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Introduction

Across Canada, Aboriginal people suffer from suicide rates two to three times that of the general Canadian population (Royal Commission on Aboriginal Peoples, 1995). Many reasons have been advanced for this disparity including socioeconomic disadvantage, geographic isolation, rapid culture change with attendant acculturation stress and the oppressive effects of a long history of internal colonialism (Kirmayer, 1994).

In this chapter, we will focus on the Inuit who have had particularly high rates of suicide in recent years (Dickason, 1992; Petawabano, Gourdeau, Jourdain, Palliser-Tulugak & Cossette, 1994; Young, 1994). The 1991 census recorded some 43,000 Canadians with Inuit origins (Waldram, Herring & Young, 1995). Most Inuit live in communities of 200 to 1000 or more, across the coastal regions of the Canadian North. Across all regions, the rate of completed suicide among Inuit is currently estimated at about 3.9 times that of the Canadian average; among Inuit young people, the suicide rate is about 5.1 times that of non-Aboriginal youth, based on data from 1987-1991 (Royal Commission on Aboriginal Peoples, 1995).

The Inuit of Canada share culture and history with Inuit across the Arctic and subArctic from Siberia to Greenland. While there are regional variations in dialect, beliefs and practices, underlying this diversity is a remarkable consistency in language, mythology and lifestyle. Accordingly, we will draw on data from Alaska and Greenland to supplement Canadian studies. In the first section, we summarize what is known about the epidemiology of suicide among the Inuit and review studies that have examined risk and protective factors. The second section takes an excursion through the ethnographic literature to reconsider the historical stereotype of “easy”

or altruistic suicide. This ethnographic history then provides a basis for considering the impact of culture change in the third section. Finally, we consider current initiatives to reduce the high prevalence of Inuit suicide.

Epidemiology of Suicide Among the Inuit

There are limited epidemiological data on completed and attempted suicide among the Inuit of Northern Canada. Suicide statistics on Aboriginal peoples at the national level have lacked in representativeness, including only Inuit living in the Northwest Territories (NWT) and registered Indians (Royal Commission on Aboriginal Peoples, 1995). However, despite wide variations across communities, a number of studies of Inuit and Eskimo suicide in Canada, Alaska, and Greenland have noted a dramatic increase in suicide rates over the past 30 years, with young males constituting the group at highest risk (Bjerregaard, 1991; Blum, Harmon, Harris, Bergeisen & Resnick, 1992; Petawabano et al., 1994; Rodgers, 1982; Thorslund, 1990).

Among Alaskan Natives, suicide rates per 100,000 increased from 14 in 1960 to 44.2 in 1983/84 (Kettl & Bixler, 1991). This increase was not seen among all Alaskan Native groups; the greatest rise occurred among the Inupiat Eskimo in a region developed by oil companies in the 1970s, for whom the rate increased from no reported deaths in 1960 to 106/100,000 in 1980 (Travis, 1984). These increases were significantly greater than those experienced by other U.S. Aboriginals outside of Alaska in the same time period (Kettl & Bixler, 1991). Suicides in the Greenland-born population began to increase in the early 1970s and rose over 10-fold from 9.4/100,000 in 1962-66 to 114.1/100,000 in 1982-86, with the highest rates among young men 15-24 years (Thorslund, 1990).

The overall suicide rate among Inuit in the NWT was 44/100,000 in 1979-86, compared to a overall Canadian rate in 1978 of 14/100,000. In the Baffin region, suicide rates averaged 34.1/100,000 from 1975-86 and reached 54.5 to 74.3/100,000 in some communities (Abbey, Hood, Young & Malcolmson, 1993). Statistics for the NWT reveal an increasing rate of suicide for males from 1965-69 to 1985-86; this trend was not observed for females (Young, Moffat & O'Neill, 1992). Among males the age group with the highest rate has dropped from 45-64 years in 1961-70 to 20-24 in 1971-80, and 15-19 in 1981-86.

Suicide rates per 100,000 among Inuit in Nunavik (Northern Québec) increased from 5.2 in 1944-68 to 80 in 1979-83, with a dip in the rate during 1974-78 to 16.2 (Petawabano et al., 1994). From 1979-83 the rate in Labrador was also 80/100,000 and reached 295/100,000 among 15-24 year olds (Wotton, 1985). In Québec, the number of Inuit suicides from 1989-92 (n=24) was nearly double that over the preceding eight years (13). From one to nine suicide deaths per year were reported from 1981-92 yielding an average rate of 51.4/100,000.

These high community rates are reflected in the few published clinical epidemiological studies. Data from psychiatric consultations with 296 Inuit women in the Baffin island region (1986-89) showed that the second most common reason for the referral, after depression, was suicidal ideation or attempt (20.6%) (Abbey et al., 1993). Suicide was a significantly more common reason for referral among men during the same time period (32.8% of consultations). There was no gender difference in the use of more violent methods of suicide (shooting or hanging).

There are few data on rates of attempted suicide among the Inuit and most studies are limited to clinical samples or police records. For the 14 Inuit communities of Nunavik, records compiled by Sureté Québec over the period 1989-92 show 39 suicide attempts and 24 suicide deaths,

resulting in a suicide attempted/completed ratio of 38% (Petawabano et al., 1994). This ratio is about three times higher than that expected based on the suicide literature, and probably reflects under-reporting of suicide attempts in this region.

In 1992, Santé Québec conducted a large scale survey of the Inuit communities of Nunavik and found a lifetime prevalence of attempted suicide of 14%, using self-report questionnaires from 618 respondents aged 15 years and older (Boyer, Dufour, Préville & Bujold-Brown, 1994). When adjusted for age distribution, the frequency of attempted suicide was 3.5 times that observed in a general population survey of Québec in 1987. Seven percent of respondents reported a suicide attempt in the year previous to the survey. Among young people 15-24 years old the frequency of lifetime attempted suicide was 27.6% for males and 25.3% for females; in the previous 12 months, 19.8% of young males and 15.8% of young females had attempted suicide.

The 1992 Nunavik survey also collected data on suicidal ideation. The lifetime frequency of suicidal thoughts was 12% overall, with reported frequencies of 11.6 and 20.7% among young males and females, respectively, aged 15-24 years. In the previous 12 months these figures were 7% overall, and 5.1 and 17.1% among young males and females, respectively. The observed prevalence of suicidal ideation was close to that of suicide attempts; many respondents may have interpreted the question "Have you ever *seriously* thought of committing suicide (killing yourself)?" to be the same as having actually attempted suicide.

In a survey of Inuit youth aged 14-25 years, conducted by us in a single Nunavik community in 1992, 34% of respondents reported an attempt of suicide in their lifetime (Kirmayer, Malus & Boothroyd, in press). For 32% of attempters, the attempt was serious enough to have resulted in some injury. Twenty percent of respondents reported more than one suicide attempt. The

proportion of young people who reported thoughts of suicide in their lifetime was 43%, and 26% of the sample had suicidal ideation in the previous month. Estimates of rates of suicidal ideation may be more meaningful in this survey than in that of Santé Québec owing to a question that did not use the qualifier 'seriously'. While the very high rates of attempts and ideation from our survey are reflective of only one community which had experienced a cluster of completed and attempted suicides prior to the time of the study, there are indications of similar rates in other Inuit communities. A recent study of 163 Inuit living in a Baffin region community used clinical interview measures to assess psychiatric morbidity and level of suicidal ideation (Haggerty, Merskey, Kermeen, Cernovsky & Holliday, work in progress). Fully 45% of respondents reported some suicidal ideation in the past week and 6% reported suicidal ideation 'often' or 'most of the time' in the past week.

Risk and Protective Factors

Research on risk factors for completed and attempted suicide among Aboriginal populations has identified multiple factors including: familial instability, childhood separation and loss, poverty, accessibility to firearms, alcohol abuse and dependence, history of personal or familial mental health problems, past sexual or physical abuse and, for youth in particular, delinquent behaviour, interpersonal and intrafamilial conflict, having friends or relatives who have completed or attempted suicide, and poor self-perception of health (Bachman, 1992; Bagley, 1991; Earls, Escobar & Manson, 1991; Grossman, Milligan & Deyo, 1991; Health Canada, 1994; Kettl & Bixler, 1991; Kirmayer et al., in press; Rodgers, 1982; Royal Commission on Aboriginal Peoples, 1995; Thorslund, 1990).

There are limited data on the prevalence of psychiatric disorders among the Inuit, so it is not possible to determine what proportion of suicides are associated with major psychiatric disorders. Experiences with psychiatric consultation in Aboriginal communities indicate high rates of major depression, dysthymia and substance abuse in many communities (Abbey et al., 1993; Armstrong, 1993; Hood, Malcolmson, Atcheson & Glennie, 1985; Kirmayer, Corin, Corriveau & Fletcher, 1993; Sampath, 1974, 1990). The Baffin region community survey, conducted by Haggerty and colleagues (*work in progress*), found that among those with suicidal ideation, 27% had high levels of depressive symptomatology, 24% had high levels of anxiety symptoms and 64% had evidence of alcohol abuse. Individuals with depression or other psychiatric disorders may be more vulnerable to the demoralizing effects of social problems. However, social problems may cause or contribute to suicide even in the absence of diagnosable psychiatric disorders.

A study of Greenland Inuit 15-30 years old who died by suicide between 1977 and 1986 showed wide variation in suicide rate by district despite high rates in general (25-600/100,000) (Thorslund, 1991). Eighty percent of cases had evidence of a personal problem prior to death, 44% had attempted or spoken of suicide previously, and 90% of those with information (data for half the cases) were intoxicated at the time of the suicide.

In a case control study of Inuit suicide victims on the East Coast of Hudson Bay from 1982-92, data were collected from medical and social service charts on sociodemographics, medical and psychiatric history, family history, childhood events, substance use and use of medical and social services (Kirmayer, Malus, Delage & Boothroyd, 1995). Of the 21 suicide cases, 17 (81%) were between the ages of 15 and 25 at death, one was younger than 15 years, and three (14%) were older than 25 years. Fully 91% of cases were male; 17 cases (81%) were single and never

married. A previous suicide attempt was recorded for 19% of cases (two had attempted suicide more than once) compared to none of the controls. Only one case was recorded as having seen a nurse at a health clinic in the two weeks before his/her death. In the year before death, 18 suicide cases (86%) had visited a health clinic and three cases (14%) had been hospitalized. Seventeen cases (81%) had been hospitalized in their lifetime and five (24%) had contact with a psychiatrist (compared to 91% and 14% respectively for controls). Five cases (24%) had received a lifetime diagnosis of depression, conduct disorder, or personality disorder, compared to 10% of controls. Perinatal complications were noted for 24% of suicides compared to none of the controls ($p<.05$).

A case-control study of 33 suicides in Alaska who died between 1979 and 1984 identified previous attempts and alcohol abuse as important risk factors (Kettl & Bixler, 1991). Among Greenlandic Eskimos, a comparison of suicides and attempters with hospital controls found a higher risk among those with personal or familial alcohol abuse, interpersonal conflict within the home and with close contacts and problems with job stability and crime (Grove & Lynge, 1979).

In the Santé Québec Inuit survey, factors associated with suicide attempt in bivariate statistical analyses included younger age, higher level of education, exposure to a higher level of stress, severe psychological distress and lifetime use of drugs (including cocaine, solvents, marijuana or hashish) (Boyer et al., 1994). No association was observed between suicidal ideation and age group or lifetime use of drugs. No results were reported for the possible correlation of levels of education, stress, or psychological distress with suicidal ideation. Multivariate analyses to assess the independent contributions of factors were not carried out.

Risk factors for suicide attempts and suicidal ideation were examined in more detail in our own community survey of Inuit young people (Kirmayer et al., in press). At the bivariate level,

risk factors for suicide attempt included parental history of an alcohol or drug problem, friend(s) having attempted or completed suicide, solvent (inhalant) abuse, a personal or mental health problem in the past year and feelings of alienation from the family and community. Protective factors included doing well in school and regular church attendance. A similar pattern of risk and protective factors was observed for suicidal ideation. Logistic regression analysis was used to test a series of models of potential risk factors for suicide attempt. Results indicated that the odds of an attempt were increased by 4-8 times for males, by 4-5 times for victims of physical abuse and by 3-6 times for those with a friend who had attempted suicide. Use of solvents in the past was associated with 8-fold greater odds of suicide attempt, while having a parent with a drinking or drug problem increased the odds by 6 times. Treatment of a psychiatric problem in a family member decreased the odds of attempt by a factor of about 1/10, and younger age was associated with a decrease in odds by 1.3 times/year.

There is a need for more epidemiological research among the Inuit, despite its intrusiveness, since basic data are lacking. In particular, most studies have only addressed factors at the level of individuals. Further consideration of social structural factors would require study of multiple communities in the same time frame. The same methods can be used to assess the impact of intervention programs.

Ethnographic Research on Suicide Among the Inuit:

The Myth of Easy Suicide

Suicide has become one of the emblematic cultural traits of the "Eskimo." Nearly every popular film with Inuit content contains a scene in which a dutiful and wise elder ends his or her own existence for the good of the group, usually with remarkable equanimity. This "altruistic"

suicide is viewed as a distinctively Inuit practice, albeit one that demonstrates the harsh exigencies of life in the Arctic. As one early ethnographer put it, "life sometimes seems harder than death, and so is regarded as a little thing to give" (Weyer, 1962/1932), p.248), and "when he [an Inuk] commits suicide he has the composure and assurance of a civilized man who purchases a railroad ticket to another city"(p. 248-9). In this section, we trace the history of this portrait of Inuit suicide through the ethnographic literature to consider its validity.

Nearly all of the turn of the century ethnographic literature discusses suicide to some extent (Boas, 1964; Jenness, 1922; Rasmussen, 1929, 1930, 1931, 1932; Turner, 1888; Weyer, 1962/1932). However, most of these accounts use the term 'suicide' loosely, collecting together incidents of abandonment, murder, family obligations to assist in kin death, group obligations to assist in an individual's death, self-determined and achieved death, group-determined but individually achieved death and so on. Clearly, we are dealing with a number of different issues and ideas.

How prevalent—and how casual—was suicide in the past? Franz Boas, an ardent cultural relativist, treated suicide tangentially in a discussion of the Inuit conception of the afterlife. Suicide was "not of rare occurrence" (Boas, 1964, p. 207) and was generally accomplished through hanging. Boas sought to demonstrate the logic of suicide by describing its social and spiritual context. Although Boas found suicide relatively frequent among the central Inuit, it was not considered lightly. Kin, affinal relations and others had extensive responsibilities towards the old, young, crippled and ill. Men were obliged to feed relatives who had no one to provide for them. Men with no relatives or dogs would be adopted into a family. Further, ritual prescriptions, taboos and mourning customs made suicide a socially significant event. A violent death—including one by suicide—was preferable to a lingering one. Through violent release the soul

could travel freely to "*Qudlivun*, the happy land," something also remarked on by others (Hall, 1865; Hawkes, 1916; Rink, 1875). While men had the right to kill their elderly parents, they did so infrequently. Family groups regularly consisted of adopted children, widows and old people who were well cared for. Elders and children were occasionally left behind at the fish weirs while the adults went inland for caribou, but they were well able to feed themselves and had no fear of permanent abandonment. In a footnote, Boas (p. 261) described the deaths of two elders: one case was evidently a murder with group sanction; the second was an assisted suicide in which an elderly woman asked her son to kill her so that she could spare him the ritual obligation of having to destroy all of his clothing, an obligation he would incur if she died a natural death.

Writing of the Labrador Inuit, Hawkes (1916) was considerably more explicit on the subject of suicide and the burden of the elderly:

> Aged people who have outlived their usefulness and whose life is a burden both to themselves and their relatives are put to death by stabbing or strangulation. This is customarily done at the request of the individual concerned, but not always so. Aged people who are a hindrance on the trail are abandoned. (p.109)

This apparent indifference toward the fate of the elderly was tempered by other observations concerning their social importance.

> The aged are treated with great respect, and the word of the old men and women is final. The Eskimo say that they have lived a long time and understand things in general better. They also feel that in the aged is embodied the wisdom of their ancestors. This does not prevent them however from putting the old folks out of the way, when life has become a burden to them, but the act is usually done in

> accordance with the wishes of the persons concerned and is thought to be proof of devotion. (p.117)

As with Boas' description, murder and voluntary death are confounded in Hawkes' account. His central concern was with the place of the elderly in society, rather than with suicide as a category of behaviour.

As noted above, Weyer (1962/1932) claimed that for the Inuit violent death was simply part of their experience as a hunting culture. Suicide was most commonly caused by remorse over the loss of a loved one and frustration in relationships. Weyer remarked that passive suicide occurred as a reaction to an influenza epidemic among Alaskan Eskimos. The apparent ease of suicide was supported by a conception of the soul in which the recently deceased are reborn through naming of newborns (cf. Guemple, 1965,1994). Weyer's arguments, while certainly ethnocentric, clearly made the link between reincarnation and ease of death.

Jenness' (1922) account of Copper Inuit life marked a departure from other descriptions of this period. He found this group, unlike most others, to be quite free of European-introduced diseases, such as measles, tuberculosis and influenza, and also found suicide extremely rare. Elders were well treated among the Copper Inuit and "under ordinary conditions the aged and infirm are never abandoned" (p.236). Jenness cited two cases in which elders who were unable to care for themselves were protected, and he had knowledge of only one case of suicide. This was preceded by the victim's terror of revenge for a crime he had committed rather than by any "morbid weariness of life." Death among the Copper Inuit was nearly always due to old age, accident, or occasionally murder (p.42).

Knud Rasmussen's (1929, 1930, 1931, 1932) accounts of early twentieth century Inuit life are remarkable for their detail. Rasmussen found that the death of elders by suicide was

commonplace among the Iglulik Inuit. He heard of "many" old men and women who had hung themselves. They did this in part because the moon spirit legend suggested that the transition from life to death and from the present world to the spirit world was a brief and painless experience marked only by slight dizziness. By ensuring they died a violent death, Inuit elders purified the soul for its journey to the afterworld. Rasmussen's first winter in the Arctic was marked by the suicide of three elderly people. He also recounted the story of a woman who completed suicide with the help of her son. She was provoked to kill herself when she began to spit blood due to "consumption."

Among the Iglulik, there were explicit links between forms of death and conceptions of the afterworld. During sleep, spirits of the living and the dead were in close contact and it was possible for someone to slip between worlds. Shamans had more direct and conscious control over movement between the dimensions. The souls of the dead were reincarnated into living bodies through the birth name, while their spirits went to one of three places to live among the *Udlormiut* [1] (people of the day), the *Qimiujârmiut* (a narrow strip of land under the sea), or the "Sea Spirit *Takánakapsâlik*" (Rasmussen, 1929, p. 94).[2] The *Udlormiut* were generally people who had died violent deaths or those few who had lived exemplary lives without breaking taboos. They inhabited the sky and lived a comfortable life. People who had died natural deaths, and those who had broken some taboos in their lifetimes went to the *Qimiujârmiut* . People who had committed anti-social acts, or who had ignored ritual prescriptions, dwelt in the house of the Sea Spirit in the water. From there the spirit could send them to the other places or keep them captive. While the dead who made up both the *Udlormiut* and the *Qimiujârmiut* lived without hardship, most living people preferred to go to the former. The living would seek to rejoin relatives here and avoided the *Qimiujârmiut* by having their corpse disposed of in a specific

manner. If the body was laid out on the ice, instead of on the land, the spirit would travel to the people of the day. Someone who wished to make certain to go to the people of the day could arrange his or her own death. In one example given by Rasmussen, an old woman drowned herself in the winter on hearing of the death of her son in a kayak accident. She "could not be certain that others would comply with her wishes when once she was dead" (p.95) and hence killed herself.

Contrary to his findings among the Iglulik, Rasmussen (1931) found among the Netsilik, even after "exhaustive enquiries as to the treatment of the aged" (p. 143), only one case in which the burden posed by an elder suggested coercion to suicide. In this case, an unlucky and poorly equipped family left an elderly woman behind when they moved camp in search of food in the winter. Rasmussen's discussions with other Inuit about this case elicited a rationalization for the woman's treatment: the impoverishment of the family—they had only two dogs and a poor sledge—along with the lack of game during that winter, made the elderly woman's plight understandable to his informants. It was a choice between helping a woman who was "at death's door anyhow" (p. 144) or feeding a wife and child.

Leighton and Hughes (1955) published the first systematic examination of Inuit suicide, focusing on Alaskan and to a lesser extent Siberian Eskimo populations. Data were collected in 1940 at St. Lawrence Island and were indicative of turn of the century conditions. Indirect but relatively complete accounts of 15 suicides were supplemented by partial reconstruction of another 29. Family assisted suicide had stopped shortly after the arrival of a missionary in the region, although at least one later attempt was made by a man suffering from measles (p.330).

Hanging, shooting and stabbing were the methods used to suicide. People seeking assistance in their suicide made three consecutive requests to relatives for help. Family members would

attempt to dissuade the individual at each suggestion, but the third request became obligatory. In some cases, a suicide vow was retracted and dogs were sacrificed instead. The actual suicide was a publicly acknowledged and attended event. Once the suicide had been agreed to, the victim would dress him or herself as the dead are clothed, in this case with the clothing turned inside out. The death occurred at a specific place where the material possessions of deceased people were brought to be destroyed. After the death, the executioners were confined for twenty days. During this time, they wore their clothes inside out as if they too were dead and were not permitted to work, touch food directly, or change clothes. Hangings were accomplished by a number of people who were not obliged to observe any ritual afterward.

In Leighton and Hughes' sample, it was primarily elderly men who completed suicide. There was no evidence of the abandonment of elders. The most common reasons given for suicide were illness, grief over the death of someone close, or in association with depression-like symptoms. Acts of suicide associated with illness were supported by a folk model in which the spread of disease to other living people could be arrested through suicide of the afflicted.

In some cases, men in their prime killed themselves. Leighton and Hughes suggested that this allowed them to preserve the social status of their family rather than having it decline as they aged. Again, the act was supported by a belief system which saw violent death as leading to a pleasant afterlife. Death brought relief from suffering and might confer prestige on the family, enhancing their ability to survive and prosper.

Leighton and Hughes' article marks one of the first attempts to link ethnographic data on suicide to larger theoretical considerations of the phenomenon. They explicitly interpreted the social repercussions of suicide from a functionalist perspective: suicide removes people who are potentially destabilizing forces in society. In Durkheim's (1897/1951) categorization, the Eskimo

displayed *altruistic suicide* , characterized by individual sacrifice for group benefit in a society with high social integration. Leighton and Hughes ended their article with a summary of "latent functions" of suicide: reinforcement of the power of spiritual belief; demonstration of worthiness of the individual in society; and, reinforcement of the importance of elders' knowledge through their final statements before death. Despite these potential benefits, suicide seemed dysfunctional for the group when it was the most productive members of society who killed themselves.

Balikci (1961) followed Leighton and Hughes' approach and reconstructed Netsilik suicide data for the first half of the twentieth century. Until about 1920, the Netsilik lived a "fully aboriginal life" (p.576). Rifles were introduced at the turn of the century and there was no starvation at this time, although caribou were limited. Netsilik Inuit converted to Christianity in 1936 and, while the young were no longer aware of traditional religion, the elderly remained knowledgeable at the time of Balikci's study.

Balikci's data were highly structured compared to previous accounts. In the 50 years preceding his interviews, informants recollected 35 cases of completed suicide, 4 attempted, and 11 intended but not carried out. Men completed suicide more frequently than women. The distribution by age for all categories of suicidal behaviour was 12% under 20 years of age, 48% in the 20-55 age group, 12% in the 55-60 age group, and 24% over 60 years of age. Married people predominated: 34 were married men with children. These data suggest that the demographic profile had changed for this population; in all previous studies, it was the elderly who committed suicide most often.

A variety of methods were used: guns (n=11), hanging (23), strangulations (3) and drowning (2). The majority (n=34) of people interacted with others regarding their suicide: 11 stated their desire to suicide, 6 asked to be killed by others, 2 asked for help to kill themselves, 18 consulted

with a relative, and 9 were stopped from killing themselves by relatives. About half the cases were initiated by "preoccupation with another person," or reaction to an unfortunate event (p.579). Twenty people decided on suicide after the loss of a relative, often a descendant, 16 because of illness and 6 due to marital dissatisfaction. In only four cases was suicide attributed to old age.

Balikci discounted ecological or social burden explanations of Inuit suicide. These did not apply to the Netsilik data as there were only four elderly suicides (out of 12 attempts in people over 60 years of age) and one case of assisted suicide of a young person (who was incapacitated by frozen knees). The sick were discouraged from ending their lives, nor was suicide a result of group consensus. Balikci also discounted Weyer's view that death was simply commonplace. Balikci's Netsilik informants denied any spiritual beliefs that supported suicide. Ultimately, Balikci advanced the hypothesis that Netsilik suicide met Durkheim's criteria for *egoistic suicide*. Given the great dependence on collaborative hunting techniques and a limited number of closely associated relations, the death of a relative resulted in sudden isolation, followed by a rapid descent into desperation and suicide. The individual was easily detached from his or her social network and marginalized due to a lack of social cohesion. There are problems, however, with this argument. The people most likely to commit suicide were men with wives and children, who were surely among the less isolated members of the group. As well, most people discussed their suicidal intentions with others before acting and, presumably, had some social recourse.

In a later book chapter, Balikci (1989) re-examined his data in the light of sociobiological arguments for the adaptive value of suicide (p. 248). He argued that traditional conflict management techniques (drum dueling, wife exchange, joking relationships) contributed to disintegrative tendencies within the group and exacerbated interpersonal conflict. The social

tensions which resulted encouraged suicide, which acted as a mechanism to remove socially unproductive or maladapted people from the group. Balikci cautioned that this interpretation is hypothetical and unproven. Dueling contests and the rest could just as plausibly be interpreted as cohesive elements of society, relieving interpersonal tension, increasing group solidarity and hence ability to survive.

In the same chapter, Balikci expanded the egoistic hypothesis of suicide to include social breakdown due to acculturation. Traditional practices that encouraged group cohesion were altered by the presence of traders and new technologies: the availability of high powered rifles reduced the necessity for cooperation in hunting; family groups fractured for migration to other regions with trading posts. According to Balikci, these changes isolated individuals and increased their likelihood to commit suicide.

Relatively little ethnographic work has directly addressed Inuit suicide since Balikci's publication. In Canada, the reduction of sociological and anthropological interest in Inuit suicide corresponds to an increase in government sponsored health care initiatives with growing use of epidemiological surveys and clinical assessments of mental health (Boag, 1970; Rodgers, 1982; Sampath, 1974; Willis, 1962). Suicide along with other forms of psychological distress or deviant behaviour came to be considered a symptom of larger social problems faced by Aboriginal peoples, especially political powerlessness and economic disadvantage (Armstrong, 1993; Atcheson & Malcolmson, 1976).

Despite this political contextualization of suicide as a pathological outcome of powerlessness and economic inequity, we also find a claim, in some accounts, that contemporary Inuit suicide is representative of traditional cultural norms. For example, Minor (1992; p.83) states:

> In the case of the young Inuit, it may be that the victims were making an effort to return to a traditionally accepted and respected death. Or the burden of life may have been so great and the confusion of cultural transition so frustrating that they acted irrationally. One could argue either that suicide expresses traditional attitudes or is a result of their collapse. I am firmly convinced that there is a traditional component in most of the suicides among the youth.

This style of thinking is echoed in a recent epidemiological survey of the Nunavik Inuit. In a section discussing the cultural and historical context of the Inuit relevant to understanding the survey results, we find the following interpretation (Boyer et al., 1994) (p. 140):

> Suicide could be considered a culturally adapted behaviour because it is associated with an ancient ritual which was performed by the elderly, resourceless people who relieved the community of the burden created by their dependence. Is it not true that current suicides by young people bespeak of Inuit identity and a sense of community belonging? In that sense, could suicide among young Inuit be perceived as the statement of a double paradox, namely the merging with Inuit culture and identity, and the necessity of severing the merging process? In the Inuit cosmogony, violent death enables the soul to reach a better world (Boas, 1964).

Clearly, our review of the ethnographic literature does not support the idea that youth suicide was in any way a traditional norm or value; it was in fact extremely rare. There is also no evidence that youth suicide was viewed as acceptable or respected in any traditional context. Whether violent death remains a route to a better afterlife in the thinking of contemporary Inuit youth is not known, but it seems unlikely given the widespread influence of Christian teaching.

If Inuit youth themselves are influenced by cinematic portrayals of "altruistic" or "easy" suicide as part of their heritage, they are involved in a misinterpretation of historical events.

Traditional spirituality among the Inuit has been supplanted by Christianity in various forms. However, this does not mean that Inuit understandings of life and death are not culturally modulated, nor that they can be understood in an explicitly Western model. Almost all the early ethnography provides details of the spiritual context of death among the Inuit and the importance of soul and spirit transfer in determining the afterlife (Merkur, 1985; Merkur, 1991; Rasmussen, 1931). The multiple realms of the spirits of the dead, and their interaction with the living through the shaman, are certainly important notions in Inuit concepts of self and person (Balikci, 1989; Hultkrantz, 1992; Saladin d'Anglure, 1986). However, these beliefs and rituals are not specific to suicide; they apply to all the dead. By separating suicide as a category of death and looking for cultural mechanisms to explain its internal logic, the importance and relevance of death rituals may be misconstrued.

There is an allure to "culturalist" arguments that make sense of seemingly senseless suicide by imputing a collective meaning and value to the act. However, drawing an analogy between the burden of the elderly in the past and the disaffection of youth in the present is a tenuous exercise at best. Youth are not a burden in the sense used to explain suicide among the elderly, nor do they constitute a risk to group survival. Ultimately, this view of suicide as a form of cultural resistance may deflect attention from the social conditions which generate hopelessness, and could lead Inuit to internalize blame for the very conditions that oppress them.

Through the ethnographic literature we can see a process of demographic change in who commits suicide. The earliest accounts clearly show that suicide occurred among the elderly, ill and disabled. As contact with non-Inuit intensified and lifestyles changed, suicide became more

prevalent among the healthy adult population. As we approach the present, suicide becomes the domain of the young. This transition in the demographics of Inuit suicide involves multiple historical factors that make the current situation discontinuous with the traditional past. Indeed, we would argue, it is this very discontinuity that underlies the elevated rates of suicide seen at present.

THE PREDICAMENT OF CULTURE CHANGE:

SUICIDE CLUSTERS, SOCIAL STRUCTURE AND THE MASS MEDIA

Testimony given to the Royal Commission on Aboriginal Peoples (1995) and our own ethnographic study among the Inuit of Nunavik (Kirmayer, Fletcher, Corin & Boothroyd, 1994) indicate that suicide is recognized to be a serious problem in most Inuit communities. Informants link suicide among young people to interpersonal conflicts, particularly problems with anger and dependency. The most frequent precipitants mentioned were the break up of relationships or other frustrations with family, school, or friends. Such angry suicide attempts, though, were often described as gestures:

> "Frustrated young people, for the most part. Young people that feel that their parents don't give a damn. Or just don't understand their problems, are unsympathetic. Ah…people who fail at things that they, they want to accomplish. Ah, lover's quarrels. That's a very big one. Disagreements between boyfriend, girlfriend, or common-law spouse. For the most part they threaten to do so when there is someone there to stop them—knowing full well that they're going to be stopped from doing it."

In more serious attempts, suicide was preceded by silence, withdrawal and self-isolation.

> "Other times, you don't know how things began. Like if someone begins to close their door in their room, lock themselves up, you don't…at first you don't notice that. That's the time when you begin to see that something is wrong with the person. That they are depressed. And creating some kind of imaginary stuff in their mind."

Many informants noted, however, that it was very difficult to tell that someone was going to commit suicide, even among close friends or relatives.

Several informants introduced historical awareness of recent social and cultural changes as important causes of mental health problems, especially substance abuse, suicide, family violence and child abuse and neglect. This did not take the form of a vague nostalgia for times past, but involved explicit links between mental health, child rearing, life circumstances and changes in the scale and configuration of the community, the family and the economic and educational systems. The history of contact between the Inuit and Canadians of European descent parallels that of most Aboriginal communities in this country but the time frame is greatly compressed (Brody, 1975; Crowe, 1991; Dickason, 1992; Duffy, 1988). The Inuit have experienced profound changes in their lifeways in just two generations. This sort of rapid culture change, and the specific demands that have come with it, have contributed to the range of mental health problems.

Traditionally, Inuit lived in small migratory bands composed of one or a few extended families. They congregated at certain times of the year in larger camps but spent much time in relative isolation. In camp life, children naturally gravitated to watch parents' activities and learn by modeling and imitation. Periodic larger gatherings were times of celebration and conflict

would be solved by elders' mediation and, ultimately, by dispersing again into smaller groups back on the land (Boas, 1964).

Along with other Aboriginal groups, Inuit have experienced a high frequency of separations due to education in boarding schools, prolonged hospitalization out of their communities for tuberculosis and other chronic illness and forced relocations (Kleinfeld & Bloom, 1977; Manson, Beals, Dick & Duclos, 1989, Tester & Kulchyski, 1994). The residential school system exposed Aboriginal children to prolonged separations from family and kin, physical and sexual abuse and active suppression of their cultural identity (Haig-Brown, 1990; Knockwood, 1992). While their parents often went to residential schools, contemporary Inuit youth are more likely to be educated in their communities. This difference accentuates the generation gap.

In current communities, children are sent to school—which parents may expect to replace much of their own socialization efforts—or else wander about the community freely, in continuation of the *laissez faire* approach that fit camp life but which now seems to some community members to border on neglect. While camp life still allows families to enjoy some of their traditional solidarity, some disaffected youth choose not to accompany their parents out on the land during the summer months. The new arrangements of settlement life make peers more important than family for many Inuit adolescents (Condon, 1988; O'Neil, 1986). The multiple losses brought on by disruption of families, communities and traditions may lead youth to cling to each other in adolescent love relationships. The intensity of this dependence increases vulnerability for interpersonal conflict, abuse and catastrophic reactions when relationships founder.

Culture change has probably had more drastic effects on the roles of men than women. There has been some historical continuity in the tasks of homemaking and child care, and women's

social skills transfer well to available jobs in human services and the helping professions (McElroy, 1975). The shift from hunting and a subsistence based economy to a status hierarchy based on wage-earning and ability to successfully negotiate with local and distant bureaucracies has left many men, young and old, feeling marginalized and ineffective. There are, in fact, few wage-earning jobs and it takes truly exceptional ability to succeed with the limited opportunities available.

The change in the nature of youth culture is of concern to many people who view it as an intrusion of non-Inuit values through the various media and a source of suffering for young people and parents alike:

> "Before 40 years ago, nobody in our community thought of committing suicide. I guess people were respecting themselves, they were respecting each other. But today it's a different story. Young people are committing suicide—I guess the cause would be neglect. They are neglected by their family. They're doing their own things. Listening to rock and roll music. I think it has to do with our way of life now. Some people are not looking after their children."

Alcohol, drug and solvent abuse were among the most common problems raised spontaneously by informants in connection with youth suicide and violence. In our survey of Inuit youth in one Inuit community in Québec, 37% reported having used solvents at one time and 5% used them within the last month (Kirmayer et al.,1996).

Suicide clusters pose a special problem for many Inuit communities in which many individuals are closely related and share the same predicaments, so that the impact of one suicide is deeply felt within the whole community and has strong reverberations. This close connection between many individuals and sense of a shared predicament increases the risk of a cascade

effect giving rise to a cluster of suicides. It appears these suicide clusters involve individuals who were previously at risk. However, the choice of methods, time and place for the attempt may be strongly influenced by exposure to other suicides.

The prominent display of a suicide in the newspaper, television or other mass media leads to a predictable increase in deaths over a one to two week period following the display (Eisenberg, 1986; Gould, Wallenstein & Kleinman, 1990; Phillips & Carstensen, 1986). The relationship is dose responsive; that is, the more intense the media coverage, the greater the increase in suicide rate (Phillips, Lesyna & Paight, 1992). This adverse effect of media attention has been noted in recent Native American suicide clusters (Tower, 1989). Sensationalized newspaper and radio accounts probably have played a role in exacerbating recent clusters of suicide among Inuit and other Canadian Aboriginal youth. There is an urgent need for media to adopt a more thoughtful and responsible approach to the reporting of suicide and related social problems.

From Clinical Intervention to Community Action

Clearly, there is a need to provide ongoing counselling and socialization programs for youth with histories of solvent abuse, mental health problems and friends who have attempted or completed suicide. The epidemiological data discussed in the first section also suggest that identifying and treating mental health problems in other family members may help to prevent youth suicide. A broader emphasis on family health may be more effective than an exclusive focus on troubled youth, who may otherwise feel blamed for problems that arise, at least in part, from their parents' difficulties.

A variety of initiatives are underway in many communities to respond to the high rate of Inuit suicide. These include a telephone hotline based in Iqaluit, school education programs,

community education using FM radio, additional training of community workers, the development of a crisis intervention team, "half-way" houses where youth in crisis may be brought for support in a non-medical setting, peer-counselling groups in which youth help each other and heritage camps which teach traditional skills of living on the land.

Inuit must be provided with ready access to culturally sensitive mental health care. In the case of individuals with major psychiatric disorders, who comprise a large proportion of suicidal individuals, this includes comprehensive psychiatric care with access to evaluation and the full range of treatment modalities. Serious attention must be given to validating assessment methods and adapting treatments to Inuit social and cultural realities. Traditional values of non-interference (Minor, 1992) that are used to justify non-intervention and lead to avoidance of problems must be counter-acted with education on appropriate help-seeking for specific problems.

However, the problems of many suicidal adolescents are inextricably intertwined with problems in the family and the social order. Consequently, they need therapy aimed at helping them to negotiate and master the chaotic social situations they face. Family therapy or social network interventions aimed to uncover abuse, resolve conflicts and ensure the emotional support of youth may be more useful than an individually centered approach. For suicidal adolescents who are withdrawn "outsiders" vis-à-vis the community, interventions aimed at social reintegration may be most effective but these must avoid further stigmatizing individuals. For adolescents who are outward success stories, but who inwardly harbor perfectionistic strivings and an inability to share pain and self-doubt, it may prove helpful to identify some of the burdensome community expectations they receive, and develop relationships in which they can confide their concerns and receive support.

One type of program that may be particularly effective at the level of cultural transmission, enhancing self-esteem and promoting social integration, is the development of heritage camps that bring together youth and elders. Under skillful leadership and design, these programs can integrate troubled youth without singling them out for further labeling or ostracism.

The issue of cultural identity appears only sporadically in the suicide prevention literature. Grossman and colleagues (1991) found alienation from culture and community to be an important risk factor in a survey of suicide attempts among Navajo youth. Elders in an Inuit community on Hudson's Bay—the site of a suicide cluster in 1991-92—reported "we don't know what to teach the children any more" (M. Malus, *personal communication*). This breakdown in cultural transmission points to the importance of community interventions grounded in the culture and customs of the community. The challenge, then, is to encourage and support local initiatives that build on traditional values to provide renewed community solidarity and integration that reach alienated youth. Grass-roots development programs have been undertaken in the NWT and elsewhere in Canada but these programs have not been systematically evaluated.

Conclusion

While suicide certainly existed among the Inuit at the turn of the century, not all groups were equally affected. In his account of the Copper Inuit, Jenness (1922) remarked on the infrequency of suicide, the absence of epidemic disease and the traditionality of their lifestyle. Rasmussen found suicide commonplace among the Iglulik Inuit (Rasmussen, 1929), but not among their neighbours the Netsilik (Rasmussen, 1931). Leighton and Hughes (1955) mention influenza and Christian conversion in conjunction with suicide on St. Lawrence Island. Finally, Balikci (1961)

discussed population movements to trading posts and the changing demographic profiles of Netsilik Inuit who committed suicide. Taken together, these studies suggest that suicide was less representative of traditional life than it was a response to contact and change. They also point to the possibility that suicide was in part a response to losses suffered as a result of contagious diseases carried by Euroamericans for which the Inuit had little resistance.[3]

A careful reading of the literature suggests that early accounts of the striking nature of senilicide and apparently "easy" suicide may have contributed to ethnocentric bias in subsequent reporting. This resulted in "easy" or altruistic suicide occupying a large place in the academic and popular imagination about the Inuit. In the earlier material, the adaptive value of "easy" suicide was understood to mean the role suicide played in eliminating the weak and permitting the rest to survive under harsh physical conditions. In more recent accounts, this has been restated as the adaptive role suicide plays in response to a bleak and harsh emotional and social environment. In both cases, the burden of the individual on society determines the outcome. The individual remains subordinate to the social good and the social consciousness. Surely, it is time to look at how the individual determines social reality rather than the reverse (Cohen, 1994).

Both Aboriginal and non-Aboriginal rates of adolescent suicide have increased in Canada since 1945 (Sigurdson, Staley, Matas, Hildahl & Squair, 1994). Possible risk factors for youth suicide in general, including family disruption, unemployment, alcohol and substance abuse and ready availability of firearms, have higher prevalence in many Inuit communities. Of greatest importance, the effects of rapid social, cultural and economic change on Inuit peoples in the Canadian North have contributed to the increasing rates of destructive behaviour through their impact on personal and community identity and sense of wellness (Brody, 1975; Dickason, 1992; Duffy, 1988; Matthiasson, 1992; Stieb & Davies, 1993).

Suicide is almost always an effort to escape intense frustration, grief and psychic pain (Schneidman, 1993). The prevention of suicide must therefore counteract frustration, hopelessness and unbearable pain in all of their toxic forms and provide other means of changing or escaping intolerable circumstances. In many cases, this may involve psychotherapy, medication or other forms of healing that renew the individual's sense of power, self-efficacy and self-worth. Where the loss of hope affects whole communities, however, this individualized approach may be woefully inadequate. Rather than turning Inuit and other Aboriginal communities into "therapeutic milieus," where everyone is preoccupied with mental health issues, it may be more effective to address directly the social problems of economic development, the transmission of cultural tradition and identity and political empowerment.

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[1]We follow Rasmussen's orthography throughout this section.

[2]The Sea Spirit is known under various names among different Inuit groups, but is most commonly referred to by Boas' appellation "Sedna."

[3] Recently, questions have been raised about the role of disease in pre-historical culture change among the Inuit (McGhee, 1994). Archeological evidence indicates that significant culture changes among the Inuit, as shown in changing assemblages of material remains, predates direct European contact and, further, that epidemic disease of

European origin reached the Inuit much earlier than previously thought, through contact with other Aboriginal groups. The havoc wrecked by epidemic disease may then have driven the culture change of the Inuit shown in the archeological record, as it did among other Amerindians (Thornton, 1987). Whether this scenario is true or not, it raises questions about conventional explanations of suicide among the Inuit. We must reconsider whether the accounts of Inuit culture constructed out of the earliest record are "traditional" in the sense of being timeless and unaffected by outsiders, or simply represent one particular historical moment in an ongoing process of change. We also must consider whether epidemic disease, mentioned tangentially in many of the texts, should be given greater importance in explaining Inuit suicide. Restated as a hypothesis: was turn of the century Inuit suicide a response to inevitable death due to epidemic disease for which the Inuit carried little or no resistance?

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