 2003: 18; Dionne & Nixon, 2014 337, 345) . Moreover, higher rates of suicide and suicidal ideation has been linked to First Nations peoples who have been or who are family members of someone who attended a residential school (McQuaid, et al, 2017: 427). Many of the major researchers on First Nations suicide in Canada (Kirmayer, Niezen, Talaga, Kral and the TRC) agree that the residual effects of residential schools are linked in various ways to the suicide epidemic facing many Indigenous communities across the country. (Kirmayer, et al., 2007: 70-71; Niezen, 2009: 8; TRC, *The Legacy*, 2015: 7, 140-141; Talaga, 2018: 13, 40, 176-177, Kral, 2019: 40-41).

## **Literature Review**

### **Continuity and Suicide: Michael Chandler & Christopher Lalonde**

Self continuity, a concept proposed by Chandler & Lalonde, refers to the notion of an individual being able to conceive of a consistent identity across their past, present, and future (Chandler & Proulx, 2006: 126; Santo, et al., 2018: 875; Ji, et al., 2019: 736). Self continuity is something that each individual must attempt to “solve”, as there is an existential paradox humans are confronted with, in that amidst the barrage of changes over one’s lifetime one must reconcile with the question, how do you remain the same (Chandler, et al., 2010: 3)? The inability for an individual to perceive of a linear temporal identity (often as a result of being unable to identify any future prospects) has been noted to induce serious psychological effects such as violence/destructiveness, self-harm, and most relevant here, suicide (Chandler & Proulx, 2006: 128; Sedikides, Wildschut, Routledge, & Arndt, 2015: 52; Santo, et al., 2018: 876). Research illustrates that youth indeed do dedicate significant thought to solving the question of how their identity is able to persist over time, and that what often distinguishes young people who are suicidal and those who are not are the formers inability to see unity of their person over time and thus are unable to provide a biography in which they can identify with themselves (Chandler, et al., 2010: 2-3). Chandler and Lalonde conducting a self-continuity survey of actively suicidal youth, of whom 83 percent of them were unable to distinguish any sort of linear identity of themselves or others (Gagnon, 2010: 80). Accordingly, self-continuity has been shown to be an influencing factor on youth suicide in the general population, but due to the adverse effects of colonization (assimilation, forced relocation, general destruction of people and culture) has had on First Nations individuals and their potential sense of identity, this concept has often been applied as an explanation for Aboriginal youth suicide (Chandler & Lalonde, 1998: 193-194; Chandler & Proulx, 2006: 136-137).

This has been demonstrated by Chandler, Lalonde, and their colleagues in a multitude of studies over decades regarding self continuity and suicidality amongst the general youth population as well as applying these principles to the First Nations Youth of Canada. Perhaps most striking is a multi-year study conducting by Chandler and Lalonde of some 400 youths, both Indigenous and non-Indigenous wherein they were tasked with discussing their biographical journeys and the ways they maintained their identities against the many (often dramatic) changes that life invariably would throw their way (Chandler, et al., 2010: 2). From these interviews a very telling feature emerged, there was a fundamental distinction between the way both groups conceived of their self continuity over time (Chandler, et al., 2010: 3). Aboriginal youth viewed their personal continuity as if it was a multipart story that they were a part of, dubbed by Chandler & Lalonde as a “narrative strategy”, whereas the non-aboriginal youth recognize that despite whatever developments of life may occur they remain essential the same, thus dubbed an “essentialist strategy” (Chandler, et al., 2010: 3-4). This is noteworthy as obtaining a linear personal identity may prove more difficult as their accounts of self-continuity are not necessarily about themselves, but about a story they are part of (therefore more depersonalized then the essentialist strategy) (Chandler, et al., 2010: 4). While Chandler and Lalonde posit that neither strategy is inherently stronger or weaker than one another, given that colonialism has systematically deconstructed Indigenous culture and they are actively oppressed by contemporary society it may prove more difficult for aboriginal youth to situate themselves within a coherent narrative story (one in which there are enough future prospects to justify continuing) (Chandler, et al., 2003: 66)

The way Chandler and Lalonde proceeded to get these warrants of self-continuity is worth being explicated. They asked the hundred of young interviewees to talk about the way they were five years ago and then about the way they are today. Noticing a set of significant changes, they would then ask these young people to explain how they are the same person, in spite of these changes. Moreover, using films, comic books, and summaries of stories such as, Victor Hugo’s *Les Misérables* or Charles Dickens’ *A Christmas Carol*, and stories culturally closer to First Nations *The Bear-Woman*, they would ask the same interviewees how they would account for the self-continuity of the main characters (Ebenezer Scrooge, Jean Valjean, the Bear-Woman). This methodology has been improved over the protracted period through which adolescent boys and girls from two cultures had been interviewed. The result was, on the one hand, a scale distinguishing five degrees of self-continuity accounts from the more “simplistic” (“my name is the same, I have the same birth spot”) to more and more complex narratives, linking the change in conditions to the flexibility of one’s sense of identity. Having interviewed children and adolescents, Chandler and Lalonde have also shown that their graded scale of self-continuity correlated with various psychological development scales (typically, Piaget’s developmental phases). Finally, and this is certainly one of the most relevant result as far as this thesis is concerned, they found that the vast majority (around 85%) of First Nations interviewees provided stories less centered on the self: they would recount a story they have been part of (Narrativist). Conversely, and according to the same proportion, interviewees of the mainstream population would base their continuity account on a fundamental feature of their self which remains the same in spite of changes remains essentially the same (Essentialist) (Chandler et al., 2003: 12-29)

This principles behind this notion have been taken even further by Chandler and Lalonde and expanded to be applied to the more macro-communal premise of cultural continuity, which

they have employed as a means of addressing the extreme disparity in suicide between First Nations bands (Chandler & Lalonde, 1998: 199-200; Chandler & Proulx, 2006: 136-137). This paradigm asserts that the degree to which First Nations communities have proactively been able to maintain a degree of their culture, through the persistence of traditions as well through possessing some forms of institutional autonomy/sovereignty (I.E running their own schools, law enforcements fire departments, hospitals, etc., - and not being dependent on the colonizer's institutions), correlates to the level of suicide in each given band (Chandler & Lalonde, 1998: 200-201; Chandler & Proulx, 2006: 138). Meaning that a lack of cultural continuity can breed a population that is particularly susceptible to issues of self-continuity (being unable to identify with their culture and thus be unable to see a future for themselves within the community/larger society) and thus provoke suicide (Chandler & Lalonde, 1998: 214-215; Chandler & Proulx, 2006: 139-140). With the inverse of course meaning a community with higher levels of cultural continuity is more protected against suicide (Chandler & Lalonde, 1998: 214-215; Chandler & Proulx, 2006: 139-140).

Chandler and Lalonde substantiated these claims through a study of First Nation bands in British Columbia, wherein they utilized data over a five-year period provided by Statistics Canada, the Department of Indian Affairs and Northern Development, and the Office of the Chief Coroner of B.C (Chandler & Lalonde, 1998: 201; Chandler & Proulx, 2006: 138). From this data Chandler and co. constructed a "cultural continuity index" based on what they conceived as 6 relevant variables: degree of self government; control of delivery over delivery of health, education, policing services, cultural resources; as well as engagement in litigation over Aboriginal traditional land rights (Chandler & Lalonde, 1998: 209-210; Chandler & Proulx, 2006: 138). Applying these scalable variables to the different B.C bands illustrated, in short, that the lower a community scored on this index, the higher the rate of suicide was in the community. Notably, bands with all of the protective factors displayed zero rates of suicide whereas bands that had none of the protective factors had as high as 100 times the national average rate of suicide, thus perhaps explaining the phenomenon of disparate suicidality in First Nations in Canada (Chandler & Lalonde, 1998: 211-212; Chandler & Proulx, 2006: 138-139). Of course, the communities that do not have these protective factors did not choose to have their culture and institutions ravaged by colonialism, and as such a model using cultural continuity as a form of prevention/intervention may require large scale communal effort, potentially with aid from organizations and policy makers (with the ultimate goal being to allow the community to be self sufficient) (Chandler & Lalonde, 1998: 215-216; Chandler & Proulx, 2006: 139-140).

### Communication, Imitation, and Suicide Clusters: Ronald Niezen

Ronald Niezen, an anthropologist and researcher of First Nations suicide contemporaneous with Chandler and Lalonde, attempts to refute the validity and application of their notion of cultural continuity (Niezen, 2009: 138; Niezen, 2015: 106). Niezen disputes Chandler and Lalonde's premise behind their study of cultural continuity in that he does not believe measuring contemporary forms of health, education, and police service can be equated with a continuity of a culture that previous existed in a completely different context (fur trading, subsistence hunting), and that was out of range of living memory (Niezen, 2009: 138; Niezen, 2015: 106). Further, Niezen postulates that historical trauma is an insufficient indicator of social

suicide in that it occurred so long ago it is difficult to tangibly measure, and as presented by Chandler and Lalonde, suicide varies wildly by community to community, yet all First Nations bands have suffered from historical trauma (Niezen, 2009: 134-135; Niezen, 2015: 106-107). Thus, Niezen advocates for instead examining each band's more immediate "post-colonial" history as an influence on suicidality (whether they were subjected to residential schools, forced relocation, and other more contemporary socio-political persecutions) (Niezen, 2009: 134-136; Niezen, 2015: 107). In this sense Niezen believes the interpretations posited by Chandler & Lalonde based on their data should be replaced by an increased recognition of the influence of culture on anxiety, depression and how they can give way to self-destruction (Niezen, 2015: 107). Given Niezen's dissatisfaction with the approaches presented by contemporaries, as well as his own personal experience and research, he situates his paradigm for explaining (and preventing) First Nations suicide within the framework of cluster suicides and Tardian theory of communication (Niezen, 2009: 130-131; Niezen, 2015: 107-108).

Cluster suicides, in general, are an observable phenomenon in which a large number of individuals within a short timeframe and from a similar cohort (age group, background, community) commit suicide one after another (Niezen, 2009: 130-131; Hanssens, 2016: 38-39; Robinson, et al., 2016: 1-2). Cluster suicides are essentially a "chain of death" that are provoked by *imitation* or *contagion* like effects, where one's act of suicide inspires subsequent suicides (Niezen, 2015: 107; Hanssens, 2016: 38-39; Robinson, et al., 2016: 1-2). Key to the understanding of this phenomenon is the paradox of a suicidal individual generally being socially isolated, and while the act itself is extremely individualistic, by joining the chain of a cluster suicide it provides an isolated individual a chance to exercise a sense of solidarity with their cohorts (Johansson, Lindqvist, & Eriksson, 2006:1; Niezen, 2015: 108; Hanssens, 2016: 39). As such there is an element of both individual expression and conformity that cluster suicides compel in individuals through contagion/ imitation (Johansson, Lindqvist, & Eriksson, 2006: 3-4; Niezen, 2015: 108-109; Robinson, et al., 2016: 6). Communicative media has been noted to play a significant role in inciting cluster suicides, as sensationalized news coverage and/or messages being spread through social media and television could contribute to popularizing a suicidal sentiment amongst the public conscious of a given cohort (Johansson, Lindqvist, & Eriksson, 2006: 1; Niezen, 2009: 141; Abrutyn & Mueller, 2014: 700). Thus, excessive media depiction (sensationalistic or otherwise) can communicate the idea of suicide as an option into a susceptible cohort that may be more likely to act on this notion (Johansson, Lindqvist, & Eriksson, 2006: 1; Niezen, 2009: 141; Abrutyn & Mueller, 2014: 700).

In regard to First Nations and suicide clusters, delving into bands with high suicide rates often illustrates that in the year that the statistic was enumerated, many young people from the same age group, social circle, and often family committed suicide in sequence (as evidenced by studies of Northern Ontario, Ojibwa, and Chippewa) (Niezen, 2015: 107-108). Therefore, it is worth paying attention to the way suicide clusters actually take shape in bands with high suicide rates in a particular year when the statistic was enumerated (Niezen, 2015: 107-108). Furthermore, Niezen notes the case of a suicide by a revered community leader in a Manitoba band which led to two distinct suicide clusters that highly augmented the bands suicide rate (Niezen, 2015: 108). The manifestation of suicide clusters in First Nations communities is often tied to two sentiments that have pervade public consciousness. The first being a sense of hopelessness that nothing can be done to improve the socio-economic status of the individuals within a community and/or all avenues for political action for them and their communities have



been blocked (and committing suicide represents their only [and last] chance at collective expression and political action) (Niezen, 2009: 138; Niezen, 2015: 108). Thus, successive suicides are often found in communities with institutions that are unable to adequately service their population (as a result of the post-colonial context), or in some case corrupt leadership failing their community (Niezen, 2009: 138-139). It is worth taking a brief side bar here to note that while Niezen is critical of Chandler & Lalonde's notion of cultural continuity, there is a similarity here just approached from opposite angles as one could deduce that blocked political avenues can be a symptom of a lack of sovereignty/institutional control. The second crucial factor is that Canadian media tends to "over-cover" suicide in First Nations communities, often overplaying and depicting suicidality, self-destruction, alcoholism, etc. as inescapable epidemics within a given community (Niezen, 2009: 141-142; Niezen, 2015: 109). Despite the fact that this phenomenon is of course an issue, having these circumstances be depicted over and over again, and in a light that does not attempt to actually solve the issue, in reality just magnifies it (Niezen, 2009: 142; Niezen, 2015: 109).

Accordingly, excessive media coverage and articulation of suicidality in a certain community, often serves to further breed a collective identity of suicidality within the community being covered (Niezen, 2009: 142-143; Niezen, 2015: 111). As such, prevention/intervention methods suggested under this paradigm are centered around using media positively and employing public outreach to construct a collective identity centered more around public representation and collective healing, then hopelessness and suffering (Niezen, 2009: 143). Moreover, it is paramount from this rationale to attempt to strengthen a sense of political agency amongst First Nations youth (Niezen, 2009: 147). And while Niezen does not agree with Chandler and Lalonde's rationale behind cultural continuity, he none the less agrees with him ultimately in terms of the importance of (re)establishing thriving institutions within First Nations communities in order to allow for the widespread sense of political agency and sufficiency that promotes mobility and self worth which can hedge against suicide and cluster contagion effects (Niezen, 2015: 110)

### Historicity of Inuit Suicide: Michael J. Kral

In his 2019 book, *The Return of the Sun: Suicide and Reclamation Among Inuit of Arctic Canada*, Kral provides a thorough account of the context of suicide amongst Canada's Inuit populations and details some of the methods of prevention that have been attempted, and should be attempted in the future. Kral has been conducting community based participatory action research with Inuit in Nunavut for over twenty years, with a lot of this book centering around his time spending a year in a particular (pseudonym'd) community (Kral, 2019: 2). Being both a clinical and cultural psychologist as well as a medical anthropologist, Kral brings an interdisciplinary approach to his research wherein he tackles Inuit suicide from a sociocultural-historical angle rather than the typical psychological individualistic perspective on suicide (Kral, 2019: 2). Kral claims that Inuit suicide epidemic began in the 1980s as rates began to elevate drastically in the aftermath of the systematic colonial efforts that were imposed upon the Inuit population in what has been dubbed the "government era", following World War II (Kral, 2019: 2, 10). The primary social problems that are inducers of suicide according to Kral are the colonial effects on kinship and intergenerational relationships, identity, and autonomy (Kral,

2019: 48). For Kral, the effects of the Canadian government's colonial effort (which is unique in that it happened much later historically and much quicker typically than many other Indigenous groups), reverberate through all of the social relationships of the Inuit, and are the cause of their contemporary social problems, namely suicide (Kral, 2019, 7, 47-48).

Kral notes that White contact with Inuit peoples only occurred in the 1800s (much later than general First Nations contact with White people across North America) (Kral, 2019: 7). Initially most interactions between the Inuit and White people were predicated on the fur trade and whaling industries (Kral, 2019: 7). While full scale colonial efforts would only commence in the late 1940's/ early 1950's, the colonial seeds of cultural discord began to be planted by missionaries not long after contact (Kral, 2019: 7-8). Not only did the effort to spread Christianity in and of itself contribute to the beginnings of a repression of Inuit culture, but both Catholic and Protestant missionaries were competing for the "souls" of the Inuit, which ultimately resulted in instances of infighting between Inuit converts of the two sects in otherwise traditionally harmonious communities (Kral, 2019: 25-26). Moreover, shamanism, a cornerstone of Inuit spirituality and traditional healing practices were forced underground and have generally been on the decline since the 1920 as a result of the influence of Christianity (Kral, 2019: 26). Thus, while the complete, history altering colonial events for the Inuit people only occurred in the mid-20<sup>th</sup> century, Kral does acknowledge some of the negative effects White contact had on Inuit culture pre-government era (Kral, 2019: 26, 32).

However, it was indeed the government era that truly changed everything for Inuit peoples according to Kral. Under the Cold War inspired agenda of wanting a military presence throughout traditional Inuit lands the government executed a systemic colonial effort wherein Inuit communities which were semi-nomadic and camp-based were forced to relocate into fixed settlements (this was also amidst a time where tuberculosis was rampant amongst Inuit peoples, leaving them with little capacity to resist) (Kral, 2019: 8, 10-11). Hunting dogs, which were traditional hunting partners of the Inuit were slayed en-masse by the RCMP in order to keep the Inuit within their settlement and to hinder their ability to be self-sufficient (Kral, 2019: 9, 13). Moreover, "Project Surname" was enacted which served as both a method of identity destroyer and tool of government surveillance as the Inuit population were given new Christian names and dog-tag numbers in order to identify themselves (Kral, 2019: 16-17). Unfortunately, of course Inuit children were subjected to the residential school experience just like the general First Nations population, as residential schools were established for Inuit peoples in the 1950's and 1960's (Kral, 2019: 27-28). As seen by all the research gathered here residential schools is one of the most horrific colonial methods in terms of its long-lasting effects in eroding culture and identity and breeding sexual/physical abuse, substance abuse issues, and general mental health issues amongst its survivors and across generations (Kral, 2019: 40-41). Kral notes the pervasive effects from Canadian colonialism upon Inuit peoples is the inducer of their social disorder and suicidality (and that the Canadian colonial effort meets the United Nations qualifications for genocide) (Kral, 2019: 44).

The enforcement of settlement life was a profound destructor of Inuit culture and traditions (it caused more "disorganization than organization") (Kral, 2019: 14). Kral stresses the impact that these imposed geographical restrictions had upon the Inuit way of life, as traditional hunter gatherers who lived a semi-nomadic camp-based lifestyle, many of their ancestral ties were to places outdoors and that were also indicators of the collective names by which the Inuit knew themselves (Kral, 2019: 14). Moreover, the switch to settlement life meant Inuit peoples

being flung into the Canadian economy, without being properly integrated (Kral, 2019: 10). During the 1950s when settlement life was imposed what had previously been the primary source of earning for Inuit people in the general economy, fur trading, had ended its viability (Kral, 2019: 10). Therefore, there was no real industry in place for Inuit people, which led to high rates of unemployment and poverty, and bred class systems and socio-economic disparity previously unknown to their society (Kral, 2019: 17).

Kral notes that currently hunting has become so expensive that less than 20 percent of male youth are hunters (which of course is very disheartening for a society where hunting had always been tied to male identity) (Kral, 2019: 99). Furthermore, the traditional Inuit kinship system being replaced with the nuclear family, along with the fact that never had so many Inuit peoples had to live in such close quarters together (higher level of birthrate vs lower number of dwelling) was major shock to the social foundations of Inuit life (Kral, 2019: 18, 33). Thus, the switch to settlement life disrupted so many foundational aspects of Inuit society at every level, in an unprecedentedly swift amount of time by colonial standards (the Canadian government even awarded some compensation to Inuit in Nunavut as an acknowledgement of the cruelty of the forced relocation into settlements) (Kral, 2019: 11-12).

Kral emphasizes the importance Inuit kinship had as the bases for their social life and relationships, and thus how the erosion of their system has been a central factor in sparking the current youth suicide epidemic (Kral, 2019: 48). Previously Inuit kinship was marked by communalism in which adoption, spouse exchange/polygamy, arranged marriage, and men not knowing which children they had fathered were all commonplace (Kral, 2019: 50, 69). This led to a sense of intergenerational connectivity in which children were loved and raised by the whole of the collective (Kral notes previous anthropological research which suggested Inuit never as much as scolded their youth) (Kral, 2019: 48, 50). In regard to Inuit kinship Kral cites famed anthropologist Franz Boas who once remarked in his field research amongst the Inuit “where among our people could you find such hospitality as here?” (Kral, 2019: 50). According to Kral’s interviews, respect for grandparents and Elders was an “unwritten law”, and the exchange of cultural knowledge between generations is noted from many of his respondents to be crucial to Inuit well-being (Kral, 2019: 53, 98).

Unfortunately, the Canadian colonial effort has resulted in severing the traditional Inuit kinship system, from one of strong intergenerational relationships, to a social context of intergenerational segregation (Kral, 2019: 59). Kral describes this paradigm shift as a switch from a vertical to horizontal families wherein previously each generation would bond with and have a reverence for one another, whereas now the culture has changed so quickly and so drastically that each generation feels disparate and isolated from one another (Kral, 2019: 59-60). The change from vertical to horizontal family paradigms has occurred throughout the Western world, however, elsewhere it has taken centuries to occur, whereas for Inuit it happened within a generation (Kral, 2019: 60). Hence, the high level of suicidality for the Inuit, as Kral notes suicide is generally associated with rapid social change (Kral, 2019: 60).

As such, there has been a severe drop in Elders being teachers in their communities, as well as a drop-in interest from youth in spending time doing cultural activities with their parents (which is tragic as Kral discovers through his interviews with both Elders and youth that each side craves interaction from one another, and they seemingly are both waiting for the other side to reach out) (Kral, 2019: 61, 63, 88). During his field research, Kral discovered two

predominant parenting types that were influenced by the switch to settlement life and the lingering effects of residential school attendance: parents who either learnt parenting from the previous generation, which fit poorly with modernism and parents who did not learn any parenting skills at all (Kral, 2019: 65). Moreover, having to comply with capitalism has forced Inuit communities to compete with one another rather than share communally as they did in the past, thus contributing to the severing of bonds within the community (Kral gives the example of families no longer sharing the spoils of hunting with the larger community as hunting has become too expensive to share) (Kral, 2019: 37). Thus, the premise of Inuit kinship which united each generation has been completely inverted where now each generation is alienated from one another, which Kral dubs intergenerational segregation (Kral, 2019: 60). Furthermore, Kral states that suicide in India and Sri-Lanka had been elevated due to eroded kinship ties, thus there are precedents tying issues of kinship changes and suicide (Kral, 2019: 80). This has set the stage for the youth suicide epidemic, as Kral claims previously youth suicide was unknown to the Inuit, and suicides that did occur prior to the government era were rare and of the Durkheimian altruistic nature (older members who did not want to be a burden upon their community) (Kral, 2019: 48, 86).

Given all of these preceding factors it is no wonder that problems of identity is a massive issue for Inuit people, and a determining factor in suicide for Kral (Kral, 2019: 85). In addition, the rapid cultural change amidst the harsh colonial reality has given no chance for stability for many Inuit people and has bred three distinct generations back-to-back all of which have suffered affronts to their individual and collective identities (Kral, 2019: 44, 80). Upon the move to settlements there was the jarring transition from collectively respected communal labor to the bottom rung of the labor market (to demonstrate this Kral gives an account of an Inuit person recalling feeling distressed after seeing the former headman and most revered member of their community having to become a garbage man in the settlement) (Kral, 2019: 12). The next generation was removed from their homes to attend residential schools where they were disconnected from their parents and their culture, suffered physical and sexual abuse, and then returned home to the introduction of the television in settlements where they were exposed to negative depictions of their parent's generation in the media (causing further intergenerational alienation (Kral, 2019: 28, 40-41, 88). Then the current generations are all removed from the pre-settlement era and ties to their pre-colonial culture, as well as often are sufferers from the intergenerational trauma and abuse spawned from residential schools (Kral, 2019: 40-41, 96). Thus, in regard to identity, Kral proclaims that Inuit are living in two cultural worlds but are integrated into neither (Kral, 2019: 151).

As a result of the fractured senses of identity Inuit must grapple with, Kral posits that in order to overcompensate for their feelings of disconnection from both their culture and Western culture, most Inuit male youth seem to hinge their identity (and in many cases their very existence) on romantic relationships (Kral, 2019: 92). In his surveying of the community where Kral was conducting his field research, he identified that they're was a collective sentiment of romantic insecurity among male youth, and that possessiveness, control, and jealous categorized male perceptions of romantic relationships (Kral, 2019: 93-94). Furthermore, Kral found partner abuse and threats of suicide were extremely common. In his discussions with the community Kral found anger to be a major problem among youth as well as that most Inuit youth look to the future with dread (Kral, 2019: 100, 145). The extent to which Inuit youth overvalue romantic relationships is quantifiable through the study of suicide notes, as Kral discovered that 68 percent

of suicide notes in Nunavut were predicated on romantic issues. Common recurrent themes throughout these notes in addition to romantic issues were aloneness, family problems, feeling unloved, rejected, shamed, hopelessness, anger and revenge (Kral, 2019: 92). Thus, it appears many Inuit male youth use romantic relationships as a sort of outlet to go “all in” on in terms of their identity as a response to the multitude of social issues they have been confronted with (lack of integration, intergenerational segregation/isolation, intergenerational trauma, etc.) (Kral, 2019: 92, 98-99).

In terms of suicide prevention strategies, for Kral ultimately the most successful ones in Inuit communities have been strategies that have not hinged so much on the content of the projects themselves, but the fact that the most successful strategies have been projects developed by and for Inuit peoples (Kral, 2019: 141). Kral notes that this reality is concurrent with other global suicide prevention literature on Indigenous peoples are most effective when they are culturally relevant and contain community input (Kral, 2019: 114). Furthermore, this is evidenced in contrast, according to Kral, with the ineffectiveness of the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) draft toolkit, which was developed without community input and was found to be too Western-centric and medicalized (not to mention the funding was overly complex, difficult to navigate, and delayed) (Kral, 2019: 123-124).

Thus, effective strategies should revolve around increasing sense of community, increased sense of family life, emphasis on personal dignity and state of well-being, increased sense of culture and integrated communal services (Kral, 2019: 115-116). These are all important interlocking factors according to Kral, as studies indicate that Inuit well-being and mental health are associated precisely with family, communication, and traditional cultural values and customs. (Kral, 2019: 98). For Kral this can be programs that bring the youth and adults back to the land which serves the dual purpose of uniting adults, youth and families, as well as fostering and empowering the “eco-centric” identity that Inuit people traditional had. Moreover, surveys of Inuit people show that they associate eating “country food” (food from hunting) with personal well-being (hopefully hunting can become more economically viable) (Kral, 2019: 38, 99). Kral also points to the importance of programs that bring youth and elders together in order to fight intergenerational segregation (Kral, 2019: 122). It is also paramount that youth are integrated together and with the community, as engaging them can help curb their feelings of isolation and anger (Kral, 2019: 124, 137). For example, Kral helped re-establish a youth centre in a community which had been long closed, and in the 8 years following its re-opening youth suicides decreased by 68 percent, and rose again in the future upon closing (though Kral himself is candid in admitting it is difficult to prove direct causality here) (Kral, 2019: 134-136).

As such Inuit autonomy over their prevention plans is paramount to their success, but Kral notes this can be hampered by the fact that many Inuit communities struggle with issues of general autonomy (Kral, 2019: 46, 80-81). This is due to the fact that many fundamental societal institutions such as health, wellness, social services and law enforcement largely governed by provincial governments, and thus out of the hands of Inuit communities who are forced to rely on Westernized versions of these key institutions (which have all wronged them in the past) (Kral, 2019: 116). This is in addition to Inuit suffering from neo-colonic measures imposed upon them such as land rights and restrictions, and since the 1950’s having a history of having decision making being taken away from individuals, families and communities (Kral, 2019: 103, 138) Thus, Kral takes a very Chandler and Lalonde-esque approach in stressing the importance of communal self-determination as a protector against suicide noting that communities which have

had collective control have had increased social well-being, mental health, and higher resiliency to suicide (Kral, 2019: 138). As such for Kral it is paramount that personal and collective agency should not be conflated as contradictory, as it will be crucial going forward for Inuit to (re-)gain communal control, which in turn will lead to individual empowerment (as having control over their communal destiny will have trickle down positive effects on every aspect of Inuit well-being, and likely give them less of a reason to look to the future with dread) (Kral, 2019: 138, 145, 153).

### Integrated Model Prevention Based Approach: Laurence Kirmayer

Kirmayer and companies' method of analyzing First Nations and suicides, which they dub an integrated model approach, is a systematic macro and micro level approach to examining the factors that can result in First Nations suicide on the community, family, and individual level (Kirmayer, et al., 2007: 98). This model is cross-disciplinary, integrating biological, psychological, developmental, and socio-historical dimensions (Kirmayer, et al., 2007: 98). As such, an integrated model approach is not so much a "grand theory" explicator of First Nations suicide in the way that cultural continuity and suicide clusters are presented as by Chandler and Lalonde and Niezen, instead this model posits that every potential influencing factor should be explored for what it is, in addition to linking any overarching factors together (Kirmayer, et al., 2007: 98, 105). What this means is that it is important to consider the literature regarding both suicide in general and suicide regarding First Nations for aspects that can incite suicidality, such as poverty, depression, abuse, family crises, addiction, as well as the potential influences of colonial legacies (forced relocation and assimilation, institutional erosion, etc.) (Bagley, 1991: 149; Agerbo, 2003: 560-561; Kirmayer, et al., 2007: 56-57, 70-71, 98-99, 105-106). Therefore, according to Kirmayer, suggesting intervention and prevention responses to suicides should be tailor made based on the particular context each case is present in (Kirmayer also discusses both cultural continuity and cluster suicides [encompassing media effect and imitation] as avenues that could be explored, but suggests neither as wholesale explanations) (Kirmayer, et al., 2007: 30, 76-77, 92-93, 105). Thus, Kirmayer's integrated approach is largely tooled towards prevention, as although he covers a lot of interdisciplinary ground, it is all with the end goal in mind as he does not dwell too long in the theoretical components of Indigenous suicide to the degree that his contemporaries do.

Some prevention strategies presented in this model includes the following. A school curriculum which incorporates informing youth about positive mental health, recognition of suicide, and factors that can lead to serious mental health issues, wherein embracing cultural heritage is a healthy avenue for coping (Kirmayer, et al., 2007: 107). Further, peer counselling so that groups of youth can be trained in order to be a resource for their fellow peers in times of crises (Kirmayer, et al., 2007: 107). Recreational sport programs should be constructed and encouraged for youths to enter in order to foster senses of belonging/unity and to combat boredom and alienation (Kirmayer, et al., 2007: 107). Workshops on life skills, problem solving, and communication, as well as workshops on parenting and family life education. Support groups for individuals and families at risk (Kirmayer, et al., 2007: 107). Training in mental health promotion and suicide awareness to beget professional helpers (Kirmayer, et al., 2007: 107). Promoting a collaboration between health, social services, and education in order to have

an integration of key services (Kirmayer, et al., 2007: 107). Creating opportunities for community members to voice their concerns and interests (and to be heard), for example town council/town hall communal meetings (Kirmayer, et al., 2007: 107).

Intervention policies suggested through the integrated approach include the following. Training primary care providers in suicide detection, crisis intervention, depression treatment, substance use treatment, and psychiatric care (Kirmayer, et al., 2007: 108). Development of a regional crisis hotline external to the community to provide confidentiality, while also ensuring it has contacts within the community in order to respond and intervene hastily when needed (Kirmayer, et al., 2007: 108). Establishing a communal crisis center where individuals can be given intensive intervention or just have a safe space to “time out”. Crisis intervention must also be readily available for those at risk, and interventions must also address the family and social circles of the individual in question as well (Kirmayer, et al., 2007: 108). Assessment and intervention services should also be developed for parents of at-risk youths (Kirmayer, et al., 2007: 108).

### Indigenous Perspective on Neo-Colonialism, Indigenous Identity and Suicide: Tanya Talaga

Tanya Talaga, an acclaimed author/journalist of Ojibwe descent, details in her book *All Our Relations* what she argues are the reasons (and prevention strategies) for the suicide “pandemic” facing First Nation people’s in Canada (Talaga, 2018: 6). Talaga, cites historical sources/events and contemporary issues, coupled with qualitative interviews with First Nations peoples in order to address how First Nation men aged 15-24 could have a suicide rate of 126 out of 100 000 (whereas the non-Indigenous rate is 24) as well as First Nations women of this same age cohort could have a rate of 35 per 100 000 (compared to 5 out of 100 000 for non-Indigenous women) (Talaga, 2018: 12). The author concludes (in similar fashions to Chandler and Lalonde & Kirmayer) that it is a combination of the long-standing impact of colonial policies of cultural annihilation and assimilation as well as a failure of being afforded fundamental institutions such as education, mental/physical healthcare, and general social services that has bred a social context in which the Indigenous suicide rate in Canada is exponentially higher than the national average (Talaga, 2018: 16-17, 76, 170-172).

Talaga notes that according to the World Health Organization, a person’s individual health is directly related to their social, political and environmental circumstances, and that the situation a child is born into plays a key factor in their overall health (Talaga, 2018: 16, 145). And unfortunately, Indigenous children are born under a “staggering weight of history” (Talaga, 2018: 15). Over centuries of being exposed to colonial practices Aboriginal people have been stripped of their land, ways of life and been relegated reservations. (Talaga, 2018: 50, 76). Culturally destructive efforts had even gone as far as massacring buffalo populations across North America and hunting dog populations in Inuit Nations, both animals of which were a fundamental part their respective cultures social ecosystem (Talaga, 2018: 52, 70-71).

Residential schools, which appeared in Canada at the beginning of the 20<sup>th</sup> century, and became mandatory for all Aboriginal children to attend between 1920-1960, operated under the same principle decreed by the American Aboriginal boarding school founder: “kill the Indian,

and save the man” (Talaga, 2018: 57, 63-64, 69). Residential schools sought to impose a removal of Native culture and traditions and replace it with Christianity (Talaga interviews a First Nations individual whose family has long-lived with a principle of not being able to speak their language in their family home due to their Grandmother, a residential school survivor, foreboding it) (Talaga, 2018: 35, 39). Moreover, residential schools in practice were a place where the establishment was given free reign to abuse First Nations emotionally, physically and sexually (Talaga notes cases of sexual abuse as well as an account of children being subjected to a makeshift electric chair) (Talaga, 2018: 39-40, 98).

Thus, for Talaga, the systematic divestment of First Nations peoples from their cultural/traditions along with the intergenerational trauma passed on from the inhumane horrors suffered from residential school survivors is responsible for the excessive First Nations suicide rate, as (again citing a WHO study) childhood adversity as well as the effects of colonization greatly impact suicidal behavior (she in fact makes a claim, albeit without any supporting data/evidence, that before residential schools existed suicide amongst First Nations was uncommon) (Talaga, 2018: 13, 40, 176-177). Due to being born into this tumultuous context each child is burdened by four (sometimes seemingly unanswerable) questions: “Where do I come from? Where am I going? What is my purpose? Who am I?” (Talaga, 2018: 17-18). Further, Talaga posits that for many First Nations peoples who do try to reconnect with their past, due to the disconnect imposed by colonialism, feel more like anthropologists of their own traditions than fully connected to them (Talaga, 2018: 24). These two preceding sentiments certainly congeal with Chandler and Lalonde’s notion of the importance of cultural continuity as a factor in First Nations suicide (Chandler & Lalonde, 1998: 4-5).

Further augmenting the suicidality of First Nations peoples in Canada according to Talaga, is the double-edged sword that faces Indigenous people in that they have long been both exploited by and deprived of social, medical, and mental health services (services that could contribute to suicide prevention) that even in instances where these services are available, First Nations people often distrust them (Talaga, 2018: 130-131, 141, 145). Following the down-scaling of residential schools in the 1950’s, Indigenous families went from facing one horror to another, as they were subjected to the “1960’s scoop” (Talaga, 2018: 130). This refers to a practice that occurred beginning in the 1960’s in which child welfare workers who had no knowledge or experience with Indigenous culture being given the right to enter the homes of First Nations peoples and the ability to take away a child from their parents (Talaga, 2018: 130-131).

This resulted in many cases in which these workers saw First Nations children consuming a traditional diet of wild game, berries and vegetables, and comparing it against Euro-American norms dubbed many a child malnourished and thus separated them from their families (Talaga, 2018: 131). Moreover, by citing poverty and substance abuse (two conditions imposed upon Indigenous peoples by colonization) there was a mass removal of children from their homes (Talaga, 2018: 131). Thus, continuing on the long legacy of traumatizing Indigenous youth as this was yet another paradigm in which First Nations children were separated from their families and divested of their culture (disrupting the development of identities and their overall developmental trajectory, leading to negative mental health effects and as such increased chances of suicide) (Talaga, 2018: 131, 174). This nefarious process did not even require the social workers to notify the band councils of First Nation territories when their children were being removed until the 1980’s, and the process of “scooping” still occurs to this very day as First



Nation children comprise only 8 percent of children under 4 years old in Canada, yet they account for 51 percent of all pre-school children in foster care (Talaga, 2018: 131-132).

The First Nations experience with the medical system is par for the course in terms of Indigenous peoples being victimized by fundamental societal institutions that are crucial to an individual's well-being (Talaga, 2018: 141, 145). Beginning in the 1920's the practice of establishing segregated "Indian hospitals" began to occur, and many pre-existing hospitals began segregating Indigenous people into specific wards (Talaga, 2018: 149, 151-152). Under this segregation First Nations peoples were medically neglected, and were ravaged by tuberculosis (recording the highest death rates of TB ever reported in the 1930-40s) (Talaga, 2018: 149-150). Not only were Indigenous people not actually receiving the treatment they required in these hospitals, they were also subjected to medical experiments (Talaga, 2018: 154-155). Between 1949 and 1953 (not so long after the universally condemned experimental atrocities performed by the Nazis), 374 experimental surgeries were conducted at an Indian hospital in Alberta, with an example being a 16-year-old Blackfoot patient having three of his ribs removed with a saw (Talaga, 2018: 142, 154). In regards to the experiments conducted in province of Manitoba, their sanatorium board reported during this same time that one third of their patients died and one third only half recovered (Talaga, 2018, 154-155). Much like residential schools and the social services scoops, the First Nations were afforded little agency in interacting with these institutions, as in 1953 the Indian act was amended so that any Indigenous person who refused to go see a doctor or attempted to leave an Indian hospital without proper authorization would be charged as a criminal (Talaga, 2018: 155).

Although Indian hospitals and medical segregation became abolished by the 1960s, First Nations people on the whole are still largely deprived of proper medical care and access to medical and mental resources (Talaga, (2018: 156, 164-165). Talaga notes the striking discrepancy between non-Indigenous and First Nations in terms of medical access, NAN communities (a group of 49 First Nations peoples in Northern Ontario) have no doctors, and poorly trained and equipped staff (Talaga, 2018: 169). Consequently, NAN peoples are deprived of basic health care, diagnostic machines (X-rays), and medication to treat chronic illnesses (such as diabetes), which have all otherwise become standard for non-Indigenous Canadians (Talaga, 2018: 169).

This widespread lack of resources bleeds into mental health treatment as well, as many groups desperately need dedicated mental health facilities to deal with the many adverse physiological effects Aboriginal people have come to suffer from as a result of the weight of colonial history and current social circumstances (Talaga, 2018: 174). Most First Nations communities are isolated from such facilities and the only way they are brought there is usually by helicopter and as the result of a suicide attempt (Talaga, 2018: 172-173). Once transported there they are often treated by staff members who that, despite their potential best intentions are not culturally equipped to truly help rehabilitate a suicidal First Nations youth, and as such these youths continue to feel isolated and disconnected (Talaga, 2018: 174). Talaga notes that in order to attempt to properly monitor and treat suicidality, First Nations people need access to their own dedicated facilities in which they can monitor and address the issues of their youth (Talaga, 2018: 172-173). As (citing the Center for Disease Control) 80 percent of suicide can be attributed to childhood trauma, which in the case of Indigenous people previously occurred from exposure to the aforementioned institutions (residential schools, social services, Indian hospitals), and now contemporarily manifests from intergenerational trauma stemming from the legacy of these

institutions and the general weight of the aftermath of colonization (communities stricken by poverty, substance abuse, mental illness) (Talaga, 2018: 130, 141, 174-175). Thus, lack of accessible health resources, faulty resources, and a (justifiable) distrust in the resources that are available is a key factor in the inability to stabilize suicide rates for First Nations peoples according to Talaga (Talaga, 2018: 145, 170-171, 173).

In terms of solutions, Talaga believes it is clear that given the tumultuous history of First Nations peoples with fundamental Canadian institutions, that an effort must be made to allocate resources to First Nations people to have proper access to and autonomy over their own key institutions (similarly to Chandler and Lalonde) and to reconfigure them to be more culturally appropriate (de-colonization of education, social services, physical and mental healthcare) (Talaga, 2018 139, 170-171, 173, 197). Further, Canada must be compelled to take a more authentic and proactive ownership of its colonial history and its attempts to rectify it (“reconciliation means more than just being friends”) (Talaga, 2018: 166). Talaga notes that in 2007 the United Nations put forth the United Nations Declaration of the Rights of Indigenous Peoples, a declaration that was signed by 143 countries with notable exclusions being Canada, the United States, Australia, and New Zealand (Talaga, 2018: 182). Over the following 3 years all these countries except Canada would sign on, with Canada only deciding in 2016 to not be the sole dissenter of this declaration (Talaga, 2018; 182-183). Further, Canada is the only G8 country that does not have a national suicide prevention strategy (Talaga, 2018: 178). Thus, while Canada may not an overt a colonist as in the past, they are non the less still complicit in continually purveying the cycle on colonial trauma Indigenous people face by placing them in a “third space” outside Canadian culture, and their original culture, a place that both breeds suicidality and lacks the guards to prevent it (Talaga, 2018: 76, 102,166, 173, 208)

### **Canadian Government Response**

The Canadian government over the previous two decades has been able to acknowledge publicly (although certainly without taking complete ownership of) their colonial role in devastating First Nations communities (TRC, 2015; ISC, 2019). Moreover, the Canadian government has in recent years recognized that First Nations suicide is a prevalent issue, and one that their colonial endeavors have directly contributed to (TRC, 2015; ISC: 2019). As such the governments attempt to rectify has been through the establishment of programs in conjunction with First Nation communities in order to both educate the public as well as put forth ideas to combat Indigenous suicidality (TRC, 2015; ISC: 2019). Some notable examples of these programs which will be discussed here (along with some responses they have drawn from academics) are The National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) and The Truth and Reconciliation Commission (TRC).

### **National Aboriginal Youth Suicide Prevention Strategy**

The National Aboriginal Youth Suicide Prevention Strategy (NAYSPS), is an official Canadian strategy that stemmed from a 2004 meeting between the prime minister, first ministers, and notable First Nations leaders (NAYSPS, 2013: 4). The NAYSPS took place over two periods (2005-2010, 2010-2015), wherein the federal government committed 65 and 75 million dollars respectively (NAYSPS, 2013: 5-6). The NAYSPS focused on implementing what they gleaned to be protective factors against First Nations suicide such as promoting recreation/physical activity, positive cultural identity, self esteem, family support systems, peer support, community self-determination, culturally relevant health care services, and future orientation (among other factors) (NAYSPS, 2013: 8). According to their evidence the more of the preceding protective factors and aboriginal youth has, the higher resiliency they will have towards suicide (NAYSPS, 2013: 8). In terms of indicators of success of the NAYSPS, it is claimed that the strategy has increased the number of trained “gatekeepers” (police, health care/social service providers, teachers, etc.) in communities, the number of social networks for youths, the number of regional/communal partnerships in place, general suicide prevention training, and access to information (NAYSPS, 2013: 6). Moreover, they posit that this program has resulted in the establishment of plans and protocols to be used in suicide prevention nationwide and has provided evidence for further increasing the effectiveness of First Nations suicide prevention strategies (NAYSPS, 2013: 7). The NAYSPS report does concede that due to the profound impacts of colonization (cultural disintegration, breakdown of family structure, dislocation from land, intergenerational trauma), it will still take many years to effectively deal with the complex issue that is First Nations youth suicide (NAYSPS, 2013: 6-7). As such continued work in implementing and evolving the policy at the various communal levels will be needed (NAYSPS, 2013: 13-14, 17).

While the money committed by the federal government was no small sum, and the framework behind the NAYSPS being well researched and thought out, it is posited that First Nation’s suicides in Canada are in fact underreported (which is of course alarming given the already elevated rate which is being reported), and thus even more resources and attention needs to be allocated to suicide surveillance (more accurate data) and prevention (Pollock, et al., 2018: 1-2; Elias, 2019: 119). This is due to Statistics Canada deriving the general national suicide rate from the Canadian Vital Statistics Death Database (CVSD), which does not include ethnic identifiers (Pollock, et al., 2018: 2, 4; Elias, 2019: 121). As such, Statistics Canada has to triangulate the First Nations national suicide rate through some use of abstraction as each province has different methods (and standards/accuracy) of compiling this data (whether or not a death is labelled as a suicide or their ethnicity is identified in death reports), therefore the figures that they report should likely be viewed as conservative (Pollock, et al., 2018: 4; Elias, 2019: 121). Thus, some researchers have advocated for increased effort in accuracy of Canada’s suicide surveillance capabilities of First Nations peoples (with part of the solution being to give increased autonomy to First Nations communities to be the custodians of such data instead of solely the province which may misidentify), which will hopefully lead to increased efforts in preventative policy (Pollock, et al., 2018: 3, 11; Elias, 2019: 133).

Moreover, Kral in his experience researching Inuit suicide in Canada, has critiqued the efficacy of the NAYSPS in practice (Kral, 2019: 123-124). While Kral praises the initial premise of the NAYSPS (as it is very much in line with his advocations for suicide prevention), wherein funding is provided to communities in which they themselves can devise culturally appropriate

strategies (Kral, 2019: 123). However, in reality navigating how to allocate and receive the funding was overly complicated and often delayed, and a study of 70 community workers from funded programs, 10 Health Canada regional coordinators, and 2 upper level administrators was unable to determine if the NAYSPS was actually effective in preventing suicide (Kral, 2019: 123-124). Ultimately, the NAYSPS toolkit would be released which essentially walked back their initial premise by presenting programs that were Western-centric, overly medicalized, and developed without community input (Kral, 2019: 124).

### Truth and Reconciliation Commission

The Truth and Reconciliation Commission (TRC) was a commission tasked with researching the legacy of effects that residential schools had on First Nations peoples in Canada (TRC, *The Legacy*, 2015: 3). The establishment of this commission was stemmed from one of the settlement agreements between the Canadian government and residential school survivors as part of the Indian Residential Schools Settlement Agreement in 2007 (<https://www.rcaanc-cirnac.gc.ca/eng/1100100015576/1571581687074>). As such, the TRC ran from 2008 to 2015 (although their website still actively produces articles to this day). The TRC findings claim that residential schools have had a direct impact on the elevation of First Nations suicide rates, due to the intergenerational trauma these institutions caused (the report notes reoccurring factors seen throughout literature regarding residential school legacy: displacement from land, destruction of culture, addiction and cycles of sexual and physical abuse) (TRC, *The Legacy*, 2015: 7, 140-141). At the time of their report on the legacy of residential schools (2015), the TRC reported that the suicide rate of First Nations people in Canada was more than double the national average, and that Indigenous youths living on reserve were 5-6 more times likely to die of suicide than non-Indigenous counterparts (TRC, *The Legacy*, 2015: 7). Moreover, the TRC noted that 40 percent of Inuit youth deaths were via suicide whereas the general youth population in Canada it only comprises 8 percent (TRC, *The Legacy*, 2015: 152).

In regard to prevention the TRC report suggests that the most successful Aboriginal suicide prevention strategies are ones that incorporate a “community wellness promotional strategy” (TRC, *The Legacy*, 2015: 173). According to the report such a strategy is premised around promoting communal ties and education regarding suicide (TRC, *The Legacy*, 2015: 173). The TRC preventative guidelines include: establishing locally owned programs that are imbued with Aboriginal cultural norms and values, suicide prevention needs to be the focus of the entire community (each sector must contribute and collaborate), and the importance of providing appropriate training of mental health workers in social intervention and community development (TRC, *The Legacy*, 2015: 173). Furthermore, the emphasis of these strategies should always be focused on the youth and involving them in the community, as well as maintaining long term crises response programs (TRC, *The Legacy*, 2015: 173). The TRC report also claims that this issue must always be looked at from a multi-faceted perspective that accounts for the various aspects that are in play (biological, psychological, socio-cultural, spiritual, etc.), and that such programs should always be re-evaluated in order to constantly evolve them to the needs of each community (TRC, *The Legacy*, 2015: 173). Lastly, the TRC report also cites Chandler & Lalonde in positing that First Nations communities which still employ their traditional language as well as traditional healing practices (noted as cultural

persistence) have higher rates of mental and physical well being, and thus less chance of suicidality (TRC, *The Legacy*, 2015: 174).

Although the TRC has been commended for attempting to bring attention to a national atrocity, for giving victims of residential schools a platform to express themselves, and promoting a credible suicide prevention strategy (which intersects at points with the paradigms of Chandler and Lalonde, Kirmayer, and Kral) the TRC has faced critiques regarding the ultimate efficacy the commission has had (Miller, 2019: 175; Nagy, 2020: 224). Firstly, there are some fundamental differences between the TRC and other truth commissions that have occurred. Generally, truth commissions have been spurred from conflict, regime change, and amidst a public awareness of human rights violation having occurred (Niezen, 2017: 4; Nagy, 2020: 224). This was not the case with the TRC, as the existence of residential schools (and the extent of what truly took place within them) was/is not widely known to the general Canadian population (Niezen, 2017: 4; Nagy, 2020: 225). Thus, the TRC had to take on an educative and persuasive role towards the general public, to which the degree in which they were successful is dubious (Niezen, 2017: 6; Miller, 2019: 173-174, Nagy, 2020: 225). Pre-TRC roughly half of Canadians knew what residential schools were, following the conclusion of the TRC's findings and presentations this figure would increase to 66 percent (Nagy, 2020: 225). While it is debatable whether or not this level of increase in awareness following such a project can be perceived as positive, a 2016 post-TRC survey showed that 42 percent of Canadians believed that "Canada's residential school policy was not an intentional effort to destroy Aboriginal culture and connection to land", and that 11 percent of Canadians had no opinion on the subject (Nagy, 2020: 225). Thus, indicating a lack of impact that the TRC would ultimately have in pervading Canadian public conscience (Miller, 2019: 178-179; Nagy, 2020: 225).

The curbing of the overall impression of the TRC is likely due to it being posited that the TRC was conceived from the outset with a fatal flaw (Niezen, 2016: 924; Nagy, 2020: 224). As previously noted the existence of the TRC was born out of a settlement between residential school survivors and the Canadian government, wherein the Canadian government premised the existence of the TRC around a key mandate that the findings that are presented could only be presented as informative research and not with any judicial power and/or legal ramifications (Niezen, 2016: 924; Nagy, 2020: 224). As such, the TRC was prevented from staging any formal hearings, acting as a public inquiry, issue any subpoenas (they could not "name names"), or engage in any form of legal process (Niezen, 2016: 924; Nagy, 2020: 224). Thus, while being able to inform the general public, the TRC was restricted from making any official claims of accountability in regards to the government or the church, such as crucially being unable to make an official finding of genocide (although it bears no legal consequences, the TRC were at the least able to proclaim residential schools as (cultural genocide (Niezen, 2016: 924; Nagy, 2020: 224). To further illustrate the lack of accountability placed upon the government, presence from the Canadian government was close to completely absent from all public TRC events and presentations (Niezen, 2016: 931).

Given the encumbrance of this mandate the TRC could only seek to move Canada from "less just to more just", as not being able to levy any onuses of accountability hindered the TRC's ability to penetrate into public perspectives and ultimately public policy and decision making (Miller, 2019: 178-179; Nagy, 2020: 224). This sentiment is echoed by Kral, in that in terms of tangible accountability and ownership, the government response to this truth commission did not even amount to a full apology (Kral, 2019: 102). This is because (due to the

constraints imposed upon the commission from its onset) the TRC could not result in the Canadian government “transforming” their colonial relations with Indigenous peoples, and Indigenous self-determination still remains subordinate to Canadian sovereignty (Kral, 2019: 102). Which consequently means in terms of their suicide prevention policy, while being thoughtful and thorough, may not gain as much traction as the TRC intended, as the commission ultimately did not have a major impact in altering Canadian society.

### **Theoretical Frameworks Employed by the Key Researchers**

Any sociological study would be remiss not to mention the influence of Emile Durkheim’s landmark foundational work *Suicide* (1897). Thus, given its importance to this subject matter and the fact that Kral and Niezen (in his misinterpretations of Chandler & Lalonde) both refer to his work, it is worth explaining Durkheim’s typology of suicide here. In short, Durkheim sought to illustrate that regions have distinct suicide rates, which were influenced by societal events such as wars, trade crises, revolutions. Therefore, Durkheim sought to demonstrate that suicide was also a social phenomenon, and thus warranted to be studied from a sociological point of view in these instances and thus distinct from the domain of psychology (which was the predominant lens in which suicide was examined through at this point (Durkheim, 1897 [2006]: 21-22, 28-29). Further, and contrary again to his contemporaries, Durkheim was not concerned with looking at what factors cause suicide, he was interested in examining the relation of suicide to various factors in order to understand what suicide is as well as to distinguish that there are different types of suicide (Durkheim, 1897 [2006]: 147-148).

Thus, Durkheim’s renowned typology of suicide is constructed of four types that correspond to two axes; the extent to which society is integrated so that individuals are always surrounded to a degree and the extent to which society regulates expectations (Durkheim, 1897 [2006]: 224, 269). Egoistic and altruistic types of suicide belong to the former axis as egoistic suicide represents a lack of integration into society (a symptom of modern society having more room for individuality, which can also breed profound loneliness) and altruistic suicide represents over integration into society (an individual is so tied to their society that they are willing to sacrifice themselves for it) (Durkheim, 1897 [2006]: 224, 235-236). Anomic and fatalistic types of suicide belong to the latter axis as anomic represents the difficulty of setting societal expectations in modern societies (individuals being unable to be content with their employment, social status, etc.) and fatalistic represent the difficulty of satisfying individual expectations in certain circumstances (for examples slaves and prisoners) (Durkheim, 1897 [2006]: 272, 316-317).

The major sociological framework used by Niezen as an explanation of cluster suicides, communication and imitation, was put forth by Durkheim’s contemporary and colleague Gabriel Tarde (1843-1904) (Abrutyn & Mueller, 2014: 698; Niezen, 2015: 97). Because Niezen invokes Tarde as a sort of counter and critique to what he believes is Chandler and Lalonde’s Durkheimian theoretical framework, the usual formatting order of Chandler and Lalonde into Niezen that takes place throughout this thesis will be inverted here. Tarde was critical (although not dismissive) of Durkheim’s sociology of suicide in that Durkheim deemphasizes the roles of individual agents as influencers, as well as the societal impact of the emergence of media

(primarily newspapers at the time of his writing) (Abrutyn & Mueller, 2014: 701; Niezen, 2015: 104). Further, Tarde posited that Durkheim's theories of cohesion and integration can at times be too metaphysical (a "mythological/fictive" sociology) as he failed to adequately account for the modern-industrial social reality of their time (Niezen, 2015: 105). Fundamental to this social context was the emergence of a paradoxical phenomenon wherein public consciousnesses were formed largely as a result of the dissemination of newspapers, the crystallization of national identities and nation-to-nation politics (Abrutyn & Mueller, 2014: 703; Niezen, 2015: 104). In spite of the fact that most people (through lives centered around work and family) made little contact with the rest of their society (and thus cohesion/integration was not necessarily a tangible reality in the Durkheimian sense) (Abrutyn & Mueller, 2014: 701; Niezen, 2015: 104-105).

As such, for Tarde in modern societies "currents of opinions" began to take shape as an influential form of "mind to mind" communication that did not require physical proximity (Niezen, 2015: 105). Thus, Tarde attributed some forms of social suicide to an imitation effect on individuals in a given society where suicide is apart of a public conscious, which inspires people to contribute to a chain (Abrutyn & Mueller, 2014: 704; Niezen, 2015: 105). While Tarde's sociology of suicide was largely disregarded in popular social science (Durkheim himself dismissed imitation in his book *Suicide*, which influenced many further scholars to do the same), his notions have had a contemporary renaissance amongst the scholarship of cluster suicides which attribute the phenomenon to influence of media, public discourse, and imitation. (Durkheim, 2006 [1897]: 140-141; Abrutyn & Mueller, 2014: 698, 714; Niezen, 2015: 99, 110-111).

While Niezen's interpretation and implementation of Tardian theory is certainly well argued and a crucial piece of the puzzle that is Indigenous suicide, his use of Tarde as a counter to Chandler and Lalonde is misguided (as is the majority of his critiques of the two). This is simply because Chandler and Lalonde (and their notions of self continuity and cultural continuity) are not working from within the Durkheimian framework of which Niezen claims. There may be surface level similarities between Chandler & Lalonde and Durkheim in that for both suicide pertains to integration and collective cohesiveness as a protection against suicide (Gagnon, 2010: 89). However, absolutely fundamental to self continuity and cultural continuity is the notion of a linear identity, whereas for Durkheim, issues of identity in this sense does not categorize any of his typologies. Egoistic suicide for example, which as we have seen pertains to lack of integration, is not related to the individual's identity within society, but a feeling that their society itself does not make sense and thus suicide is a logical conclusion (Durkheim, 2006 [1897]: 224). Furthermore, while cultural continuity most definitely is a societal and institutional level paradigm, there are components of it, as well as self continuity as a whole that are much more individualistic than the fundamentally macro approach of Durkheim. This is also evidenced by the fact that amidst the 75-page monograph produced by Chandler and Lalonde in summation of their studies, Durkheim is only messages twice very briefly (almost in passing) (Chandler, et al., 2003: 37, 66).

Thus, while cultural continuity is undeniably a sociological paradigm (pertaining to institutions, society, and sovereignty), given that it is based on an elaboration of self continuity which is much more individualistic, the frameworks employed by Chandler and Lalonde are largely inspired by psychology (which should come as no surprise as psychologists themselves) and philosophy. For Chandler and Lalonde, the notion of self continuity and it being an intrinsic component of an individual's identity is the "oldest of our old ideas", as the concept draws

inspiration as far back as Aristotle who wrote that the fundamental difference between animals and humans is that by principle animals are not subject to change whereas humans are (Chandler, et al., 2003: 5). Moreover, not as far back as Aristotle, but still a classic by contemporary standards self continuity is influenced by Locke's *An Essay Concerning Human Understanding* (1694) wherein Locke posited that the minimum requirement of self-hood is the capacity to consider yourself as the same "thinking thing" amidst different times and places (Chandler et al., 2003: 5). Of course, Chandler and Lalonde take influence from more modern psychological luminaires as well such as Erikson, Perry, and Piaget who all unanimously assert that it is a constitutive condition of being "any sort of person at all" to be able to retain your sense of self throughout the multitude of temporal phases that humans go through (Chandler et al., 2003: 5). Therefore, the foundation from which Chandler and Lalonde have drawn from to build their framework consists of ratified classic and modern theorists alike, and thus lend a weight of credibility to their claims.

In terms of Kral's theoretical approach, as noted he is both an anthropologist and psychologist, thus he brings with him interdisciplinary background (Kral, 2019: VII, 2). Kral does remark however that when it comes to Inuit suicide, he prefers a sociocultural-historical (sociological really) approach as a more appropriate means of encapsulating the various factors that categorize this phenomenon (colonization, massive culture change, issue of identity, etc.) rather than the more individualistically oriented typical psychological approach (Kral, 2019: IX, 2). This is evidenced by Kral claiming that he views suicide as a symbol of social suffering, and considers community, culture and history when examining Inuit suicide (Kral, 2019: 2). Kral does take some influence here from classical sociological theory, in that he implements C. Wright Mills "sociological imagination" in order to guide his approach in asking/answering questions of regarding a societies' place in history in general, how it has been affected by each historic period, and how its peoples have been affected by each change in context (Kral, 2019: 2). Furthermore, Kral does utilize some Durkheimian terminology, at some points using Durkheim's typology of suicides as descriptors of Inuit suicide (Kral, 2019: 44, 86-87, 138). In particular, he employs anomie as one of the consequences of Canadian colonization and dramatic cultural change upon Inuit people (Kral, 2019: 44, 138). However, Kral claims to want to "go beyond Durkheim" in regards to remedies for Inuit anomic suicide, for him meaning that in addition to the typical Durkheimian remedies for anomic suicide (restoration of social regulations, feelings of belonging, stabilization of runaway social change, among others) he believes it to be crucial to focus on social action, collective agency, and control. As Kral notes that personal control has been acknowledged as an important factor for mental health and well-being cross culturally (Kral, 2019: 138).

Kral's emphasis on the importance of collective agency and control does overlap with the framework of Chandler and Lalonde, as Kral cites Chandler & Lalonde when stating that control has been established as a critical factor in suicide prevention for Indigenous communities (Kral, 2019: 138). Moreover, it is clear that the works of Chandler and Lalonde has been influential to Kral, as he cites them at different points in his book, with a small section dedicated to his approval of Chandler and Lalonde's notion of cultural continuity (Kral, 2019: 138, 153). As noted, the importance of Inuit autonomy in communal control and decision making in curbing suicide can be drawn parallel with the notion of cultural continuity in which Indigenous communities' which have autonomy over their institutions have lower rates of suicide (Kral, 2019: 114, 153). Interestingly enough, Kral also cites Kirmayer as a proponent of the importance



of collective efficacy and cultural control in First Nation resilience against suicide (Kral, 2019: 153). In addition, Kral cites a study that demonstrated that communities which had ties to traditional values and practices had reduced suicide rates, which aligns with the identity components of cultural continuity (Kral, 2019: 113).

While Kral does not discuss the notion of cluster suicides (and the few times Kral cites Niezen are unrelated to cluster suicides), some of Kral's fieldwork interviews perhaps point to the fact that suicide clusters amongst the Inuit is an angle from which to do further research (Kral, 2019: 42, 94, 103). Kral, amidst a section discussing culture change amongst Inuit youth, makes an (unfollowed up) mention that Inuit people believe suicide to be contagious (Kral, 2019: 82). Furthermore, when discussing suicides in the community in which Kral did most of his fieldwork he notes that a "desire to be with the dead" was a pervasive theme throughout their suicide cases (Kral, 2019: 97). Thus, based on this ethnographic evidence a compelling argument could be made for further research on Inuit suicide from a Niezen/Tarde suicide cluster/contagion perspective (and on another note perhaps the importance of asking and incorporating what the Indigenous communities in question themselves believe in regard to their suicidality).

Kirmayer's integrated model approach to suicide employs Durkheim's theory but adapts it through the assertion that sociology and psychology are in fact complementary rather than in conflict (Giddens, 1966: 97; Kirmayer, et al., 2007: 98). Giddens (a sociological luminary of the succeeding generation to Durkheim) sought to contemporize Durkheim's suicide typology through an intersection with the discipline of psychology by illustrating types of depression induced suicide which correspond with egoism and anomie (Giddens, 1966: 97, 107-110, 112-114). Thus, illustrating that there can be a tangible intertwining between social and individual cases of suicide, relevant of exploration (Giddens, 1966: 97-98). Accordingly, when applied to First Nations suicide integrated models employ Durkheim's rationale through emphasizing the impact colonization, forced assimilation, and relocation has had on social cohesion, integration, and the maintaining of cultural norms for Aboriginal communities (Kirmayer, et al., 2007: 55-56). This model then ties the consequences of these social factors to the individual/psychological ramifications faced by First Nation's people: intergenerational trauma, abuse, depression, family crises, all of which can in turn lead to suicide (Kirmayer, et al., 2007: 55-56, 70, 81). Lastly, this model does recognize that there are limitations in Durkheim's theory when applied to First Nations, I.E the very specific interplay Aboriginal youth must grapple with dealing with overlapping issues of local community politics, larger institutional structures, and the influence of mass media coverage (Kirmayer, et al., 2007: 56). On these grounds the integrated model approach forms a theoretical bridge between Durkheim and Tarde, as both cohesion/integration-based suicide as well as imitation based cluster suicide are considered (Kirmayer, et al., 2007: 30, 56, 92; Niezen, 2015: 104-105).

Talaga does not rely on a particular theoretical component in her work, although she is a proponent of Chandler & Lalonde's notion of cultural continuity (Talaga, 2018: 126-128). This can be viewed as a shortcoming to her work relative to the other researchers discussed here, however, her work arguable serves a different purpose. This being to address the lack of Indigenous perspectives on Indigenous suicide in Canada, and to bring this issue to the forefront of public consciousness. Although she does not supplement her work with a theoretical lens, her firsthand account (provided by her Indigenous interview subjects along with hers own) on how Indigenous communities and identities have been blighted by persistent colonial efforts historical

efforts leading into the neo-colonial era of residential schools, Indian hospitals, the sixties scoop, and general institutional biases towards Indigenous peoples provides a piece of this puzzle that cannot be ignored (Talaga, 2018: 57, 130, 149). Moreover, Talaga's work intends to be more action and activist oriented, and as such perhaps does not need to dwell in theory to serve its purpose.

## **Evaluation**

Taking in mind the preceding literature review and theoretical framework examinations, this evaluation segment will assess each individual source based largely upon their contributions and impacts to this field. They will also be evaluated on how they relate to the various key factors in aboriginal suicide that have emerged throughout these reviews. These evaluations will be by no means black or white, as we have seen here Indigenous suicide in Canada is an exceeding complex subject, and thus no source will be judged as wholly positive or negative. This is not to give a "softball answer", but because it is the ultimate goal of this thesis to inform a diverse readership, and there is no complete one size fits all approach for every slant to Indigenous suicide (historical, theoretical, individual, communal, national, sociological, psychological, etc.). However, as noted and will be further elaborated upon here, each researcher is partial in that their approaches are very specific and often one source does not account for the same factors as another. Thus, each source has its own merits and flaws depending on the angle from which they are approached, and this evaluation will help point readership to the sources which correspond to their particular slant(s). Lastly, on this note, these sources need not be mutually exclusive, and it is the suggestion of this thesis to combine approaches. Therefore, when taken in conjunction with the upcoming synthesis section the evaluation allows the readership to consolidate important key factors to paint a much fuller picture of this complex issue then the scope of each individual source can allow.

### **Chandler & Lalonde**

Chandler and Lalonde have without question produced the most influential research on Indigenous suicide in Canada. The notion of cultural continuity is referenced by every other source included here, and is promoted by the TRC, Talaga, and most importantly in terms of academic credibility, Kirmayer and Kral (Kral, 2019: 138; Talaga, 2018; TRC, 2015:174; Kirmayer, et al., 2007: 50). This is with good reason, as the notions of cultural continuity (semantical critiques aside) and self continuity addresses the two most cited factors in the inducing of Indigenous suicide, institutions and identity (Chandler & Lalonde, 1998: 192-193, 211). Therefore, Chandler and Lalonde's work can be seen as the most logical explicator of the very contemporary reality regarding First Nations suicide, as it accounts for both the societal (cultural continuity) and individual (self continuity) planes. It is intuitive to conclude (as has been validated through their research) on both a sociological and psychological level that the degree in which a community has control over the fundamental institutions needed to operate a successful society (and to which degree they are forced to rely on their historically abusive

colonial subjugator) has positive or negative ramifications on self and communal identity, as well as poverty/unemployment (all of which are of course known causal factors of suicide) (Chandler & Lalonde, 1998: 214-215). Then, when you take these realities to the individual level, wherein their self continuity study illustrated First Nations peoples predicate their identity on being a part of a story (the aforementioned narrative persistence strategy), there is not much of a story to be told when your community has collapsed (Chandler et al., 2003: 66). Furthermore, Chandler and Lalonde's work provides a sound answer to the question that categorizes the phenomenon that is Indigenous suicide in Canada - how do some First Nations communities have excessive rates of suicide whereas others suicide is non-existent, when they are faced relatively the same degree of colonization (Chandler & Lalonde, 1998: 192)? Chandler and Lalonde's research posits that the difference in these rates is tied to how well each community has been able to exercise autonomy over their institutions in the wake of historical colonialism (and in the midst of neo-colonialism) (Chandler & Lalonde, 1998: 192). Perhaps the most salient feature of their study is the way they succeeded in looking at suicide among First Nation with a conceptual tool kit that made it possible to link the personal level with the collective level.

While the work of Chandler and Lalonde is a landmark in this field, that is not to say that it is without its blind spots. Cultural continuity may provide a very logical answer as an explicator to the root of where this contemporary suicide epidemic has come from, it is less successful in terms of being able to provide tangible solutions (Chandler, et al., 2010: 8). Analyzing cultural continuity illustrates the very somber reality in which to really cut the heart of the issue and resolve this suicide pandemic from this perspective the communities with low cultural continuity indicators would require massive amounts of funding in order to establish their institutional autonomy. And while this should certainly be fought for, the reality of it actually occurring, especially in any sort of a timely manner is hard to count on. Chandler and Lalonde do at the very least acknowledge this and suggest that First Nations communities that have high suicide rates learn and apply what they can from bands with low rates, as they cannot rely on the state. They suggest to rely on each other's shared knowledge and experience in the interim (Chandler et al, 2010: 8). Thus, cultural continuity may explain the contemporary situation, but it lacks in providing micro level approaches to consider in terms of suicide prevention in the short term in conjunction with the more expansive macro level solution.

Furthermore, Chandler & Lalonde's framework, although being dubbed continuity, is really only hyper-focused on the present, and thus anyone in search of a more linear-historical approach to how we got to the contemporary context of First Nation suicide will certainly have to look elsewhere. Also, Chandler and Lalonde do not delve into specific cases of suicide and thus do not really account for or make any comment on the "types" of suicides that are occurring in First Nations communities (whether they are separate cases, clusters, or any other form). Lastly, Niezen positions suicide clusters and contagion as a sort of counter explanation of First Nations suicide to cultural continuity, which some may view as valid alternative (however, as seen through the work of Kirmayer and as argued in the analysis section, cultural continuity and suicide clusters need not necessarily be mutually exclusive of one another) (Niezen, 2015: 106; Kirmayer, et al., 2007: 76).

Niezen

The work of Niezen is a major contribution to this field because he provides some alternate, but none the less logical (as validated by some of his contemporaries like Kirmayer and Abrutyn) approaches based on suicide clusters and contagion/imitation theory (Abrutyn & Mueller, 2014: 699; Kirmayer, et al., 2007: 30). As sobering as it may be Niezen points out that it is difficult to truly quantify historical trauma and tangibly link it to suicide (hence his focus on the hyper-contemporary context) (Niezen, 2015: 107). Moreover, applying the suicide cluster model as explicator of First Nations suicide is very suitable as the neo-colonic conditions in which Canada's Indigenous peoples are subject to certainly present them with many of the symptoms associated with cluster suicides (widespread feelings of social isolation, blocked avenues for advancing in society, suicide feels as it's the only method available for meaningful expression) (Cheung, et al., 2014: 140-141; Niezen, 2009: 12; Kirmayer, et al, 2007: 30-31). Further, media (in its many forms) is such an omnipresent and influential force in contemporary society so it Niezen is quite apt to explore the effect it has in breeding suicide contagion (Robinson, et al., 2016: 7; Niezen, 2015: 104; Kirmayer, et al., 2007: 30-31). Through suicide clusters Niezen is one of the few theorists who actually discuss the actual "shape" of the suicide trend for First Nations peoples and what its manifestations look like. In this sense Niezen is the most specific phenomenology of Indigenous suicide relative to his peers. Niezen also grounds his analysis in the sociological framework of Tarde (the effect imitation/contagion has on suicide), which provides a compelling perspective amongst the largely Durkheim-centric sociology of suicide (though it does not necessarily need be viewed as counter to Durkheim – much like how suicide clusters need not be counter to cultural continuity) (Niezen, 2015: 97; Abrutyn & Mueller, 2014: 698-699).

Niezen's research and analysis is predominately oriented in theoretical frameworks that he applies to contemporary reality. Therefore, Niezen's work is centered around what is happening in regards to First Nation suicide now, and why. Thus, it is largely ahistorical and not the place to go for anyone who is seeking historical information on First Nations suicide. Nor is it necessarily the place to go for those seeking concrete prevention plans, as what is offering is more on the loftier macro level, similarly to Chandler and Lalonde. Prevention, for Niezen, is tied to reducing media coverage and public depictions of Indigenous suicide (even public campaigns aiming to combat suicide), as any form of repeated exposure to the idea can "self-stereotyping" and negative self-image that reinforces the option of suicide (Niezen 2015: 110-111). While this is certainly logical, it may be easier said than done in a world dominated by various forms of media. Also, it is worth exploring that Niezen may be taking a bit of a leap in relating communication of the idea of suicide to suicide clusters, as amidst a context where all opportunities are completely restricted (which is the context he provides in Indigenous communities that breed suicide clusters), it may not be the idea that suicide is communicated that sparks a cluster suicide, but merely that suicide appears as a realistic option, given wholesale constraints. In this sense he is still correct about the context that breeds suicide clusters but the relationship between communication and cluster suicide may be ambiguous. I Moreover, Niezen positioning suicide clusters as counter to cultural continuity and Tarde as counter to Durkheim does come across as an unnecessarily reductionist approach to such a complex matter (Niezen, 2015: 106). There is significant evidence to support the existence of both suicide clusters and cultural continuity, and none of this evidence is particularly contradictory of the other (especially seeing how individual and collective identity is centric to both of them), and thus as illustrated by Kirmayer there is no real need to conceive of them as mutually exclusive to one another (Kral, 2019: 82, 138; Kirmayer, et al., 2007: 30-31, 76).

## Kral

Kral's book, *The Return of The Sun* (2019), is absolutely invaluable to the study of Inuit suicide in Canada (and ultimately Indigenous peoples in general given its depth). Kral's work is as comprehensive in scope as Kirmayer (though focused solely on the Inuit) and goes a level beyond in terms of delving into theoretical concepts as well as providing interview transcripts that allow for the presence of Inuit perspectives (Kral, 2019: 2, 44, 83). Kral's work is like an expanding version of Kirmayer's, providing an all-encompassing approach to suicide that is both sociological and psychological, wherein he discusses colonial history, residential school experience, contemporary socio-economic conditions, substance abuse, as well depression and other mental health factors (all well researched and substantiated) (Kral, 2019: 2, 10, 28, 44, 98). Furthermore, Kral does lean more heavily sociological than Kirmayer, as he explores and employs Durkheim's typologies of suicide and Mills sociological imagination (Kral, 2019: 2, 138).

The concept of identity (which borders on both the psychological and sociological) is crucial to the understanding of Inuit suicidality for Kral, as it is for all the First Nations researchers discussed here, thus pointing to what seems to be a universality amongst Canada's Indigenous population which needs to be addressed in any suicide prevention policy (Kral, 2019: 48, 99; Niezen, 2015: 110; Kirmayer, et al., 2007: 48; Chandler & Lalonde, 1998: 213). Kral is also a major proponent of Chandler and Lalonde's cultural continuity notion, as he stresses Inuit institutional control will be essential in curbing suicide going forward, therefore representing a solid theoretical foundation to his work through the adaptation of Chandler and Lalonde's (for the most part) ratified paradigm (Kral, 2019: 114, 138).

Kral is also unique in that he tackles the historicity of Indigenous suicide in a way no one else has. He makes an attempt at providing an origin story for the Inuit suicide epidemic by providing anecdotal evidence of suicide being primarily of the altruistic nature prior to their (much more recent relative to the general First Nations population) colonization in the 1950s (Kral, 2019: 86-87). While anecdotal (which given the circumstances is likely the only evidence available), this still marks an effort at tackling the historical aspect of Indigenous suicide, which many contemporary researchers have not attempted. Moreover, Kral pinpoints the "government era" as a specific period that sparked the emergence of suicide in the Inuit, which due to its more recent occurrence in history, there is more documentation and is thus much easier to quantify its ramifications, relative to the colonization of the First Nations population. Therefore, Kral is the sole researcher he provides a thorough history of suicide that touches on a "before and after" by pin pointing very precise moments. This is unique compares to his peers who either do not attempt to historicize Indigenous suicide, or just speak in broad terms about colonization and/or residential schools.

Truthfully there is not very much that can be said in way of critiques as it goes to Kral's work, as it appears to be the definitive work on Inuit suicide in Canada. It can be argued, in the same way as it can be argued against Chandler and Lalonde, that Kral's solutions to the suicide epidemic are much too macro level and require massive amounts of resources to be ceded by the government and massive structural change, and thus more time sensitive/short-term solutions

may need to be provided. Moreover, Kral alludes to cluster suicide effecting Inuit people, but does not provide any elaboration on this concept (Kral, 2019: 82, 97). Therefore, there should be supplementary research done by any researcher who is tackling the subject of Inuit suicide to accompany Kral's work, as it appears to be a phenomenon for the Inuit (as it is for the general First Nations population), and thus should be delved into.

### Kirmayer

The integrated model approach employed by Kirmayer, particularly in *Suicide Among Aboriginal People in Canada* (2007), is the most comprehensive general research on First Nations suicide in Canada (not to mention a major accounting of the Inuit here as well) (Kirmayer, et al., 2007: 2, 11, 14). Kirmayer provides a breadth of statistical information and cited research in his all encompassing, multi-disciplinary approach in which he analyzes poverty/unemployment, addiction (alcohol, substance, and gambling), availability of firearms, residential school exposure and family history, depression, abuse, and other mental health factors (Kirmayer, et al., 2007: 34, 38, 40, 51, 56, 69). Kirmayer is also a proponent of both cultural continuity and suicide clusters, which not only validates each paradigm, but it also serves as an illustration (through an established source) that cultural continuity and suicide clusters need not be seen as mutually exclusive (Kirmayer, et al., 2007: 30-31, 76). Kirmayer also provides extensive prevention strategies on both the communal (cultural continuity-institutional control, youth-elder family programs, organization of suicide prevention comity, employment and recreation activities for youth, among others) and individual level (peer counseling, mental health services, traditional healing, rehabilitation programs, school-based education in life skills, among others) (Kirmayer, et al, 2007: 81, 105). Additionally, Kirmayer details how to properly provide crisis prevention, through establishing crisis hotlines, crisis services, proper training of police and first responders, firearm and drug control, as well as forming suicide postvention teams (Kirmayer, et al., 2007: 105-106). Thus, Kirmayer's specific contribution is that he is the researcher who attempts to make the broadest correlation between all possible factors involved in Indigenous suicide, as well as the researcher who is most oriented on providing in depth prevention strategies at both the individual and communal level.

Where Kirmayer may be lacking in is for those who seek a more theoretical framework-oriented analysis, where-as Kirmayer is largely very clinical in his articulation of statistics, causes and effects. For example, while Kirmayer is sociological in the sense that he deals with socio-economic factors, he does not delve into sociological theory to the extent that Kral does, who also provides a very similar all-encompassing style of work (Kral, 2019: 2, 138). Moreover, when discussing suicide clusters Kirmayer does not explore the links to Tardian theory behind them in the same way that Niezen does (Kirmayer, et al., 30-31). Kirmayer, like Chandler & Lalonde and Niezen is also more focused on dealing with the contemporary reality, as he does provide statistics as far back as the 1970s to illustrate an increase in suicidality over time, he is not particularly concerned with establishing a suicide "origin moment" or explore a deeper history (perhaps due to lack of statistics available) (Kirmayer, et al, 2007: 25). Therefore, while Kirmayer offers the most applicable prevention strategies, he does not provide a theoretical paradigm that addresses the root of the problem or an attempt to "solve" it. It also must be

acknowledged that this work is from 2007 and thus more modern statistics are available and should be sought out by any researcher in order to supplement their reading of this work.

### Talaga

Talaga's book, *All Our Relations* (2018), provides an invaluable Indigenous perspective on Indigenous suicide in Canada. Until the recent emergence of the Indigenous Critical Studies perspective on Indigenous suicide in Canada there has been a lack of Indigenous scholarship circulated through conventional academic channels on this subject. This is certainly not to say it research is not being conducted by Indigenous scholars, as many communities are certainly engaged with this subject and have developed robust prevention plans, they have just not yet gotten the attention of the other studies presented here. Accordingly, Talaga provides a discussion on the direct effects of neo-colonial policies on Indigenous identities that the other researchers here simply cannot account for.

Talaga provides readers with a colonial history of Indigenous peoples in Canada, as well as the horrors of residential schools and their enduring aftermath, the pernicious relationships that First Nations peoples have continually been forced to have with Canadian institutions such as child services, social services, medical services, law enforcement and the justice systems which have historically disfavored Indigenous peoples, and how the contemporary neo-colonial climate has bred high rates of unemployment, poverty and addiction (Talaga, 2018: 40, 129, 161, 172) All of which has had negative impacts on individual and communal identities, and ultimately have bred suicide (Talaga, 2018: 15, 127-129). Thus, while she may not provide a unique theoretical framework as other researchers have, Talaga none the less does address many of the important factors that contemporary researchers focus on (particularly identity and the importance of institutions). Moreover, her treatment on identity is especially insightful and when taken in conjunction with Kral's investigation into the role of identity in Inuit suicide, provides a very striking picture on how neo-colonic policies have unquestionable contributed to the Indigenous suicide phenomenon as a whole. Talaga is also more action oriented in purpose, having a section on contemporary social movements which can prove helpful in imploring individuals to get involved with advocacy (Talaga, 2018: 137-140, 200). Therefore, her research is indeed intended to be more informative and action oriented and can easily be supplemented by the theoretical frameworks of the other researchers discussed here.

In sum, Talaga's contributions are providing first-hand perspectives on a level that the other researchers do not account for, an attempt at increasing public awareness through the higher visibility and accessibility of her books, and providing a history of neo-colonization and the ramifications it has had on Indigenous identity and socio-economic conditions. Talaga also promotes activism and public discourse, which is perhaps a more down to earth angle than the other researchers in this cohort. While Talaga does not present a unique theory or methodology to address this phenomenon like the other studies here have attempted, her treatment on neocolonialism and Indigenous identity none-the-less provides a unique and valued contribution to the literature on Indigenous suicide in Canada

## The NAYSPS & The TRC

The critiques of both the NAYSPS and the TRC that are compiled in the literature review section do more than a sufficient job in illustrating the deficiencies and ultimately failures thus far of these two programs. However, while they certainly should be considered massively flawed and unsuccessful thus far, neither should be dismissed wholesale as there are principles behind each project that are worth keeping in mind. The core principle professed by the NAYSPS in which suicide prevention policies should be developed in conjunction with each specific community involved, in order for the community involved to have agency as well as to be able to incorporate culturally appropriate methods, is a principle that is backed up by major research and is one that should certainly be a key component of any Indigenous suicide prevention strategy (NAYSPS, 2013: 6, 8, 13-14). It is just tragically unfortunate that this principle has not played out in reality, and thus it should be advocated to cut through bureaucracy and allow this principle to take true tangible effect (Kral, 2019: 123-124). In regard to the TRC, which as we have seen was essentially built to fail in terms of being able to result in large scale societal impact, the research that is compiled within their reports are none-the-less very thoughtful and thorough (Nagy, 2020: 224; Niezen, 2016: 924). These reports contain appropriate socio-historical information on First Nations and Inuit (and Metis, which have been excluded here), statistics, and many of the key factors in both explaining and preventing Indigenous suicide that align with many of the leading researchers (issues of identity, poverty/unemployment, substance abuse, cultural continuity, re-establishing strong family bonds, improving child welfare.) (TRC, 2015: 7-8, 34, 105: 178).



## Comparative table of the various approaches to Indigenous suicide in Canada

Author	Object <sup>1</sup>	Original Feature of their Object	Theory	Contribution(s)	Prevention	Shortcoming
Chandler-Lalonde	Link between individual and collective facet of the phenomenon	Communities <i>without</i> suicides; scale of self-continuity VS actual suicides (non-FN); narrative vs essentialist strategies	Anthropological necessity and co-belonging of self and cultural continuity	The argument about how self and cultural continuity belong together; addressing disparate suicide rates between bands; importance of sovereignty	No real focus on prevention other than stating communities should rely on one another to share knowledge. They are more concerned with the "why?" of suicide than what to do about it.	Individual cases of suicide unexplored; context of actual suicides not looked at; historicity of the phenomenon unexamined, no concrete prevention effort
Niezen	Suicide Clusters, imitation/contagion & context of occurrence	The actual shape of suicide trend	Communication of the idea of suicide (expansion of Tarde)	The most specific about a phenomenology of suicide in FN	Reduce press coverage and public depictions of youth suicide to avoid "self-stereotyping"/reproducing negative self image	Historicity of the phenomenon unexamined, ambiguity between the communication of the idea of suicide and suicide as a realistic option, too concerned with being an alternative to Chandler & Lalonde, difficult to realize <u>prevention strategy</u>
Kral	Historicity of suicide trend among Inuit; institutional control	Actual historical emergence of suicide; meaning of it; very specific (as general)	The throes of the dismantling of specific forms sociality (kinship, hunting, nomadic society)	Much more specific than anybody else in terms of historicity; pinpointing the way the taking over of these communities during the Government era and its aftermath is the actual cause	Institutional control, re-connecting youth with elders, and re-integrating other cultural traditions, community input in prevention plans	Likely the most all-encompassing model overall, shortcomings are similar to Chandler & Lalonde in terms of the difficulties of gaining institutional control, but Kral at least delves deeper into prevention.
Talaga	Dramatic character of high suicide rates	Increase public awareness; provide First Nations perspectives	Effects of colonialism & neocolonialism (institutional biases/abuses); identity	Good point of entry to FN suicide for a general reader	Activism/public discourse	No unique theoretical perspective/methodology compared to the other researchers.
Kirmayer	Factors; correlation between all possible factors	Oriented toward prevention (on which factor to act)	Cultural continuity, communication (suicide clusters)	Most in-depth researcher in terms of tangible prevention strategies, and accounting for psychological and socioeconomic factors	Importance of establishing distinct prevention policies for both the individual and communal levels.	"Jack of all trades, master of none"; presents theoretical perspectives but does not go to deep in to them; lacks historicity
Gov.	Prevention	Collaborating with the community to devise culturally appropriate prevention plans	N/A	N/A	N/A	Failed to work in practice; coloration with communities did not actually happen; bureaucratic nightmare getting the funds to the community
TRC	After math of residential schools on suicide	N/A	No real unique theory of its own; ramifications of residential schools on socioeconomic conditions and identity; discusses cultural continuity	N/A	Promoting strong familial bonds; improving child welfare, developing programs with communities depending on their specific needs; advocating for government funding	Arguably was built to fail from the onset; could not make any legal claims against the government; ultimately made little societal impact
			identity; discusses cultural continuity			

<sup>1</sup> It should be noted that they all rely on the same basic facts about suicide so that their object is not simply suicide seen in a factual perspective. They give a twist to the object, making it theirs, according to their approach.

## Evaluation Conclusion

These evaluations illustrate that each source compiled here is worthy of their inclusion and have (and will continue to) contribute to the complex subject that is Indigenous suicide in Canada (with the noted exceptions of the NAYSPS and the TRC who have thus far failed to live up to their contributive potential, but hopefully can in the future). However, as we have also seen through the literature and these evaluations, is that due to the multifarious nature of this phenomenon, no singular source is able to account for all the potential factors that can be in play (although Kral may very well be the closest). Yet each researcher provides a specific major contribution to the field. Thus, each source should be supplemented by one another. Particularly work involving cultural continuity/institutional control and suicide clusters (despite the way Niezen may position it), when united paint as near as full a picture of possible in terms of the theoretical foundations of the current climate of suicide (Niezen, 2015: 106; Kirmayer, et al., 2007: 30-31, 76). Whereas in terms of historicity of suicide and the in-depth effects of colonization on identity and sovereignty Kral is essential reading. Moreover, what the literature, this evaluation, and upcoming synthesis all suggest is that issues regarding the notion of individual and collective identity are at the heart of this suicide epidemic, and must be addressed by any researcher, policy maker or prevention policy.

## Synthesis

What will follow is an attempt to synthesize the fairly sizable amount of literature and perspectives on First Nations suicide in Canada which has been presented here. In order to do this, the crucial factors causing suicide as well as preventative measures that each source presents will be compared to the other sources in terms of the frequency a given factor appears and whether or not/to what degree each other source agrees or disagrees with each notion. Thus, this section will be divided into subsections based on key factors in a similar fashion to the literature review. Each subsection will contain comparisons, analysis, and suggestions, which will lead into evaluation and discussion sections before presenting overall conclusions.

## Historical Colonization

There is a near consensus that the historical events of colonization imposed upon the First Nations peoples in Canada has caused longstanding residual effects which have impacted the suicidality of many communities. Chandler and Lalonde, Kirmayer, Talaga, the Canadian government, and the TRC all posit that colonial policies of dispossession of First Nations peoples from their land, depriving them from the traditional cultural ways of life, segregating them on to reserves, forceful assimilation, etc., has caused such a profound erosion of culture that is felt to this day and is an influential legacy factor in the augmented First Nations suicide rate (Chandler & Lalonde, 1998: 13; Kirmayer, et al., 2007: 9, 55; NAYSPS, 2013: 6-7; TRC, 2015: 7, 140-141; Talaga, 2018: 16-17,170-172) . Thus, the aforementioned sources agree that a

(but not solely) key factor in combatting First Nations suicide is the promotion of (re)instituting each community's traditional culture as much as possible. Meaning reconnecting with traditional languages, cultural practices, spirituality, healing practices, and most importantly sovereignty, all with the aim of repairing the community and thus each individuals' feelings of self and connection to their culture and community, which had been obfuscated by colonialization (Chandler, et al., 2003: 37, 39; Kirmayer, et al., 2007: 50, 56, 58; NAYSPS, 2013: 9, 18; TRC, 2015: 280-289). As such, most research points to reconnecting with traditional culture as a protective factor against suicide for First Nations people, in order to combat some of the effects of historical trauma caused by colonialism as well, as well as reaffirming an individual's connection with their culture and community (which may have been frayed by the aforementioned colonialist policies) Chandler, et al., 2003: 37, 39; Kirmayer, et al., 2007: 50, 56, 58; NAYSPS, 2013: 9, 18; TRC, 2015: 280-289.

Niezen here is the sole (at least overtly – as will be soon discussed with Chandler and Lalonde), but compelling outlier. While he surely does not think lightly of the horrors caused by historical colonialism upon First Nations peoples, in regards to contemporary suicide, Niezen is more concerned with issues of the present than the past (Niezen, 2009: 8-9). Niezen posits that the effects of the historical traumas caused by colonization are difficult to tangibly quantify, especially in light of one of the fundamentally unique aspects of First Nations suicide being that the rates from community to community range from extreme to none-existent, yet they all suffered from colonization (Niezen, 2009: 8-9; Niezen, 2015: 106-107). Thus, for Niezen, looking to the past as an answer to First Nation's suicide may not be as fruitful at looking at the variety of factors that are in play currently active (for Niezen, media portrayal, identity, cluster suicides) (Niezen, 2009: 3-4, 11-12; Niezen, 2015: 107-108). As such, setting aside Niezen's oversimplification in his critique of Chandler and Lalonde's notion of cultural continuity, his perspective is grounded in pragmatism (Niezen, 2015: 106).

Moreover, while Chandler & Lalonde do make references to historical colonialism, their research and suggestions ultimately hinge around focusing on the importance upon First Nations institutions and identities of the present (Chandler & Lalonde, 1998: 17-18). This is because they are more concerned with the meaning of suicide and the cause, but not necessarily the historical context leading to the cause. The same can be said for Kirmayer's mixed methods approach focusing on contemporary First Nation's macro social contexts and individual psychological contexts (Kirmayer, et al., 2007: 96). Thus, while emphasizing a reconnecting with the past is important and will yield healing and preventative benefits, a significant sum of research is slanted on focusing resources on preventative policies which address more immediate social contexts and concerns (such as gaining control of important societal institutions, combating poverty, substance abuse etc.) (Chandler & Lalonde, 1998: 17-18; Kirmayer, et al., 2007: 96; Niezen, 2009: 13). Though it is worth advocating that these perspectives need not be mutually exclusive of one another.

Of course, this is the case for the Inuit who experienced colonialism much later and quicker than the First Nations population (Kral, 2019: 44). For the Inuit there is no real time distinction between "historical colonialism" and residential schools as they happened within swift succession of one another to them (Kral, 2019: 41, 44). This rapid level of imposed culture change is the likely causal force behind the Inuit population having an even higher suicide rate than the First Nations population, and the fact that the colonial process only started in full swing in the 1950s has meant that prevention polices for Inuit people strive to incorporate the past into

the present (Kral, 2019: 44, 115). Thus, while institutional autonomy is a cornerstone of Kral's position on remedying Inuit suicide, he also is a major advocator for re-connecting with Inuit traditional culture (Kral, 2019: 111, 113). Kral cites the importance of Inuit people nourishing their "eco-centric" identity through hunting, consuming "country food", and in general circulating on traditional ground, as well as engaging in traditional spirituality and healing practices (Kral, 2019: 38, 98-99). Therefore, reconnecting with traditions may not be the be-all-end-all solution to Indigenous suicide in Canada, but it is certainly an important piece of the puzzle according to the majority of the research, and can play into issues of identity which is another interlocking factor that is perhaps the most unanimous component amongst the literature.

### Residential Schools

The preceding subsection was deliberately titled with the term "historical", as to clearly demarcate a difference between historical colonial efforts and residential schools. This is because residential schools lasted in full effect until the 1960s (with one case lasting even until the 1990s), and thus the direct impacts these destructive institutions have had on inducing suicidality in First Nations communities is much more tangible to record and quantify for researchers (McQuad, et al., 2017: 423; Miller, 2019: 173). Therefore, unanimously all research sources cite the lasting effects of residential schools (eradication of culture and identity, inducing cycles of abuse, poverty, addiction) in identifying some of the causes of First Nations suicide in Canada (although interestingly enough Chandler and Lalonde makes very little references to residential schools relative to contemporaries Kirmayer or Niezen) (Chandler, et al., 2003: 39; Kirmayer, et al., 2007: 70; Niezen, 2009: 9; Talaga, 2018 57, 63-64).

Kirmayer, Niezen, and Chandler and Lalonde each interpret the effects residential schools have within their theoretical paradigms. For Kirmayer, residential schools are responsible for spawning cycles of abuse that have led to widespread social issues of poverty, unemployment, addiction and individual psychological issues such as depression and other mental health disorders, as well as familial abuse, all of which contribute to suicidality (Kirmayer et al, 2007: 70-72). For Niezen, residential schools created a breach in individual identity and collective identity, from which many First Nations communities and individuals have yet to fully recover, which is a (but not sole) contributing factor to cluster suicides (Niezen, 2009: 9, 13). Chandler and Lalonde, as noted, does not cite residential schools as a factor as often as his peers (perhaps due to the general focus throughout his work on the immediate present), but none-the-less his notions of self and cultural continuity appear to be a direct remedy to the fracturing of identities and institutions caused by residential schools (Chandler, 1998: 18; Chandler, et al., 2003: 39). This makes the omission of residential schools from the work of Chandler & Lalonde peculiar as residential schools appear to be the main culprit for the factors that induce a lack of self and cultural continuity; being taken from the community caused a rupture between generations (impeding socialization within the community and ties between youth and family members), which caused youth to be strangers in their own community. Therefore, it would be worth studying a correlation between suicide rates in a band and that bands exposure to residential schools. Moreover, the TRC invokes the work of Chandler and Lalonde directly as an influencing force on their report and their demands (TRC, 2015, *The Legacy*: 174).

As residential schools represent a relatively more recent form of overt colonialism, and the fact that the Canadian government has acknowledged their culpability and complicity in enforcing these institutions (though not providing a full apology), there is no question that the Canadian government was/is largely responsible for the excessive First Nations' suicide rate (TRC, 2015, *The Legacy*: 7; Niezen, 2016: 931; Kral 2019: 102). Therefore, whether it be for any of the preventative policies posited by the three aforementioned researchers, or any other preventative policies put forth by First Nations communities, the governments direct guiltiness in the instituting of residential schools should be cited in order to raise public awareness and pressure the government in order to (rightfully) acquire resources for said preventative policies. Of course, there is no guarantee that this will succeed in the short term, as noted previously in regards to the limitations imposed upon the Truth and Reconciliation Commission, as well as their relative ineffectiveness in terms of raising awareness (despite their best intentions) (Niezen, 2017: 6; Miller, 2019: 173-174, Nagy, 2020: 225). However, given that by all accounts of research that residential schools and First Nations suicide are intertwined with one another, preventative policies should always take the impacts these institutions caused, and the governments culpability in instituting them into account.

### Identity

Identity was indeed referred to in the historical colonialism subsection, however given that this concept is elaborated upon and viewed as an important factor to address in terms of causation and prevention of suicide by each main source discussed here, it demands a more substantive subsection of its own. Whether it be from the cultural disruptions (destructions) caused by historical colonialism, residential schools and/or the “sixties scoop”, as well as struggling to find their place in a post (or neo) colonic society, dealing in many instances with poverty and lacking access to viable or trustworthy institutions, and/or being subjected to demeaning media depictions, all researchers agree that many First Nations peoples grapple with issues of identity and that it is often a contributing factor to their suicide rates (Chandler & Lalonde, 1998: 17; Kirmayer, 2007: 48-49, 75; Niezen, 2015: 109-110, TRC, 2015: 15, 38; Talaga, 2018: 17-18, 130-131). Even Niezen can find common ground with Chandler and Lalonde in terms of the importance of addressing issues regarding identity as a preventative measure for suicide (Niezen, 2009: 10-11).

Canada's National Aboriginal Youth Suicide Prevention Strategy, the TRC, Kirmayer, and First Nation's author Tanya Talaga all posit that fostering a positive sense of individual identity as well as an overall sense of cultural identity is paramount for curbing suicide in at risk First Nations communities (Kirmayer, 2007: 49, 75; NAYSPS, 2013: 8, 13; TRC, *The Legacy*, 2015: 110; Talaga, 2018: 17-18). As noted by Talaga, First Nations youth are often burdened by these four existential questions “Where do I come from? Where am I going? What is my purpose? Who am I?” (Talaga, 2018: 17-18). Existential questions such as these are a heavy burden to face during a coming of age period amidst all the pitfalls of historical and neo colonialism that have been described ad nauseum here. Thus, the NAYSPS, the TRC, Kirmayer, and Talaga all advocate for communal programs wherein community members are all brought closer in together with one another such as organized events, workshops, sports, as well as create partnerships between various communal entities such as the police, schools, health services,

Elders, etc., which by linking everyone in the community together by raising awareness and creating dialogue can promote a sense of self within the community (Kirmayer, 2007: 89; NAYSPS, 2013: 14; TRC, *The Legacy*, 2015: 59, 294; Talaga, 2018: 122, 160. Furthermore, these sources all advocate for resources to be allocated for access to culturally appropriate and informed mental health practitioners who can address issues of identity (and of course more) that at-risk communities face (Kirmayer, 2007: 92-93; NAYSPS, 2013: 8; TRC, *The Legacy*, 2015: 59-60, 175; Talaga, 2018: 139, 210-211).

While Chandler and Lalonde's theory on causation hinges on the importance of institutions as the harbingers of cultural continuity, the notion of cultural continuity of course draws its foundation from issues regarding identity (Chandler & Lalonde, 1998: 2-3). Chandler and Lalonde's notion of cultural continuity was devised as a sort of macro version of self-continuity (Chandler & Lalonde, 1998: 3-4). Self-continuity entails an individual's ability to perceive themselves over time (past, present, future), and many suicidal youths have trouble with self-continuity in general (Chandler, et al., 2003: 2). Thus, given the difficult context First Nations youth deal with, Chandler and Lalonde posit that issues of self-continuity are the premier factor causing elevated suicide rates in at-risk Aboriginal communities (Chandler & Lalonde, 1998: 3-4, 5-6). Chandler and Lalonde's study of self-continuity is really crucial here and illustrates just how important a factor identity is to Indigenous suicide. As demonstrated by their study non-Indigenous youth saw themselves as essentially the same being regardless of the inevitable changes of life, whereas Indigenous youth are more likely to employ a narrative strategy to "solve" the paradox of continuity amongst change (Chandler et al., 2003: 2, 45).

Although this strategy may have worked historically for Indigenous peoples, it is a really telling explicator of the identity issues aboriginal youth face, as amidst systemic oppression and a ravaged community it is hard to construct a coherent narrative. Especially one in which there are enough future prospects to continue on for (Chandler & Lalonde, 2003: 66). This is also relatable to Talaga's four existential questions, whereas many non-Indigenous youths view themselves as "essentially" the same over time regardless of changes, young aboriginal people in at risk communities are forced to piece together answers to these profound questions to form a coherent story that justifies continued existence against a background of chaos. Thus, while what constitutes an at risk First Nations community for Chandler and Lalonde is one in which they do not have autonomy over key institutions/have had their key institutions fractured, it is the widespread loss of cultural continuity and the impacts it breeds upon the susceptible, narrative based self-continuity associated with many First Nations that engenders suicidality (Chandler & Lalonde, 1998: 6-7, 17-18). Therefore, the notion of identity as an inducer and/or preventer of suicide is quintessential to Chandler and Lalonde's theory as well.

While Niezen is for the most part unique in his theory on First Nations suicide relative to the other sources in that he attributes their elevated occurrences as a function of cluster suicide theory (although Kirmayer does have a section in his work discussing cluster suicides and also references Niezen), the manifestation of cluster suicides coincides with issues of personal and collective identity (Kirmayer, 2007: 30, 88; Niezen, 2009: 7, 11). In the case of First Nation's youth, amidst a climate of fractured culturally connections, socio-economic disparity, and being bombarded by my media depictions which portray them and their situation as dire (portraying them as forever poor, addicts, suicidal), a sort of self-destructive and defeated identity is often imposed upon them (Niezen, 2009: 12; Niezen, 2015: 109). Therefore, once one suicide occurs it can start a chain where many other First Nation youth are compelled (a contagion/imitation

effect) to commit suicide as an act of protesting/countering their situation and feelings of isolation by exercising a sense of collective identity, expression, and unity with one another, through suicide (Niezen, 2009: 5, 11-12; Niezen, 2015: 110). Thus, while cluster suicides and the theory of communication of suicide may be unique relative to the other sources, it does overlap with them in that they require preventative policies that focus on issues of contemporary identity, with Niezen stressing that suicide clusters manifest for First Nations peoples in contexts where all pathways for individual and cultural expression are blocked (Niezen, 2009: 12; Niezen, 2015: 99). With an important distinction being to be wary of over-promoting suicide awareness in the media, as it can provide a sense of social currency for the suicidal to compel them to enact (Niezen, 2009: 2; Niezen, 2015: 109).

All of these theories and perspectives are bolstered by a backdrop of general youth suicide literature that posits that issues regarding identity is one of the most frequent sources of driving young people to commit suicide (Gilchrist & Sullivan, 2007: 158-159; Thompson & Swartout, 2017: 808). The “coming of age/emerging adulthood” epoch in one’s life has come to be categorized in contemporary society as a period where many face existential crises regarding an individual’s identity and how they will adapt in their emergence to adulthood (Thompson & Swartout, 2017: 808; Santos, et al., 2018: 876; Dagenais, 2021: 18). It would certainly be worth applying the theory behind Dagenais’ typologies of youth suicide from his study in Abitibi, Quebec: the fear of becoming an adult and the refusal to become an adult to First Nations youth suicide (Dagenais, 2021: 18-19). This is because if these existential questions, fears, and refusals in regards to identity and coming of age already ail the general youth population, given the inherently tumultuous relationship First Nations peoples face with their identities (resulting from cultural destruction, forced assimilation, socio-economic disparity, etc.), then said existential questions, fears, and refusals, can only be amplified many of Canada’s Indigenous youth (Kirmayer, 2007: 29-30, 100; Talaga, 2018: 17-18; Dagenais, 2021: 18-19).

As well, identity is absolutely at the crux of Inuit suicide, further affirming the unanimity of this factor in Indigenous suicide in Canada (Kral, 2019: 51, 145). Given the bombardment of social changes the Inuit have faced since 1950, each generation has had completely different experiences from the past which has led to severe intergenerational segregation in which each generation feels they cannot relate to one another (Kral, 2019: 59, 85). Furthermore, they have been stripped of their previous cultural and societal practices and being forced into Canadian society and its economy while not being afforded any appropriate opportunities (Kral, 2019: 10). This had led to the erosion of their traditional kinship system which had played a major role in uniting youth with one another and with the preceding generations (Kral, 2019: 48). Which when compounded with the reality of not being properly incorporated into the Canadian economy has bred poverty and scarcity of resources (and thus competition for them) which has led to segregation from within each generation as well (Kral, 2019: 34, 37). Thus, many Inuit feel wholesale detachment; from their elders, their peers, their culture, and Canadians society, thus forming a coherent identity during crucial formative years of youth very difficult (this is best expressed by Kral, who posits that Inuit are living in two cultural worlds, but are integrated into neither) (Kral, 2019: 59, 153). Moreover, Kral’s fieldwork also can be linked with Dagenais’ fieldwork and research on youth suicide, as the Kral notes the anger that categorizes Inuit youth can correspond with the youth suicide typology of the refusal to become an adult, and the widespread dread of the future amongst Inuit youth can correspond with the fear of becoming an adult typology (Kral, 2019: 100, 145)

Thus, given that the notion of identity in some form or another are at the center of every major source on both First Nations and Inuit youth suicide, as well as the fact that general youth suicide literature cites identity as a major indicator in conventional youth suicide, this factor is likely the most important (and difficult) force in addressing voluntary death for aboriginal people in Canada (Chandler & Lalonde, 1998: 17; Kirmayer, 2007: 48-49, 75; Niezen, 2015: 109-110, TRC, 2015: 15, 38; Talaga, 2018: 17-18, 130-131). As such, many of the preeminent preventative factors all rightly focus on identity, whether it be cultural continuity and self-continuity, collective/communal identity, and/or culturally appropriate mental health services and healing practices (Chandler & Lalonde, 1998: 214-215; Kirmayer, 2007: 54; Niezen, 2009: 13; TRC, 2015: 45; Talaga, 2018: 130-131, 174). And therefore, any further theoretical frameworks or preventative policies regarding First Nations suicide in Canada must likely address issues of identity.

### Institutions and Continuity

Coinciding with identity as one of the most influential contemporary factors in the literature on First Nations suicide is the importance of institutions. While not as fully unanimous a preventative factor as identity (Niezen may not be as fully on board as the other sources), the importance of institutions in influencing suicide is cited by every major source, and there is a relationship between having autonomy over successful societal institutions (health, law enforcement, politics, etc) and positive feeling of identity and general well-being for First Nations peoples (Chandler & Lalonde, 1998: 214-215; Kirmayer, 2007: 55, 105; Niezen, 2015: 99, 106; TRC, 2015: 62; Talaga, 2018: 130-131, 141, 145). Though seemingly absolutely essential in addressing in regards to First Nations suicide, given how deeply eroded many of their communities have been from imperialism and colonization, navigating how to tangibly improve (I.E getting funds/resources and properly allocating them) the institutional situations in at risk Indigenous bands is another crucial factor to grapple with in the prevention of suicide.

Chandler and Lalonde's notion of cultural continuity as explicator and preventer of the unique phenomenon that is First Nations suicide, is at its core centered around institutions (Chandler & Lalonde, 1998: 208; Chandler & Proulx, 2006: 138). Though cultural continuity is premised on the ability of a community to perceive a tangible connection with their culture over time (past, present, and future,), it is through having autonomy over key contemporary societal institutions (educational services, self-government, police and fire services, health services, cultural facilities, and land claims, in their landmark original study) from which Chandler and Lalonde tangibly measures a community's degree of cultural continuity (Chandler & Lalonde, 1998: 209-211; Chandler & Proulx, 2006: 138-139). Thus, a portion of the criticism levied against Chandler and Lalonde's notion of cultural continuity by Niezen is warranted if only in terms of semantics as perhaps they have mislabelled their theory (even Kirmayer agrees with Niezen here, despite overall being a proponent of Chandler and Lalonde) as in most instances contemporary institutions such as having a fire department has little to do with Indigenous cultural traditions of the past (Kirmayer, et al., 2007: 77; Niezen, 2015: 106). Of course, this semantical portion of the debate should mean nothing in terms of devaluing the substance that is at the heart of Chandler and Lalonde's work. Nearly every major research on First Nations suicide in Canada cites cultural continuity to some degree, as well as the importance of First



Nations peoples having true autonomy over their institutions (and access to the resources to run successful institutions) as key protectors of suicide, which is the true crux of Chandler Lalonde's paradigm (Chandler & Lalonde, 1998: 213-214; Kirmayer, et al., 2007: 76; Niezen, 2009: 11-12; TRC, 2015: 174; Talaga, 2018: 128-129).

While it may come across as somewhat esoteric of a term, Chandler and Lalonde's notion of cultural continuity is deeply rooted in sound logic as a means of understanding and addressing the unique context that is First Nations suicide in Canada. Due to their being an extreme disparity in suicide rates from band to band (ranging from virtually none to multiples of the national average), yet the entire Canadian First Nations population having all suffered the same relative destruction (culturally, physically, and mentally) from colonialism, looking to the degree of which a particular community has autonomy over fundamental societal institutions is great insight into explaining why these high disparities in suicidality exist (Chandler & Lalonde, 1998: 207-209; Chandler & Proulx, 2006: 137-138). This is because measuring the degree of functioning and/or autonomous key institutions a community has is a hyper-contemporary indicator of a band's current status in regards to how they have persevered/adapted to the ravages of colonialism (this is not to say that there is an onus of blame to be placed on the high suicide communities for not persevering/adapting at the same rate as others as colonialism/imperialism has affected each band in different ways) (Chandler & Lalonde, 1998: 209-210; Chandler & Proulx, 2006: 138-139). Moreover, having autonomy over communal institutions creates a chain effect in terms of preventing suicide, in terms of promoting positive senses of personal and communal identity (as discussed), allowing for culturally appropriate mental health and child care services to be rendered, as well as being able to maintain (or reintroduce) cultural practices like traditional Indigenous healing methods (Chandler & Lalonde, 1998: 209-210; Kirmayer, 2007: 72, 94,126). Chandler and Lalonde have of course validated this theory through multiple studies, as has Talaga, who in her book notes of a First Nations individual (Leslie Bonshor) who tested Chandler and Lalonde's premise of cultural continuity when examining youth suicide of local B.C bands and noted similar conclusions (Chandler & Lalonde, 1998: 212-213; Chandler, et al., 2003: 73-74; Chandler & Proulx, 2006: 139; Talaga, 2018: 128-129).

Kirmayer, Talaga, and the TRC also corroborate the importance of Aboriginal peoples having autonomy over essential societal institutions as an influencer on general wellbeing and thus lack of such autonomy is an influential inducer of suicide (Kirmayer, et al., 2007: 9, 55; TRC, 2015: 177, 273; Talaga, 2018: 145, 164, 166). There is a double-edged sword many of Canada's Aboriginal population face. Some First Nation communities have been ravaged to such an extent by colonialism that they do not possess the resources to establish/main fundamental institutions, and therefore are forced to rely on the institutions of neighboring non-Indigenous communities (Kirmayer, et al., 2007: 81, 101; Talaga, 2018: 145, 164). However, there are a litany of factors which make this reliance infeasible, whether it be due to their being a large distance between the neighboring non-Indigenous community they are forced to rely on, the neighboring communities' reluctance to adequately help, or the fact that since every major white institution (physical health, mental health, law enforcement, education, child services, etc.) has been the cause of such major systematic harm to First Nations peoples many (rationally) distrust them (Kirmayer, et al., 2007: 55, 78; TRC, 2015: 174-175; Talaga, 2018: 130-131, 141, 145, 164, 172). Thus, ultimately many First Nations communities end up without access to fundamental institutions which are supposed to be societal purveyors of well being (Kirmayer, et al., 2007: 9, 55; Talaga, 2007: 164).

With the converse of this being the benefits caused by First Nations having autonomy over their own fully functional institutions. Having autonomy over the aforementioned key institutions provides a positive collective identity for the community in being able to be fully self sufficient and not having to rely on the colonizer (Kirmayer, et al., 2007: 103, 105, 111; TRC, 2015: 176; Talaga, 2018: 145, 169-170). Moreover, it allows them to rework how these white-European based institutions are run from within their own cultural framework, giving them the societal benefits, these institutions are supposed to evoke and imbuing them with their own traditional values (Kirmayer, et al., 2007: 103, 105, 111; TRC, 2015: 78, 128; Talaga, 2018: 167, 169-171). This also affords many First Nations peoples the opportunity to have positive relationships with the core establishments of society, all of which can increase communal well-being and curb suicidality (Kirmayer, et al., 2007: 55, 105; TRC, 2015: 38, 174; Talaga, 2018: 112-113, 176-177) Further, being self-sufficient in running these institutions also creates many more jobs for a community, which can in turn reduce rates of poverty and unemployment, which are associated with negative self identities and suicidality for First Nations peoples (Kirmayer, et al., 2007: 56-57; TRC, 2015: 166, 232-233; Talaga, 2018: 161-162). Thus, it could be posited that in the current landscape, for colonized peoples, contemporary notions of positive individual and collective identities are tied to degrees of sovereignty (and we will see more on this with Kral).

Similar to identity, the importance of institutional autonomy is as crucial a component for the Inuit as it is for the First Nations population (Kral, 2019: 111). Much like many First Nations communities, a lot of the institutional cornerstones that have been listed here are not under the sovereignty of Inuit communities (Kral, 2019: 46, 111). Thus, for Kral, institutional autonomy, and particularly the notion of communal control must be of the utmost priority in terms of positively impacting Inuit suicidality and general communal well-being (Kral, 2019: 114). Moreover, as noted Kral is a proponent of Chandler and Lalonde and the notion of cultural continuity, and this influence is evident in his advocacy for Inuit control (as well as in how Kral frames issues of identity) (Kral, 2019: 153). Therefore, the near consensus in the literature linking institutional autonomy and suicidality points to an overarching national issue, by and large Indigenous people in Canada are unable to achieve actual sovereignty as they lack true communal control. This is perhaps the most logical, tangible, and straightforward way of understanding and addressing Indigenous suicide in Canada, not only do many communities not have control over the institutions that form the framework of what is needed for contemporary societies to function, they are often forced to rely on their colonizer who of course has historically never had their best interests in mind (to say the least) for said institutions (Kirmayer, et al., 2007: 9, 55; Talaga, 2018: 130-131, 141, 145; Kral, 2019 111, 114).

Thus, aboriginal institutional autonomy may be the largest overarching factor in causality and prevention of suicide in First Nations communities, as whether or not a community has autonomy over key societal institutions can trickle down into nearly all of the causal forces (identity, cultural continuity, mental health, poverty/unemployment). This makes institutional autonomy likely both the simplest to understand and yet most difficult form of suicide prevention to actually enact for Indigenous peoples. It is the simplest in that it is the most obvious and agreed upon method of prevention, as it is logical that a colonized people obtaining sovereignty would create a chain of positive effects society wide resulting in a curbing suicide. And it is of course the most difficult in that bolstering existing institutions or building them up from scratch requires a significant amount of capital, which is a very tangible obstacle to face. Therefore,

institutional autonomy is high reward, but the high investment may often be a difficult hurdle to overcome (which by no means is to say that it should be avoided), and likely would require some onus/pressure be placed upon the Canadian government to provide reparations. Thus, there is a sort of tragic irony in that Indigenous peoples are not in a position to obtain institutional autonomy on their own, yet can autonomy truly be given to someone by an external source?

### Suicide Clusters & Media Effect

Suicide clusters and contagion/imitation as explicators of Indigenous suicide does have significant groundwork as well. Of course, as has been well documented here, Niezen is a flagbearer for addressing First Nations suicide from the perspective of suicide clusters and the contagion/imitation effect. When discussing the heavy fluctuations in both First Nations and Inuit suicide rates, Kirmayer attributes these spikes to specific instances of suicide clusters (Kirmayer, et al., 19-20). Moreover, in conjunction with Niezen, Kirmayer attributes adverse effects of media coverage as a contributor to Indigenous suicide, noting that there is a correlation between the intensity of media coverage surrounding suicide in a community and an ensuing elevation in that community's suicide rate (Kirmayer, et al., 2007: 30). Further, despite the differences in colonial history and cultural contexts, it is worth noting here that there is research on Indigenous suicide in Australia that points to the manifestation of cluster suicides as a driving force behind elevated suicidality (Hanssens, 2011: 14; Cheung, et al., 2014 136; Robinson, et al., 2016: 2). This research has found that cluster suicides are more likely to manifest amongst youth (which coincides with the Indigenous youth suicide epidemic in Canada) and that they are more likely to occur in remote/rural areas that are socio-economically deprived and lack infrastructure (coinciding with both the hopelessness/lack of mobility as inducers of cluster suicide in Niezen's research as well as with the institutional aspect of cultural continuity) (Hanssens, 2011: 17; Cheung, et al., 139)

Additionally, while he is a researcher on general suicide and not First Nations, Seth Abrutyn, a sociologist operating out of the University of British Columbia, is a proponent of Gabriel Tarde's theory on contagion and imitation (Abrutyn, 2014: 714-715). Abrutyn posits that the theoretical framework behind contagion and imitation does not have to work counter to Durkheim, as while a collective conscious of solidarity may be shared through social interaction, so could deviant behaviors such as suicide (Abrutyn, 2014: 225). Abrutyn, evidences his claims through a study of youth which revealed that a peer within a youth cohort that is considered to be a "role-model" has an effect on inducing suicide within that cohort (Abrutyn, 2014: 222). Thus, Abrutyn's work represents a major proponent of the same theoretical framework employed by Niezen.

Kral, while not overtly discussing cluster suicide does acknowledge a prevailing theme amongst Inuit suicide notes of longing to be with the dead that speaks to a contagion/imitation effect (Kral, 2019: 97). Further, in regard to the relationship between media portrayal and suicide, through his fieldwork Kral gleaned that the introduction of television in Inuit settlements in the 1980s had serious consequences on Inuit identity and familial ties (both influencers of suicide) as Inuit youth were exposed to negative media depictions of their parents' generation and their culture as they were portrayed and viewed as inferior by the dominant Canadian culture

(Kral, 2019: 61). While the following may perhaps be a stretch in linking with the current subject matter, but there is also something to be said about public imagery and suicide as well. Kral shares an interview with an Inuit woman who discusses how shocking it was to her community when their band's former headman (the most respected individual in their group and one whom they all sought guidance from) was forced to become a garbage man once they were forced into settlements (Kral, 2019: 12). Kral noted how jarring and hurtful it was for the moral of this Inuit women and her community at the time (Kral, 2019: 12). Thus, a point could be made that the lack of economic opportunities afforded to many First Nations communities, wherein perfectly capable individuals are seen to one another as unemployed or working menial jobs is also a reinforcer of a negative collective identity and influencer of suicide (which coincides with the aforementioned Australian Indigenous cluster suicide research) (Hanssens, 2011: 17; Cheung, et al., 139).

While Niezen positions suicide clusters and Tardian theories of imitation/contagion as sort of an alternative perspective to that of Chandler and Lalonde and cultural continuity, it may not be necessary to view them as mutually exclusive (Niezen, 2015: 107). Kirmayer discusses both suicide clusters and cultural continuity as viable paradigms from which to interpret Indigenous suicide, and Kral is a proponent of cultural continuity and alludes to suicide clusters and contagion amongst the Inuit (Kirmayer, et al., 2007: 30, 76; Kral, 2019: 82, 97). Moreover, it could perhaps in fact be posited that issues concerning the presence or lack of cultural continuity in a community could be an inducer of suicide clusters. Some of the key components of the manifestation of suicide clusters are widespread feelings of social isolation amongst individuals in a society, coupled with a collective feeling that all avenues to secure a sense of self within a society in which they have agency to express themselves and affect some kind of change gives way to suicide clusters as seemingly the sole option for (what may seem to be) effective collective expression (Niezen, 2009: 12-13; Niezen 2015: 108). More simply put suicide clusters “are typical of colonized populations that are forced to escape from a reality in which human dignity is not acknowledged” (Niezen 2009: 12).

Therefore, it should be worth investigating the relation between suicide clusters and the community in question's level of cultural continuity, as the degree to which a community has autonomy over fundamental societal institutions could possibly influence whether that community is resistant or susceptible to suicide clusters. This is because having control over societal institutions can help unite or integrate members (whether through programs or simply providing jobs) into the community thus combatting isolation and having autonomy over essential institutions, which historical have only (and continue to) caused harm to Indigenous peoples and could help provide avenues for aboriginal individuals to not feel hopeless in terms of being able to obtain a positive self identity and wield agency in society. With of course the inverse being that perhaps a lack of institutional control over the fundamental mechanisms needed for a contemporary society to operate (and in the case of aboriginal peoples these mechanisms have only served to oppress them) could likely induce sentiments of barred avenues, hopelessness, and isolation. Thus, it could be posited that lack of institutional autonomy and general sovereignty could lead to the reality Niezen describes wherein the idea of suicide is always present in such a community, which can manifest in suicide clusters following a demonstration of the powerlessness of a community's political authority (Niezen, 2009: 12; Niezen, 2015: 108).

## Historicity of Indigenous Suicide in Canada

Unfortunately, there are not extensive historical records of Indigenous suicides in Canada. Both Kirmayer and Kral who do attempt to paint as large scale of a picture as possible provide records (gathered from provincial data) which only date back as far as the 1970s, and Statistics Canada only goes as far back as 2000 (Kirmayer, et al., 2007: 19-20; Kral, 2019: 85; Statistics Canada, 2019). While the data available is certainly more than sufficient to establish a clear contemporary issue regarding Indigenous suicidality in Canada, and has clearly (as evidenced throughout this thesis) provided a wealth of different perspectives and points of analysis, none-the-less we cannot seem to pinpoint exactly when this epidemic has begun, as we have little to compare the contemporary rates to historically. There is reason to believe that aboriginal suicide rates prior to contemporary documentation were drastically lower; Talaga claims that prior to residential schools, suicide was extremely uncommon for First Nations, Kral provides a few examples of altruistic suicide amongst the Inuit pre-settlement area, and notes that most suicides that occurred pre-contact were of the Durkheimian altruistic nature (and thus unlike the current suicide context) (Talaga, 2018: 13; Kral, 2019: 86-97). However, Talaga does not provide any citations to substantiate her claim, and Kral does concede that what has been written pre-settlement area is lacking in detail and reliable data (Talaga, 2018: 13; Kral, 2019: 86-97). Thus, it is difficult for an individual wishing to provide a full comprehensive history and analysis in the trends of Indigenous suicide preceding the contemporary era from a rigorous academic perspective.

Although a truly satisfying scientific/statistical answer may be unobtainable, a great deal can be surmised from the case of the Inuit, who experienced full scale colonization much later than the general First Nations population and thus the immediate consequences of their colonization have been much more thoroughly documented by modern standards (Kral, 2019: 9-10). Therefore, Talaga's claim that First Nation's suicide was rare before residential schools is worth further investigation, perhaps in the form of coroners reports from the relevant time periods (Talaga, 2018: 13). Certainly studies of individuals who attended residential schools in the mid 20<sup>th</sup> century have linked residential schools and suicide and there is no doubt based on the research here that residential schools were a key factor in breeding the Indigenous suicide epidemic in Canada (Elias, et al., 2012: 1563; McQuaid, et al., 2017: 427). However, these studies cannot claim identifying a true "starting point" for First Nation's suicide without attempting to account for data relating to the initial residential school exposure in the mid-19<sup>th</sup> century. But the identification of a starting point for Inuit suicide is indeed much more applicable to the context of the Inuit who were only subjected to residential schools in the 1950s/60s, and then were subject to a measurable spike in suicidality in the 1970s/80s and onward, which can indicate the immediate consequences on the generations that went through residential schools and the intergenerational trauma it would spur (Kral, 2019: 27-28). Thus, perhaps the Inuit context could demonstrate that residential schools were the tangible turning point in Indigenous suicide in Canada as while there is no data on the immediate aftermath of the first residential schools for the First Nations populations in the 1860s, the aftermath of the first residential schools for the Inuit are much more measurable.

By gleaning the impacts of both the first residential schools for the Inuit, and the impact of the later residential schools for the general First Nations populations, it can certainly within

reason to assume their existence as the nucleus that has caused this epidemic. Though admittedly it cannot be fully ascertained as there is without a doubt significant conjecture in the preceding paragraph as Inuit did also suffer from forced relocation, and other culturally destructive colonial efforts at the very same time as residential schools, and we do not truly know their suicidality on a statistical basis pre-government era (Kral, 2019: 11, 86-87). This is likely why researchers such as Chandler and Lalonde and Niezen are very mindful of the past, and use it to guide their perspectives, but ultimately their theories and proposed methods of prevention are focused squarely on the contemporary (Chandler & Lalonde, 1998: 215-216; Niezen, 2015: 107).

### Poverty & Unemployment

Poverty and unemployment are factors in which much further consideration is placed upon by the more macro-oriented researchers such as Kirmayer, Kral, Talaga, as well as the TRC, than the more theoretically driven Chandler and Lalonde and Niezen (Kirmayer, et al., 2007: 56; TRC, 2015: 34, 71; Talaga, 2018: 161-162; Kral, 2019: Kral, 2019: 10, 19). These factors are important to consider because poverty and unemployment are linked to depression/mental health conditions, poor self-identity, and suicide (Kirmayer, et al., 2007: 56; Piatkowska, 2020: 803). Further, research has shown that a large portion of First Nations peoples suffer from poverty and unemployment as 40 percent of aboriginal children suffer from poverty vs 17 percent national average, have 12 percent less employment participation than the national average and are more likely to collect employment insurance and social assistance, and the median income in 2010 for Indigenous peoples in Canada was 30 percent lower than non-Indigenous (TRC, 2015: 70, 232). Thus, the aforementioned researchers, as well as future researchers are more than justified in examining the link between poverty/unemployment and suicide in Indigenous communities. Kirmayer in fact claims poverty to be one of the foremost causal factors in aboriginal suicide, as he cites a study which illustrated that the sentiment of relative deprivation many First Nations feels can even overwhelm communities that have a strong presence of their traditional culture intact, and Kral links the forcing of Inuit peoples into settlements without any semblance of a plan to integrate them into the Canadian economy has imposed poverty conditions upon the Inuit that have drastically altered Inuit well-being and the manifestation of suicides (Kirmayer, et al., 2007: 56, 58-59; Kral, 2019: 10, 19).

However, when it comes to prevention it is excessively hard to directly address poverty and unemployment as that would of course involve massive amounts of resources needed to be allocated and a general reconfiguring of a lot of the systems that are in place (which is not to say that this should not be advocated for, it is just a major hurdle). As such, Kirmayer and Kral both address prevention strategies aimed at combating poverty and unemployment through promoting family connectedness, community involvement and emphasizing achievements in school. These are very sound factors to emphasize, as we have seen these factors also overlap as remedies for other ailments aboriginal communities face and worthy of including in any prevention policy (Kirmayer, et al., 2007: 84; Kral, 2019: 96). Though the shadow of poverty, unemployment and relative deprivation will likely always loom over Indigenous suicide without being directly focused on over time.

Although Chandler and Lalonde and Niezen do not break down poverty or unemployment rates, both of their paradigms do intersect with these issues. In the case of Chandler and Lalonde, as noted, cultural continuity is measured through the presence of/autonomy over major societal institutions, therefore there is likely a relation between cultural continuity and poverty/unemployment, as the presence (or lack thereof) of such institutions provides (or denies) more job opportunities for the community members (Chandler & Lalonde, 1998: 17-18). As well, Niezen notes how negative depictions of First Nations as poor (among other things) reinforces suicide cluster contagion and is a major contributor to negative self identities, as this further stresses relative deprivation as many First Nations peoples are forced to be constantly reminded of their socioeconomic disadvantages (Niezen, 2015: 109). Thus, poverty and unemployment appear to be inescapable in their relation to Indigenous suicide in Canada.

### Sociology & Psychology

As discussed in the literature review, the disciplines of sociology and psychology have been somewhat at odds with one another historically in regard to their approaches toward suicide. When it comes to the case of First Nations suicide in Canada however, the leading researchers do not seem to perceive the two disciplines antagonistically. As by in large multi-layered approaches are employed in a complimentary fashion, through applying socio-cultural macro factors with individualistic psychological factors. This is evidenced through an alliance between anthropology which is an adjacent and overlapping discipline with sociology) and psychology, that is apparent amongst the researchers discussed here, as Chandler and Lalonde are psychologists, Niezen an anthropologist, Kirmayer a psychiatrist as well as the president of the Society for Psychological Anthropology, and Kral is both a psychologist and anthropologist. The overlap between psychology and anthropology when it comes to First Nations suicide is intuitive in that identity is a key factor amongst each researcher, and identity here takes on the dual purpose of general psychological issues tying identity and youth suicide, coupled with the cultural component of identity issues for First Nations peoples against the enduring legacy of colonialism (Chandler & Lalonde, 1998: 192-193; Kirmayer, et al., 2007: 29; Niezen, 2015: 108; Kral, 2019: 51).

This multilayered approach in regard to Chandler and Lalonde is seen of course through the identity component of continuity, as well as the macro-sociological component in terms of how cultural continuity is measured (autonomy over societal institutions) (Chandler & Lalonde, 1998: 194-195, 209). For Niezen it is seen through the study of cluster suicides which are documented in psychology, yet inherently borders on the sociological due to their collective nature, which he pairs with the Tardian theories of imitation which are of course sociological (Niezen, 2015: 110). Kirmayer is the absolute definition of mixed-methods and a going wide approach as his work counts of individual psychological factors such as depression and forms of abuse (emotional/physical/sexual/substance), as well as macro factors such as socio-economic conditions, colonial influences, in addition to discussing cultural continuity and cluster suicides as well (Kirmayer, et al., 2007: 30, 34, 38, 40, 76). Lastly Kral, being both a psychologist and anthropologist naturally employs a mixed methods approach as well focusing on identity, mental health, youth anger, and poverty, while ultimately advocating the importance of Inuit autonomy and control (Kral, 2019: 2, 100, 114, 118). Thus, while each researcher may not be as mixed

methods in their approaches as Kirmayer and Kral, all four certainly take a non-exclusionary mindset in respect to disciplines, which is important to note for the slant of future researchers.

## **Discussion**

As seen in the evaluation each source collected here (less so the two government programs) have significant value in their contribution to understanding and attempting to address the phenomenon that is Indigenous suicide in Canada. However, given the reality that this epidemic still persists (the most recent Statistics Canada suicide rates show that First Nations and Inuit are 3 and 9 times the national average respectively), clearly more must be done in terms of research, advocacy and policy making (Kumar & Tjepkema [Statistics Canada], 2019: 15-16). Thus, it is the suggestion of this thesis to employ the key components of each source compiled here and synthesized in the previous section in order to further develop this domain. The preceding synthesis section illustrates that issues concerning notions of identity are the most universal component across all sources on Indigenous suicide in Canada, and thus any research, policy or prevention program must address this factor. Further, it should be proposed that a theoretical framework that incorporates both cultural continuity and suicide clusters (contagion/imitation) within the same paradigm. Also, given the complexity of this issue certain elements are more suited for macro level approaches and other for micro level approaches.

It should not come as too much of a surprise that issues regarding identity are the most unanimously cited prevailing influencers of Indigenous suicide, given systematic colonial efforts of cultural destruction, institutional discrimination, and being subjected to tumultuous socio-economic conditions (and the intergenerational trauma these efforts have spawned) (Kral, 2019: 85, 99, Talaga, 2018, Niezen, 2015: 110, Kirmayer, et al., 2007: 48, Chandler & Lalonde, 1998: 213). The fact that literature regarding both First Nations and Inuit suicide both center around identity speaks to a shared (although certainly with important differing nuances) identity related suicide reality amongst Canada's Indigenous population as a whole. Identity intersects on the macro and micro level via issues of collective identity and self-identity (Kral, 2019: 14-15, 44); Niezen, 2015: 110; Kirmayer, et al., 2007: 76). Therefore, preventative policies that address issues of identity need to be established for both the individual and communal levels (as suggested by Kirmayer) (Kirmayer, et al., 105). Both collective and self identity are also tied to cultural continuity and cluster suicides/ communication theory (which is a major reason why both these paradigms should not conflict) (Niezen, 2015: 110; Chandler & Proulx, 2006: 139). Furthermore, the factors impacting Indigenous identity traverse multiple disciplines: psychology (depression, trauma, mental health issues, addiction), sociology (poverty/unemployment, socio-economic disadvantages, institutional exclusions), and anthropology (the aftereffects of cultural destruction and disjointed assimilation) (Kral, 2019: 101; Niezen, 2015: 108; Kirmayer, et al., 2007: 34, 56, 72). Thus, given the consensus amongst sources, how the concept of identity converges across any discipline that examines suicide, and how issues of identity affect both First Nations and Inuit alike, the notion of identity and how it pertains to Indigenous peoples must be explored by anyone who is tackling the subject of aboriginal suicide in Canada.

On the macro level of Indigenous suicide in Canada is a very tragic irony in that the forces which are causing suicide are easily identifiable through research yet are excessively



difficult to tangibly upend. Bands who lack institutional control and autonomy suffer systemic issues on all levels of their society (Kral, 2019: 111, 114; Kirmayer, et al., 2007: 55, 76-78; Chandler & Lalonde, 1998: 215). This contributes to and is concurrent with poverty, unemployment, and addiction (amplified by negative media portrayals), which fragments communal and individual identity (Kral, 2019: 44, 61; Niezen, 2015: 109; Kirmayer, et al., 2007: 30, 55). Further, it breeds a societal context where all avenues are annexed and the only way for some individuals to feel able to make a tangible impact is through suicide (which sparks imitation/contagion) (Niezen, 2015: 108; Kirmayer, et al., 2007: 93). Therefore, the roots of this issue are easily distinguishable, but macro level prevention would seemingly require a massive degree of funding in order to (re)establish institutional control and to combat poverty and unemployment.

This is a massive hurdle to overcome, as the explanation for why some Indigenous bands have no suicide and some have exponential rates relative to the national average is tied to institutional autonomy, however it is (unfortunately) not like institutional autonomy can just be easily created for the communities that are lacking (Kral, 2019: 114, 138; Chandler, 1998: 213-214). As the level of funding and societal restructuring that will be needed in each case will likely call for years of advocacy, planning and likely many bureaucratic nightmares to overcome (as we have seen with the NAYSPS) (Kral, 2019: 123). Not to mention the notion of being granted sovereignty in and of itself is a sort of paradox. This is not to discourage macro level attempts at prevention, far from it, as from the research establishing institutional control and combating poverty/unemployment for at risk bands (thus fostering cultural continuity) is likely the only way to truly restrain this issue (and it is what is owed to Canada's Indigenous population by the government). It is important, however, to be realistic in that while it is essential for such advocacy to take place, it will take a considerable amount of time, therefore micro level solutions must be enacted in order to cope whilst anticipating macro solutions. For example, Chandler & Lalonde acknowledge the unlikelihood of positive state intervention and suggest that Indigenous communities share their suicide prevention knowledge with one another in order for at risk communities to adapt as much information that they can to their specific contexts. While this may not get to the root of the issue (institutional control) it is at least "something" when used in collaboration with other methods. (Chandler, et al., 2010: 8)

The micro level prevention policies that are suggested by Kirmayer and Kral for both the individual and communal contexts are essential in the absence/anticipation of the more macro-structural changes that are needed. Both Kirmayer and Kral (along with other sources here, but these two go the most in depth) advocate the importance of establishing community centers, communal activities for youth such as sporting and hunting (where economically viable), and programs that reconnect with the youth with elders (Kral, 2019: 63, 115-116, 122; Kirmayer, et al., 2007: 105-110). Furthermore, educating the community about suicide prevention and establishing task forces and support groups/establishments for at risk youth, and restoring traditional healing practices, all help to bring isolated individuals all together to strengthen communal bonds and thus empowering the community as well as each individual (Kral, 2019: 114-116; Kirmayer, et al., 2007: 97). Kirmayer and Kral complement each other very well in this space as Kirmayer presents much more formalized action plans (step by step tables and charts) where-as Kral goes much more in depth as to how and why re-establishing kinship ties and traditional healing practices are crucial for Indigenous well being and combatting suicide (Kral, 2019: 48, 99; Kirmayer, et al., 2007: 105-110).

Moreover, while Niezen is correct (and Kirmayer alludes to this as well) that it is impossible given the modern reality for Indigenous peoples to fully return to their cultural traditions, restoring traditional kinship bonds and re-emphasizing traditional healing methods and spirituality are indeed two ways that aboriginal people can reconnect with their culture (thus fostering individual and communal identity) amidst their contemporary contexts (Kral, 2019: 48, 99, 115; Niezen, 2015: 106; Kirmayer, et al., 2007: 77, 105, 111). Further, as advocated by many sources here, it is paramount that Indigenous peoples devise their own prevention plans from within their own cultural framework, as many policies and imbedded with Westernized values that are not applicable or appropriate (which the NAYSPS got right in its premise, but unfortunately not execution) (Kral, 2019: 123, 138; Talaga, 2018: 122-123, Kirmayer, et al., 2007: 103).

As has been illustrated throughout this work, cultural continuity and institutional control, heralded by Chandler and Lalonde and Kral, and cluster suicide/ communication and contagion theory, championed by Niezen, are the two preeminent theoretical frameworks in Indigenous suicide research (Kral, 2019: 114, 138; Niezen, 2015: 99; Chandler & Lalonde, 1998: 199). This is for good reason, as between the two of these paradigms all the major factors involved in the induction of Indigenous suicide in Canada are accounted for in logical fashions. However, it is a desired outcome of this thesis for future researchers to view these two paradigms as non-exclusionary (despite the way Niezen posits the two), or more hopefully coexistent and complimentary in a singular framework as opposed to the oppositional slant in which Niezen presents cluster suicides to be (Niezen, 2015: 106, Kirmayer, et al., 2007: 30, 76). As justified as the semantical criticism Niezen has over the literal interpretation of cultural continuity may be, it would be a shame to see these two well reasoned and substantiated frameworks be seen as mutually exclusive (Niezen, 2015: 106). To reiterate the previous argument: it could be contended that in communities that have no institutional control, social contexts are created in which individuals feel isolated (from both their community and Canadian society at large) and produce a sentiment that all avenues for social advancement and expression are blocked, leading to suicide feeling like the only viable method of expression and belonging (and thus creating clusters via contagion/imitation) (Kral, 2019: 114-115, Niezen, 2015: 108; Chandler & Lalonde, 1998: 215). Moreover, both individual and collective identity are at the heart of both these paradigms (Kral, 2019: 138; Niezen, 2015: 108; Chandler & Lalonde, 1998: 213). Therefore, it would be fruitful for researchers going forward to attempt to examine this phenomenon through a combined lens of these two paradigms.

From a more practical perspective the works of Kirmayer and Talaga are crucial for bridging theory to action. The more theoretically oriented work of Chandler Lalonde and Niezen does touch on socio-economical forces and factors, by virtue of being more focused on how such forces and factors interact with their frameworks, they do not go particularly in depths in terms of specifics. Both Kirmayer and Talaga provide colonial histories in terms of colonial history and neo-colonic relationships with institutions such as education, child services, healthcare, and law enforcement which have long plagued Indigenous peoples in Canada (Talaga, 2018: 40, 129, 161, 172; Kirmayer, et al., 2007: 55-59, 61, 75). Further, both authors discuss poverty, addiction, and mental health at a great length, providing perhaps a much more tangible insight (compared to a theoretical framework- though Kirmayer as noted does include both cultural continuity and suicide clusters in his work) into the forces driving Indigenous suicide (Talaga, 2018: 8-9, 161-162, 172). Kirmayer does so from a more quantitative perspective (relying on statistics for the

various factors), whereas Talaga does so from a qualitative perspective that relies on historical information and interview transcripts that provide the perspective of Indigenous peoples affected (which is missing from a lot of these works) (Talaga, 2018: 21, 37, 46; Kirmayer, et al., 2007: 20-21). It must be noted here that the work of Kral is perhaps the most comprehensive of all in that he accounts for theoretical frameworks, academic research, prevention, and Indigenous anecdotes and perspectives (Kral, 2019: 2, 82, 114-115, 138). Thus, these sources are essential for individuals who aim to tackle this subject matter from a less theoretical and more action-oriented perspective (though both Kral and Kirmayer do also unquestionably have substantial theoretical framework sections as has been explored).

While this work illustrates that there has been a lot of very substantive research on the subject of Indigenous suicide in Canada from a cornucopia of disciplines and perspectives, given that the phenomenon persists to this day, this is still very much a “living subject”. Therefore, the sources compiled and analysed here should be employed as resources to springboard further research, advocacy and policy making. As noted, it would be worthwhile to see the outcome of future research that blends both cultural continuity and suicide cluster theory given both of their importance. Further, it will be crucial to develop prevention policies (liking hinging on promoting positive individual and collective identity given the universality of these components across sources) that are viable on a smaller scale and shorter term than achieving cultural continuity/institutional control. As although Chandler and Lalonde and Kral may have “solved” the issue logically through theory, micro scale efforts must be done along the way as advocacy hopefully eventually allows for more and more institutional control for Canada’s Indigenous populations. Moreover, there is a dearth of Indigenous perspectives in this field (although in fairness their efforts are more likely to be concerted on acting and advocating), and hopefully future research brings more Indigenous authors, or at there very least more inclusion of Indigenous perspectives. Thus, while this is a fairly robust field of inquiry there is still more avenues to explore.

## **Conclusion**

Indigenous suicide in Canada is a complex and enduring phenomenon, and the research illustrates that this subject must be looked at from a multidisciplinary approach (sociologically, anthropologically, historically, psychologically, etc.). Thus far government responses, such as the NAYSPS and the TRC, have failed in terms of tangibly curbing this social issue (despite each program having redeemable components worth implementing) (Nagy, 2020: 224; Kral, 2019: 123). Both historical colonialism (displacement from land and disruption of eco-centric identities, forced into reservations and general cultural and physical destruction) and neo-colonialism (residential schools, institutional abuse from child services, medical, law enforcement, overincarceration, etc.) all have contributed to unfavorable socio-economic circumstances which undoubtedly influence suicidality (Talaga, 2018: 17, 130, 139; Kirmayer, et al., 2007: 55, 59, 65). This is likely the case as to why Inuit suicide is even higher than the general First Nations populations, as they experienced all the trappings of both historical colonialism and neo-colonialism at the same time beginning in the 1950’s as opposed to over centuries (Kral, 2019: 9-11, 40-41). The consensus amongst research on this subject suggests that issues regarding individual and collective identity are at the crux of this matter. Perhaps

Indigenous author Tanya Talaga puts it best when she posits that Indigenous children are born under the staggering weight of colonial history, that native people have become like anthropologists of their own traditions, and that each Indigenous person is confronted by four questions: “Where do I come from? Where am I going? What is my purpose? Who am I?” (Talaga, 2018: 15, 18, 24).

The predominant theoretical framework explaining the manifestation of this phenomenon is cultural continuity and institutional control. This framework, championed by Chandler and Lalonde and Kral (and promoted by Kirmayer as well), ties suicidality in Indigenous communities to the degree in which that community has control over the institutions that are fundamental in operating a successful contemporary society (healthcare, education, law enforcement, mental health services, etc.) (Kral, 2019: 114-115, 138; Kirmayer, et al., 2007: 76; Chandler & Lalonde, 1998: 209). This framework is a very logical in that the more in control of said institutions an aboriginal community is (and not having to rely on the colonizers versions of these institutions which have historically oppressed them), the more socio-economic opportunities as well as opportunities to re-establish cultural traditions. All of which impacts individual and collective identity within a community, which has trickle down affects on suicide inducing issues such as poverty, addiction, and mental health (Kral, 2019: 114-115, 138; Kirmayer, et al., 2007: 77-78; Chandler & Lalonde, 1998: 213, 215).

In terms of how suicides manifest amongst at risk Indigenous communities, they largely take the form of suicide clusters. Suicide clusters are a chain of suicide, which is sparked by when one individual (usually from the same cohort) takes their life (Robinson, Lay San Too, Pirkis, & Spittal, 2016: 1-2; Hanssens, 2016: 38-39. Niezen, in applying the theory behind suicide clusters (imitation and contagion) to Indigenous suicide, illustrates that these chain events are a function of isolated individuals in a society in which they feel all avenues for social expression and advancement are blocked, and thus taking one’s life represents the only tangible manner of assertion some individuals feel are available, as well as functioning as an act of solidarity with the deceased (Niezen, 2015: 108, 110). Moreover, media and communication play a large role in provoking contagion in suicide clusters as widespread negative media portrayal of Indigenous peoples in general, as well as excessive depictions of a community’s suicidality serves to damage individual and collective identity (Kral, 2019: 61; Niezen, 2015: 108-109).

While we may know the why and the how regarding Indigenous suicide, this problem will continue to persist due to the inherent difficulty in establishing institutional control in communities which are at risk (in terms of advocacy and funding). As such, it seems that the majority of attempts at prevention may ultimately only be “band-aid” solutions until somehow the root of this issue is addressable. None-the-less, in the interim prevention policies need to be employed on an individual and communal basis similarly to those suggested by Kirmayer (Kirmayer, 2007: 105-110). Moreover, any prevention policy should be done either in collaboration with or solely by members of the community in question in order to avoid Western-centric programs which have been unhelpful in addressing cultural needs (Kral, 2019: 141; Talaga, 2018: 139).

The importance of Kral’s research cannot be understated, and it is worth adapting his principles to the general First Nations population. What Kral has done by pinpointing a tangible moment in time that sparked the increase in suicide for the Inuit (the “Government Era”), is worth discovering for the First Nations population as well. As for all the substantial research on

First Nations suicide in Canada, a historicity of the phenomenon is sorely lacking. This was of course easier to determine with the Inuit, as colonization and residential schools occurred much more recently than it did for the First Nations populations. But none the less, whether it be through interviewing community elders, delving into old coroner reports, or perhaps studying a relation between suicide rates and historical residential school exposures in communities, establishing a starting point and more definitive cause for First Nations suicide is a much needed new avenue for Indigenous suicide research in Canada. Pinpointing an exact moment will lead to a greater overall understanding of this phenomenon and by clearing up any ambiguity, the government may be compelled (or pressured) to provide more resources to at-risk communities.

Ultimately, given the endurance of this issue, much more research, prevention plans, advocacy and general mobilization is in order. While no source discussed here outright solves this issue, each researcher addressed here does provided a unique and invaluable slant. As such these authors form a solid foundation for future inquiry and action regarding this difficult subject. Lastly, as Indigenous Critical Perspectives on Indigenous suicide in Canada continue to grow there must be a concerted effort to adapt their findings into the overall corpus of research on this subject. In particular their notions of felt theory, biosociality, and land-based relations and how they interact with indigenous suicidality are important avenues for future research that will assuredly yield key insights to push the corpus of Indigenous suicide research forward.

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