

Unikkaartuit: Meanings and Experiences of Suicide Among Inuit in Nunavut, Canada

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Abstract

Inuit in Arctic Canada have one of the highest suicide rates in the world. Most of these suicides occur among youth, especially males, between the ages of 15 and 24. The goal of this study was to gain an understanding of Inuit experiences with suicide and what suicide means to Inuit, including suicide attempters and bereaved survivors. Fifty Inuit between the ages of 14 and 94 were interviewed about suicides in two communities in Nunavut. Sixty-three high school and college students were also surveyed with the same questions. It was found that suicide was most closely related to romantic relationship and family problems, and to experiences of loneliness and anger. These findings are interpreted in the context of massive social change, on-going colonization, and multigenerational trauma following the colonial government era of the 1950s and 1960s, when family and interpersonal relationships were significantly affected. The study stresses that suicide prevention strategies focus on youth and family, particularly on parenting, and ensure that Inuit communities take control of prevention programs. It recommends that family and community resources be further mobilized for suicide prevention.

Keywords

Inuit, suicide, colonialism, trauma

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Introduction

Suicide is reported to be a leading cause of death among young people globally (Parker, Dawani, & Weiss, 2008), and from 1950 to 2000 its rate increased among males from about 16 to 29 per 100,000 (WHO, 2010). Youth suicide is a particularly serious problem among

Indigenous Peoples in many countries. In Nunavut, the northernmost territory of Canada, the suicide rate has been rising since the mid-1980s. For Inuit youth in Nunavut under the age of 24, it is now ten times the national rate (Government of Nunavut, 2007). Reports from Health Canada (1987, 1995), a Royal Commission publication (1995), and other research, indicate that, despite wide variability across communities, Indigenous people in Canada have a suicide rate that far exceeds the average Canadian rate. This holds true especially for males in the 15–24 age range. Between 1995 and 2000, the suicide rates per 100,000 for Inuit in Nunavut under the age of 24 were 184.6 for males (vs. 22.4 for Canada) and 55 for females (vs. 4.5 for Canada). In 2007, 40% of all deaths in Nunavut were by suicide (Government of Nunavut, 2007).

The suicide rate among northern Indigenous Peoples rose dramatically from Alaska to Greenland during the 1970s and 1980s (Young, Moffat, & O'Neil, 1992). A review of Indigenous youth suicide in the United States by Berlin (1987) identified the loss of traditional lifestyle as being a community-based risk factor, and similar findings have been reported for Indigenous Peoples throughout North America and Australia (Kahn, 1982). Numerous common risk factors for youth suicide have been identified in these populations, including depression, solvent and alcohol abuse, exposure to conflict and violence, long-standing abuse, knowing someone who has attempted or completed suicide, and family instability and dysfunction (Bechtold, 1994; Kirmayer, Fletcher, & Boothroyd, 1998). A psychological autopsy study of suicide in Nunavut compared youth suicides with matched controls and found that the youth suicides were more depressed than their peers, more likely to abuse alcohol and be dependent on cannabis, more likely to have been sexually abused and to have had problems with the law, and more impulsive (Chachamovich, 2011). A study of Inuit suicide in Greenland found romantic relationship breakup and acute alcohol intoxication to be immediate precipitating factors, but attributed the high suicide rate more generally to rapid social and cultural change (Leineweber & Arensman, 2003). Wexler (2006a) found that among Inupiat in northwest Alaska, community members attribute suicide to historical oppression and loss of culture, which manifest also in alcoholism, abuse and neglect. They also see youth as bored and in need of engagement (Wexler, 2006b). Social disorganization and cultural disruption is a significant factor in Indigenous suicide.

While Inuit in Canada have been successful with land claims and the establishment of Nunavut (“our land”) as a new political territory in 1999, significant social problems remain. We designed this study to explore the local meanings and experiences of suicide in two Inuit communities. The focus was on eliciting narrative accounts of suicide to identify causal attributions and explanations, as well as ideas about and experiences with prevention. To understand local and cultural idioms of distress, it is important to examine Indigenous perspectives on suicide (Nichter, 1981, 2010). The narratives were also analysed in the light of the recent social, historical and political context of Nunavut. This study was part of a larger project that went beyond suicide to examine sadness, health, and community change among Inuit (Kral, Idlout, Minore, Dyck, & Kirmayer, 2011).

Methods

This study emerged from meetings at the Canadian Association for Suicide Prevention conference in Iqaluit, Nunavut. Participants, mostly Inuit, attending a session on developing suicide research in the Arctic suggested a participatory methodology, in keeping with the Inuit values of sharing and equality, and offered research questions about the meanings of well-being, unhappiness, and suicide in the communities. Following the conference, an Inuit steering

committee was organized in Nunavut and a multidisciplinary academic research team was formed across four universities. An Inuk leading the steering committee named the project *Unikkaartuit*, or “the people’s stories”. The steering committee comprised 10 Inuit representing different generations. Members of the research team and steering committee met, in person and via conference calls, to plan the study in detail over the next two years. The study was designed using a community-based participatory action research model (Brydon-Miller, Kral, Maguire, Noffke, & Sabhlok, 2011; Kidd & Kral, 2005). The study was approved by the ethics committees of the University of Windsor, the Nunavut Research Institute, and the Hamlet Councils of the two communities.

The Nunavut communities in the study were Igloolik and Qikiqtarjuaq, whose populations at the time of the study were about 1,200 and 480, respectively. Inuit from these communities contributed to the adaptation of the study for their respective communities. The local Youth Committees were intensively involved in the study, and the Baffin Regional Youth Council was consulted. The communities agreed to be identified in this research.

The content of the open-ended interview was determined collaboratively among the research team, the steering committee, and the community representatives, particularly the local Youth Committees. Two respected Elders in Igloolik, the first community visited, agreed that the interview protocol was appropriate. The Youth Committee in Igloolik suggested administering an anonymous, open-ended questionnaire based on the interview questions to students in the high schools and Arctic College campuses of each community. The provision of anonymity was made in order to ensure confidentiality and increase participation. Interview and survey questions centred on the meaning of suicide, both for the community and for the individual being interviewed. The questionnaire asked the same questions as the interview. The participants were asked to talk about: suicide in the community, why suicides are taking place, whether they had ever been suicidal themselves, whether they had made any suicide attempts, and what has been done or can be done to prevent suicide. Participants who had made suicide attempts were asked about their reasons for this and about what had helped them stay alive. Emotional support, in the form of a trained psychologist, was available to participants who might be triggered by such conversations but that did not occur. One community had experienced an increase in suicide, the other a decrease, and local explanations for these trends were gathered.

One hundred and sixteen Inuit from the two communities participated in the study. Fifty Inuit between the ages of 14 and 94, evenly divided between females and males, were interviewed in person. Questionnaires in English were administered to a total of 66 students, primarily in classrooms, comprising 37 of the 56 (66%) high school students in grades 10–12 (average age 17.7, range 14–25) and 29 of 76 (38%) students enrolled in college (average age 32.7, range 24–49). Three blank questionnaires were returned, for a final sample of 63. All students were living in their home communities. Interviews were first conducted in Igloolik by two Inuit and two Qallunaat (non-Inuit) fieldworkers, working in same-sex pairs of Inuk/Qallunaat. One month was spent in each community conducting the interviews. Participants were recruited by multiple means: telephone calls, home visits, social settings, and word-of-mouth. The only inclusion criterion was interest in the study and individuals were assured that participation was entirely voluntary. Few of those approached, about 10, declined to be interviewed because they were too busy or not interested. The interviews were held either in people’s homes or in an available office space. All respondents were given the option to have the interview conducted in either Inuktitut or English. All the Elders elected to be interviewed in Inuktitut, while most of the younger Inuit chose English. Almost all Inuit under the age of 60

speak English, the language of the schools in Nunavut. The interviews lasted on average 40 minutes. Most took between 20 minutes and one hour, although several were considerably longer and held over several meetings. The interviews with Elders were longer on average than those with younger respondents. All interviews were audio-recorded. Oral rather than written informed consent to participate in the study was obtained in accordance with the preference of the respondents. Parental oral consent was obtained for high school students. Participants agreed that the narratives would remain unidentified.

Fieldworkers met each morning to review interviews from the previous day and evening. Themes were derived from the interviews as they progressed, and interview questions were modified slightly over time based on experience and feedback. Prior to leaving each community, the fieldworkers met with the Youth Committee and other local social agency, school, and Hamlet Council representatives to review the major themes, and then went on the local call-in radio to discuss the themes with community members. Call-in radio is a common form of communication in these Inuit communities, usually during the lunch hour. Fieldworkers and the president of the Igloodik Youth Committee met with the Inuit Steering Committee after all the data were collected to discuss the major themes found. Taped interviews were transcribed in Igloodik by Inuit fieldworkers and later translated into English. Research team and steering committee members met subsequently in the south or in Nunavut several times to discuss the project and findings. Consensus was reached on the findings reported here.

Analysis was conducted using NVivo qualitative software (Gibbs, 2002). Interview transcripts and surveys were coded by the first author for themes consistent across participants, using a grounded theory method (Charmaz, 2006). The primary codes matched those derived during the fieldwork and were reviewed by the communities.

Results

Knowledge and Experience of Suicide

Six themes concerning attributions for the cause of suicide emerged as common across interviews. We did not find differences in themes across age and gender. In order of frequency, these themes were: loneliness, romantic relationship problems, family problems, anger at family or romantic partners, hiding one's suicidality or distress, and youth copying each other. Loneliness was related to feeling unloved, rejected, shamed, hopeless, and angry. Most negative references to the family concerned not being cared for or being criticized by one's parents, or the highly negative impact that suicide has on family and relatives. Anger was primarily connected to feelings of being rejected by romantic partners or family. Many Inuit talked about suicidal people "hiding" their sadness and their intent, often looking content and acting in a friendly manner prior to their deaths. Finally, a number of Inuit talked about suicide copying and contagion.

Loneliness was a common theme in discussions of suicidal youth by respondents of all ages. For example, a 56-year old woman said, "as for younger people who are committing suicide, this may result [from] not having anyone to talk to." A 34-year-old male said, "they really feel left alone." A 19-year-old male said, "not loved, no friends, feeling anger." The attributed causes of suicide were usually romantic relationship or family problems. A 17-year-old girl thought that suicidal youth were "lonely" and "feeling left alone."

A 21-year-old woman spoke about suicidal youth threatening their romantic partners with suicide, a relatively common occurrence, especially among males:

They think that nobody loves them. Some people commit suicide because, well, because of their girlfriends or their boyfriends. That they don't want to be left, and they say, "You can't leave me, or if you leave me I'm going to kill myself."

We spoke with a number of Inuit who had tried to kill themselves or had seriously considered suicide. Romantic relationship problems, followed by family problems, were the most common explanations for their suicidal behaviour. It was mentioned on many occasions that suicide was seen as a way of expressing anger. Speaking with family members was the most common form of suicide prevention for Inuit who had attempted suicide, given as the reason they did not carry through with the act. Religious practices or thoughts related to Christianity, for example, praying or not wanting to go to hell, were also a relatively common prevention theme. A 21-year old young woman said, "I tried to [commit] suicide maybe five times. Tie a rope around my neck." These incidents occurred at home, and were interrupted by family members: "My brother walked in and then I stopped, then I went outside and I talked by myself, 'Maybe I don't have to do this,' because my family has been stopping me just by talking. Just by talking." A young man aged 20 shared his story:

When I'm thinking about suicide it's more like, no one cares about me, I'd rather just be dead. You know that I tried killing myself because I was tired of having girlfriend problems. I stabbed myself. But my grandparents started advising me about suicide and all that, so it was easier to break up with her.

Hiding one's suicidality was common. One young woman, aged 17, who had been suicidal, said, "I was suicidal for like two, three weeks, and I didn't tell anyone. And just one night a friend started talking about how suicide is. I guess there was a suicide, yeah, there was a suicide a month before." An elder, a woman of age 79, spoke about this hiding or masking of suicidal intent:

I hear that there was an expression that they used in these situations called *taliumirangamik*. That's when they are hiding their real intentions under the disguise of happiness, and this is so that nobody will know their intentions. And I believe that to be true.

A 19-year-old male said, "as for the people who committed suicide, you couldn't tell how they feel at the time prior to committing suicide." He continued, "they seemed normal, and you don't realize that they were hurting within."

Suicide Prevention

Qikiqtarjuaq, the Inuit community with the highest suicide rate over the last decade, had not had a suicide for almost four years when this fieldwork began. Several key informants, who were among the Inuit interviewed, provided information about what community members thought had contributed to the decrease in suicide. These informants included the Deputy Mayor, a former President of the Youth Committee, and a former member of the Housing Committee. Two key activities were identified. The first was holding regular meetings to discuss suicide. Community members of all ages were invited to meet in the gym of the Hamlet Council building, the Youth Committee organized meetings for young people, and the Inuit Anglican minister held meetings at the church. An important message conveyed at all of these meetings was the need for community members to speak to each other about the problem of suicide, and to

speak with anyone who might be looking unhappy or distressed, or suspected of being so. A Qallunaat nurse was instrumental in assisting the community to achieve these goals by working in the community and helping to organize the meetings. Several community members mentioned that mental health professionals had visited the community before these meetings started, but that the suicides had continued. A second key activity occurred when the Housing Committee decided to remove closet rods from every house in the community, and locks from bedroom doors. The most common method of suicide in the communities was hanging from the closet rod in the bedroom, so this was a direct form of means prevention.

This study was carried out at a time when suicide in Igloolik was increasing dramatically. Iglulingmiut (people of Igloolik) spoke in the interviews about this increase in suicides in their community. In proposing possible reasons for the increase, they emphasized the problem of youth being ignored, not supported, or not cared for by their families. The most frequent suggestion for prevention was an increase in communication within the community and with youth in particular, primarily focusing on whatever might be making people unhappy. The role of Elders was often mentioned; they were seen as key participants in prevention by speaking with and providing support for youth. Some people identified a need to rely more on traditional knowledge and practices, while others talked about an increased role for professional mental health services.

Following the fieldwork, the local Youth Committee opened a Youth Centre as part of their suicide prevention strategy, with the participation of Isuma, a local film company. The Centre gave youth a place to go where they could watch films, join a peer support network, and listen to Elders talk about traditional culture. Suicides stopped for almost two years, until financial problems forced the Centre to close. The suicides then resumed. Inuit youth often report a lack of anything meaningful to do, and youth reported this as one reason they had joined the local Youth Committee and opened the Youth Centre: they wished to provide activities for youth. The community acknowledged that the Youth Centre was responsible for the decrease in suicides, and for such other benefits as increased high school attendance and a reduction in break-ins by male youth (Kral, 2009). Eight years ago the Youth Centre was re-opened by another Youth Committee. There have been 67% fewer suicides in that time than in the eight years previous.

Discussion

In this study of Inuit perceptions of reasons for suicide, explanations centred on romantic relationship and family problems, with loneliness and anger being common experiences among suicidal youth. This popular understanding is consistent with the social forces that have reshaped Inuit community life and relationships in recent decades. Older Inuit indicated that social problems began with the move from their land camps to the settlements in the 1960s. For the Inuit, the greatest impact of what has been called the Canadian colonial government era (Wenzel, 1991) of the 1950s and 1960s has been on the family (Condon, 1988; Graburn, 1969). The role of kinship has traditionally been central to Inuit society. Ethnographic research indicates that family continues to be at the core of Inuit notions of well-being and happiness (Briggs, 1994; Kral, Idlout, Minore, Dyck, & Kirmayer, 2011). This is also the case for other North American Indigenous Peoples, for whom kinship has been the foundation of social organization (DeMallie, 1998; Miller, 2002). Cross-generational bonding and communication was essential to communal functioning (Collings, 1999).

The government-mandated move of Inuit from their traditional family camps on the land into settlements that brought together many unrelated families had profound effects on social structure, community, and family life. Traditional roles could no longer be maintained. Men who had been hunters now became settlement laborers or unemployed welfare recipients (Irwin, 1989). Qallunaat ran many administrative functions in settlements, leading to feelings of powerlessness, dispossession and dependence among Inuit (Brody, 1991). While Inuit had been impacted by Qallunaat since the mid-nineteenth century, first by whalers and then by missionaries, police, and the fur trade, the government era of the 1950s and 1960s had the most profound effect on their social organization in Inuit history. Family change has been reported by Inuit to be the most noticeable shift since the government era (Kral, Idlout, Minore, Dyck, & Kirmayer, 2011). Loneliness among youth is thus the result of profound changes in family communication, parenting, and intergenerational relations. This is a form of multigenerational trauma seen in Nunavut, in which youth and their parents tend to avoid each other (Kral, 2012; Kral, Salusky, Inuksuk, Angutimarik, & Tulugardjuk, 2014; O'Neil, 1983). Many of the social activities and practices that served to bring families together across the generations are no longer available.

Sexuality and marital relationships have also changed dramatically. Arranged marriage was the norm until Inuit moved to the settlements in the 1950s and 1960s. The generation of children growing up in the settlements in the 1960s was the first in which individuals could choose their own marital partners, initially with the reluctant approval of parents (Graburn, 1969) and later with no parental participation at all. Globally, arranged marriage is giving way to what may be termed love, companionate, or romantic marriage (Hatfield & Rapson, 2005; Wardlow & Hirsch, 2006); a trend that has been on the increase in Western society since the eighteenth century (Giddens, 1992). The transition has created problems in the Arctic and elsewhere (Donnor, 2002). What might be called the North American model of love, one based on individual choice, appears to have been adopted by Inuit (Swidler, 2001). Romantic marriage is based on an individualized self, privileging the marital or romantic bond over other relationships (Wardlow & Hirsch, 2006); in America it has become a salient and compelling cultural model of affinity (Holland, 1992). Romantic relationships among younger Inuit began to show intense emotionality including anger after the move to the settlements (Brody, 1991; O'Neil, 1983). Romantic relationships have become even more challenging for many Inuit youth today. It is not uncommon for adolescent boys to be very possessive and jealous of their girlfriends (Kral, 2012, 2013). Some Inuit male youth become angry with their girlfriends or parents and threaten suicide. How romantic relationship problems are linked to cultural autonomy is unclear. It is likely that such autonomy produces a greater sense of well-being, which will likely affect both romantic and family relationships.

A history of sexual abuse is a risk factor for Inuit youth suicide (Chachamovich, 2011; Kirmayer, Boothroyd, & Hodgins, 1998). Although childhood sexual abuse was mentioned by Inuit in this study, it is not reported to be a topic of conversation in the communities. Many middle-aged men were sexually abused as children in the Christian residential schools. Inuit discussed alcohol and drug abuse as a problem. Of the people who committed suicide in Nunavut, 21%–46% were found to have a history of alcohol abuse (Chachamovich, 2011; Isaacs, Keogh, Menard, & Hickin, 1998). Both sexual abuse and alcohol are topics that must be addressed.

Whose footsteps can Inuit youth today follow? The rapidity of social change may make it difficult for youth to sustain a stable sense of themselves over time, and the absence of this sense

of continuity may be a suicide risk factor (Chandler, Lalonde, Sokol, & Hallett, 2003). Secure child-parent attachment can serve as a source of resilience among adolescents exposed to stressful circumstances (Hamilton, 2000). Resilience among Inuit youth is centred on their relationships with friends and parents (Kral, Salusky, Inuksuk, Angutimarik, & Tulugardjuk, in press), relationships that are mostly built through talking. In the past, talking was less common among Inuit than among Qallunaat. Briggs (1970) noted that children did not express themselves very often, while Searles (2000) identified a transition to being less talkative as a sign of Inuit maturity. As Paul Quassa, former mayor of Igloolik, said, “Inuit are not very talkative” (McComber, 2008, p. 74). It appears today that talking has instead become very important to Inuit, and is identified as one of their most important resources for well-being (Kral, Idlout, Minore, Dyck, & Kirmayer, 2011).

Finally, community empowerment practices provide an important way to address some of the stresses identified in this study. Increased community control of major services, cultural activities, and youth programs leads to fewer suicides in Indigenous communities (Kral, 2009; Chandler & Lalonde, 1998). When communities take charge, people are encouraged and empowered to take care of each other. In both communities in this study, because of events that fostered community action, Inuit came together to improve their lives and reduce suicide. While this study was completed in the late 1990s, all the factors identified remain highly relevant. The problem clearly continues: the highest number of annual suicides on record in Nunavut occurred in 2013. The Government of Nunavut adopted a suicide prevention strategy in 2010, one based not on community input but on psychiatric interventions (Kral, 2012). In a review of suicide prevention in Native American¹ communities, Middlebrook et al. (2001) conclude that for suicide prevention to be effective it must be culturally relevant, and that communities must be directly involved. The emphasis on communities taking control over their well-being, including suicide prevention, stands in contrast to the focus of some evidence-based suicide prevention programs on maintaining program fidelity in the cultural adaptation of these programs (Botvin, 2004; Castro, Barrera, & Martinez, 2004; Wexler & Gone, 2012). Such culturally adapted programs are often ineffective (Castro, Barrera, & Steiker, 2010), especially in Indigenous communities (Gone, 2008; Prussing, 2008). Mental health interventions can be more effective when an Indigenous community provides culturally salient forms of treatment and healing (Wieman, 2009). Indigenous perspectives are thus pivotal in shaping illness behaviour and styles of help-seeking, and must be taken into consideration in the design of any intervention.

Despite their evident difficulties, Inuit, in common with most Indigenous Peoples, have not lost their culture but are in the midst of active reclamation of culture, identity, human rights, and power (Niezen, 2003). Indigenous Peoples in North America are developing self-determination policies (Champagne, 2007) as are Indigenous Peoples in other regions of the world (Cornell, 2005). For suicide prevention in Indigenous communities, local models of healing and well-being, together with community ownership and responsibility for prevention, are consistent with these ongoing efforts to affirm and strengthen collective identity (Kirmayer, Brass, & Tait, 2000).

There is a need for culturally-appropriate intervention developed by Indigenous communities themselves. Health Canada has recently begun the National Aboriginal Youth Suicide Prevention Strategy, whereby Indigenous communities are funded to develop and run their own suicide prevention programs. Findings such as the ones in this study are making their way into government policy. In the communities described in this paper, the local suicide

¹ Indigenous peoples are referred to as ‘Native Americans’ in the USA.

prevention initiatives are a form of on-the-ground sovereignty. Chandler and Lalonde (1998) found that Indigenous communities in control of their major resources, including local government, have lower suicide rates. It is thus reasonable to conclude that the communities considered here contributed to lowering their own suicide rates. As seen in these two communities in Nunavut, community action for suicide prevention can be a mix of traditional practices such as the involvement of Elders, and Western practices such as opening a Youth Centre. This mixing of traditions for Indigenous healing and prevention occurs in many places (Gone, 2011; Waldrum, 2004). Strategies that reflect long-held cultural values while engaging with the contemporary realities faced by youth will be most acceptable to communities and are likely to have benefit. Future research should evaluate Indigenous, community-based programs for suicide prevention and other mental health or health problems. This work in Indigenous communities needs to be identified, and their stories need to be told.

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