Rethinking Indigenous Suicide

Jeffrey Ansloos, PhD

Assistant Professor, Department of Applied Psychology and Human Development, OISE, University of Toronto.

Email: jeffrey.ansloos@utoronto.ca

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Abstract

Suicide is one of the most significant issues facing Indigenous communities throughout Canada. The rate of Indigenous deaths by suicide is severely disproportionate to that of the general public. While the last three decades have seen substantial investments in suicidology research within the Canadian context, rates of Indigenous deaths by suicide have remained relatively stable, and little remains known about effective means to reduce Indigenous deaths by suicide. A movement of critical suicidology scholars across health and social sciences is beginning to challenge the mainstream approach of suicidology research and suicide prevention, citing concerns about the ideological and epistemic foundations. In this article, the author highlights how these critiques are relevant to Indigenous contexts. Challenging a range of assumptions, the author considers the need to rethink the ideological foundations of research on Indigenous suicide. Finally, the author considers two methodological projects that are integral to forming a critical approach to Indigenous suicidology research and Indigenous suicide prevention praxis—culturally grounded research and decolonizing research.

Keywords

Indigenous suicide, Indigenous suicide prevention; Indigenous mental health; Critical suicidology; Indigenous youth suicide; Decolonizing methodologies; Suicidology; First Nations; Aboriginal; Indigenous health; Social determinants of health.

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Introduction

Taking up the theme of Indigenous death by suicide, this article was first presented as a keynote at the 2018 Indigenous Mental Health: Death and Dying Symposium at the University of Toronto–Waakebiness Bryce Institute for Indigenous Health.

I, the author, am nêhiyaw (Fisher River Cree Nation) and have worked in the field of Indigenous mental health for the last decade, as an educator and a psychologist. This article takes as its starting point the challenge that mainstream approaches to suicidology and suicide prevention have proven woefully inadequate to address the challenge of Indigenous suicide and require a critical reformulation. The purpose of this article is to draw attention to the issue of Indigenous suicide and the enduring social and structural dynamics influencing high prevalence rates within Indigenous communities. In conversation with the emerging movement of critical suicidology, I want to challenge the assumptions of mainstream approaches to suicide prevention with Indigenous peoples, raising critical concern for how these approaches fail to address the key social and structural dimensions of Indigenous suicides.

While Indigenous health and social policy frameworks in Canada have acknowledged the importance of social and structural dimensions of Indigenous suicide, the predominant approaches to research have rarely examined these dimensions, nor have the approaches to prevention (White & Mushquash, 2016). There is an urgent need for these factors to be more seriously considered within health and social research on suicide. Finally, I want consider what critical approaches to Indigenous suicide studies ought to attend to methodologically, specifically in terms of sociocultural and structural dimensions of suicide, as well as how Indigenous suicide prevention praxis might be reimagined in light of these dimensions.

Method

The following article utilizes a targeted literature review method, also sometimes referred to as a focused literature review (Huelin, Iheanacho, Payne & Sandman, 2015). As a non-systematic review of literature, the goal of this approach is to provide relevant and informative information related to a topic, as opposed to an exhaustive account. Literature selection is iterative and does not follow a predefined protocol. Selection is based on relevance in order to explicate ideological trends and build understanding of the current critical tensions in the field. As this article was initially presented in the context of a symposium, this methodological approach was selected to develop a foundational understanding of some of the contextual and historical bases of the status of Indigenous suicide research in Canada, as well as to provide an introduction to the emerging movement of critical suicidology. The results of this review highlight important contextual information about Indigenous suicide studies, the emerging

methodological contributions of critical suicidologists, and considerations of the implications of integrating critical and Indigenous approaches in suicide prevention research.

Context

In this first section, I provide a brief overview of the prevalence of suicide among Indigenous Peoples in Canada at the population level, with attention to the historical and contextual factors associated with prevalence and some limitations of the current knowledge base.

Prevalence of Suicide among Indigenous People in Canada

According to the 2016 federal census, roughly 1.7 million people in Canada self-identify as Aboriginal, including First Nations, Métis, and Inuit (respectfully named Indigenous hereon in), and constitute the fastest growing population (Statistics Canada, 2016). Nonetheless, Indigenous Peoples in Canada continue to experience substantial social and health inequities. Currently, it is estimated that suicide rates are 5 to 7 times higher for Indigenous youth compared to non-Indigenous youth in Canada, and for Inuit youth 11 times higher than the national rate for non-Indigenous youth (Government of Canada, 2018).

In the early 1990s, the Royal Commission on Aboriginal Peoples released a report (1995) concerning the disproportionately high rates of Indigenous deaths by suicide and suicide ideation among Indigenous people. Based on national health data from 1987-1991, the commission report estimated that the suicide rate for Indigenous people in Canada was 2-3 times higher than non-Indigenous peoples. When accounting for variables such as age, the suicide rate of Indigenous youth was 5-6 times higher than non-Indigenous youth. There was also significant regional diversity in suicide at this time with Inuit youth in Northern Quebec being 20 times more likely than non-Indigenous youth to die by suicide (Kirmayer, 1994); and First Nations youth in British Columbia dying by suicide 4.5 times the rate of non-Indigenous youth (Chandler & Lalonde, 1998).

Since the early 1990s, the rates of Indigenous youth suicide have remained relatively unchanged, and in some cases, have increased (Government of Canada, 2017). Presently, the leading cause of death for Indigenous people under the age of 44 is suicide (Kuman & Nahwegabow, 2016). While there is documented variation in suicide rates between First Nations and Inuit youth, and there is currently no population health information on the status of Métis youth suicide rates.

Based on geozoning data collected by Statistics Canada, Health Canada (2013) reported that the suicide rate among on-reserve First Nation male youth (ages 1-19) was 30 per 100,000, and the rate for on-reserve female youth (ages 1-19) was 26 per 100,000 between the years of 2005-2007. Based on the

Statistics Canada, Aboriginal Peoples Survey in 2012 approximately 17% of First Nations young adults (ages 18-25) and 25% First Nations adults (ages 26-59) living off-reserve reported suicidal ideation within their lifetime (Kuman & Nahwegabow, 2016).

Similarly, the Inuit Tapiriit Kanatami (ITK; 2016) suggests that across the four Inuit regions (Nunangat), suicide rates vary from 5-25 times the national suicide rate (60 per 100,000 in Inuvialuit; 275 per 100,000 in Nunatsiavut; 113 per 100,000 in Nunavik; 116 per 100,000 in Nunavut). When accounting for variables such as gender and age, Inuit males are the most at-risk group for suicide, with male youth (ages 15-29) completing suicides at a rate 40 times the national average. According to Statistics Canada (2012), between 2004-2008, children and youth in Inuit Nunangat were 30 times more likely to die by suicide than non-Indigenous youth. Among Métis peoples, 16-20% of adults (ages 18-59) reported suicidal ideation within their lifetime (Statistics Canada, 2012).

It is important to point out that there is a serious limitation in what can be reported in terms of actual rates from a national standpoint. Currently, there are no national governmental systems to track records of Indigenous suicides across the country. Provinces and territories have varying practices in this regard. The majority of provinces and territories currently report suicides to a vital events database, however there are no mechanisms to identify which of these deaths are of Indigenous peoples, nor are there currently any Indigenous suicide surveillance public health systems. Indigenous governmental organizations and advocacy groups (i.e., Assembly of First Nations, the Inuit Tapiriit Kanatami, and Métis National Council) have no formal mechanisms to monitor incidences of suicide, however, some community-specific tracking has occurred (i.e., Nishnawbe Aski Nation).

According to the Indigenous and Northern Affairs Standing committee report, the data on Indigenous suicide rates that are currently available are likely under-representative due to inconsistent reporting mechanisms, as some deaths by suicide are reported as accidents, and ethnicity is not reported on death certificates (Government of Canada, 2017). Nonetheless, some Indigenous nations and Indigenous community organizations have been monitoring data on suicides within communities. For example, Nishnawbe Aski Nation (the Grand Council for Treaty No. 9) has documented over 562 deaths by suicide since 1986 across their 49 member communities (Troian, March 2018). Consistent with national estimates, 50-60% of these deaths were men and 40% were youth. The Truth and Reconciliation (TRC) Commission of Canada's Calls to Action (2015) specifically address the need for national data on suicide and called for governments to develop mechanisms and indicators to address Indigenous health disparities, including suicide. To date, both calls to action on suicide have not been acted on (CBC, 2018; See Table 1).

Table 1.
TRC Call to Actions on Suicide

Call to Action	Description	Status
19: Identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities	“To establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide , mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services” (TRC, 2015, 2-3)	Incomplete
55: Provide annual reports or any current data requested by the National Council for Reconciliation	“We call upon all levels of government to provide annual reports or any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include, but not be limited to ... Progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: infant mortality, maternal health, suicide , mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.” (TRC, 2015, 6).	Incomplete

Critical Movement in Suicidology and Suicide Prevention

The research in suicidology and suicide prevention is diverse, encompassing a variety of conceptual frameworks. While suicide is a dynamic and multidimensional phenomenon that has historically been studied from a wide range of perspectives (Hjelmeland, 2012), over the last 30 years, the biological view of suicide has dominated. This has meaningfully coincided with the professionalization of mental health services within health and social services settings, causing a biopsychological view to monopolize the field of suicidology research (Hjelmeland & Knizek, 2016, 2017; Marsh, 2010).

White (2017) has argued that “within mainstream suicidology, suicide has come to be understood as a static, individual, and recognizable phenomenon” and that this “received view” of suicidology and suicide prevention assumes an individualistic, psychiatric, and positivist epistemic hegemony. Marsh (2010) has offered similar criticism, calling this hegemony “a compulsory ontology of pathology” (p. 28). He argues that the mainstream is guided by a “regime of truth”—assumptions of the meaning of

suicide (i.e., that suicide is an individualistic psycho-pathology) and the study of suicidology (i.e., that suicidology is a science).

Over the last decade, in response to this mainstream approach, a critical movement in suicidology has been forming. The Critical Suicidology Studies Network (2018) describes this movement in the following way:

Many within suicide research have become frustrated by the limitations of dominant pathologizing and medicalized approaches to suicide research and prevention practices. Believing that suicidology is in need of a critical re-thinking of its subject matter and a broadening of its disciplinary basis, they look at cultural practices of making sense of suicide, taking into account how suicide is shaped by history, politics, gender, identity, culture, media and power ... A suicidology that operates with a singular form of evidence or truth loses the possibility of creativity and plurality in developing new approaches to help address and understand suicide. ()

Methodologically, critical suicidology is concerned with “critically oriented agendas and theoretical frameworks, including feminist, constructionist, post-structural, postcolonial, antiracist, queer, critical, and activist perspectives” (White, 2017, p. 475). In conversation with critical suicidology, I want to consider this “received view” of suicidology and suicide prevention with an eye towards how the assumptions of this approach are shaping the field of Indigenous youth suicide prevention.

Assumptions of Mainstream Suicidology

Suicide as a pathology of the individual self. The predominant conceptualization that permeates much of mainstream suicidology is that the processes that lead to death by suicide originate inside of, or are at least internal to an individual—or a self (Jaworski, 2014). As White (2017) has suggested, “this essentialist, self-determining, intentional self is understood to be ‘behind the act’ of youth suicide” (p. 474). As such, the dominant methodologies to study the issue of suicide are atomistic, invested in the development of profiles of the suicidal person (e.g., risk factors). White (2017) notes that mainstream suicidology is “typically focused on identifying the psychopathologies, biological predisposition, personality traits, and cognitive characteristics that are assumed to exist within individuals and are understood to be the primary causal drivers leading to the outcome of suicide” (p. 474). By extension, the praxis of prevention is enacted upon individuals to prevent the lethal self. As an example, the World Health Organization (WHO, 2014) currently summarizes the profile of individual risk for suicide by including the following:

- Previous suicide attempt
- Mental disorders

- Harmful use of alcohol
- Job or financial loss
- Hopelessness
- Chronic pain
- Family history of suicide
- Genetic and biological factors

With exception to contextual and situational factors identified (such as socio-economic instability), all of these individual factors reinforce the notion that the suicidal self is a disordered and/or pathological self. The suicidal person in this light is contrasted against a coherent and healthy self. As White (2017) suggests, “by carefully attending to the use of familiar binaries and taken for granted categories within suicidology, we are able to see how certain cultural values and assumptions permeate the construction of the suicidal self (and its implied solutions)” (p. 474). The values conveyed are consistent with the post-enlightenment thinking that permeates much of western psychology (Cushman, 1995; Ansloos, 2017). Regarding profiles of risk within the history of suicidology, the representation of the suicidal self is often male-centric and disordered (Jaworski, 2014). This is consistent with the current framing of the population level studies on Indigenous suicide in Canada. As noted in the introduction of this article, the Indigenous suicidal self is consistently represented as youthful and male. As such, substantial investments have gone into national efforts for youth suicide prevention research, at times often to the exclusion of critical Indigenous knowledge holders, traditional elders, and dynamic kinship networks, communities and families. As an example, the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS, 2013) Program Framework summarizes the current state of research on the profile of Indigenous youth who are at-risk for death by suicide:

- Addictions (abuse/misuse)
- Previous attempts, a family history or community 'legacy' of suicide
- Social isolation, racism, rejection, bullying (cyber included)
- Problems in school
- Abuse (sexual, physical, child maltreatment and neglect)
- Lateral violence
- Mental illness (psycho-biological factors)
- Conflict with the law
- Poverty and unemployment
- Breakdown and/or loss of cultural values and belief systems
- Accumulation of trauma and intergenerational trauma (e.g. residential schools and child welfare systems)
- Extreme interpersonal conflict or the loss of a major relationship
- Dislocation from land
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Rapid cultural change (colonization, erosion of traditional practices)

In comparison to the WHO, this list is far more situational and social factors, and the research echoes much of the “mainstream view” of the suicidal self – one that is compromised by issues of substance use, epigenetic vulnerability, academic difficulties, psycho-biological pathologies, and a traumatized self. Such individualistic paradigms fail to “acknowledge the complexity of identity in a relational worldview ... Indigenous approaches extend relationality into complex and dynamic spheres that go beyond the confines of an enlightenment notion of identity or self-hood.” (Ansloos, 2017, p. 11). Critically speaking, while social factors are present in the Indigenous list, they have not become the focus of research in part because the foundational conceptualization remains atomistic. What might occur if the relationality and socio-centric perspectives framed suicidology?

White (2017) notes that in such profiles “we also see the way that social contexts, structural arrangements, and historical relations of power are typically erased” (p. 474). Within the Canadian contexts, health sciences, and specifically the applied fields of mental health have been complicit in the actions of the Canadian state in the perpetration of colonial violence (Ansloos, 2017; CPA–IPPS, 2018) in ways that have further reinforced western ways of knowing and being that undermine Indigenous concepts of persons, and more broadly, Indigenous epistemologies and ontologies.

Suicide as psychological. Within the mainstream approach to suicidology, Marsh (2010) suggests “the position that suicide arises as a consequence of mental illness is often presented as an indisputable scientific and medical fact” (p. 27). For example, the Mental Health Commission of Canada (2018) asserts that “suicide and mental health are deeply connected -- it’s estimated that 90% of people who die by suicide were experiencing a mental health problem or illness” (para. 1). The research base from which this claim is derived uses a methodology of psychological autopsy (Cavanagh, Carson, Sharpe, & Lawrie, 2003) which has been critically contested (Marsh, 2010; Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenars, 2012). Nonetheless, this psychological notion dominates the field of research as well as the public perception.

White (2017) describes this approach as a “psycho-centric” conceptualization of suicidal distress (p. 474) and argues that such descriptions yield an approach to practice which is largely guided by individual psychological and psychiatric interventions. In operating from this assumption that suicidal people are mentally ill, critical suicidologists contend that critical alternatives are ignored or erased, especially those which implicate structural forms of violence. When the mainstream argues that suicide is fundamentally the product of impaired and/or disordered psychological wellbeing, the praxis of suicide prevention becomes concerned with the surveillance of suicidality (because it is framed to be indicative of psychopathology and the risk of death), and the treatment of psychopathology (because it is framed to be the solution to the problem).

In the 1995 special report on suicide from the Royal Commission on Aboriginal Peoples (RCAP), it is made clear that suicide was one of the most pressing issues facing Indigenous peoples and was disproportionately affecting youth. While the report acknowledged that there were biopsychological

factors associated with suicide (i.e., mental disorders), the commission emphasized that other factors had greater bearing on Indigenous suicides, including (1) situational (e.g., disruptions of family life experienced as a result of enforced attendance at boarding schools, adoption, and fly-out hospitalizations), (2) socioeconomic (e.g., poverty, low levels of education, limited employment opportunities, inadequate housing, and deficiencies in sanitation and water quality), and (3) cultural stress (e.g., loss of land and control over living conditions, suppression of belief systems and spirituality, weakening of social and political institutions, and racial discrimination). Despite acknowledgement of contextual, cultural, social and structural factors, the primary approach to prevention continues to “generally involve findings ways to reduce risk factors and promote protective and preventive factors against suicide” (Government of Canada, 2018).

Marsh (2010) asks importantly, what are the “truth-effects” of the psychocentric position in suicidology, and further, “what forms of action follow on from such truths” (p. 29). In the Canadian context, the truth effects of a view that Indigenous suicides are a ‘mental health crisis’ is that the culture of intervention that has developed is singularly concerned with risk assessment, management, detection, and treatment of mental illness. The resulting form of action that follows is the promotion of mental health professions, which in turn result in destigmatizing the very psychotherapeutic practices that have long been critiqued by Indigenous scholars (Ansloos, 2017; Stewart, 2009).

This approach remains seemingly ineffective in reducing suicides, and therefore continues to be inaction on the socioeconomic and cultural distress dimensions articulated in the report by RCAP. Because of this preoccupation with the psychocentric view, White (2017) argues that “the received view of youth suicide is not well equipped to deal with these politics or paradoxes and thus represents an oversimplification of suicide’s historical, ethical and sociopolitical complexity” (p 476).

Kral (1994) offers the idea that suicide is an idea or a logic, and that within the psychocentric lens, it is primarily a logic of a disordered mind. As such, suicide prevention becomes concerned with addressing disordered individuals. Within this narrow practice of mental health promotion there is a lack of engagement with logics informed by social and structural dimensions, which limits the range actions that can be engaged. What logics would emerge if we attended to the dynamic social and political logics of suicide in the Canadian state? A few studies have suggested that dimensions of economics (Lemstra et al., 2009), economic status (Wingert, 2011), cultural continuity (Chandler & Proulx, 2006; Haggarty et al., 2008), climate change (Durkalec et al., 2015), gender (Lemstra et al., 2009), mobility (Berman et al., 2009; Snyder & Wilson, 2015), contextual factors (Badry & Felske, 2013), and education (Offet-Gartner, 2011) all influence the Indigenous wellbeing, but the persistent inaction in addressing these dimensions within suicidology research makes clear that “one of the consequences of a singular and individualistic reading of suicide is that it obscures colonial violence, racism, heteronormativity, patriarchy, social exclusion, capitalist green, and injustice and typically makes individuals responsible for making “it” better” (White, 2017, p. 474).

Suicide as universal. In large part due to the psychocentric understanding of suicide, there has been an ethnocentric bias in the methodologies of suicidology and the practices of suicide prevention. While these frameworks signal an epistemological bias in contemporary suicidology (i.e., positivism), they are particularly problematic because they are unapologetically individualistic in conceptualizations and decontextualize suicide prevention practices from within the continuity of culture within communities (Colucci, 2006). Hjelmeland (2012) has argued that to prevent suicide, we need to understand what suicidal behavior means to people in their particular sociocultural context(s), and not to presume a one-size-fits-all approach (Rogers & Soyka, 2004). In the context of Indigenous suicide prevention in Canada, this universalizing emphasis has resulted in profiling Indigenous peoples as a ‘risky demographic’ within a population analysis of health, with little understanding of the sociocultural context, or sociocultural meanings of suicides or traditions around suicide.

These decontextualized approaches to prevention are reductive, stereotyping, and ineffective. For example, simply having status as an Indigenous person is widely considered a ‘social determinant’ of suicide, however, there is great variation in suicide rates across Indigenous communities. In a study of youth suicide among First Nations communities in British Columbia, communities that had higher levels of “cultural continuity factors” such as self-governance, land claims, education, health care, cultural facilities, and police and fire service had lower rates of youth suicide compared to those with fewer of these factors (Chandler & Lalonde, 1998).

Indigenous scholars have cautioned against a homogenous approach to research and intervention (Ansloos, 2017; Elliot-Groves, 2017). For example, there is substantial variation for Indigenous communities in suicide rates relative to the general population (Chandler & Proulx, 2006) and for some communities, suicide is a relatively recent and rare occurrence (Leenaars, EchoHawk, Lester, & Leenaars, 2007; Tatz, 2012). These challenges to the issue of universality necessitate research that attends to the intersectional meanings of identity (e.g., gender, sexuality), environment (e.g., rural/urban/northern; reserve/off reserve), social location (e.g., systems-involvement) and the heterogeneity of Indigenous culture and communities (e.g., with respect to governance) with regards to suicide.

While more broadly the field of mental health practices within Canada has been increasingly integrating culturally grounded approaches to healing within mental health services (Dell et al., 2011b; Maar & Shawande, 2010; Puchala et al., 2010), much of this work fails to consider how Indigenous knowledge may be epistemologically dissonant with mental health paradigms (Ansloos, 2017).

Studying suicide with Indigenous peoples needs to be grounded in a “comprehensive approach that respects, values, and utilizes Indigenous cultural knowledge, approaches, languages, and ways of knowing” (First Nations Mental Wellness Circle, 2014. p. 1). That said, adopting a cultural lens on suicidology must occur through a framework that is broader than neoliberal multiculturalism. Nelson and Wilson (2017) point out that, “the remedies proposed by much of the research rely on a concept of

‘culture’ which may reinforce multicultural ideals that, in turn, limit decolonization to the inclusion of ‘cultural’ activities within the colonial nation and preclude more substantial economic, jurisdictional and territorial decolonization” (p. 102). Ultimately, moving beyond a one-size-fits all approach must be anchored in a culturally focused approach, grounded in the social and material concerns of communities. Suicidology research must be ecological, contextually reflective, structurally-attuned and politically active.

Suicidology as a positivist science. Challenges to the issue of ethnocentrism and universality are ultimately entangled in broader debates on the methodological foundations of suicidology. Due to the biological emphasis, many treat mainstream suicidology as a science—often presuming an ethnocentric posture that is aligned with western positivism. This approach generates studies of suicide which are concerned with objectivity, standardization, measurement, and evaluation (White, 2017; Thomas, Bracken, & Timimi, 2012).

In early suicidology scholarship, it was acknowledged that there were a variety of ways to conceptualize suicide as a social phenomenon including perspectives such as: theological, philosophical, demographic, sociological, psychodynamic, psychological, cognitive, biological, evolutionary, constitutional, biochemical, legal, prevention, global, political and supranational views (Shneidman, 1985). While a plurality of inquiry is possible, the majority of inquiry on suicide with Indigenous peoples has been dominated by positivist scientific inquiry. But critical suicidology asks us to consider, what types of research is now needed? As Hjelmeland (2012) has suggested, “it is high time to recognize the limitations of prediction, whether it is biological or otherwise, and instead focus on *understanding* suicide at the individual level in different sociocultural contexts” (p. 18).

There is increased interest from Indigenous communities across Canada to invest in new approaches to researching suicide and prevention. The National Inuit Suicide Prevention Strategy (2016), the Assembly of First Nations National Youth Council’s Calls to Action for Life Promotion (2016), the First Nations Mental Wellness Continuum Framework (FNMWC, 2014), and the Truth and Reconciliation Calls to Action (2015) all call for approaches to research that are ecologically and contextually-informed and are relevant to the specific needs and aspirations of Indigenous communities. These frameworks all emphasize strengths-based and anti-oppressive approaches that are life promoting and that foreground Indigenous resiliency and sociopolitical alternatives to colonialism and racism (White & Mushquash, 2016).

Towards the Critical Study of Indigenous Suicide

In reflecting on the central criticisms of the mainstream approach to suicidology and suicide prevention, it is clear that the main challenges raised are relevant to the dominant practices of research with Indigenous peoples. In this section, I engage with the question of what a critical Indigenous approach to suicidology might look like, and how future research and practices might be reimagined.

Offered as two inter-related projects, I want to consider how our ideas about the meaning of suicide and approaches to suicide prevention change when we center the voices of Indigenous peoples, our values, methodologies, and social and political commitments.

Centering Indigenous Culture

In order to make critical changes to the dominant approach to suicidology with Indigenous peoples, a dynamic understanding of the vital importance of Indigenous culture is sorely needed, and this must be developed in a multifaceted way. In order for this to occur, suicidology researchers need a much more sophisticated theory of culture than has been provided by western social sciences. Our understanding of culture cannot be disembodied, abstracted, decontextualized, merely descriptive, or apolitical.

Aligned with the commitments of advocates for cultural approaches to suicidology and suicide prevention (Colucci, Lester, Hjelmeland & Park, 2012), it is critical to understand how Indigenous knowledges and ways of being might shape our understanding of the phenomena of suicide. Wexler and Gone (2016) have suggested that “the underlying assumptions and tacit understandings driving prevention initiatives are culturally incongruent for many Indigenous communities” and that we need “to take into consideration the culturally-mediated and socially negotiated ideas about the causes of and the appropriate responses to suicide” emerging from within Indigenous communities (p. 56). Further, Elliot-Groves (2017) writes that in order “to address Indigenous suicide, it is necessary to design strategies that fit the unique social, cultural and human needs of each community” (p. 10). We must look to the ways that the embodied relationality of Indigenous culture (Ansloos, 2017) can give rise to life sustaining social practices and actions.

Further, the project of centering Indigenous culture must go further in that we must consider how the very practice of suicidology research could be re-envisioned by Indigenous research methodologies (Chilisa, 2012). The methodologies are diverse and contextual. The following questions are some of ways that the methodological innovations of Indigenous scholars could help us to ask different types of questions in suicide research:

- Given the emphasis on community-based epistemologies in Indigenous research (Kovach, 2010), what knowledge(s) about suicide and prevention are Indigenous people already generating beyond the hegemonies of academic scholarship, and how can we more deeply engage with Indigenous communities and the knowledge(s) they are stewarding and generating?
- In acknowledging the critical role of colonialism and distributions of power through colonial systems (Smith (2012) emphasizes the importance of critical analysis of power structures in Indigenous research and developing a multitude of decolonial projects. (Smith, 2012), How might questions about suicide evolve were we to have a robust analysis of historic and contemporary settler-colonialism?

- Million (2013) emphasizes the central role of affect and lived experience as a means of producing Indigenous knowledge in relationship to violence. How can feeling and affect inform our understanding of the livability (or unitability) of life for Indigenous peoples, and how does feeling knowledge reconfigure what so-called ‘truths’ are known about suicide?
- What communal and environmental obligations would we be accountable for were we to study the issue of suicide in light of Indigenous relational ontologies—that is to say, social obligations to creator(s) and/or to kin, human and non-human (Hart, 2002)?
- How might the methods of researching suicide or prevention practices shift if research is as Wilson (2008) suggests ceremony, with protocols and ritual? Are there aspects of suicide that ought to remain unknowable?
- What if research is deeply personal and storied (Ansloos, 2018), and that the narratives we generate in suicidology hold power to make manifest new ways of being, or perhaps entire new worlds?
- How might the grounded-normativity of Indigenous culture (Simpson, 2017) re-determine who the audience of Indigenous suicide is? How might Indigenous youth’s perspectives and preferences become centered in this field of research in a way that increases their own self-determinism?

There are many possibilities that open up for research in suicidology when we substantively engage the vast and evolving possibilities of Indigenous research methodologies. For every tradition and innovation of Indigenous knowledge, there is a way that research on suicide could become more methodologically contextual.

Decolonizing in Suicidology and Suicide Prevention

While decolonization is not the only critical methodological approach that may be needed in the context of Indigenous suicide research and prevention, in the context of ongoing colonialism, it must be a substantive commitment. Research and practices in the area of Indigenous suicide prevention are not occurring within a sociopolitical vacuum. They are occurring within the nationally endorsed era of reconciliation (TRC, 2015) as well as a time of unprecedented Indigenous movements of social action against ongoing forms of colonization. Further, with growing recognition that colonialism is a social dimension of suicide, decolonial inquiries in suicidology are not only valuable, they are ethically necessary.

Tuck and Yang (2012) have poignantly argued that “decolonization is not a metaphor” (p. 1) but rather is concerned with analyzing the material actions and effects of the colonial state’s violence that is enacted upon Indigenous peoples—via dispossession or otherwise. In this sense, Indigenous analyses of colonialism could prove extremely useful in analyzing suicide. For example, the following questions are possible in conversation with decolonial scholars:

- If the Indigenous body is a political order and/or an embodied expression of Indigenous sovereignty (Simpson, 2014), then what meanings beyond psychopathology does suicide enact on the body and within the settler-colonial context? What forms of action that are life affirming must be envisioned that might help Indigenous people actualize self-determinism in a world of constant colonial encroachment?
- How does an understanding of the environmental racism of colonialism, the treatment of homelands as wastelands (Lee, 2018), or the treatment of Indigenous life spaces as non-places, disposable or held in the grasps of enforced biosocial apartheid and misery (Belcourt, 2017) inform our understanding of questions of what makes a livable life?
- When the surveillance of all aspects of Indigenous life is the norm, and especially aspects which question the legitimacy of the settler state (Crosby & Monaghan, 2018), how does suicide and the prevention of suicide become critically entangled in conversations of protest, agency, and embodied political self-determinism?

For Indigenous peoples, decolonization is not theoretical, it is an unsettling and active practice towards a radical resurgence of Indigeneity, expressing desire and enacting comprehensive self-determinism.

While the trendiness of citing ‘social determinants’ of suicide increases in the midst of continued psychocentric research, Indigenous articulations of critical suicidology must go further than simply citing the historic impacts of colonialism. Neoliberal acknowledgement of social determinants does not equate to actual or lived knowledge of colonialism, nor does it materially alter the material social conditions. Tuck and Yang (2012) point out that:

Fanon told us in 1963 that decolonizing the mind is the first step, not the only step toward overthrowing colonial regimes. Yet we wonder whether another settler move to innocence is to focus on decolonizing the mind, or the cultivation of critical consciousness, as if it were the sole activity of decolonization; to allow conscientization to stand in for the more uncomfortable task of relinquishing stolen land (p. 19).

Decolonial Indigenous research requires linking our political consciousness with accountable social actions. Decolonial projects in critical studies of Indigenous suicide and suicide prevention lead us to ask questions of how suicide research and the praxis of prevention can unsettle violence against Indigenous peoples and bring about justice.

Insofar as critical suicidologists need to articulate a theory of culture, we also need to articulate a theory of justice. White (2017) suggests that “one of the greatest possibilities that critical suicidology offers is the chance to change the conversation about youth suicide and prevention so that our practices can become more life activating, hopeful, justice seeking, community-building and creative” (p. 478).

As such, decolonial projects in Indigenous articulations of critical suicidology are about a praxis of justice.

Conclusion

Along with scholars in critical suicidology (White, Marsh, Kral, & Morris, 2016), and especially Indigenous scholarship (Elliot-Groves, 2017; Wexler & Gone, 2016; White & Mushquash, 2016), I am advocating for a substantive conceptual reorientation in suicide research with Indigenous peoples. It is clear that if we do not begin to make substantial changes to the status-quo of Indigenous suicide prevention research, the profound disparities will persist. This article has made clear that what we have known for more than 30 years, the prevalence of suicide for Indigenous people in Canada is high, disproportionate to the Canadian population at-large, and has remained stable and in some places worsened. The RCAP (1995) report made clear that the sites of prevention are within the social and structural dimensions of life for Indigenous peoples, such as addressing the profound effects of colonialism. This paper has highlighted a number of ways that the mainstream approach to suicidology fails to act upon these dynamics because it is oriented by hyper-individualistic, psycho-centric, ethnocentric, and positivist ideology. In order to move beyond this atomistic, reductive, stereotyping, and ineffective approach, we need to change course in suicide prevention research.

We need to do more than merely close the gap, we need to develop an approach to suicide prevention research which can nourish vitality, thriving, and wholeness of spirit in our communities. This article has suggested that in order to form a critical movement in Indigenous suicide research, we must be committed to centering a dynamic understanding of Indigenous culture. This will have comprehensive effects in terms of both the relevance of the practices of prevention that are formed, as well as the epistemological and methodological approaches to the practice of research itself. Further, this article has argued for an explicated commitment to decolonial polity within suicidology and Indigenous suicide prevention research. Indigenous communities face the ongoing effects of historical colonialism, and the contemporary effects of neocolonial violence. We need to begin to articulate an approach to research that can recognize the social and structural foundations of suicide in a way that goes beyond mere acknowledgement, towards material practices which promote holistic wellbeing for and with Indigenous peoples. This is a bold and necessary call in Indigenous suicide and prevention research—for us to become emboldened in our critical concern for addressing the complex forms of violence which make life unlivable, and to implicate our life in the pursuit of the type of justice that nourishes Indigenous life.

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