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The Transition from the Historical Inuit Suicide Pattern to the Present Inuit Suicide Pattern

Jack Hicks, Peter Bjerregaard, and Matt Berman

Introduction: The Historic Inuit Suicide Profile

Historically, suicide was not unknown in Inuit culture. Such a statement might seem obvious. Has there ever been a society where no one ever deliberately took his/her own life? The following quote from the CBC website seems to contradict that idea: “The concept of suicide was unknown to the Inuit before they made contact with colonizers.” (CBC Archives 1991)

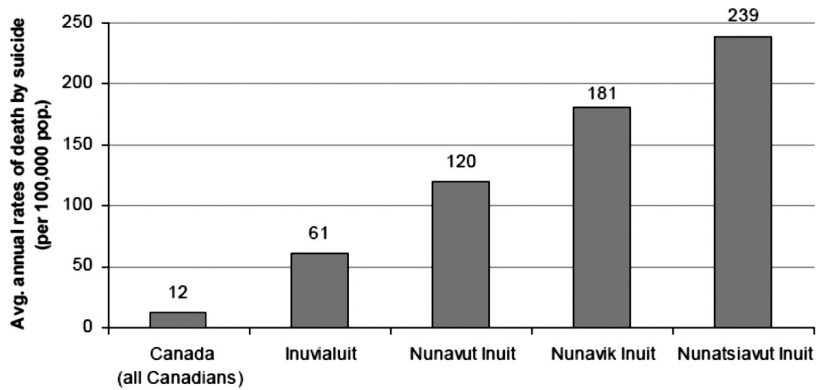
Franz Boas (1888), however, famously wrote that:

suicide is not of rare occurrence, as according to the religious ideas of the Eskimo the souls of those who die by violence go to Qudlivun, the happy land. For the same reason it is considered lawful for a man to kill his aged parents. In suicide death is generally brought about by hanging.

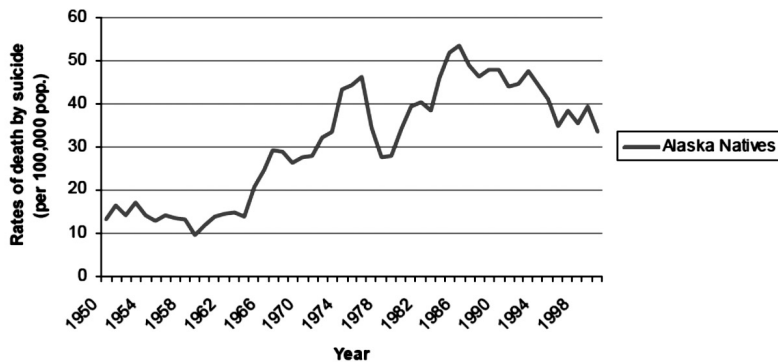
John Steckley (2003) has questioned the evidence supporting what he terms the simulacrum of Inuit abandoning their elders to perish when the survival of the entire family group was in peril. He also questions the fictional accounts of Inuit elder suicide that appear in sociology texts:

Shantu and Wishta fondly kissed their children and grandchildren farewell. Then sadly, but with resignation at the sacrifice they knew they had to make for their family, they slowly climbed onto the ice floe. The goodbyes were painfully made as the large slab of ice inched into the ocean currents. Shantu and Wishta would now starve. But they were old, and their death was necessary, for it reduced the demand on the small group’s scarce food supply. As the younger relatives watched Shantu and Wishta recede into the distance, each knew that their turn to make this sacrifice would come. Each hoped that they would face it as courageously. (Steckley)

In Greenland, Alfred Berthelsen (1935) calculated an annual rate of death by suicide of 0.3 per 100,000 population for the period 1900 to 1930. He concluded that the few suicides occurring in Greenland at that time were all the result of serious mental illness. In Alaska, Robert Krauss and Patricia Buffler (1979) calculated that, in the 1950s, American Indians/Alaska Natives had a rate of death by suicide that was considerably *lower* than that of the non-native residents of the state. And, as recently as 1971, the rate of death by suicide by Inuit in Canada was close to that of the non-Aboriginal population of the country. Today, however,

Figure 3.1: Rates of Death by Suicide by Inuit Region, 1999-2003

Source: Ellen Bobet Confluence Research 2004

Figure 3.2: Rates of Death by Suicide by Alaska Natives, 1960-2000

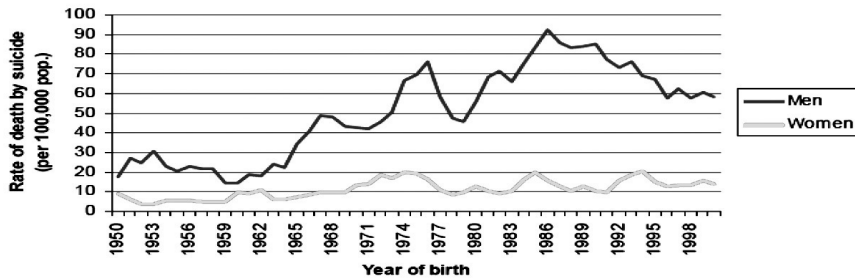
Note: 3 year moving averages

Inuit in Canada have rates of death by suicide that far exceed those of other Canadians. The quality of data available on the four Inuit regions in Canada varies considerably, but Inuit in the different regions have quite different rates of death by suicide (Figure 3.1).

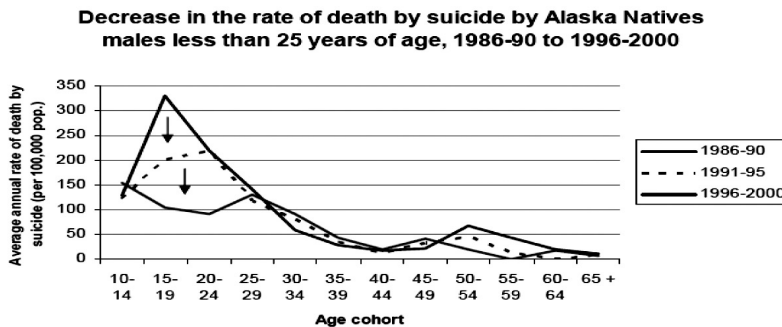
The Modern Inuit Suicide Profile

Data from Alaska

It is not possible to “unpack” the aggregation “Alaska Natives” to obtain data specific to the various Aboriginal Peoples in the state. Annual deaths are taken

Figure 3.3: Rates of Death by Suicide by Alaska Natives by Sex 1950-2000

Note: 3-year moving averages

Figure 3.4: Decrease in the Rate of Death by Suicide by Alaska Natives, Males Less than 25 Years of Age, 1986-90 to 1996-2000

from the Alaska Division of Vital Statistics, unpublished data, and were compiled from individual death records. Because death records were lost for 1953, 1954, 1955, and 1969—estimates for these years are interpolated. Alaska Native population was estimated from US Census data, decennial population counts. The rate of death by suicide by Alaska Natives rose sharply from the mid-1960s to the mid-1970s, decreased somewhat in the late 1970s, rose again in the early 1980s, peaked in 1986, and has fallen steadily since then (**Figure 3.2**). For 2000, the last year for which data is available, the rate was 33 per 100,000.

The increase and decrease in the rate of death by suicide among Alaska Natives has largely been the result of changes in the rate of death by suicide among Alaska Native males—the suicide rate for Alaska Native females has remained relatively low and stable (**Figure 3.3**). Much of the increase in the overall rate of death by suicide among Alaska Natives from 1960 to 1985 was a result of an increase in

Figure 3.5: Average Annual Number of Deaths by Suicide by Men Born in Greenland by Age, 1980-84 to 2000-02

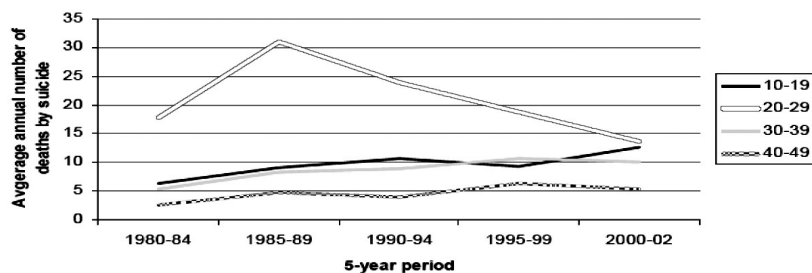


Figure 3.6: Rates of Death by Suicide by Persons Born in Greenland, by Sex, 1979-83 to 1999-2001

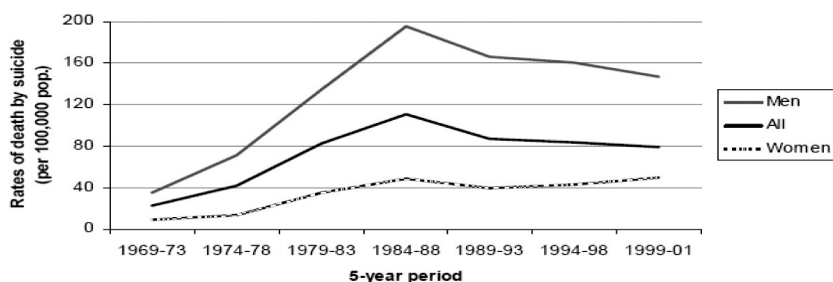


Figure 3.7: Rates of Death by Suicide by Persons Born in Greenland by Capital City and Coasts, 1970-75 to 1995-99

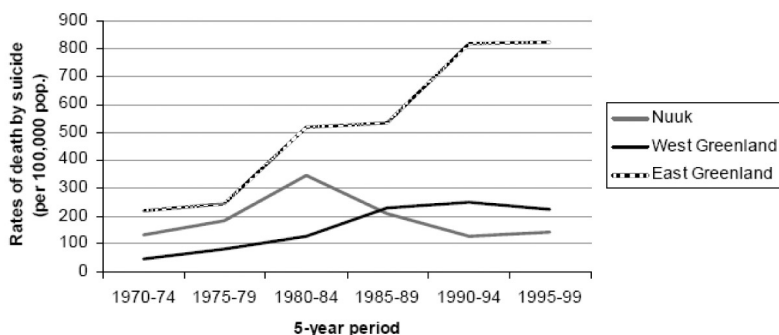
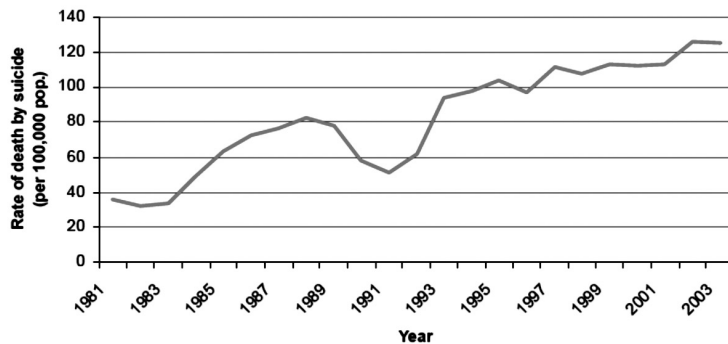


Figure 3.8: Rates of Death by Suicide by Nunavut Inuit, 1981-2003

Note: 3-year moving averages

the suicide rate among males less than 25 years of age. Since 1986, Alaska has experienced a decrease in the rate of suicide in its Native population of males between 15 and 24 years of age (**Figure 3.4** – page 41).

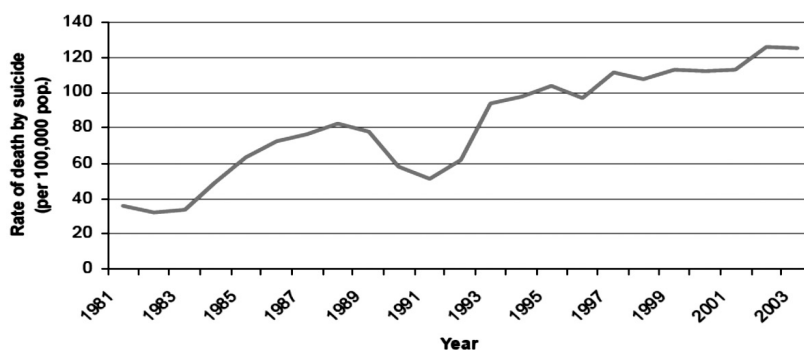
In recent years, the rate of death by suicide among Alaska Natives living in the rural parts of the state (53 per 100,000 population) have been more than 3.5 times higher than the rate among Alaska Natives living in urban parts of the state (14.5 per 100,000 population), “urban” being defined as Anchorage, Kenai Peninsula Borough, Mat-Su Borough, Fairbanks Borough, and Juneau.

Data from Greenland

A record-level database on deaths by suicide has been maintained by the institution of the chief medical officer, and demographic data for this study was obtained from Statistics Greenland. The rate of death by suicide by persons born in Greenland rose sharply during the late 1970s and early 1980s, and has since leveled off at approximately 100 per 100,000. Greenlanders who are more than 30 years old have a higher rate of death by suicide than their Inuit peers in Canada. The rate of death by suicide by Greenlandic men in their twenties has decreased since the mid-1980s, while that of other cohorts have stayed more or less constant (**Figure 3.5**). This has resulted in the rate of death by suicide by men born in Greenland having decreased somewhat since the mid-1980s, while the rate for women has remained the same (**Figure 3.6**). There has been a significant and sustained decrease in the rate of death by suicide by residents of the capital, Nuuk, while the situation has worsened in East Greenland (**Figure 3.7**).

Data from Nunavut

Record-level databases on deaths by suicide have been maintained by the offices of the chief coroners of the Northwest Territories (1974–98) and Nunavut (1999–2005). Demographic data was obtained from Statistics Canada. Much of

Figure 3.9: Rates of Death by Suicide by Nunavik Inuit by Age, 1974-78 to 1990-2003

Note: 3-year moving averages

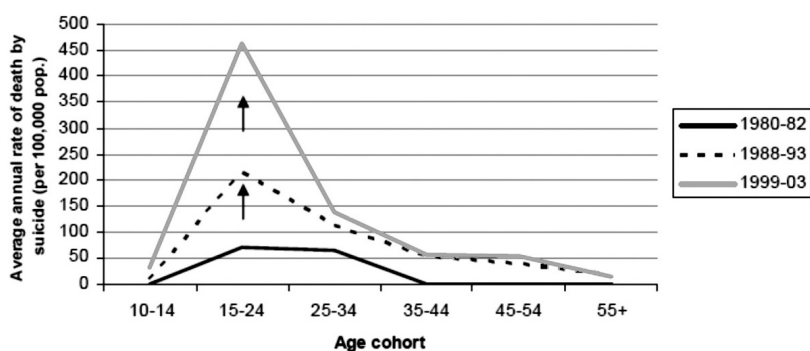
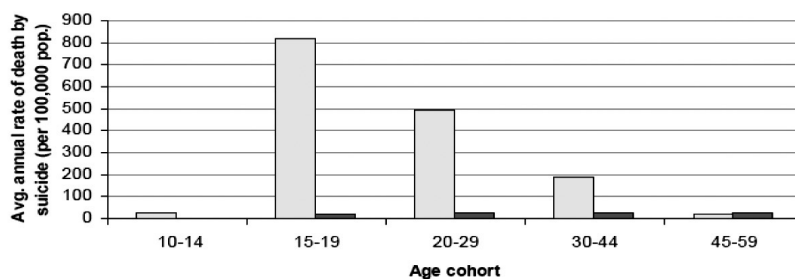
Figure 3.10: Increase in the Rate of Death by Suicide by Nunavut Inuit Less than 25 Years of Age, 1980-82 to 1990-2003**Figure 3.11: Rates of Death by Suicide by Inuit Men in Nunavut, and all Men in Canada**

Figure 3.12: Rates of Death by Suicide by Inuit Men in Nunavut Inuit by Region and Sex, 1999-2003

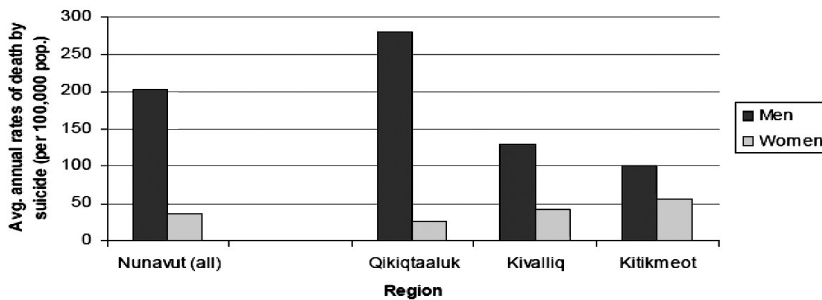
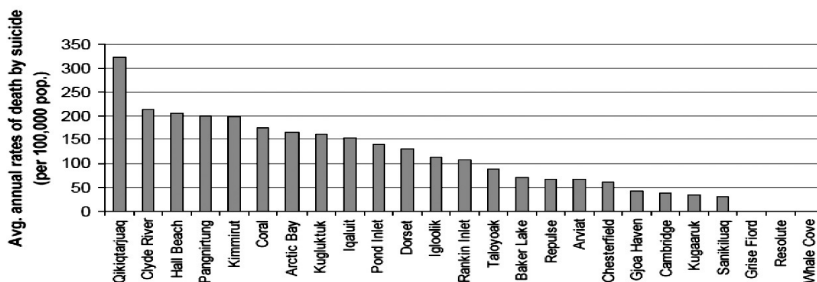


Figure 3.13: Rates of Death by Suicide by Nunavut Inuit by Community Where the Death Occurred, 1999-2003



the following data presented is based on five-year time periods, with census years as the median year. The rate of death by suicide by Nunavut Inuit more than tripled during the 20 years beginning in 1983, and is currently ~120 per 100,000 (Figure 3.8 – page 43).

In Nunavut, 85% of suicides are by Inuit men, with 60% being by Inuit men between 15 and 24 years of age. The increase in the rate of death by suicide is almost entirely the result of an increased number of suicides by Inuit less than 25 years of age (Figure 3.9), and the rate of death by suicide by Nunavut Inuit aged 15 to 24 has increased more than sixfold since the early 1980s (Figure 3.10). The rate of death by suicide in Nunavut by Inuit men is higher than among Inuit women, and the rate has increased more significantly in recent decades.

The most striking difference between Nunavut Inuit and non-Inuit Canadians is the suicide pattern for men (Figure 3.11). The rate of death by suicide by

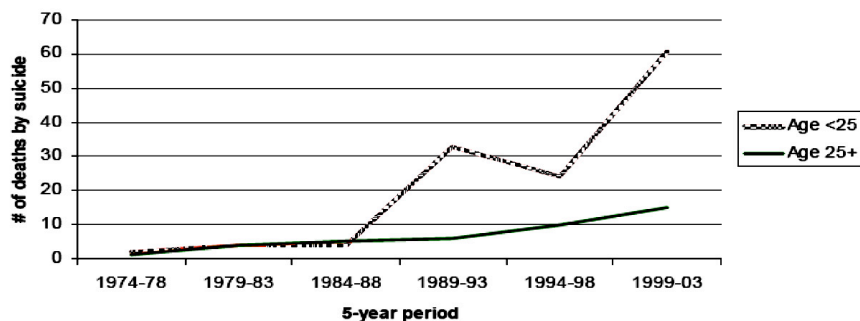
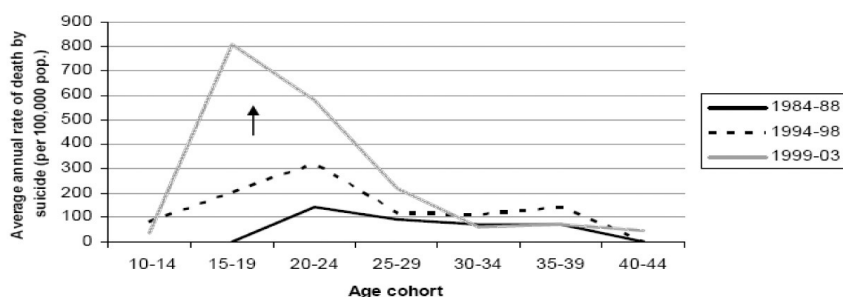
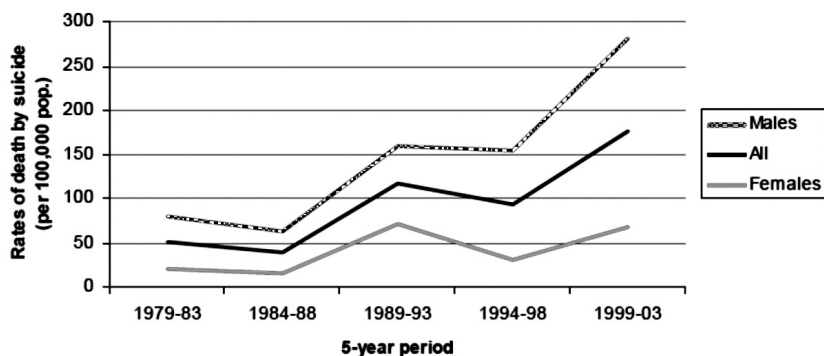
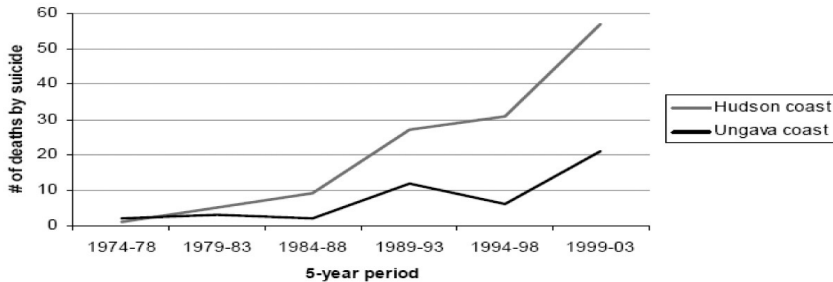
Figure 3.14: Number of Deaths by Suicide by Nunavik Inuit by Age, 1974-78 to 1999-2003**Figure 3.15: Increase in the Rate of Death by Suicide by Nunavik Inuit Less than 25 Years of Age, 1984-88 to 1999-2003****Figure 3.16: Increase in the Rate of Death by Suicide by Nunavik Inuit by Sex, 1978-83 to 1999-2003**

Figure 3.17: Number of Deaths by Suicide by Nunavik Inuit, Hudson vs. Ungava Coasts, 1974-78 to 1999-2003



Inuit in the Qikiqtaaluk (formerly Baffin) region is higher than in the Kivalliq (formerly Keewatin) and Kitikmeot regions. The rate of death by suicide by Inuit men in the Qikiqtaaluk region is significantly higher than those of other groups (Figure 3.12 – page 45). The suicide rate varies considerably by community; however, 10 of the 12 communities with the highest rates of death by suicide are communities in the Qikiqtaaluk region (Figure 3.13 – page 45).

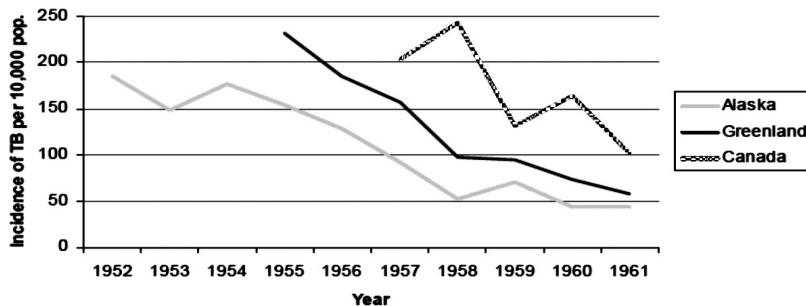
Data from Nunavik

A record-level database on deaths by suicide has been maintained by the Nunavik Regional Board of Health and Social Services. Demographic data was obtained from Statistics Canada. The rate of death by suicide by Nunavik Inuit has increased more than sixfold since the mid-1980s, and was ~160 per 100,000 during the period 1999–2003. Overall, 80% of suicides in Nunavik are by Inuit men, with 63% being by Inuit men between 15 and 24 years of age. The increase in Nunavik's rate of death by suicide is almost entirely the result of an increased number of suicides by Inuit less than 25 years of age (Figure 3.14). The rate of death by suicide by Nunavik Inuit aged 15 to 24 has increased dramatically since the early 1980s (Figure 3.15). The rate of death by suicide in Nunavik by Inuit men is higher than among Inuit women, and their rate has increased more significantly in recent decades (Figure 3.16). The rate of death by suicide by Inuit living in communities on the Hudson coast has risen much faster than that of Inuit living in communities on the Ungava coast (Figure 3.17).

Circumpolar Trends

As we have seen, the rate of death by suicide by Alaska Natives almost tripled in the late 1960s and early 1970s, eventually levelling off at a rate approximately 40 per 100,000. The rate of death by suicide by persons born in Greenland increased during the late 1970s and early 1980s and has since levelled off at ~100

Figure 3.18: Incidence of Tuberculosis in Alaska Natives, Greenlanders and Canadian Inuit, 1952-1961



per 100,000. The present Inuit suicide pattern is characterized by an overwhelming percentage of younger male victims. It differs from the historical which was spread over the age cohorts. The new pattern developed later to the Eastern Arctic and involves more deaths. The rate of death by suicide for Canadians as a whole is included for comparative purposes (**Figure 3.18**).

As Upaluk Poppel, representative of the Inuit Circumpolar Youth Council, told the United Nations' Permanent Forum on Indigenous Issues on May 18, 2005:

If the populations of "mainland" Canada, Denmark, and the United States had suicide rates comparable to their Inuit populations, national emergencies would be declared. But set aside the alarming statistics: every suicide is one too many. Across the Arctic, suicide rates are highest among young men. This is different than the case in most of the industrialized world, where it is older people who have the highest rates of suicide. At the same time, we see similar suicide patterns among most (but not all) Indigenous peoples. Suicide is one of the problems we need to look into not only as a problem in itself, but not least as a symptom. What are the causes, and what are the relations to the many faces of rapid change in our communities? How does suicide link to our culture, and to the cultural losses we face? I furthermore recommend that the UN should facilitate the development of suicide prevention strategies among Indigenous peoples and promote capacity building among Indigenous peoples' organizations to allow them to participate more effectively in national and international networking and research on suicide prevention.

Attempts at Explanation

A presentation by the Niutaq Cultural Institute in Igloodik to the 2003 conference of the Canadian Association for Suicide Prevention described the historical incidents that many Inuit and others believe have resulted in the pain that drives people to take their lives:

Suicides started happening and were visible in early 1960s after the arrivals of non-Inuit and the taking away of their beliefs and introduced to none Inuit systems and beliefs

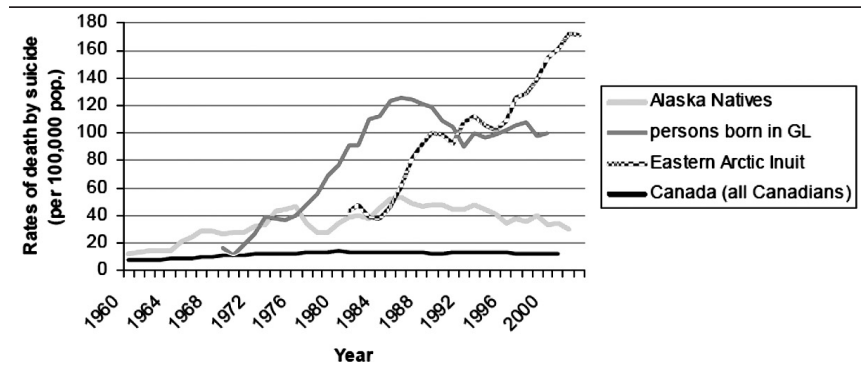
which were not recognized and not understood, introductions of alcoholism and heavily used by parents whose children are adults today and has been highly effected, children sent to residential school at the ages between 5–8 whose life were turned upside down due to physical, emotional, and sexual abuses that happens during the time in residential school and made to be ashamed of who they were and wiping away their own traditions and beliefs including driven away from their families, brothers and sisters due to not being allowed to talk to each other for some reason. (reported as delivered)

One of the most significant contributions to our understanding of suicide among Indigenous peoples is that made by Michael Chandler and Chris Lalonde (1998). They were the first to point out that it is an “actuarial fiction” to speak as if all First Nations and all First Nations communities suffer from high rates of death by suicide when they simply do not. This observation holds true for the Arctic as well—not all indigenous peoples in the Arctic have similarly high rates of death by suicide. Suicide is a less severe problem among the Sámi than it is among the Inuit, and in northern Québec the Cree have a far lower rate of death by suicide than their Inuit neighbours with whom they share a land claim. However, Chandler and Lalonde’s methodology for assessing “cultural continuity”—which they see as a significant protective factor—in British Columbia First Nations communities does not appear to apply very well to the Inuit situation. Differences in rates of death by suicide among Inuit are not significant by community but rather by sex and by region (and sub-region). This can be seen very clearly in Nunavut, where the rates of death by suicide in almost all communities in the Qikiqtaaluk region are higher than they are in almost all communities in the two other regions. Additionally, the “factors” (i.e., variables) that Chandler and Lalonde employ to explain different rates of death by suicide do not vary at the community level for Inuit: self-governmental arrangements are structured at the regional rather than the community level, rates of language retention do not differ dramatically from community to community within each region, and so on.

To better understand Inuit suicide, we need to look more at the dynamics present at the regional and individual levels, and less at the dynamics present at the level of individual communities. One of the first attempts to theorize about suicide specifically by Inuit in Canada was Marc Stevenson’s 1996 report for the national Inuit representative organization, at that time called the Inuit Tapirisat of Canada (ITC). Stevenson argued that “Inuit suicide is, in part, a function of economic realities” and that “the collapse of the seal skin market was one of the more significant factors contributing to Inuit suicide in the 1980s.” He concluded that the collapse of the seal skin industry was “the ‘trigger’ that initiated an unprecedented rise in Inuit suicide within a few short years.” While Stevenson’s report was among the first to consider how macro-social forces and socio-economic realities might have contributed to increased suicide rates among Canadian Inuit, it did not attempt to explain how events such as the collapse of the seal market were mediated into suicidal behaviour by some individuals but not by others.

While Stevenson’s remarks were considered to have the element of polemic in them, even more polemical was Frank Tester and Paule McNicoll’s (2004)

Figure 3.19: Rates of Death by Suicide by Alaska Natives, Persons born in Greenland, and Eastern Arctic Inuit, 1960-2003



strongly worded assertion that “the impact of colonial relations of ruling has much to do with the current problem.” However, the article made no attempt to explain how “colonial relations of ruling” have been (and are being) mediated into suicidal behaviour. Why would some people living under “colonial relations of ruling” and suffering from low self-esteem choose to end their lives, but not others? While analysis of the historic (and ongoing) processes of incorporation and colonization must be central to any serious understanding of the problem, Tester and McNicoll’s approach is simplistic and disempowering in that it reduces Inuit suicide to a problem brought about entirely by outsiders and does not help communities figure out how best to heal themselves.

The Transition of Inuit Suicide Patterns as Seen from a Circumpolar Perspective

The transition from the historical Inuit suicide pattern to the present Inuit suicide pattern was first documented in Alaska by psychiatrist Robert Krauss. In a paper presented at a conference in 1971, he noted:

In the traditional pattern, middle-aged or older men were involved; motivation for suicide involved sickness, old age, or bereavement; the suicide was undertaken after sober reflection and, at times, consultation with family members who might condone or participate in the act; and suicide was positively sanctioned in the culture. In the emergent pattern, the individuals involved are young; the motivation is obscure and often related to intense and unbearable affective states; the behaviour appears in an abrupt, fit-like, unexpected manner without much warning, often in association with alcohol intoxication; and unlike the traditional pattern, the emergent pattern is negatively sanctioned in the culture. (Krauss 1971)

These “suicide transitions” happened first in Alaska, later in Greenland, and still later in Canada’s Eastern Arctic (in the Nunavik, and in the Qikiqtaaluk region of Nunavut). Each transition resulted in higher overall rates of death by suicide and,

in each case, it was the rates of death by suicide by young men (<30 years of age) which increased most dramatically. And, in each case, there were sub-regions with particularly and persistently high suicide rates—the Bering Strait and Northwest Arctic regions in Alaska, East Greenland, the Hudson Bay coast of Nunavik, and the Qikiqtaaluk region of Nunavut. (There is also one case where the rate of death by suicide has *decreased*: the suicide rate in Nuuk, the capital city of Greenland, rose sharply in the 1970s and early 1980s but decreased considerably thereafter.) The temporal sequence in which these “regional suicide transitions” occurred is noteworthy.

Beginning in the 1950s, governments across the Arctic subjected Inuit to intense disruptions of the lifeways they were accustomed to—a process described as “active colonialism at the community level.” The details varied considerably across the Arctic (see Yvon Csonka, 2005, on diverging Inuit historicities), but the fundamental economic, political, and social processes were similar. The widespread introduction of “southern” medical practices resulted in sharp decreases in the incidence of tuberculosis, first in Alaska, then in Greenland, and finally in Canada’s Eastern Arctic. We can, therefore, use the decrease in incidences of TB as a historical marker of the early years of “active colonialism at the community level.” The historical sequence in which Inuit rates of death by suicide *rose* across the Arctic (first in Alaska, then in Greenland, followed by Canada’s Eastern Arctic) was the same order in which Inuit infectious disease rates *fell* (Figure 3.19).

Research in Greenland on the effect of adverse childhood experiences on suicidal behaviour later in life suggests that the socio-economic and structural characteristics of the home are less important than its emotional environment for the development of personality disorders. A logical sequence of trans-generational events would be that modernization leads to dysfunctional homes due to poor parental behaviour (alcohol and violence). This, in turn, results in suicidal thoughts, suicides, and probably also in incidences of substance abuse among the children of these parents. As Peter Bjerregaard and Inge Lynge (2006) noted:

Most authors agree that the increase in suicide rates, the high incidence and the regional differences, are somehow causally related to the rapid social change since World War II, and that the upbringing of children and turbulent childhood conditions are central to the problem.

Our hypothesis is that a significant social determinant of elevated rates of Inuit youth suicide is the intergenerational transmission of historical trauma, much of which is rooted in processes and events which occurred (or were particularly intense) during the initial period of “active colonialism at the community level.” The temporal sequence in which these “internal colonial” processes affected Inuit across the Arctic was replicated some years later by significant and rapid increases in suicidal behaviour by young Inuit men “raised in town” rather than “raised on the land.” This hypothesis allows the important research contributions of Robert Krauss in Alaska, Inge Lynge and others in Greenland, and Laurence

Kirmayer and his collaborators in Nunavik to be understood in a new historical and geographic framework.

While the modernization process overall has been injurious to Inuit mental health to a significant degree, it should be noted that it is the sub-regions which have experienced the *most* “development” in recent decades that have generally experienced the *lowest* rates of death by suicide. Furthermore, the circumpolar data summarized in this presentation suggests that the *later* a region (or sub-region) underwent the transition from the historic Inuit suicide profile to the modern Inuit suicide profile the *higher* the resulting rate of death by suicide would be. This suggests that a “time compression” factor exists as well. It is our hope that these and other research results will contribute to the development of more effective suicide prevention efforts in the future.

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