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Social and Cultural Factors Contributing to Aboriginal Suicide Rates: A Critical Analysis

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Critical Analysis

Distinct social and cultural factors have resulted in Canadian Aboriginal youth having the leading suicide rate of any culturally-distinct group in the world (MacNeil, 2008). Despite the presence of strong social institutions in Aboriginal communities, believed by many theorists to be protective factors against this behaviour, suicide remains as the leading cause of death among young Aboriginal Canadians (Laliberté et al., 2009). It is evident that Aboriginal individuals are more likely to view psychiatric disorders as curable rather than abnormal, creating a greater acceptance around those suffering from a mental illness, and again, going against factors believed to be protective against suicide (Laliberté et al., 2009). Are social factors, such as the dependency on alcohol and the high poverty rates to blame for this suicide epidemic, or rather the lack of psychological and financial aid from the Canadian government? Why do low levels of employment and education result in an epidemic such as this in Canada, but not in other communities experiencing some of the same contributing factors to poverty across the globe? Do some of the distinct cultural characteristics explain why these Aboriginal youth choose the option of suicide? And lastly, why do Aboriginal individuals seem to be immune to the protective factors believed to be preventative of suicide? This paper will analyze the concept of "state impulsivity" in relation to to the substance of alcohol, as well as the lack of support from the Canadian government in relation to Aboriginal traditions and identity (Laliberté et al., 2009). This paper will also analyze the lasting effects of colonization, including the impact of residential schools and the creation of reservations, that has continued to effect Aboriginal individuals for generations (Morris et al., 2015). Overall, there is no singular factor contributing to the suicide epidemic in Aboriginal communities, but rather decades of mistreatment that has led to high

levels of poverty and substance abuse which contributes to increased levels of stress and feelings of hopelessness.

Canadian Aboriginal's have a suicide rate ranging from 3-36 times higher than non-Aboriginal Canadians (MacNeil, 2008). These rates can be explained by a range of different factors, but many theorists blame residential schools as commencing the suicide epidemic being experienced today. The erosion of community and lack of confidence being experienced by Aboriginal individuals can be explained by the colonization policies. The loss of language, traditions, and land has resulted in a loss of community within this culture. These individuals no longer have a strong sense of identity that would provide them with a perception of belonging; instead they are experiencing a melting pot between their traditional culture, and the modernized, post-colonial, Canadian culture (MacNeil, 2008). The policies put forth to prevent suicide also ignore the traditional beliefs of Aboriginal communities, and further contribute to the loss of identity being experienced.

The existence of residential schools has contributed not only to the mental suppression of Aboriginal individuals—seen with the loss of culture and identity—but also the physical suppression. Many Aboriginal communities experience polluted water, lack of adequate sewage and waste management, unsafe housing, and levels of poverty which eliminates the opportunity for individuals to improve these living conditions (MacNeil, 2008). With the lack of financial support provided by the Canadian government, Aboriginal individuals are unable to compete with non-Aboriginal Canadians, and thus remain as second-class citizens. The inability to compete results in a suppressed atmosphere with a lack of education and employment opportunities contributing to the overwhelming feelings of hopelessness being experienced

(MacNeil, 2008). The lack of opportunities contributing to high poverty levels also results in individuals becoming dependent on one another, increasing overcrowding, and resulting in rising levels of stress and a higher occurrence of conflict among those who are share the limited resources (Laliberté et al., 2009). High levels of stress then become a large contributor to the high dependency of substances, such as alcohol, resulting in elevated levels of violence and abuse and creating an even more suppressed and negative environment (MacNeil, 2008).

The elevated levels of substance abuse in Aboriginal communities contributes to suicide not only by increasing the occurrence of conflict and levels of stress, but also by the existence of "state impulsivity" (Laliberté et al., 2009). Abusing alcohol can begin as early as the age of eight in Aboriginal communities, leading to an early onset of "neurodevelopmental damage, cortical damage, and impaired cognitive functioning" (Laliberté et al., 2009). This biological damage can contribute to poor "behaviour regulation, judgment, and impulsive behaviour" (Laliberté et al., 2009) and, in turn, result in the concept of state impulsivity. This concept refers to a change in responsive behaviour to an environmental cue, such as experiencing suicidal dispositions while being intoxicated. If an individual is experiencing elevated levels of stress, they may be more likely to commit suicide if they are under the influence of a substance and are unable to properly regulate their judgment.

In 2009, Laliberté and Tousignant conducted retrospective interviews to investigate the impact of state impulsivity by recording how many Aboriginal individuals were under the influence of alcohol when they committed suicide. This research concluded that out of 37 suicides conducted by young Canadian Aboriginal's, 73% were intoxicated at the time of the event (Laliberté et al., 2009). Laliberté and Tousignant also concluded that the high levels of

alcohol use among Aboriginals can be explained as a way of coping with trauma, abuse, and

feelings of shame due to the lack of independence they may be experiencing (Laliberté et al.,

2009). Unless living conditions improve and poverty levels decrease throughout Aboriginal

communities, it is likely that the cycle of substance abuse and suicide will continue to occur.

Another possible factor contributing to the suicide epidemic is the acceptance and

normalization of violence being experienced in these communities. As a hunting and gathering

culture, Aboriginal history has been filled with war and conflict over land and resources

(MacNeil, 2008). Since the colonization of Canada, Aboriginal communities have been forced to

fight for their land and culture, imbedding insecurity and force into their cultural identity. In

addition to this, the existence of firearms and other weapons have always existed in personal

residences for hunting, or protection. In a sense, Aboriginal individuals have become numb to

violence, making it easier for them to self-harm and attaching a different significance to the

concept of violence (MacNeil, 2008). The presence of firearms also provides these individuals

with a lethal weapon to commit suicide, contributing back to the concept of state impulsivity—if

individuals have the means to commit suicide while under the influence, they are more likely to

take the opportunity (Laliberté et al., 2009).

A damaging factor which results from a history of violence and trauma, known as "stress

vulnerability," can also help to explain the suicide epidemic seen in Aboriginal communities

(Walls et al., 2014). As documented in Holocaust survivors, having a cultural or family history of

trauma can increase an individual's susceptibility to stress, guilt, anger, and sadness. The concept

of stress vulnerability explains why a generation may still receive the repercussions of

vulnerability even if they have not directly experienced trauma (Walls et al., 2014). This may be

due to the modelling behaviour of older generations, or how these older generations socialize the youth of the community. Once again, this contributes to the cycle of negative emotions and elevated stress levels which are risk factors of suicide.

The immunity to factors believed to be preventative for suicide, such as strong social social institutions, can perhaps be explained by the presence and status of elders in Aboriginal culture. Aboriginal youth hold great respect for the elders and are at risk for feeling as though they have dishonoured them when they are unable to be financially and socially independent (MacNeil, 2008). These youth may feel overwhelming feelings of shame and hopelessness when they are unable to provide for themselves, and fearing that they have disappointed their elders will only further these emotions. These negative life events, perpetuated by poverty levels, can produce even greater levels of stress which increases the pressure put upon the individual and their social relations (Kirmayer, 2012). The concepts of significant relationships are also an important component in Aboriginal culture and suicidal behaviour can be precipitated by feelings or expectations that these relationships may be lost (MacNeil, 2008). This again furthers the importance of relationships and honour in Aboriginal culture, explaining why these complex relationships don't act as a protective barrier against suicide as they do in other cultures. These relationships carry such significance that, instead of behaving as a support function, they may instead increase the possibility of stress and feelings of shame in relation to personal reputation and social connections. The occurrences of "suicide clusters," or multiple suicides in communities may also reflect the importance of relationships in Aboriginal communities (Kirmayer, 2012). This distinctive behaviour is not a trend seen in non-Aboriginal youths,

bringing attention again to the unique culture and perhaps explaining why this culture appears immune to mainstream protective factors against suicide.

Although suicide rates among young Aboriginal individuals continues to rise, specific strategies focused on the identity of the culture have not been created. The lack of support from the Canadian government may be due to the acceptance of poverty throughout the country as a "social inevitability" (Lauwers, 2014). The budget cuts which have affected Aboriginal communities assures that the government remains in control over the culture's policies and services, and ensures that the individual's continue to be systematically suppressed (Webster, 2012). By dismantling the health services available to Aboriginal communities, the Canadian government is decreasing the power of these individuals and only making it more difficult for them to escape the rising poverty levels. Along with the budget cuts, the government has also been stripping these communities of resources and exploiting them of their oils and minerals (Webster, 2012). By not providing these communities with adequate support, it is extremely difficult for them to access health care and to receive a standard of living that would eliminate many of the factors contributing to these health problems.

The concept of socialization being imposed by the Canadian government is another factor contributing to the high suicide rates among Aboriginal youth. The implementation of reservations/reserves has provided and, arguably, forced these individuals to live in a allotted area with limited resources. Reservations are often the only place that Aboriginal individuals can afford to live, and therefore must survive with the lack of electricity, sanitation, adequate housing, and limited employment and educational opportunities. Many individuals feel trapped on these reservations and rarely get to experience the opportunities that exist off of the

reservations (Walls et al., 2014). The lack of resources available to those who are forced to live

on reservations contribute to the feelings of hopelessness and isolation. Another damaging aspect

of socialization is the loss of language and culture on these reservations. The loss of identity

being experienced, as stated before, is escalated by the disappearance of native language and

tradition. Not only are suicide rates higher among Canadian Aboriginal communities who no

longer speak their native language, but loss of language leads to loss of "cultural continuity"

which is linked to self-destructive behaviours such as suicide (Tempier, 2016).

      Aboriginal individuals believe that self-governance, health services, land-control, and

better access to education and employment will help to lower suicide occurrences in their

communities (Mehl-Madrona, 2016). Cultural activities, such as traditional healers and the

incorporation of native language, are also believed to be protective factors specifically catering

those of Aboriginal descent. The culturally-specific risk factors, also experienced by Aboriginal

individuals, include substance abuse, feelings of hopelessness, violence, low self-esteem and

homelessness/poverty (Mehl-Madrona, 2016). Since many suicide-prevention reviews, such as

randomized controlled trails and controlled cohort studies of school-based and non-school-based

interventions, ignore the existence of Aboriginal individuals in their testing, finding effective

programs and treatment styles cannot presently be concluded (Bennett et al., 2015). Although,

according to a review of suicide prevention programs conducted by Bennett et al. in 2015, the

use of a program known as ASIST (Applied Suicide Intervention Skills) reportedly increased the

levels of suicide ideation among Aboriginal individuals rather than decreasing it. These findings

again reflect the cultural differences between Canadian Aboriginals and non-Aboriginals, and the

damage that can be done when treatment programs are not designed specifically for the needs of the culture.

The suicide epidemic affecting Canadian Aboriginal youth has resulted in suicide rates 3-36 times higher than non-Aboriginal Canadians. Many social and cultural factors are believed to contribute to these rates, as well as the lack of support from the Canadian government. Many theorists believe that the feelings of hopelessness and high levels of stress being experienced by Aboriginal communities is due, at least in part, to the colonization of Canada and the loss of identity within this culture. The creation and implementation of reservations have also limited educational and employment opportunities and contributed to the inflated levels of poverty being experienced. The lack off opportunities has led to overcrowding of resources on reservations, increasing conflict levels and decreasing self-esteem and hope among Aboriginal youth. The status of elders may contribute to the feelings of shame that the youth are experiencing, and the significance of personal relationships within this culture may also increase levels of stress as youth attempt to uphold their reputation. The normalization of weapons and violence resulting from years of conflict, as well as the concept of stress vulnerability, can help to explain why these individuals continue to experience the repercussions of their history. The budget cuts conducted by the Canadian government have also contributed to the rise of substance abuse and the existence of state impulsivity in response to the stress, hopelessness and guilt they may be experiencing. In order to stop the suicide epidemic, the unique characteristic of the Aboriginal culture, such as language and tradition, must be identified and incorporated into prevention programs. There is not one singular factor to explain the high occurrence of suicide among Aboriginal youth, but rather many factors including decades of mistreatment, poverty, and

substance abuse which have contributed to the high levels of stress and sense of hopelessness

being experienced by these individuals today.

References

1. Bennett, K., Rhodes, A. E., Duda, S., Cheung, A. H., Manassis, K., Links, P., . . . Szatmari, P. (2015). A youth suicide prevention plan for canada: A systematic review of reviews. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie, 60*(6), 245-257. doi:https://www.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com/docview/1707074265?accountid=15115

2. Kirmayer, L. J. (2012). Changing patterns in suicide among young people. *Canadian Medical Association Journal, 184*(9), 1015-1016. doi:http://dx.doi.org/10.1503/cmaj.120509

3. Laliberté, A., & Tousignant, M. (2009). Alcohol and other contextual factors of suicide in four aboriginal communities of quebec, canada. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 30*(4), 215-221. doi:http://dx.doi.org/10.1027/0227-5910.30.4.215

4. Lauwers, B. (2014). Suicidal ideation and poverty in first nations. *Canadian Medical Association Journal, 186*(13), 1-1017. doi:http://dx.doi.org/10.1503/cmaj.114-0065

5. MacNeil, M. S. (2008). An epidemiologic study of aboriginal adolescent risk in canada: The meaning of suicide. *Journal of Child and Adolescent Psychiatric Nursing, 21*(1), 3-12. doi:http://dx.doi.org/10.1111/j.1744-6171.2008.00117.x

6. Mehl-Madrona, L. (2016). Indigenous knowledge approach to successful psychotherapies with aboriginal suicide attempters. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie, 61*(11), 696-699. doi:http://dx.doi.org/10.1177/0706743716659247

7. Morris, M., & Crooks, C. (2015). Structural and cultural factors in suicide prevention: The contrast between mainstream and inuit approaches to understanding and preventing suicide.

Journal of Social Work Practice, 29(3), 321-338. doi:http://dx.doi.org/
10.1080/02650533.2015.1050655

8. Tempier, R. (2016). Suicide among aboriginals: A "burning" public health issue in need of solutions. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie, 61*(11), 682-683. doi:http://dx.doi.org/10.1177/0706743716655787

9. T. (n.d.). The Stress-Vulnerability Model | Behavioral Health Evolution. Retrieved June 07, 2017, from http://www.bhevolution.org/public/stress-vulnerability.page

10. Walls, M. L., Hautala, D., & Hurley, J. (2014). "Rebuilding our community": Hearing silenced voices on aboriginal youth suicide. *Transcultural Psychiatry, 51*(1), 47-72. doi:http://dx.doi.org/10.1177/1363461513506458

11. Webster, P. C. (2012). Canada curbs aboriginal health leadership. *The Lancet, 379*(9832), 1-2137. doi:http://dx.doi.org/10.1016/S0140-6736(12)60928-3