

# **Unikkaartuit: Meanings of Well-Being, Sadness, Suicide, and Change in Two Inuit Communities**

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## Executive Summary

### **Unikkaartuit: Meanings of Well-Being, Sadness, Suicide, and Change in Two Inuit Communities**

Michael Kral, Principal Investigator

The suicide rate among Inuit in Nunavut is among the highest in the world and continues to rise, especially among teenagers and young adults. Inuit culture has undergone dramatic change during the past century, particularly after the 1950s. The arrival of missionaries, the collapse of whaling and the fur trade, settlement and the great relocation “experiment,” schooling including residential schools, establishment of the Distant Early Warning sites during the cold war, and introduction of radio, television, alcohol and drugs all contributed to living generations with very diverse life experiences. One result has been inter-generational division within a strongly kinship-centred society. This study was designed as participatory action research examining the meanings of wellness, happiness, health, healing, unhappiness and suicide among Inuit in two Nunavut communities (Igloodik and Qikiqtarjuaq). At the time of the study, in one community suicide rates were rising, but in the other there was a recent decline. Also examined were Inuit experiences of recent general changes and changes related to suicide in their communities, as well as changes expected with the advent of Nunavut as an independent territory. This study was conducted to identify local, Inuit meanings of suicide and well-being that could be used toward future suicide prevention and wellness planning in the North.

A multidisciplinary research team and Inuit Steering Committee worked together with two participating Nunavut communities in the design and conduct of the project. Ninety Inuit between the ages of 14-94 were interviewed and an additional 66 Inuit students were given open-ended questionnaires asking most of the same questions. Responses were in the form of short stories, which were gathered in either English or Inuktitut (later translated) and analysed to identify themes related to meanings. These narratives form the core of the study data. Supplementary data were also obtained on Aboriginal suicide in the Canadian Arctic and on suicide in the participating communities, to examine method and precipitating events.

By far the most prominent theme to emerge was the central importance of family and kinship. Indeed, family bonds were related to all other themes. Discussions of wellness, happiness, unhappiness, for example, were most commonly linked to family and kinship directly. For health, the usual first connection was to eating traditional Inuit country food, and for healing it was talking and communication. But, in turn, both eating and talking were very strongly tied to the family.

The importance of talking and communication was the second most frequently cited theme in the narratives. Talking with family members was viewed as very important, but Inuit believed strongly that merely talking to others was essential to one’s well-being. Positive emotions were linked with talking, while negative emotions were tied to the absence of such communication. In fact, expression of negative feelings, past negative experiences, or remorse were identified as *the* significant component needed for prevention, intervention, and healing.

The third most common theme related to well-being concerned Inuit traditional knowledge or *Inuit Qaujimajatuqangit* (IQ). Family and communication are central to IQ, and many Inuit mentioned numerous other examples. Included here are the land, hunting, camping, eating country food (meat from the land or water), spending time with Elders, knowledge and

practice related to making traditional tools, skin clothing, building the igloo, and knowledge of Inuit belief and cosmology.

Inuit responses to recent change in their communities were, first, that they have been getting physically bigger as well as having more births and, second, that the nature of family life was changing. Family change was most commonly experienced as more distancing with less talking and visiting, and increasing intergenerational segregation. The third most common response was that there has been a decrease in traditional cultural values and practices; numerous examples focused on less hunting and changes in language. A theme related to wellness and health was a concern about high levels of drug and alcohol use in the communities. The advent of Nunavut Territory was expected to increase the availability of jobs and therefore money. Pride in self-government and in controlling one's own land was the second most common narrative regarding Nunavut.

The impact of suicide in the communities has been traumatic, marked by feelings of sadness and sorrow expressed by respondents. Family was mentioned most often in stories about suicide, especially concerning (1) losing a family member or of families grieving, and (2) family members being the most important people who prevented respondents from killing themselves when they were suicidal. Romantic relationship problems were the most common attribution for suicide, followed by family problems. Romantic relationship problems, alone, counted as the precipitating event 68% of the time in reports on suicides prepared by the Deputy Chief Coroner for the two communities. These reports also note the relationship between suicide and pending court appearance (20%). Hanging is the most common method in Nunavut, and in the two communities the most common location was the bedroom closet. Regarding the recent increase in suicides in Igloolik, youth not being cared for and family problems were cited as common contributing factors. The recent decrease in suicide in Qikiqtarjuaq was attributed to the community having taken control, including the organization of ongoing meetings of community members and of youth, both together and independently, and to the removal of closet bars and door locks from the bedrooms of all houses.

The findings of this study would suggest that Nunavut policy and program development concerning health, wellness, and social services, including suicide prevention, continue to focus on the integration of traditional knowledge, or *Inuit Qaujimagatuqangit*. These results support a strong incorporation of the Inuit family in all areas. Elders and youth appear to be waiting for each other, and mentoring and other programs bringing them together should continue to be developed. Youth need significant support with problems in romantic relationships. Abuse, violence, and high levels of drug and alcohol use are of significant concern to Inuit. Finally, community empowerment practices should continue; when communities take charge the people take care of each other from within. Wisdom is to be found in the communities. This wisdom must be respected and supported to continue to foster well-being among Inuit of Nunavut.

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## Sommaire

### **Unikkaartuit : la signification du bien-être, de la tristesse, du suicide et du changement dans deux communautés Inuites**

Michael Kral, enquêteur en chef

Le taux de suicide chez les Inuits de Nunavut est l'un des plus élevés au monde et continue de grimper, surtout chez les adolescents et les jeunes adultes. La culture Inuit a subi des transformations de taille au cours du siècle dernier et ce, tout particulièrement à partir des années 50. L'arrivée des missionnaires, la fin du commerce de la fourrure et des peaux de phoques, les réserves et « l'expérience » de la grande relocalisation, la scolarisation dans les pensionnats, l'établissement des zones du Distant Early Warning durant la Guerre Froide et l'introduction de la radio, de la télévision, de l'alcool et de la drogue ont tous contribué à donner naissance à des générations ayant des expériences de vie bien différentes. Cela s'est traduit par un éloignement intergénérationnel au sein d'une société mettant l'accent sur les liens de parenté. Cette étude a été conçue sous forme de recherche d'actions participatives examinant le sens du bien-être, du bonheur, de la santé, de la guérison, du malheur et du suicide chez les Inuits dans deux communautés de Nunavut (Igloodik et Qikiqtarjuaq). Durant la période au cours de laquelle a eu lieu l'étude, dans une communauté, le taux de suicide a grimpé alors que dans l'autre, on a observé une certaine baisse. On a aussi examiné les expériences des Inuits face aux récents changements globaux, aux changements associés au suicide dans leur communauté, de même que face aux changements attendus avec la venue de Nunavut comme territoire indépendant. Cette étude a été menée pour connaître l'impact du suicide chez les Inuits et pour établir quel état de bien-être peut servir à prévenir le suicide et comment promouvoir le bien-être dans le Grand Nord.

Une équipe de recherche multidisciplinaire et le comité directeur Inuit ont travaillé de concert avec les communautés participantes de Nunavut à l'élaboration et à la conduite du projet. 90 Inuits âgés de 14 à 94 ans ont été interviewés et 66 étudiants Inuits ont reçu des questionnaires comportant des questions ouvertes et quasi similaires. Les réponses ont été données sous forme d'histoires brèves recueillies en anglais ou en Inuktitut (qui ont été ensuite traduites), puis analysées afin d'identifier les thèmes centraux reliés à leur signification. Ces formes narratives composent l'essentiel des données de l'étude. Des données supplémentaires sur le suicide des autochtones dans l'Arctique canadien ont aussi été obtenues, de même que sur les communautés participantes afin d'examiner les méthodes et les facteurs déclencheurs.

Le thème qui a de loin prédominé fut l'importance prépondérante de la famille et des liens de parenté. De plus, les liens familiaux ont été associés à tous les autres thèmes. A titre d'exemple, les discussions traitant du bien-être, du bonheur et du malheur étaient très souvent associées directement à la famille et aux liens de parenté. En ce qui a trait à la santé, on l'associait directement au fait de consommer des aliments traditionnels du pays Inuit. Quant à la guérison, elle était associée à la parole et à la communication. Toutefois, manger et parler ont été fortement associés à la famille.

L'importance de la parole et de la communication a été le second thème le plus souvent relevé dans les narrations. Parler aux membres de la famille était perçu comme étant très important et les Inuits croient fortement que le fait de parler aux autres est essentiel au bien-être de l'individu. Les émotions positives étaient associées au fait de converser, alors que les émotions négatives étaient associées à l'absence de communication. De plus, exprimer ses

émotions et ses expériences négatives ou exprimer des remords était perçu comme étant *le* facteur clé dans la prévention et l'intervention face au suicide de même que pour palier aux idées suicidaires.

Le troisième thème le plus commun associé au bien-être était la connaissance traditionnelle Inuit ou *Inuit Qaujimajatuqangit* (IQ). La famille et la communication étaient au centre du IQ et plusieurs Inuits ont mentionné de nombreux autres exemples. Figurent ici la terre, la chasse, le camping, consommer des aliments du pays (de la viande ou de l'eau de la terre natale), passer du temps avec les Anciens, la connaissance et les pratiques associées à la fabrication d'outils traditionnels et de vêtements en peau d'animal, la construction d'un igloo ainsi que la connaissance des croyances et de la cosmologie Inuites.

La réponse initiale des Inuits face aux changements récents survenus dans leur communauté a été qu'ils croient qu'ils ont tous pris du poids et qu'il y a davantage de naissances. Leur seconde réponse fut que la nature de la famille se modifiait. Les changements au niveau de la famille le plus couramment ressenties étaient un éloignement progressif des membres de la famille, une diminution des conversations et des visites ainsi qu'une ségrégation intergénérationnelle accrue. La troisième réponse la plus commune était que les valeurs culturelles et les pratiques traditionnelles étaient moins présentes; plusieurs exemples mentionnaient la diminution de la chasse et les changements observés de la langue. Le thème associé au bien-être et à la santé faisait ressortir les inquiétudes quant à la consommation importante de drogue et d'alcool dans les communautés. De même, la venue du territoire de Nunavut était perçue comme allant augmenter le nombre d'emplois et conséquemment, les rentrées d'argent. La fierté ressentie face au gouvernement autonome et face au contrôle de la terre natale était la deuxième réponse narrative la plus commune au sujet de Nunavut.

L'impact du suicide dans les communautés a été traumatisant et a été exprimé par de sentiments de tristesse et de peine par les répondants. La famille revenait le plus souvent dans les histoires reliées au suicide, tout spécialement en ce qui a trait : (1) à la perte d'un membre de la famille ou lorsqu'une famille vivait un deuil et; (2) au fait que les membres de la famille étaient ceux qui pouvaient le plus empêcher les répondants de s'enlever la vie s'ils étaient suicidaires. Les problèmes reliés aux relations amoureuses étaient le plus souvent indiqués comme facteurs déclencheurs du suicide, suivi des problèmes familiaux. Avoir des problèmes de relations amoureuses était donné comme facteur déclencheur dans 68% des cas selon les rapports de suicide préparés par le coroner adjoint des deux communautés. Ces rapports ont aussi démontré un certain lien entre le suicide et attendre de passer en cour (20%). La pendaison est la méthode la plus utilisée à Nunavut et, dans les deux communautés, le lieu le plus commun pour se pendre était le garde-robe de la chambre à coucher. En ce qui concerne la hausse du taux de suicide à Igloolik, les jeunes qui n'ont personne et ceux ayant des problèmes familiaux ont été mentionnés comme étant des groupes à risque. La baisse récente du taux de suicide à Qikiqtarjuaq a été attribuée au fait que la communauté avait pris le problème en main par la mise sur place de rencontres régulières de membres de la communauté et de jeunes, que ce soit ensemble ou en groupes séparés, et par l'élimination des barres dans les garde-robes et des serrures des chambres à coucher de toutes les maisons.

Les résultats de l'étude suggèrent que les politiques de Nunavut et le développement de programmes axés sur la santé, le bien-être et les services sociaux (comportant un programme pour la prévention du suicide) doivent mettre davantage l'accent sur l'intégration des connaissances traditionnelles ou *Inuit Qaujimajatuqangit*. Ces résultats démontrent bien l'omniprésence de la famille Inuit dans toutes les sphères de la vie quotidienne. Les Anciens et les jeunes attendent chacun que l'autre groupe fasse les premiers pas. On doit poursuivre le programme de mentorat et

développer d'autres programmes rapprochant ces deux groupes. Les jeunes ont besoin de beaucoup de soutien en ce qui concerne les problèmes de relations amoureuses. Les abus physiques, la violence ainsi que la prévalence de la consommation de drogue et d'alcool constituent de grandes sources d'inquiétude chez les Inuits. Finalement, les mesures de responsabilisation de la communauté doivent se poursuivre : lorsqu'une communauté se prend en main, ses membres veillent au bien-être de la vie intérieure de chacun. La sagesse se trouve au sein des communautés. Cette sagesse doit être respectée et encouragée pour pouvoir continuer à promouvoir le bien-être parmi les Inuits de Nunavut.

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## Literature Review

The Inuit of Canada, making up about 5% of Aboriginal peoples in Canada, live primarily in the eastern Arctic as well as in northern Quebec and Labrador. The present-day Inuit stem from the Thule culture that dates back to about A.D. 900, who overlapped with the Dorset people (approx. 1700 B.C. - A.D. 1100), who in turn overlapped with the pre-Dorset and Denbigh people (approx. 3000 B.C. - 500 B.C.). Archaeologists have found evidence that people resided in the area that is now Igloolik four thousand years ago (Purich, 1992). Canada's northern Aboriginal peoples are of a culture long of this land.

Aboriginal peoples are known for their interdependent or collectivist sense of community and being. Collectivist cultures have different views of the self than individualist (e.g., Euro-Western) ones (see Markus and Kitayama, 1991; Triandis, 1995). Collective "selves" see group membership as central to their identity, whereas individualist selves are more autonomous from any particular group and may value individualism quite highly. Minor (1992) notes that, historically, relationships among the Inuit have consisted of three basic features related to mutual interdependence: collaborative partnerships, extended family kinship patterns, and dyadic relations within the nuclear family. Indeed, kinship is the central structure of Aboriginal society, and its changes related to colonialism have been identified as a key factor in social problems being experienced by Aboriginal peoples (DeMallie, 1998; Royal Commission on Aboriginal Peoples, 1996)

Kinship has been described as the foundation of Inuit social organization and life (Bodenhorn, 2000; Briggs, 1994; Damas, 1968; Guemple, 1965; Nuttall, 2000; Stevenson, 1997; Trott, 1982). Briggs (1970) reported that kin pervade the thoughts and even dreams of the Inuit. Inuit social bonds extend beyond sanguinity or filiation (direct blood descent) to various forms of non-biological affiliation, including namesake, the common practice of adoption, friendship, and marriage or common-law relationships. Traditional relationships between youth and Elders have been very strong, with Elders taking on the role of passing on Inuit wisdom and knowledge. Kinship is viewed as an important area of traditional knowledge identified by Inuit Elders (Saagiaqtuq, Pitseolak, Jugalak, Nowdlak, & Erkidjuk, 2001). Values and practices related to mutual interdependence, kinship, and cross-generational teaching and support have guided the Inuit for many centuries before foreigners came to their lands.

Northern Aboriginal people had foreign visitors or *Qallunaat* long ago, such as Scandinavian Vikings around 1008 and British or European fishing ships after 1400. Related to these earlier visits were tensions around kidnapping by Europeans of Inuit during the 18<sup>th</sup> and early 19<sup>th</sup> centuries. *Qallunaat* did not begin to have a major impact on northern Aboriginal life, however, until the whaling expeditions and fur trade of the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Both friendships and hostilities were common between Inuit and Europeans. Great diseases for which Aboriginal people's immune systems were unprepared, brought by the Europeans, took tens of thousands of lives; by 1900, only about one third of the Inuit population was reported to be left alive. These epidemics

continued during the first half of the twentieth century, and it has been estimated that in 1950 one-fifth of the Inuit population had tuberculosis. Missionaries made their way into Inuit lives in the early 20<sup>th</sup> century, and conversion to Christianity was pervasive. The presence of the military and large-scale family and community relocations during the 1940s and 50s, together with significant involvement of the federal government in the lives of the Inuit, changed northern life enormously (Tester and Kulchyski, 1994), as did mandatory schooling including residential schools in the 1950s and 60s (King, 1998; Milloy, 1999). Food and other important resources changed for the people; some communities had to alter their diets, and lifestyles changed from extended family kinship and nomadic hunting practices to the establishment of new settlements and a modern wage economy. The fur trade industry collapsed in the early 1980s, devastating many Inuit communities.

Oil exploration and wells began on Melville Island in 1959, further affecting life in the north. However, concerns related to self-government were already beginning. All social services were transferred to the territorial government by 1967, and Aboriginal concerns were now being addressed more directly. The discovery of gas fields in the 1980s prompted the federal government to settle a major land claim in 1984 in the western Arctic named Inuvialut. The Inuit territory of Canada called Nunavut, meaning “our land” and first proposed in 1976, came into official existence in the eastern Arctic on April 1, 1999. Inuktitut, the language of the Inuit, is one of the languages of the territorial government, and communities with English names are reclaiming their Inuktitut names. Approximately 80 percent of the people of Nunavut are Inuit; the population of a typical community is about 95% Inuit, whereas its capital, Iqaluit, has a large proportion of *Qallunat*.

Against this brief historical background, the demographics of Canada's northern people remain quite different from those living in the south. In the NWT in 1996, 56% of the population had more than 10 years of education, while for Canada this number was 73%. The Inuit birth rate declined between 1996-2001, but it is still twice that of Canada. The proportion of Inuit youth under the age of fifteen (39%) was double that of Canada (18.5%) in 2002. The Aboriginal population of Canada is generally much younger than the non-Aboriginal population. Infant mortality in the Arctic is 3.5 times higher than it is nationally, and life expectancy is up to fifteen years lower. There is also a significant housing shortage. Unemployment rates have ranged from 15 to 72 percent across Nunavut, and a larger proportion of people in the former Northwest Territories (NWT) work for the government (46%) than they do nationally (21%) (Purich, 1992). Inuit are more mobile than their southern Canadian counterparts, and one-third of the Inuit population moved between communities between 1996-2001 (data from Statistics Canada).

Social change has an effect on family life. Gardner (1998) described a change in the Euro-American family that has taken place over the past few centuries, which he identified as the move from the “vertical” to the “horizontal” family. In vertical families, strong communicative and affectional bonds exist across living generations, whereas in horizontal families these bonds are seen within age cohorts. In horizontal families, fewer

ties exist across the generations and close communication – even the spending of time together – occurs more often among those of approximately the same age. Gardner noted that since Europeans arrived in North America they have become increasingly horizontal in their relationships, adding to the well-known argument for “the decline of the American family” (Harrell, 1997, p. xvi). Generations have become increasingly segregated (e.g., Bly, 1996; Hareven, 2000). If Gardner’s geometric metaphor is applied to the Inuit family, rather than taking a few centuries the move from vertical to horizontal has been taking place over only the last three generations. Wachowich’s (1999) recent collaborative study of three generations of Inuit confirms that great differences in lived experience do indeed exist across living age cohorts, and this cultural change continues to have its greatest impact on youth (Condon, 1987; O’Neil, 1986). This change across generations of Inuit was already apparent in the early 1970s (Brody, 1991). In her study of grandparenting among Sioux and Muskogean Native Americans, Weibel-Orlando (1997) argued for the critical importance of Elders in the transmission of cultural identity to youth given “the relentless assimilationist influences of contemporary life” (p. 140). These influences have been taking place at high speed in Nunavut, impacting each living age cohort of Inuit in different ways in the context of strong and rapid social change (O’Neil, 1986). Family is absolutely central to not only Inuit, but to Aboriginal peoples in general; as I learned from working with Ivy Chaske, a Lakota leader in the development of healing lodges in Canada, “all my relations” (*mitak oyasin*) is the key to identity and well-being (see DeMallie, 1998).

The Inuit, like many Aboriginal people living in Canada and elsewhere, have been impacted by suicide in recent years. Reports from Health Canada (1987, 1995), a recent Royal Commission publication (1995), and other research (see Kirmayer, 1994) indicate that in spite of wide variability across communities, Canadian Aboriginal people have a suicide rate that far exceeds the average Canadian rate. This holds true especially for males in the 15-24 age range, where youth suicide follows a pattern similar to the national one but is greatly magnified among Aboriginal peoples. The suicide rate in the former NWT for the years 1989-1992 per 100,000 was 32.58, whereas for the country it was 12.69. For males and females in the NWT compared to the rest of the country the rates for these years were 54.8 versus 20.16 and 9.17 versus 5.34, respectively. While the Western Arctic has more than one and a half times the population of Nunavut, most of the suicides across the Arctic occur in Nunavut. Between 1988 and 1997, 72% of all NWT suicides were in Nunavut. During that decade, while suicides have been decreasing in the west they continue to rise in Nunavut. The suicide rate for the years 1993-97 in Nunavut was 88 per 100,000, compared with 15 for the Western Arctic and 13 for Canada (data from the Office of the Deputy Chief Coroner, GNWT, 1998; figures rounded off). According to the World Health Organization, the country with the highest suicide rate globally is Sri Lanka, showing a rate of 47 for 1991 (Desjarlais, Eisenberg, Good, & Kleinman, 1995). The problem of suicide in Nunavut is thus positioned in glaring perspective. Issues of identity, anomie, and powerlessness in the changing social context of Aboriginals’ lives are recurring themes in discussions of why this dire situation exists (Kirmayer, 1994; Kral, 1998; Minore, Boone, Katt, & Kinch, 1991; O’Neil, 1986; Royal Commission on Aboriginal Peoples, 1995; Sinclair, 1998; York, 1991). In their review of Canadian Inuit suicide, Kirmayer, Fletcher, and Boothroyd (1998) point to

rapid social, cultural, and economic change as the primary reason underlying this problem, and to the need “to address directly the social problems of economic development, the transmission of cultural tradition and identity, and political empowerment” (p. 207).

The increase in the incidence of suicide in Aboriginal communities following social change introduced from the outside is documented historically, yet the reasons for this are complex. There was a rise in alcohol consumption, spousal violence, and suicide among Inuit in Alaska following petroleum development in that region between 1960-1980. Although such increases in suicide were generally not as dramatic during this time in other Aboriginal communities, an increase in the suicide rate among northern Aboriginal peoples rose dramatically from Alaska to Greenland during the 1970s and 1980s (Kirmayer, Fletcher, & Boothroyd, 1998). In the NWT, as elsewhere, this increase has been seen primarily among young males (Young, Moffat, & O'Neil, 1992). Many cluster or "copycat" suicides have been reported among youth in Aboriginal communities (e.g., Bechtold, 1988; Ward & Fox, 1977). A review of Aboriginal youth suicide by Berlin (1987) identified the loss of traditional lifestyle as being a community-based risk factor, and similar findings have been reported for Aboriginal cultures throughout North America and Australia (Kahn, 1982; May, 1987). Historically, Fenton (1941: 122) has written that there was a high incidence of suicide among Huron First Nations between 1635-1650, who “were feeling the impact of European civilization through the epidemics of smallpox carried by the French traders and the Christian teaching Jesuits, and the torture and persecution of the Iroquois who had received rum and guns from the Albany Dutch.” Fenton (1941: 124) also mentioned more recent suicides among the Seneca related to “mixed-bloodedness and culture conflict.” Culture conflict has been interpreted as acculturation stress and social integration problems, related to colonialism more generally, in studies of suicide among Native peoples in the US (Lester, 1997). Bechtold (1994) found in his review of Native adolescent suicide in the US and Alaska that the risk factors for this population are essentially the same as those for non-Native youth, except for an additional one he called “cultural mismatch between the youth and the environment” (p. 76). The other variables that have been identified, generally common risk factors for youth suicide, including solvent and alcohol abuse, conflict and violence, histories of abuse, depression, knowing someone who has attempted or completed suicide, and family instability and dysfunction (Bechtold, 1994; Gartrell, Jarvis, & Derksen, L., 1993; Kirmayer, Fletcher, & Boothroyd, 1998). A recent 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). While the experience of psychological perturbation is essential to suicide across cultures, it is clear that social disorganization and cultural disruption is a significant factor in Native suicide.

Although suicide is often viewed as a behaviour resulting from symptoms of mental illness, its pattern over time and across cultures leaves much unexplained by traditional theories that are themselves largely individualist. As a conscious act, the timing of suicide in general and in people's lives, how it is done, and where it occurs follows patterns demonstrating strong cultural, attitudinal, and even media influence

(Kral & Dyck, 1995; La Fontaine, 1975; Phillips, 1974; Stack, 2000). Whereas it has been estimated that most people who complete suicide were clinically depressed before their deaths, the reverse is not true. Most people demonstrating even cumulatively the risk factors for suicide will never kill themselves, and perturbation alone has never been a cause of death (Shneidman, 1985). Extending Shneidman's (1985) concepts of perturbation and lethality as necessary and sufficient causes of suicide, Kral (1994, 1998) has proposed that while perturbation can be viewed as a nondirectional motivator for change, lethality – the specific idea of suicide – is the direct link to suicide. Suicide, like other ideas, spreads through populations and may become a practical option to some more "vulnerable" groups or individuals.

When conducting research in Aboriginal communities, narrative and participatory methods are usually more fitting than more traditional quantitative approaches. In a book in which Yukon Elders talk about their lives, Cruikshank (1990) makes the point about "taking seriously what people say about their lives rather than treating their words simply as an illustration of some other process" (p. 1). She refers to these stories as *cultural documents*, as explanatory ways "in which much is implicit, in which metaphor and symbol play a role in how ideas are presented" (p. 3). It is not surprising that narrative methods are often central to those writing from the perspective of Aboriginal studies (e.g., Mihesuah, 1998; Tuhiwai Smith, 1999). Furthermore, approaches to research emphasizing collaborative, participatory methods linked to community-defined action are appearing in the literature at an increasing rate (e.g., Van Maaden, 1995; Marshall & Rossman, 1995), arguing for more substantive involvement of those being researched for reasons ranging from humanitarian (Cruikshank, 1993; Flaherty, 1995; Reason & Bradbury, 2001; Royal Commission on Aboriginal Peoples, 1993) to practical (Stringer, 1996) to validity-based (Kral & Idlout, in press).

The present study was designed using qualitative/narrative and participatory methods. Inuit perspectives on suicide and well-being, and Inuit knowledge generally, are necessary for the planning of culturally relevant suicide prevention programs (see Berlin, 1985; Fox, Manitowabi, & Ward, 1984). The purpose of this project has been to (1) further develop an understanding of Inuit well-being and suicide, and (2) provide Inuit government, agencies, and communities with knowledge from people in two participating communities about their meanings and experiences of positive aspects of life regarding wellness, happiness, health, and healing, negative aspects of life related to unhappiness, and suicide. It is hoped that Inuit will find this study useful in their planning of policy and programs on suicide prevention, wellness, health, social services, and other culturally relevant activities.

## **Research Methodology**

### Objectives

This study focused primarily on the subjective meanings that the concepts *well-being* and *unhappiness* have for Inuit people, and how these relate to suicide occurrences. To achieve this understanding, there were three objectives:

First, to identify Inuit meanings and experiences of wellness, happiness, health, unhappiness, healing, and suicide.

Second, given the continuous and often rapid social change in Inuit communities, to determine the experiences of recent and anticipated change in each community. The anticipated change asked about was what the establishment of the Nunavut territory, which was to occur one year from the time of the data collection, would mean in peoples' lives.

Third, reflecting the decrease of suicides in Qikiqtarjuaq and increase in Igloolik, to identify the primary local attributions for the respective change in suicides in these communities.

### Design

The project was designed over a period of time. It was originally planned during the 1994 Canadian Association for Suicide Prevention's conference in Iqaluit, Nunavut. A session on what research needed to be done on suicide in Nunavut gave rise to the present study. Participants, primarily Inuit, suggested that comparisons be made between communities which had had different experiences, so "we can learn" from places where relatively few have been lost to suicide. Following the conference, an Inuit Steering Committee was organized in Iqaluit and a multi-disciplinary academic research team was formed from several universities. Members of the research team and steering committee met, in person and *via* conference calls, over a two week period in 1995 at a SSHRC-funded International Summer Institute: Social Science Perspectives on Health Service Delivery Issues in Rural and Remote Areas, to plan the study.

From the outset the study, designed as a participatory action research project, involved Inuit who represent different generations. The steering committee included youth and Elder representation. The Nunavut communities of Igloolik (1998 population about 1,200) and Qikiqtarjuaq (formerly Broughton Island; 1998 population about 480) were invited to participate, and Inuit from these communities contributed to the fine-tuning of the study for their respective communities. The Inuit community groups especially involved in the project were the Youth Committees; the Baffin Regional Youth Committee was also involved in consultation.

The initial plan was to compare two communities that have a high versus a low number of suicides. The Inuit Steering Committee recommended inviting Qikiqtarjuaq (then Broughton Island) and Igloolik to represent these high and low suicide communities, respectively. Subsequent analysis of suicide data from 1985-1994, obtained from the Office of the Deputy Coroner, Government of the Northwest Territories, confirmed that Qikiqtarjuaq had the highest suicide rate in the then NWT and Igloolik

had the second lowest, from a total of 41 communities (see Table 1). By the time of the fieldwork in 1998, however, the suicide rates of these communities were moving in opposite directions. Suicides had decreased significantly in Qikiqtarjuaq, while they had begun to increase dramatically in Igloolik. Rather than compare these communities as originally planned, it was decided to investigate Inuit experiences of recent social change, including the suicide incidence in each community.

An open-ended interview was designed, the core content being determined collaboratively among the research team, Steering Committee, and community representatives. Questions based content were refined in Igloolik, the first community visited, with input from community members. Prior to the first interview, a female and male Elder were consulted in Igloolik to review the questions. They suggested interviewing one of them as a “test case,” and the Elder gave his approval following the interview. Inquiry was thus made into meanings and experiences of recent changes in the community, expectations regarding Nunavut Territory, wellness, happiness, health, unhappiness, suicide, and healing (in that order; see Appendix). Questions were also asked about identity and belonging/socialization, however they were not used due to their more tangential nature or paucity of responses, respectively.

Prior to conducting the first interview in each community, meetings were held with local Youth Committees to help tailor the study to the youth in that community. The Youth Committee in Igloolik suggested administering an anonymous questionnaire based on the interview to students in the high schools and Arctic College campuses of each community, which was done. This was to help ensure confidentiality and ensure participation.

### Participants

Ninety Inuit between the ages of 14-94 were interviewed in the two communities. Fifty of these interviews were translated and /or transcribed; difficulties and delays were experienced regarding local translation/transcription. Sixty-six students completed the questionnaires administered primarily in classrooms. There were 37 high school students in grades 10-12 (average age 17.7, range 14-25), representing 66% of all students enrolled in those grades. From the colleges, 29 students participated, representing 38% of all students enrolled (average age 32.7, range 24-49). Only three blank questionnaires were returned.

### Methods

Interviews were first conducted in Igloolik by two Inuit and two *Qallunaat* fieldworkers, in same-sex pairs of Inuit/*Qallunaat*. The female Inuit fieldworker was from Igloolik, but none of the other fieldworkers were from either community. The two Inuit and *Qallunaat* female and one *Qallunaat* male fieldworkers conducted the interviews in Qikiqtarjuaq. One month was spent conducting the interviews in each community. Participants were recruited by multiple means: telephone, visiting Inuit in their homes, social settings, and word-of-mouth. Interviews were held either in people’s homes or in office space in each community. All respondents were given the option to

have the interview conducted in either language. All Elders were interviewed in Inuktitut, and most younger Inuit chose to be interviewed in English. The interviews lasted on average between 20 minutes and one hour, although several were considerably longer and/or held over several meetings. Elders' interviews tended fall into this latter group. All interviews were recorded, and informed consent was given by all respondents. It was agreed that the narratives would remain unidentified. Given the difficulty of remaining anonymous in communities of this size, an attempt has been made to change a few more obvious potentially identifying characteristics in some of the narratives.

Questionnaires were administered to students in the high schools and Arctic College campuses in both communities. Parental written consent was obtained for all high school students.

Fieldworkers met each morning to review interviews from the previous day and evening. Themes were derived as the interviews progressed, and interview questions were modified slightly as the study progressed based on experience and feedback. Prior to leaving each community, the fieldworkers met with the Youth Committee and other local social agency/school/Hamlet representatives to review the major themes, and then went on the local call-in radio to provide feedback and discussion of these themes with community members. Fieldworkers and the President of the Igloodik Youth Committee met with the Inuit Steering Committee in Iqaluit after all data was collected to discuss the major themes found and related issues. Research team and steering committee members met subsequently in the south or in Iqaluit several times, in smaller numbers, to discuss the project and findings. The Nunavut Social Development Council provided input into the project subsequent to data collection.

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**Table 1. NWT Suicides, 1985-1994**

Community	S/Pop. 1991	(Pop. 1986)	Rate*	Change	%
1. Broughton Island	14/461	(439)	337.4	+22	5.0
2. Jean Marie River	1/49	(64)	226.8	-15	-23.4
3. Fort Resolution	7/515	(447)	151.0	+68	15.2
4. Coppermine	14/1,059	(888)	146.9	+171	19.3
5. Nahanni Butte	1/85	(84)	130.7	+1	1.2
6. Hall Beach	6/526	(451)	126.7	+75	16.6
7. Cape Dorset	9/961	(872)	104.1	+89	10.2
8. Iqaluit	32/3,552	(2,947)	100.1	+605	20.5
9. Clyde River	5/565	(471)	98.3	+94	20.0
10. Lake Harbour	3/365	(326)	91.3	+39	12.0
11. Grise Fiord	1/130	(114)	85.5	+16	14.0
12. Arctic Bay	4/543	(477)	81.8	+66	13.8
13. Pelly Bay	3/409	(297)	81.5	+112	37.7
14. Pangnirtung	8/1,135	(1,004)	78.3	+131	13.0
15. Chesterfield Inlet	2/316	(294)	70.3	+22	7.5
16. Resolute Bay	1/171	(184)	65.0	-13	-7.1
17. Holman	2/361	(303)	61.6	+58	19.1
18. Rankin Inlet	9/1,706	(1,374)	58.6	+332	24.2
19. Ft. McPherson	4/759	(760)	58.6	-1	-1.3

20. Pond Inlet	5/974	(796)	57.0	+178	22.4
21. Whale Cove	1/235	(210)	47.3	+25	11.9
22. Baker Lake	5/1,186	(1,009)	46.8	+177	17.5
23. Fort Liard	2/485	(395)	45.8	+90	22.8
24. Saniklung	2/526	(422)	42.2	+104	24.6
25. Coral Harbour	2/578	(477)	38.4	+101	21.2
26. Tukoyaktuk	3/918	(929)	36.3	-11	-1.2
27. Hay River	10/3,206	(2,964)	34.7	+242	8.2
28. Cambridge Bay	3/1,116	(1,002)	29.9	+114	11.4
29. Ft. Norman	1/375	(332)	29.6	+43	13.0
30. Ft. Simpson	3/1,142	(987)	29.2	+155	15.7
31. Lac LaMartre	1/392	(345)	28.3	+47	13.6
32. Aklavik	2/801	(763)	27.7	+38	5.0
33. Inuvik	8/3,206	(3,389)	27.7	-183	-5.4
34. Arviat	3/1,323	(1,189)	25.2	+134	11.3
35. Yellowknife	29/15,179	(11,753)	21.3	+3426	29.2
36. Ft. Franklin	1/551	(532)	20.2	+19	3.6
37. Spence Bay	1/580	(488)	19.2	+92	18.9
38. Norman Wells	1/627	(627)	17.7	0	0
39. Gjoa Haven	1/783		14.2		
40. Igloolik	1/936	(857)	11.9	+79	9.2
41. Ft. Smith	2/2,480	(2,460)	09.0	+20	.81
<b>Regions</b>					
1. Baffin (Nunavut)	91/11,385	(9,975)	88.8	+1410	14.1
2. Kitimeot (Nunavut)	24/4,386	(3,750)	60.8	+636	17.0
3. Keewatin (Nunavut)	22/5,834	(4,986)	41.9	+848	17.0
4. Inuvik (Western NT)	20/8491	(8,411)	26.2	+80	.95
5. Ft. Smith (Western NT)	21/27,553	(25,116)	08.5	+2437	9.7
<b>NWT Total</b>	217/57,649		<b>41.8</b>		
<b>Canada 1997</b>	3,681/		<b>12.3</b>		

\*suicide rate = [total no. suicides 1985-94/1991 population x 9] x100,000. Estimate only.

r = .02 between rate & % population change.

Source for 1997 Canada rate: Statistics Canada.

## Major Findings

The major themes found in the narratives will be listed separately below, however it must be made clear that there was tremendous overlap across themes. This is in keeping with an Inuit holistic perspective, whereby the significant aspects of life are intertwined rather than discrete. The separation of many themes is artificial. For example, talking cannot be meaningfully separated from family, and it is difficult to separate family from the land as Inuit typically go on the land, e.g., camping, with their families. Yet it is important to identify and understand each of these themes as important factors in both well-being and unhappiness.

Narrative analysis using NVivo qualitative software identified a total of 48 themes across 50 translated/transcribed interviews, where a theme was defined as more than one narrative on a particular topic. There were 208 separate narrative documents

about family/kinship. This is substantially more than the second most frequent topic, talking, which generated 137 narrative documents. The family was also the most common theme across the 68 questionnaires completed by high school and Arctic College students. Family was the most common theme in narratives about wellness, happiness, and unhappiness. Talking was the most frequent theme for discussions about healing, and country food was the most common theme for meanings of health. For other unsolicited themes, in descending order of frequency the next 11 were drugs or alcohol (64 docs), traditional knowledge (62 docs), the land (48 docs), violence (39 docs), Elders (34 docs), anger (29 docs), education (26 docs), youth and Elders (24 docs), suicide bereavement (24 docs), Christianity (23 docs), and romantic relationships (21 docs). The remaining themes each had fewer than 20 docs.

By far the most prominent theme across all interview questions/questionnaire items, and interrelated with most other themes, was the *central importance of the family and kinship*. Being with family, speaking with family, visiting, going on the land together, sharing food together, and many other family-related activities were closely associated with wellness, happiness, health, and healing. Family was most commonly related to suicide prevention and intervention. Unhappiness was tied to not being with family, not visiting, and with anger, alcohol, drugs, sexual abuse, and violence often associated with the family context. Family problems were often attributed to reasons for young people being suicidal, however the most common reason given for this was romantic relationship problems.

The second most prominent theme across all narratives combined was *talking and communication*. Talking with family members was viewed as very important, and Inuit believed strongly that merely talking to one or more others was essential to one's well-being. Such talk was associated with daily matters, but particularly with communication of negative feelings, past negative experiences, or remorse. Talking was identified as *the* significant component of prevention, intervention, and healing. Positive emotions were thus linked with talking, while negative emotions were often tied to the absence of such communication.

The third most common theme related to well-being concerned Inuit traditional knowledge or *Inuit Qaujimajatuqangit (IQ)*. Of course family and communication are central to this, and many Inuit mentioned numerous other examples. Included here are the land, hunting, camping, eating country food (meat from the land or water), spending time with Elders, knowledge and practice related to making traditional tools, skin clothing, building the igloo, and knowledge of Inuit belief and cosmology. It should be noted that family/kinship and communication are also an integral part of *IQ*.

The focus of this project was primarily on open-ended questions about meanings of wellness, happiness, health, unhappiness, healing, and suicide. These terms will be presented first, focusing on the major themes found within each. Subsequently themes related to community change and opinions concerning the establishment of Nunavut Territory will be presented, followed by findings concerning meanings of and experiences with suicide.

For the Inuit involved in the project, a primary goal has been to communicate Inuit voices concerning the above topics. Thus the project's title, *Unikkaartuit* or "the people's stories." Representative statements from the narratives are included for each of the concepts inquired about.

### **Well-Being, Sadness, and Change**

#### Wellness

Major themes related to the question of wellness were, in order of frequency, family/kinship and community, staying away from alcohol and drugs, talking/communication, traditional practices including going out on the land, and references to psychological well-being and living the good life.

"I wish that we could start teaching the traditional way of the Inuit. Not southern-oriented wellness. Again, I would prefer that we used Inuit traditional knowledge to be utilized in the wellness teaching." (female, age 56)

"Being good to other people, by being friendly." (female, age 50)

"No alcohol, no drugs. Once the family gets together more closely, I'm sure they're going to have a very happier life." (male, age 47)

"A whole community living together, sharing together, harmoniously." (female, age 43)

"Traditional food, hanging around with Elders, adults, kids. Going out on land or going out hunting." (male, age 28)

"You have to communicate with people around you." (male, age 24)

"Having a community, and the community having a good life." (male, age 20)

"No alcohol. Person who is not abusive." (female, age 18)

"I am affected by the moods of other people. If people are happy, I am happy. But if they are not happy, I am not happy." (female, age 18)

#### Happiness

Family was by far the most significant theme in this category, mentioned four times more frequently than the next most common theme. Also included, in order of frequency, were being on the land (including hunting), playing sports (younger Inuit), having money, and references to talking. A few teenagers mentioned that drugs made them happy.

"Usually when I am happy I have to hug someone. And when I am not happy I just can't leave it alone – I have to hug someone. To me, hugging someone has a significant meaning." (female, age 79)

"Summer life. Family. Having a good family relationship with my wife and with my daughters." (male, age 47)

"Accomplish something, anything. Going out on the land, seeing the beauty of the

- land, you know, the snow and whatnot.” (male, age 46)
- “I’m feeling happy when my kids are happy. When I’m happy, I want my kids to feel happy. And being happy is loving, hugging, making sure that the people you want to make feel happy know that you’re happy about something. One of the happiest times I remember when I was a kid, going out caribou hunting, walking, mainland, food, caribou and just enjoying life, that was one of my favourite times.” (female, age 43)
- My wife, my kids, good friends. I have to continue going on to be the happiest way for my family, for my parents and for the community.” (male, age 39)
- “Keep myself physically fit, playing sports. Talking to other people.” (male, age 28)
- “My daughter first of all. My family and my friends. My job, I like my job... And because I love myself now. And I know that my family loves me for who I am. That makes me happy.” (female, age 22)
- “Just being with relatives.” (female, age 21)
- “Having a full stomach and playing some games with family and friends. And also making someone else happy. Making someone proud of themselves.” (male, age 17)
- “My friends, to talk to them. And my family.” (female, age 16)

### Health

Eating traditional Inuit country food was the primary theme for health, and there was also much mention of “healthy” food and “eating well” more generally. Food references often mentioned being on the land and hunting. The family was the second most frequent theme. Other themes were, in order of frequency, talking, staying away from alcohol and drugs, and not smoking.

- “What makes me healthy is being myself. I do art work, I listen to relaxation tapes, and when I look around my environment I realize that everything has a meaning. For example, when I look at the moon I know that I am one in communion with the moon. And when I look at the fog, it makes me realize that we must go through a purifying process. As you know every aspect of our environment has a meaning. And I go with my emotions in that if I feel like crying I cry – that way it is cleansing. And when I am angry I usually sooth myself by singing or writing poems.” (female, age 79)
- “*Qanungitiarniq*. Healthy family, normal living. Eat caribou meat.” (male, age 47)
- “Eating proper food, having time for recreation, rest and work. Being spiritual, being out on the land, knowing what to do. And also being able to talk to a little guy out there who’s crying out there, and then, you know, comforting...” (male, 46)
- “Good food, proper food, stable family.” (female, age 45)
- “When I’m not into drugs or alcohol.” (female, age 33)
- “*Piarqituq*. Feeling great. Weights, work.” (male, age 30)

- “What makes me healthy is eating country food and healthy food. And being an athletic person. How do I get that? My family.” (male, age 21)
- “When I go out camping, fishing and other hunting.” (male, age 17)
- “I am healthy because I’ve never done drugs and I care about other people.” (female, age 16)
- “For me when I eat lots of Inuit food. Makes me more healthy.” (female, age 15)
- “Country food makes me healthy.” (female, age 14)

### Unhappiness

Family was the most frequent theme, related to the general loss of family members, other family members being unhappy, not being able to be with family members, and arguments and violence within the family. Other themes were, in order of frequency, losing family and friends to suicide specifically, alcohol and drug use/abuse, problems in romantic relationships including fighting and breaking up, fighting and violence in general, not talking, having a history of sexual and/or physical abuse, and needing money.

- “Usually when you are unhappy you don’t seem to know anyone that you can talk to. Usually what activates unhappiness is when you are just thinking of yourself. This is based on my personal experience. When you have lost trust you have to look a long time to find it and in some cases you turn to such things as alcohol and drugs. Usually what resulted... is looking to please our body rather than our minds and souls..... But when I am unhappy I usually have bright expectations in that I will get over the sadness and once again I will be in the light. Usually I tell people that I am just going through a learning process and this unhappiness will come to pass.” (female, age 79)
- “When I am unhappy, in a case where something happened to one of my children or relatives, it is almost like looking back and seeing the times when all my relatives were well and happy and we were all present and together.” (female, age 68)
- “When my husband is into drugs and alcohol or if he didn’t come home to his family.” (female, age 33)
- “Looking back at things that happened to me, abuse and child abuse.” (female, age 30)
- “Not being with parents.” (male, age 24)
- “It was last year when I heard my brother hung himself. Umm, I just couldn’t take it. Thinking about it seems to hurt. Very sad.” (female, age 21)
- “Family problems, lack of money, and abuse toward women.” (male, age 20)
- “Being jealous a lot and other things I do to my boyfriend.” (female, age 19)
- “Fighting with girlfriend, family. Losing sports, people making fun of me.” (male, age 17)
- “When somebody fight me.” (male, age 17)
- “I feel unhappy when my parents are arguing.” (female, age 16)
- “When someone suicides.” (female, age 15)

“Usually my parents make me unhappy. Only when they’re angry.” (female, age 15)

### Healing

Talking was cited more than five times more often than the next theme for healing, which was being with family. Being on the land and Christianity (prayer, church activities) were the next two themes. There was some disagreement regarding formalized healing programs or healing circles. Elders tended to be more skeptical, and several of them described what they used to call *aniatut* or *anijajut*, “letting it out,” when Elders would get together to talk about their concerns.

“When I was growing up there was no such thing as healing. But I used to hear confessions of wrongdoings which is as close to healing as is concerned in my days. The way it worked was that if I did something wrong, I confessed to the wrongdoings. But today I hear of the word healing – basically I can’t say what it entails but I know that it is similar to confession of wrongdoing. I have heard of it and I have been subjected to go through it. Today we have Roman Catholic priests and Anglican ministers. The Anglicans are prominent in doing confessions. The Catholics had a similar process. The way I look at healing, it seems to me that they are similar to these processes. Perhaps I wrongly suggest that confession is exactly the same as healing. (male, age 81)

“Usually there are all kinds of feelings, as there aren’t two people alike. But we are all looking for the same answer, which is love.” (female, age 79)

“Personally my feeling is that when you are going through a healing process you are in fact looking for something bad. The way I see healing is that if you want to heal you only need two or three trusted people to talk to you. .. It must first be done with two people at first, then go on from there. It seems to me that people involved in healing are just waiting around. And the only way they could help is when someone asks for help. Otherwise nothing will be done.” (male, age 76)

Maybe you might be a sexually abused survivor from residential school, or you might be a physically abused person when you were a child. You might have been both, maybe physically or sexually abused, when you were a child. Once you start talking to other people, opening to other people... That’s the key thing, start talking, start opening about yourself.” (male, age 47)

“The parents they always had a role in bringing up their children, rearing their children, counselling them, and lecturing them, you know, what life is, how you can live a life.... Everything was preventative, the lectures, the talks from your parents, from your grandparents... Well, that’s all been wiped out almost completely. So, now we depend on healers because parents no longer see themselves playing the role of healer.... I mean, it’s too bad that happens but it does happen, and this is the result of government over-services” (male, age 45)

- “Talking to someone about your problems... I went to a healing circle once at the church... It was good.... Just talking about it... just having someone to listen to you.” (female, age 30)
- “Being active, play sport or go out hiking or go out on the land with your family or relatives.” (male, age 28)
- “Visiting older people. People with knowledge. Older people have more knowledge than I ” (male, age 27)
- “Mainly work with the young people, or the older people should work with the younger people, go out on the land with them. Like what they did in Igloodik was a very good program, getting young people [to] go out on the land for a while... Go out hunting, work with the older people. Just to keep up with our culture, what we’re losing.” (male, age 27)
- “I think about a God, makes me heal. I pray to him all the time, every night” (male, age 22)
- “If you talk about your problems, you will feel a lot better.” (female, age 17)
- “Healing is talking and getting together with people.” (female, age 16)
- “Healing is good, talking about problems is good. I talk with counselors, it makes me better. And I used to think about suicide and I talk with my parents. . .” (female, age 15)
- “Healing to me is when you have problems and you talk about them to someone.” (female, age 14)

### Recent Changes in the Community

In the interviews, Inuit were asked questions about the rapid change that is taking place in the North. They responded to open-ended questions about (1) how their community is changing, (2) how this change is affecting them personally, (3) how they think the community will change with the new Nunavut Territory, and (4) how that change might affect them personally.

Regarding recent community change, the most common response was that each place is getting bigger. This was due to building construction and more people, with the latter focusing primarily on many new births. Family change was the next most frequent response, reflected in more distancing and less talking and visiting. The third most common response was a decrease in traditional cultural values and practices, centred primarily on hunting and language change. This was followed by narratives about changes in childrearing practices, particularly about less parental control and involvement, and an increase in drug use. Other themes centred on changes in romantic relationships among young people, partnerships forming more frequently, but more easily breaking up; more domestic violence and abuse; and more unemployment and financial problems. In response to how this change is affecting them personally, Inuit most frequently responded by noting changes to their families. Again, this change was experienced primarily in terms of less communication and visiting, especially across the generations. Several Inuit mentioned other personal effects, including money problems,

unemployment, the processes of resolving romantic relationship problems (less likely to be resolved than years ago), and having less control over children.

### Community Change

“Very much houses are increasing in number, and there are so many children.

And it seems that children are losing their orientation because there are so many of them... But today, because there are so many children wandering around at night, when you go out you get very cautious of who is around. And it seems to me that we are giving our children all the freedom they want. We don't really teach them right from wrong anymore. I also think that alcohol has a very bad influence on the children, especially those whose parents are drinking and they in turn copy their parents.” (female, age 68)

“Today we more or less rely more on the dollar. Perhaps, even to an extent, we are concentrating so much on the value of the dollar that we are not as neighbourly as we used to be. It is not at all like it used to be. It used to be that we would help other people, and we would receive help from other people. But because of the money issue it is no longer like that. And our children go to school and spend most of the time in school, in that we are not being given the opportunity to raise our own children. We are now allowing schools to raise our children, [and] that too is a problem so far as raising our own children. And there are so many distractions, that we are not really raising our children.” (male, age 59)

“It's getting bigger. I'm actually less visiting my parents. I don't know, houses are being built, more buildings... Traditionally, well, most of us, we don't, well I don't, have my Dad's skills. I don't have my Mom's skills. I only heard about them. I don't think I can survive on my own out there on the land.” (female, age 33)

“The way I see it is people are sort of, like, maybe, splitting up with the families around them. I heard that they used to be a lot closer to each other when I was younger, but now I see them as all separate... Too many new relationships going on. Like this guy's got this girlfriend now, and he hardly talks to his family anymore.. Even losing their friends because they have girlfriends or boyfriends. I think that's the most effective thing that's changed the town... And old people talk about the past, saying people used to visit around a lot to other houses, and just go in there and make themselves at home. Nowadays, I see they're even sort of afraid to go there. But in the old days they used to just go into any house and sit down and talk with them. But today it's a lot different now.” (male, age 24)

“Families are more distant now than they were when I was a kid.” (female, age 24)

“Lots of drugs.” (female, age 21)

### Personal Change

“I would like to say first that when I was a child things used to be somewhat more open than they are now. They were more into helping one another. I have

noted changes happening as I grew up. I have noted the changes. It seemed that life was in the light area. Then it went into dark, and it is being brightened now. The reason for needing to lighten the life is based on that we are now becoming more aware of what needs to be corrected before we go any further... I am very sensitive to the feelings of other people who are being affected by violence and other unfavourable acts... The reason we came to Igloolik was so that our children could attend school.” (female, age 79)

“Our children are different than we are...” (female, age 48)

“Well, the way I see it, when I was younger and there were less people here, we were more – we were able to share more. Help each other more. And respect our Elders more. Not nowadays, even for myself, I’m very changed because I don’t go visiting around anymore or see some relatives. It’s because, it seems to me, it’s changed me because I have more things to do at home and then I have this job... And I have more responsibilities. And sometimes these responsibilities, gets a bit too much. So my priorities have changed a lot, and what I usually do for myself is to do some sewing. And that’s really good therapeutic way of making yourself less stress.” (female, age 43)

“Yes, in the area of relationships with relatives. I seldom visit my relatives anymore.” (female, age 28)

“It’s not affecting me much. Just going forward. It’s alright, hasn’t been affecting me.” (male, age 27)

“It’s better now since I have a son and my own house.” (female, age 23)

“The only way that it affects me is my cousin, she is only 12 years old, and she hangs around her friends who may be sniffing. And I am worried that she might start doing that.” (female, age 18)

When asked about anticipated effects of the Nunavut Territory on the community, the most common response, given three times more often than any other one, was an increase in job availability and thus money. Although most Inuit were optimistic about this, a minority were pessimistic or worried that this would not take place. The next most frequent narrative was about Inuit pride in self-government and controlling one’s own land. In responding to how Nunavut might affect them personally, responses referred almost exclusively to improved employment opportunities and income.

#### Nunavut: Community and Personal

“I am sure that there will be changes, but how I don’t know. I look at it more on the basis that we will at least be claiming Nunavut, and we shall become the owners. And it’s better to live on the land that you can call your own.” (female, age 68)

“Maybe I might get into higher positions. I keep my fingers crossed.” (male, age 47)

“When it comes, 1999, okay, we were promised jobs. Where is it? I think that’s what you’re going to see. Where is it, with what? This is a big question.”

(male, age 46)

“I don’t think it’s going to really affect the community... The life that we’re doing every day, I don’t think it’s going to affect that much... It’s going to affect the Hamlet. The way I see it, there’s going to be more paperwork, more money involved, and more meetings, more discussions... I’m pretty sure we’re going to get more people, not many... There’s not much employment... for so many years we’ve been controlled by the government and anything we try to suggest – a lot of them being ignored, not all of them, but most of them. Well, I can’t say bad things about the government because they did whatever [was] the best for us. So for the Nunavut government, I think that’s the most important part – to control our land and to have our own government. Nunavut government. Rather than going to the government, we can make our own decisions and try to run it the best way we can.” (male, age 39)

“Hopefully they won’t take away my work.” (female, age 30)

“More jobs... and maybe a brighter future.” (male, age 28)

“I can’t see my future. I don’t know what’s going to happen.” (male, age 28)

“Just more jobs. That’s it, more jobs.” (male, age 27)

“I don’t think about Nunavut.” (female, age 23)

“Get a better job, make more money.” (male, age 22)

“I have to graduate if I want a job.” (female, age 18)

“Hopefully more jobs and less people on welfare...Government jobs. Like opening up more opportunities for people so that they could have more jobs. Like if people have jobs, you will see less people going hungry. Even at my house there are times when we don’t have any food to eat.” (female, age 18)

### Changing Family Lifestyles

Visiting, or *pularungnik*, has diminished. An Inuk in her late 40s remembered visiting declining after the introduction of the phone-in radio. She indicated that this was the beginning of a shift to public electronic communication, when for example someone called in to the local radio asking for meat rather than speaking to someone in their family about this. “Elders were discussing that, because someone. . . said that this is going to break up families. The families didn’t visit each other as much anymore and the people could now ask the public for different things, request different things. Instead of asking one person, or someone in your family, you could just air your concerns.” Elders are concerned about this change in visiting, and are unhappy about it. An Elder woman in her late 70s remarked, “Nowadays we don’t go visiting anymore, and there are times that I stay home all by myself for prolonged periods for lack of visitors. But if you look out the window, you see people walking by and never coming to visit you.” One 28-year-old woman indicated, “I seldom visit my relatives anymore. Maybe once in a great while. There is a great change in terms of family relationships, in that we the younger people are not particularly concerned with our relatives. We no longer visit our Elders anymore or help them in any way. Basically what we are doing now is just staying home.” She

included camping: “Personally I don’t go out camping anymore, and I think most of the young people don’t go camping much anymore. It seems to me that the older Inuit do most of the camping, while the younger ones are always staying at home and not camping.” Another woman, age 22, also spoke of less visiting today. “Let’s say about ten years ago. My aunties and cousins would come to our house and have caribou for dinner. I remember when I was a little girl, after church we would always go to my grandmother’s house. A lot of our relatives would come, and enjoy tea, caribou, and so on. Have fun. But that barely happens anymore.” A 59-year-old man agreed: “In the olden days we were always told to visit Elders by our parents, But today because of various commitments people don’t do much visiting anymore. Another factor may be that because the distance between houses is quite far, this may also be a factor in not visiting anymore.” A young Inuk also talked about similar change, speaking of her childhood and saying “because houses were closer then, and also because there was no TV, we would always be outside playing, even in wintertime.” Igloodik has been growing due to an increase in government-related services. A 43-year-old woman thought that this might be in part responsible for less visiting: “Nowadays, we don’t visit our relatives, our older uncles, older aunties and stuff like that anymore. Maybe it’s due to the fact that there’s so many people here now.” She added, however, “But the times have changed a lot and the young people are now in a place where they don’t really know the old traditional ways but they know the new way more... And it’s due to the fact that the Elder’s voices are starting to, you know, diminish. . . I want the young people to know that. Elders are an important part of their life.” Although much desire was expressed about visiting others in their homes, many younger Inuit admitted that they were not making time to do this. Televisions were on in a great many homes, whether or not anyone was watching.

Likely related to not visiting was the finding that many young Inuit felt that they did not get enough attention or love from their parents or other relatives. “I know the parents love them, but they don’t get enough attention. That’s part of the problem,” said a 25-year-old woman. One man, age 47, reported “I would say there were families [who were] very close-knit, and now they’re spreading apart. They’re not living around with one another anymore. They’re gradually moving away from this community.” Mobility was evident in both communities. A middle-aged Inuk man from Qikiqtarjuaq stated that “the family traditions were very strong when I first came up here, and I’ve noticed that the family is gradually falling apart. They’re not tight-knit anymore. Some families are moving away from this community, because maybe they’re tired of living in this small community.” One Elder, a 76-year-old man, talked about parents not being as involved with their children as they used to be. “We are now living in houses with so many rooms. Family members may come in and show some concern on their faces, but they immediately go to their room and you didn’t have time to ask them what it is that is wrong. . . Because as parents we are more than willing to help our children, and I may be right to suggest that we and our parents don’t talk enough to each other anymore.”

Intergenerational segregation is an increasingly common feature, perhaps a common problem, for Aboriginal peoples. This is true of the Inuit, and was evident in the stories gathered here. Interests and activities among young people have been changing from those of their parents and grandparents. We heard a number of Elders wonder why

arenas are being built in the communities. Many believe that they keep young people from spending time with older Inuit, and keep them from learning traditional practices like hunting. “With the arena, I’ve talked to a number of Elders and they said, ‘Why did they open the arena?’ Because my kids are staying up late and they don’t want to help with getting some ice from the iceberg, and they don’t want to go out seal hunting, because it’s hockey night tonight,” said a middle-aged male Inuk. A woman of the same age talked about differences between the generations, and how disparate their experiences have been during their lifetimes: “Most of us older, well, people my age, lived traditional ways. Like when you’re about four or five, you didn’t have a recorder, no TV, no telephones, nothing, no electricity, but still we were living in the old traditional ways, the last bit. And then here we are, living in a very modern age, in the same lifetime as ourselves. And it really sometimes creates havoc in our brains because what we learned before, how we were brought up, is very different from [the way] we are bringing up our kids.” This made this Inuk feel bad, as she wanted to help her children who were no longer living with her. She said that she sometimes felt “worthless.” Yet younger Inuit, teenagers and those in their 20s, were generally very pleased with having arenas and sports available to them. Sports and related activities were associated with happiness and health for many in this age group.

Values pertaining to privacy and individualism are increasingly more common among young Inuit. States one Inuk, “These days, living with parents. I’m twenty-four, I’m a mother, and I don’t have privacy to do basically anything.” Young people are perceived as, and are themselves experiencing, being caught between two cultures. Elder, male age 76: “Children who are attending school may easily go wrong and may end up not knowing what to do. And I can’t blame them, in that they seem to be stuck in two worlds. When they leave for school in the morning they are being taught by people other than their parents until the school is over. Then when the school day is over they go home and their home atmosphere is totally different from the school and they must cope with that. This may lead to children getting confused.” Elder, female age 68: “It’s almost like a catch-22, parents or the teacher, and [children] are in concept stuck in between.” One younger Inuk, age 27, spoke about young Inuit being “stuck in two cultures,” and the challenge of committing oneself to school and to traditional activities like hunting and even maintaining Inuktitut the way it has been spoken by the Elders. “They had to learn one thing, and then learn another,” he said of his peers when he was a teenager.

The still new wage economy also appears to be contributing to changes in cultural practices. A young Inuk, a 24-year-old woman, said that “families are more distant now than they were when I was a kid. Money was always a big part of my distant families. Money I think is the reason why families are more distant. We can’t really afford to feed all our uncles and all our aunts and cousins in one house, so we’re sort of separated now.” A 39-year-old male Inuk also spoke of money leading to less sharing. “[The community] is changing fast. When I was young, we were a good family. We were living in one house, we helped each other with the money and the meat. Today it’s a lot different. Probably from the bills we got to pay and me, I’m not giving any money to my relatives because I got to support myself.” “Perhaps, to an extent, we are concentrating so much on the value of a dollar that we are not as neighbourly as we used to be,” said a 59-year-

old man. A *Qallunaat* nurse noted that she was very concerned about the high level of poverty and hunger in the community.

## **Suicide**

Findings will be first presented on completed suicide in Nunavut and in the two participating communities, followed by a presentation of major themes found concerning suicide in the Inuit narratives.

### Completed Suicides

All 27 documented cases of suicide for Igloolik and Qikiqtarjuaq between 1981-1998 were reviewed in the Office of the Deputy Chief Coroner, Government of the Northwest Territories. Systematic classification of suicides began in the NWT in 1981. There were 16 cases for Qikiqtarjuaq and 11 for Igloolik during this period. Qikiqtarjuaq had 9 males and 7 females between the ages of 13-26, with an average age of 18.9. Igloolik had 10 males and 1 female between the ages of 16-76, with a higher average age, not including the Elder, of 25.3. For Qikiqtarjuaq, 12 (75%) of the suicides took place between 1986-1993, and 7 (44%) were between 1986-1988. For Igloolik, 9 (82%) took place between 1994-1998. Hanging accounted for most of the 27 suicides (19 or 70%), followed by gunshot (6 or 22%), overdose (1 or 4%), and cutting (1 or 4%). Most of the hangings were in the bedroom closet (11 or 58%), followed by the bathroom (4 or 21%), bedroom in general (3 or 16%), and home unspecified (1 or 6%). All hangings in Igloolik were in the bedroom closet. Immediate precipitating factors were mentioned in all but 2 Coroner reports. Of the 25 reports indicating such factors, most were attributed to romantic relationship problems (17 or 68%), followed by pending court appearances (5 or 20%), history of depression (1 or 4%), history of schizophrenia (1 or 4%), and school failure (1 or 4%). An Elder's suicide was viewed separately; he had complained of being unable to hunt anymore.

All completed Aboriginal suicides in the former NWT were reviewed for years prior to 1981. Since there was no systematic recording of suicide in the NWT prior to 1981, it is understood that this data is both incomplete and to an extent unreliable. Twenty-one cases were found between 1968-1977. There was at least one suicide recorded for each year except 1969. No year had more than three suicides, and they were fairly evenly distributed across those years. Age was stated as unknown for 10 of the cases. The mean age for the remaining 11 is 24.8, ranging between 15-57. There were 17 males, 3 females and 1 unknown (not reported). Aboriginal group was listed by name: 18 were Inuit, 2 Inuvialuit, and 1 Dene. Most deaths were from gunshot (14 or 67%), and the remainder were due to hanging (4 or 19%), cutting (2 or 9%), and overdose (1 or 5%).

### Suicide Method in the NWT and Nunavut

Suicide mortality data were obtained for the Canadian Arctic from the Government of the Northwest Territories for the years 1987-1996. A total of 216 suicides

were observed, and categorized into the geographic regions of Yellowknife (31), Fort Smith (16), Fort Simpson (5), Inuvik (22), Keewatin (28), Kitikmeot (33), and Baffin (81). Western regions (74 suicides) are Yellowknife, Fort Smith, Fort Simpson, and Inuvik, while Nunavut eastern regions (142 suicides) are Keewatin, Kitikmeot, and Baffin. Nunavut thus accounted for 66% of Canadian Arctic suicides during those years, even though the western Arctic has more than one and a half times the population of Nunavut. Chi-square analyses were performed on regional and east-west comparisons for gun vs. hanging methods. Ethnicity was also investigated for the Arctic's two primary Aboriginal groups, comparing suicides among the eastern Inuit and the western Dene. Comparisons were made between methods used by the Inuit vs. Dene and by males vs. females.

There was significant variation in suicide method across geographic regions ( $\chi = 46.25$ ,  $\phi = .43$ ,  $p < .00001$ ). Hanging was the most common method in the east, while gunshot was most common in the west (see Table 1). The differences in use of these methods differed significantly between the east and west,  $\chi = 36.34$ ,  $\phi = .39$ ,  $p < .00001$ . Gunshot suicides were higher in far northwest Inuvik (83%) than in eastern Kitikmeot (40%), Keewatin (27%), and Baffin (28%), and higher in western Fort Simpson (100%) and western Yellowknife (64%) than in eastern Keewatin and Baffin.

**Table 1.** Percent Hanging, Gunshot, and Other Suicide Methods for Eastern vs. Western Arctic, 1987-1996

	Eastern	Western	$\chi$
Hanging	67	26	34.97**
Gunshot	29	58	19.11**
Other	4	16	10.61*

\*\* $p < .00001$ , \* $p < .001$

Inuit are significantly more likely to use hanging, whereas Dene are more likely to use gunshot as suicide methods ( $\chi = 55.09$ ,  $\phi = .48$ ,  $p < .00001$ ). When examining the 11 Inuit suicides in the western Arctic, 6 were by hanging and 5 by gunshot. All 5 Inuit gunshot suicides took place in Inuvik, a western community where the proportion of suicides by gunshot is 83%. A nonsignificant trend is observed toward showing this community to have more gunshot suicides than other western communities, and more than the western communities with the remaining Inuit hanging suicides. There were no Dene suicides in the eastern Arctic during this time period.

Analysis of gender by suicide method shows no significant difference for hanging (male = 52%, female = 62%), but more males using gunshot (42%) than females (21%),  $\chi = 7.11$ ,  $\phi = .17$ ,  $p < .01$ . There was no gender difference for suicide by other methods combined.

When compared to the rest of Canada, some similarities and differences may be noted. Firearms were the primary method in Canada for males and poisoning (primarily drug overdose) for females between 1980-1992 (Sakinofsky, 1998), however by 1998 the primary method was suffocation (primarily hanging) for males, and poisoning (primarily overdose), followed closely by suffocation, for females. Suicide rates for males over the age of 10 were 3.8 times higher than for females, and females were hospitalized for suicide attempts almost 1.5 times that of males (Langlois & Morrison, 2002). Suicide rates in Canada are highest for males between the ages of 20-59 and over age 75, and for females those between the ages of 30-59. Almost all suicides among Inuit are among youth.

### Suicide Narratives

Narrative themes concerning meanings of *suicide in general* were in the order of aloneness, romantic relationship problems, family problems, anger, dissembling, and mimesis. Aloneness was related to feeling unloved, rejected, shamed, hopeless, and angry. Most references to the family concerned not being cared for or else criticized by parents, or the highly negative impact suicide has on family and relatives. Anger was primarily connected to feelings of being rejected. Many Inuit talked about suicidal people “hiding” their sadness and their intent, or dissembling, often looking content and acting in a friendly manner prior to their death. Finally, a number of Inuit talked about mimesis, contagion, or copying with regard to both suicide and sadness.

“Natural death is experienced as *ayurnaagmaat*: it is impossible, there is no other way. Even though painful, but usually time does heal... But in a case of suicide, when you hear that someone committed suicide you immediately think of the parents and relatives of that individual. It is... very painful and if it is at all possible, I wish that people could stop committing suicide.” (male, age 81)

“There is always a thought in my mind: What causes them to commit suicide? Is it because they are extremely unhappy with their parents? And I also wonder if alcohol and drugs have any input into people committing suicide... I hear that there was an expression that they used in these situations called *tasuivirangannmik* – 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. And in cases where there is an anticipation of committing suicide, but if they reveal their intentions, usually the result is that they will not go through with it. And it turns out if they hide their intentions, usually the suicide is successful.” (female, age 79)

“I am very much against people committing suicide. My feeling is that if partners get separated or if they are going to be appearing in court, the prolonged waiting time before court may also have a part in people committing suicide. And as for the younger people who are committing suicide, [this] may result in not having anyone to talk to... It seems that people usually

think of suicide only after someone had committed suicide. And that makes me angry.” (female, age 56)

[Q: What do you think makes a person suicidal?] “Unhappiness. Unstable family unit, violence in the family... spouse assault is one of the big ones, sexual abuse is one of the biggest. And we know female members that have committed suicide that were sexually abused as children. One young girl went on the radio one time, told ‘I’ve been sexually abused.’ She was trying to get help, look for help from anybody. She mentioned that over the radio and a few months later she died herself from suicide, suicide herself... hopelessness” (female, age 45)

“They seem normal. They hide it so well. Some people that have committed suicide were just like a normal person.” (female, age 45)

“They really feel left alone. Or when they had their girlfriend or boyfriend, when they broke up, or when they get abused from their parents or something like that.” (male, age 39)

“They feel alone, they want to talk it out, but they don’t really want to. I think they would feel empty inside. Like they had a fight with their wives or something. Or they’re involved with drugs. (male, age 34)

“I think they lost their girlfriend or something, boyfriend. They’re feeling sad and it hurts.” (male, age 22)

“Someone who doesn’t want to be in the world anymore. Someone who has given up and lost hope... maybe because they think they’re unuseful and unloving? They’re thinking 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.’” (female, age 21)

“Not loved, no friends. [Feeling] anger.” (male, age 19)

“That he or she is not wanted, not useful. [Feeling] pain, anger and frustration.” (male, age 20)

“[Feeling] sad, angry, hurt. Lonely, feeling left alone.” (female, age 17)

“He/she has no care for anybody. [Feeling] mad, scared, confused.” (male, age 18)

“Some people who want to commit suicide, their partner might be drinking and want to follow their friend who committed suicide. Some people get suicidal when having too many problems and having hard times with their relatives or parents.” (female, age 17)

“When a person have too many problems and when couples break up and have a hard time with parents.” (female, age 16)

### Survivors: Losing Others

Many Inuit spoke about the loss of a relative or friend to suicide; it was rare to meet someone who had not lost another to suicide. In the interviews, Inuit were asked if they

wished to discuss someone else's suicide. Many did so. Family was mentioned most often in these stories, of a family member dying by suicide or else of painful bereavement after a suicide affected the family. When Inuit attributed possible reasons for the person's suicide, most often mentioned were problems in romantic relationships, followed by family problems. History of sexual abuse was then mentioned, and alcohol and drugs came up on occasion as a contributing factor. Numerous Inuit mentioned that they were unaware that the person was suicidal, and several spoke of the person copying others.

"I've had a younger sister commit suicide a few years ago, and a nephew committed suicide the following year, and a stepbrother committed suicide just before we came up here. So, I've got this bad experience about suicide. I've been hurt, and a lot of my distant cousins, first cousins, have committed suicide as well. There's been a lot of them. It's sad, but these things happen without any expectations at all. Because it's just a loss of life. It just makes people very unhappy, what the person has done who committed suicide. But my experiences having my sister committed suicide is, 'Why, why did you do it? What happened? What did we do wrong? What could we have done to prevent this?' [Q: What has kept you alive?] It's just love. Love of the family, and I don't want to leave my family. And keep busy all the time and trying to make a living." (male, age 47)

"I have a daughter who was really suicidal two years ago. And now we found out it was sexual abuse at a really young age. So, it's out in the open now. It's, once you keep it inside, that's the most harm." (female, age 45)

"They were dropping like flies. There were lots. I knew everybody. I knew their names. Most of them, or some of them, used to be my classmates. I knew their families, friends. I mean, I used to go out with these guys, play around, laugh around with them. And the next thing you know, they're dead. Committed suicide. And for what reason? ...Last year we lost someone again. She committed suicide. She was a funny, outgoing person... [Q: What was going on in her life at the time she died?] One thing, she had a friend that committed suicide. For whatever reason. Yeah, they were very close. First he committed suicide, and then a few suicides later, she committed suicide. All I know is that she missed a friend very badly but that friend committed suicide... [Re: other friends who died by suicide] They got stuck in two cultures. ...Like they really didn't know what to do with their lives once they finished school and... they lost most of their culture, like going hunting. ...At that time everybody I guess was not much into school, at that time. ...They weren't doing so good in their grades. They were having difficulties. They had to learn one thing and then learn another, their Native culture."(male, age 27)

"One time when we were in high school one of my friends, she came here for high school and I was so proud of her and we were friends. She tells me stuff and I in turn tell her stuff. And then she ended up having a boyfriend. She loved him so much and then she went back home for her holiday. When she came back her boyfriend had another girlfriend. This friend of

mine had a baby with this guy. And one day he found her hanging in the room. And that pissed me off so much because she shouldn't have ever done it. I know that he was not the only man that she [would] ever love... Maybe that wasn't the only problem she had. Maybe her parents were drinking too much which I know they were. And I wished that I was there for her but I didn't know she was thinking about it. I think because her boyfriend hurt her inside her heart and she wanted to get back at him, so she killed herself. Or maybe her parents were violent towards [her] and she wants to get even with them. (female, age 22)

“He used to think of it all, most of the time. He was one of my best friends. We used to talk about anything we want. I used to tell him not to, but he tried. He tried to do it lots of times. ...He used to say that he really missed his uncle. He had an uncle that committed suicide. He used to say that he wants to follow him or something.” (female, age 18)

### Personal Experience

In the interviews Inuit were also given to option to speak about their own experience with suicidal behaviours and feelings. Many did. The most common theme was that intervention by family members had saved their lives. Romantic relationship problems, followed by family problems, were the most common attributions for their suicidal behaviour. It was mentioned on many occasions that suicide was seen as a way of expressing anger as a form of revenge. Christianity, e.g., praying or not wanting to go to hell, was also a relatively common prevention theme. Several Inuit spoke about their motivation to copy others who had killed themselves.

“When I was a child not yet able to take part in hunting I had an occasion to hang myself, [on] two occasions on a swing that children used to have... I was going to hang myself kneeling down... As for the suicides being committed by young people who are of marrying age, it seems to me that suicides committed by these people is more based on anger, and lack of respect for oneself. I am reiterating this because I once went through it. My attempt was based on lack of self respect. Young people of marrying age are, I am sure, committing suicide due to lack of self respect and anger, and I know that because, again, I almost went through with it once. And again, people who commit suicide may have broken up with their partners or they may feel that nobody likes them anymore.” (male, age 59)

“When I was around 15, 16, I used to have, like, drug and alcohol problems. Back then I used to think about suicide, but I don't anymore. Like when I hear other people committed it, suicide, I get really depressed. Maybe that's why. But they went through with it. I'm glad I didn't go through with it. [Q: What stopped you?] My parents, my boyfriend... Talking to friends, and my parents.” (female, age 23)

“I tried to suicide maybe five times. ... Tie a rope around my neck. [My daughter] come around, saying 'I need your help.' And then she comes. I turn

around because I don't want to see her like this, so I turn around, take it off. I went to the washroom and then around 9:00 or 10:00 I started again. Same room, I tied the rope, same thing. My brother comes, I take it off. And then around 2:00 or 3:00, I started again, in the room... and 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." (female, age 21)

"When I was at a young age my Dad gave me a 17 Remington rifle and I had it somewhere in the house or... where we keep our tents, a storage room. I went to get it and I loaded it... All I know is I went through so many years of it. Anyway, I loaded it and I was on the floor, just trying to figure out which way is the quickest way without feeling any pain. I was moving around trying to think of which way, and apparently two hours went by and my parents came back from church. Of course they always check up on me, I don't know why. They always do and especially my Mom. She saw my door closed and there's usually gaps on the bottom and she saw the light through the bottom and opened it and, to her surprise, I had the gun pointed at my head. They gave me shit for that, but after that they started saying 'You should know better' and all that, comforting me. And as the years went by, I thought about it and I thought, 'That's not the right thing to do.'" So I overcame that, and I actually overcame that very fast. Because I said, what's the word I'm looking for, okay, what the good it will do my family and to my closest friends if I die?" (male, age 21)

"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 when my grandparents started advising me about suicide and all that, so, it was easier to break up with her." (male, age 20)

"Sometimes I feel lucky that I didn't suicide... I thought that nobody cares about me. And nobody is going to talk to me anymore, and if I tried talking they would simply tell me that it is not true. We have to talk more stronger. Tell them the truth and talk to each other. Make it straighten up. Give them work together. Or, if that does not work, go out and visit Elders." (male, age 19)

"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. We talked about a lot of stuff and I went home and right after I got home I called a friend. Told her what I was up to, like, I didn't tell her I was being suicidal but told her I was bored, that there was nothing to do here, that it was probably better for me to be off somewhere else. I was just talking and talking... then I went to my room, tried it and it didn't work. I tried to hang myself. I guess the rope wasn't strong enough. I survived. A person who's about to commit suicide can probably be very sad, then all of a sudden very friendly, very happy, and just does it" (female, age 17)

An experience found in both communities was, for some Inuit, having a friend or relative who had died by suicide come back and visit. The dead person would sometimes be asking the person to join him or her. As one 39-year-old Inuk man reported, “I got a close friend that commit suicide himself, and when I wanted to commit suicide myself I saw him sitting on the couch, smiling. I could see through my eyes and I know that he wanted to be with me. I felt it was alright if I commit suicide, and one afternoon that I was ready to commit suicide my, one of my boys, saved my life. And he told me, ‘Dad, I love you, I’m not going to leave you,’ and he gave me a hug. He was eight years old at the time. And he didn’t leave me for two months.” This is another example of the centrality of family to mental health. Other Inuit, usually much younger, would have their friends who died by suicide appear in their dreams, or in some cases, at the foot of their bed, beckoning them to join them.

#### Recent Trends: Increase In Igloodik

Iglulingmiut (people of Igloodik) spoke of their concern regarding the recent increase in suicides in their community. Possible reasons given for this increase paralleled more general reasons for suicide given in the section above, however there was an emphasis here on youth being ignored, not supported, or not cared for. That was the primary problem identified, and the second was a combination of poor parenting and family problems generally (e.g., families breaking up). Mention was also made of romantic relationship problems, legal problems, and not communicating one’s personal problems to someone. The most frequent suggestion for prevention was an increase in communication within the community and with youth in particular, primarily on whatever might be making people unhappy. Elders were often mentioned as needed for prevention, and for Elders to speak with and provide support for youth. Some people mentioned needing to rely more on traditional knowledge and practice, while others talked about utilizing professional services.

“It has been very heavy, but it also taught me what to do in extreme situations. I am looking for ways to put a stop to suicide – I have a project on Valentine’s Day that I would like to read to the people. The poem is basically titled, ‘Let’s Use Hope as a Cane and Go Forward.’ There have been many times when we get ourselves totally lost, and I also feel that relatives are going through some difficult times. It may also be that they have a lot of load that they would like to get off, and it is simply because people don’t take time to talk to them; that they are obliged to hold onto their deep down pain.... Yes, I do feel sad when someone commits suicide. You are left with a question; ‘Why?’ And I think this question is the most eminent of all the questions when someone commits suicide. And there are also times when you tend to blame yourself for the fatal consequences. And there is also a question, ‘Why?’, and there are many other thoughts that you tend to keep to yourself. [Q: What do you think the community should do with suicide?] We have a suicide prevention group meeting every Wednesday, and the issue of discussing suicide is found to be too difficult to talk about openly. What we try to do is make it easier by

allowing people with difficulty to come and attend the group discussion. We had made attempts to attend people by announcements, but people were calling in to say that they don't like to hear announcements made on suicide. So we toned it down and only invited people to attend if they so desire. We have to look at what the community wants. So we hold discussion groups on Wednesday. There are times when people do attend in large numbers, and there are other days when there are hardly any people attending. So basically it's like a wave: one time it's windy, and other times it is not. But in our case, we are going to make sure this continues." (female, age 79)

"I am sure that the whole population of the community is more than willing to help. But there is a problem in that so long as we don't utilize the traditional knowledge of the Inuit in doing what is right for life, we shall never really resolve the problem. In order that we resolve the problem we must begin to use the traditional knowledge of the Inuit... I know that suicide issues could easily be dealt with [by] various agencies in the community. It may well be that lack of traditional knowledge is being used to prevent suicide, that is by traditional counseling. Giving respect to your life... Suicide has never been accepted as an alternative, and I also have never accepted suicide as an alternative to life. And it makes me very sad. We the older Inuit sometimes think that we are not being vocal enough, and we just don't seem to know how we could be of help" (male, age 59)

"I really don't know, because... I think everything kind of moves too fast... There needs to be more community feeling, which I don't think is there too well. Everybody is sort of getting away from Inuit way... when they're not looking out for each other. They're learning how to just look after themselves and their immediate family." (female, age 29)

"My feeling is that young people need to have something to do like getting ice for their Elders and have other community-oriented objectives." (female, age 28)

"[Q: What do you think the community should be doing on suicide?] Talk about it more. Within the family first and then to other people. Because the family comes first. Family should always come first before anybody else. [Q: Talking] Sometimes they do and sometimes they don't But when someone all of a sudden commits suicide, then they talk about it. Days, months, go by and nobody is really saying anything until it happens again. Which is sad, but it happens." (female, age 22)

"When they have a boyfriend or a girlfriend and when they break [up], they shouldn't just commit suicide. Because if they do, they are going to just hurt other people. And you visit the people who had someone commit suicide, and after a while they will forget the incident. At least they will look like they have forgotten the incident. As for the people who committed suicide, you couldn't tell how they feel at the time prior to committing suicide. They seemed normal, and you don't realize that they were hurting within. And after the act has been committed the parents will

continue to wonder why their child had committed suicide. They could even think that were not good parents.” (male, age 19)

“There’s probably nothing really that anybody can do, I don’t know. Just a whole community working together can make a difference. Like if everyone put an effort to it.” (female, age 17)

### Recent Trends: Decrease in Qikiqtarjuaq

In Qikiqtarjuaq, several key informants provided information about what took place in this community that its members attribute to assisting in the decrease in suicide. Among them included the Deputy Mayor, a former President of the Youth Committee, and a former member of the Housing Committee. Two key activities were identified which started in the late 1980s/early 1990s. The first was holding regular meetings in the gym of the Hamlet Council building. Community members of all ages were asked to come together to talk about suicide. The Youth Committee also organized young people to do the same thing, also in that gym. The Inuit Anglican minister held similar meetings in his church. An important message behind these meetings was for community members to speak to each other more 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. Several community members mentioned that mental health professionals had visited the community before these meeting started, but that the suicides had continued. A second activity took place. The Housing Committee decided to remove closet rods from every house in the community, and to remove locks from bedroom doors that had them. As was presented above, the most common method of suicide in the communities is hanging from the closet rod in the bedroom.

## **Policy/Program Implications**

The following are potential policy directions identified by the research team. However, as with all of the information from the study, they must be presented to the communities and Inuit Steering Committee for their consideration and possible endorsement. The findings of this study would suggest that Nunavut policy and program development concerning health, wellness, and social services, including suicide prevention, continue to focus on the integration of traditional knowledge, or *Inuit Qaujimagatuqangit (IQ)*. Arguments that *IQ* should be considered in all Nunavut policy and program planning have been developed in detail by the Nunavut Social Development Council (2001). These results support a strong incorporation of the Inuit family in all areas. The family is central to *IQ*, and it is mentioned in the *Baffin Mandate* of the Nunavut government as an important direction for future policy (Government of Nunavut, 1999a, 1999b). Inuit are concerned with families growing more distant, less visiting, youth not receiving enough support, and Elders and youth not spending enough time together. Both youth and Elders voiced a desire for mutual interaction. Elders and youth appear to be waiting for each other, and mentoring and other programs bringing

them together should continue to be developed. Increasing opportunities and spaces for families to be together is a logical direction based on the narratives. This would also be relevant for communities more generally, given the importance of talking and communication evidenced in the stories. Additional social events and meeting places for Inuit coming together of all ages are suggested from the findings of this study. There is considerable research support to indicate that talking, particularly related to sharing personal concerns including negative feelings, is related to improved mental and physical health (Pennebaker, 1997; Smyth & Pennebaker, 1999).

Youth need significant support with problems in romantic relationships, the single most common precipitating factor associated with suicide. Anger and jealousy were common themes in stories about such relationships. Programs addressing romantic relationships, for example in areas of education and healing, are viewed as urgently needed. Family and Elders would likely be very helpful in such programming. Family interventions were the experienced as most effective form of helping with suicidal persons.

Abuse, violence, and high levels of drug and alcohol use are of significant concern to Inuit. If these are to be interpreted as responses to rapid social and cultural change, including family change, then activities directed toward continuity of valued practices should continue to be developed.

Finally, community empowerment practices should continue; when communities take charge the people take care of each other from within. This was seen in the narratives from Qikiqtarjuaq, a community that developed its own response to the large number of suicides there. Suicides decreased significantly. Since the interviews were conducted in 1998, suicides in Igloolik have also come down after a rapid rise between 1994-1998. The Youth Committee in that community was involved in some form of suicide prevention activity, and it would be important to inquire into this. The people of Igloolik were also involved in the production of the film *Atanarjuat* before it was released in 2000, and during the interviews for this study a number of youth had expressed how good it was for them to be involved with people in the community around *IQ*-related activities because of this film. Inuit came together in each of these two communities to improve their lives. It has been found that *community control* of major services and cultural activities is directly related to fewer suicides among First Nations (Chandler & Lalonde, 1998). Wisdom is to be found in the communities. This wisdom must be respected and supported to continue to foster well-being among Inuit of Nunavut.

## **Dissemination**

Revised copies of this report, based on feedback from Nunavut community leaders and government decision-makers, will be distributed to the Hamlet Councils of Qikiqtarjuaq and Igloolik; departments of the Government of Nunavut, including

Community Wellness, Health and Social Services, and Culture, Language, Elders and Youth; and to other Inuit agencies including Qikiqtani Inuit Association, Nunavut Tunngavik Incorporated, Inuit Tapiriit Kanatami, and Pauktuutit: The Inuit Women's Association. Hamlet Council members from Qikiqtarjuaq suggested that distribution of a bulleted poster with major findings and recommendations would be a good way to communicate the findings to community members. Given that funding has expired for this project, Nunavut government departments or other agencies will be asked to contribute to the translation of the report into Inuktitut. They will also be asked to help fund phone or video conferencing to discuss knowledge transfer from this study, if needed, with government decision-makers and with community leaders in Igloolik and Qikiqtarjuaq. Most of the Inuit Steering Committee members are still in Iqaluit, and some of them will be in a position to discuss this study locally and with Nunavut government.

Feedback about the major themes (family, talking/communication, and traditional knowledge) was provided to the communities through call-in local radio discussion before the fieldworkers left each community. These and related findings have also been presented at several professional conferences by members of the research team and Steering Committee, and the study has been described briefly in two publications (Kral, Burkhardt, & Kidd, 2002; Kral & Idlout, in press). It is expected that wider community, government, and professional dissemination will continue under Inuit direction as stated above.

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