

**THE SOCIAL CONSTRUCTION OF ABORIGINAL SUICIDE**

by

Cathrena Primrose Narcisse

B.A., Simon Fraser University, 1994

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS

in the Department

of

Sociology and Anthropology

© Cathrena Narcisse 1998

SIMON FRASER UNIVERSITY

March 1998

All rights reserved. This work may not be  
reproduced in whole or in part, by photocopy  
or other means, without permission of the author.



National Library  
of Canada

Acquisitions and  
Bibliographic Services

395 Wellington Street  
Ottawa ON K1A 0N4  
Canada

Bibliothèque nationale  
du Canada

Acquisitions et  
services bibliographiques

395, rue Wellington  
Ottawa ON K1A 0N4  
Canada

*Your file Votre référence*

*Our file Notre référence*

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-37599-4

## ABSTRACT

This thesis undertakes a critical examination of existing social science perspectives on Aboriginal suicide in Canada. Aboriginal peoples in Canada are commonly viewed as experiencing a wide range of social problems, the most extreme expression of which is suicide. Public consciousness about the 'accepted realities' of Aboriginal social problems is relatively widespread within Canadian society. Following the social constructionist analytical approach to social problems, and using examples of academic, public, and official treatment of Aboriginal suicide as the specific body of data to be considered, the thesis will review prevalent understandings about Aboriginal suicide: how these emerged, developed, and have come to be accepted within Canadian society. The tendency of conventional approaches appears to assume that the primary cause or the *fault* of Aboriginal suicide lies primarily or even exclusively with the actions and behaviors of Aboriginal peoples.

This well established point of view is facilitated by discussions which focus upon individual *mental disorders* or *dysfunctional* social environments, often bolstered by underlying conceptions about *inherent deficiencies*. In claiming 'ownership' of Aboriginal social issues, the 'expert' interpretations from various academic, public, and formal agencies or groups contribute to our sense of social order. As such, they act authoritatively in shaping the public consciousness of the issue while simultaneously rendering other conceptualizations inconceivable.

Crucial to this research undertaking is an exploration of how 'experts' achieve and maintain authority in defining and establishing the 'accepted realities' about

Aboriginal suicide and of the implicit designations of 'causal and political responsibility.' This thesis will explore the treatment of several suicides within a specific Aboriginal community as an example of the public, academic, and official creation, documentation, and maintenance of definitional activities involved in the eventual development of the public consciousness of Aboriginal suicide.

Litany for Survival

and when we speak we are afraid  
our words will not be heard  
nor welcomed  
but when we are silent  
we are still afraid

So it is better to speak  
remembering  
we were never meant to survive

Audre Lord

## **Acknowledgments**

As a high school dropout, when I began this journey of “getting an education,” I had no idea that this is where it would lead. Over the years, many people have contributed to the realization of this goal. I have to say straight out that it wasn’t simply a matter of gaining academic knowledge and credentials, but instead was an experience of going through vast changes in all segments of life. To the many people whose lives have touched mine, who shared their knowledge, who have shared their thoughts, views, experiences, please accept my gratitude.

I would like to convey deep appreciation to my immediate family, Matt Manuel, Leanne Narcisse, Bobby Narcisse and Cheylyne Manuel, for their consistent support and patience throughout the years. In addition, I extend appreciation for the support and encouragement from my extended family members and friends. To Brenda McDonald, Colleen Jacob, Connie Scanks, thanks for expressing your confidence in me and your continued support and encouragement. To my cousin Maureen Frank, thank you so much for walking through all the technical aspects with me. Thanks to Beverly Frank and Marilyn Napoleon for presenting the example and inspiration. Thanks to Xaxlip band for providing educational sponsorship for the majority of my time as a student.

I feel great gratitude toward my senior supervisor Dr. Noel Dyck, for consistently taking the time to share his thoughts on this project, as well as providing practical guidance. Thanks to my second supervisor, Dr Dara Culhane-Speck for the careful consideration offered on this thesis. I’d also like to express appreciation to Rita Jack, Lillian Saul, Norma Schaeffer, Pat McNamara, Judy Treherne, Henry Davis, Marianne Ignace, Curt Griffiths, Mickey Naisby, Stacie Pigg, Marilyn Gates, Pacheedaht First Nation, the Secwepemc Culture Education Society, the Suicide Information and Education Center, and the Upper St’at’imc Language Culture and Education Society.

## Table of Contents

Approval.....	ii
Abstract.....	iii
Quotation.....	v
Acknowledgments.....	vi
Table of Contents.....	vii
1. Introduction.....	1
2. Theoretical Perspectives on Suicide.....	9
Psychological Perspectives on Suicide.....	10
Sociological Perspectives on Suicide.....	16
Anthropological Perspectives on Suicide.....	25
3. The Social Construction of Reality.....	32
Constructionist Approach to Social Problems.....	33
The Social Construction of Aboriginal Suicide.....	42
4. Review of Aboriginal Suicide Literature.....	47
5. Case Study: Aboriginal Suicide.....	65
6. Conclusion.....	78
Endnotes.....	88
Bibliography.....	90

## 1. Introduction

As an essential component of social science methodology, *objectivity* has long been considered the basis of knowledge and of authority. In the last few decades social and anthropological theory has undergone substantial transformations brought about by changes occurring the world over. For example, with his argument about the need for a change in mode of address within anthropology, Harris-Jones (1985, 1991) discusses how the framework for interpreting culture has shifted its time orientation taking into account not solely present circumstances, but also the reproduction of present circumstances. He suggests that new rules are necessary in order to examine adequately the complex interrelations between political action, interpretative schemes grounded in moral validity, and the communication of meaning as well as a means of taking the future into account. Further, Harris-Jones proposes that all research involves an interaction between the researcher and those researched and, what the researcher observes evolves directly from the nature of that interaction. He puts forth the view that science is, in essence, a process of interaction or engagement. He notes that *interested knowledge* is a valuable part of human discourse and, further, a social science which recognizes the nature of its own interventionist activity is better placed than one which pretends to be neutral.

Similarly, Rosaldo (1989, 1993) discusses the remaking of social analysis as a shift from the search for structures toward one involving theories of practice that explore the interplay of both structure *and* agency, allowing for consideration of human diversity, historical change, and political struggle. The general trend has been toward a new approach in the analysis of culture by social scientists due to conceptions of inadequacies



in the old ideas of a static, monolithic culture, and of the detached *objective* observer. Social analyses which relied upon classic modes of analysis no longer hold a monopoly and instead must now share disciplinary authority with other analytical perspectives. In his view, social analysts can rarely, if ever, become detached observers. In discussing forms of social knowledge, both of analysts and of human actors, one must consider their social positions. Rosaldo points out how all interpretations are provisional, made by positioned subjects who are prepared to know certain things and not others. Accordingly, Rosaldo contests the equation of analytical distance and scientific objectivity by arguing that social analysis should explore its subjects from a number of positions, rather than being locked into a particular one.

Of significance to this shift in social analysis is the recognition of how knowledge and power are intricately tied together. Kirby and McKenna (1989) point out that we live in a world in which knowledge has been used to gain and maintain oppressive relations, and often information is organized and interpreted in such a way that the views of a small number of people are presented as *objective knowledge* and accepted as “The Truth”. Consequently, people have begun to challenge the way in which language, research, and knowledge are used as instruments of power. Although it has been claimed that research is capable of representing everyone equally because it is done in an objective, non-involved manner, people from various oppressed groups have been arguing that, in fact, research is not *objective* and it does not represent their experience. Furthermore, Kirby and McKenna (1989:17) argue “research and knowledge are produced in a manner which represents the political and social interests of a particular group. They point out that

research has often been a tool of domination which has helped perpetuate and maintain current power relations of inequality.”

Similarly, Abu-Lughod (1991) suggests that generalization, the characteristic mode of operation and style of writing in the social sciences, can no longer be regarded as neutral description. Generalizations formed from *objective* research have come to be seen as the language of those who seem to stand apart from and outside of what they are describing, and therefore, “as part of a professional discourse of ‘objectivity’ and expertise, it is inevitably a language of power” (Ibid:150). Abu-Lughod further points out that the seemingly detached mode of reflection common to social analysis is, in fact, located because it represents the perspectives of those who are involved in professional, managerial, and administrative structures and who make up the ruling apparatus of society. She observes that professional discourse by its very nature implies a hierarchy. As a result, in recent decades there has been a growing inclination to view the concept of *objectivity* as a social construction, along with a willingness to accept subjectivity as an inherent part of social analysis. This recent innovation allows for the inclusion of voices, understandings, and perspectives which have traditionally been excluded from analysis.

Having introduced these recent principles as my point of departure, this thesis examines the social construction of the public consciousness of Aboriginal suicide within Canadian society. Of significance to the examination of suicide is the recognition that “it continues to carry a heavy stigma and is still a ‘taboo’ topic” (Boldt 1976:43). Suicide, suicide attempts, accidents, alcohol and drug use, family violence, and other forms of self-destructive behaviors and lifestyles on a long list of social issues cannot be separated

into discrete segments, but I have chosen to deal specifically with suicide because, next to the academic treatment of alcohol use among Aboriginal peoples, it has also received substantial attention from academia and thereby contributes significantly to the development of the public consciousness about Aboriginal social issues. On the personal level, I feel well aware of the public consciousness of Aboriginal suicide since it is similar in content to the public consciousness of a wide range of Aboriginal social issues as well as about Aboriginal peoples, in general.<sup>1</sup> As a child, I spent some nine years in the Indian Residential “school”<sup>2</sup> system, and in retrospect, I can affirm that I was taught to feel shame over who and what I was, not only by the Residential school system but also by non-Aboriginal Canadians, in general. I was in grade three, during the 1960s, when the education policy was changed from a segregated system to the integrated approach for *Indian* children. I remember how it felt when the other children at the new school saw our bus coming and started yelling “The Indians are coming! The Indians are coming!” I remember my mother telling me that she was beaten for speaking her own language in the Residential school. At the beginning of her Residential school experience, she spoke and understood only her own people’s language. As for myself, as a member of the immediate following generation, I cannot fluently speak or understand the language of my ancestors. My mother died when I was still in the “Residence,” and I spent a lot of my life trying to put together the pieces of her life in order to understand what it was that hurt her so much that she ended up turning her back on life. Putting together her probable experiences from what I’ve learned about the abuses in the Residential school system and the overall oppressive legislation which ruled the lives of

*Indians* during the years of her childhood and young adulthood, the 1920s to 1950s, I am left with little wonder about what killed her spirit. After she died, I was deemed a *problem child* in addition to being an orphan, became a ward of the court and was placed in a group-home, further isolating me. I was released when I was sixteen, and I went home to my mother's house on the reserve. By then, most of the older generation of my family had passed away, and the following generation, like myself, were in different placements here and there and everywhere. The house still had no water, no heat, just electricity. I wasn't *registered* to that particular reserve, even though my family belongs to that area, so, ... I left. Looking back now, I can clearly see how being "*Indian*" has played a primary role in determining my life experiences.

Also of significance is the way in which all of the unilaterally imposed Indian Act legislation has affected and continues to affect relations at the community level. When consciousness is discussed, it refers not only to the consciousness of the dominant society members in Canada, but also to Aboriginal peoples' consciousness.<sup>3</sup> The assumptions, "the accepted realities," about the character of Aboriginal peoples as being somewhat *less than* that of non-Aboriginal peoples have also been absorbed and transmitted by a great number of Aboriginal peoples. This consciousness about being *worth less* has been instilled in Aboriginal peoples from a multitude of sources. A sad consequence has been that even some Aboriginal people, themselves, feel compelled to draw upon that well-developed body of knowledge which claims that Aboriginal peoples are the cause of their circumstances, the cause of their own misfortunes and, they, in turn, shun or talk negatively about other Aboriginal peoples. It is not an easy life experience to be a

member of the most stigmatized group of people in the country, and some have reacted by denying their own people in order to feel okay about being who and what they are.

Having experienced most of the “risk factors” that are often listed when discussions deal with Aboriginal suicide I know that, as an Aboriginal person, my lived-through experience of those risk factors is in no way unique or extra-ordinary.<sup>4</sup> As I sit here and think about the people I have known who have taken their own lives, I cannot help but feel a deep sense of injustice and outrage—my brother, two brother-in-laws, several cousins, and numerous acquaintances and how even I, myself, like others close to me during those rough years contemplated doing the same thing. The majority of Aboriginal peoples resist these thoughts, feelings, impulses, overcoming the “risk factors” which are a part of the *Indian* experience and go on to live this life. The taken-for-granted knowledge that makes up the public consciousness in Canada about the root causes of Aboriginal social problems are nowhere close to the ideas that are in my mind, whether it’s concerned with chronic under-employment, reliance on welfare, breakdown of the family system, the various forms of abuse (physical, sexual or emotional abuse), or with alcohol or drug use, with sudden death through high risk behaviors, accidents, homicides, or suicides. My understanding about the root causes of Aboriginal social issues exist within a much broader framework which takes more than the immediate picture into account when drawing conclusions.

In order to research Aboriginal suicide, one must gain general background knowledge of the theoretical approaches that have considered the topic of suicide, for these can provide indications about the choices made in shaping academic and public

considerations of Aboriginal suicide. The second chapter of this study will review existing analytical perspectives beginning with psychology, sociology, and finally, the anthropological treatment of suicide. With the social constructionist analytical approach, it becomes evident that the process of judging certain social conditions to be social problems involves a definitional process.<sup>5</sup> Since the social constructionist perspective examines the way in which situations and meanings become a part of our consciousness by focusing upon the construction of meaning, this approach will be introduced in the third chapter and will provide the underlying theoretical approach taken in this study to explore and illuminate the development and maintenance of the public consciousness of Aboriginal suicide.

The fourth chapter will reconsider the literature based on research of Aboriginal suicide. Academic treatments of Aboriginal suicide within traditional theoretical frameworks do, to a certain extent, consider the circumstances of how it has developed and of its continuance but invariably revert back to their disciplines' theoretical explanations or stances. While each of these perspectives may have relative merit within the confines of the disciplines they represent, ultimately they frustrate efforts to arrive at a comprehensive understanding of Aboriginal suicide due to their insufficient consideration of the complex historic, social, economic and political system of relations which play a definitive role in the life experiences of Aboriginal peoples. Common assertions about Aboriginal suicide as resulting from *inherent deficiencies*, *mental disorders*, and *social dysfunction* are just another way of talking about the issue.<sup>6</sup> There is, instead, a need for a broader perspective concerning Aboriginal suicide in order to

elevate the academic discussion, official treatment, and public consciousness above the static *deficient persons* approach overshadowing the understandings of Aboriginal social issues.

The fifth chapter will introduce a case study concerning the treatment of a number of Aboriginal suicides in a small British Columbia reserve community by a senior government bureaucrat, the mass media, and its reliance upon “expert studies.” Chief Coroner Vincent Cain’s official Judgment of Inquiry report on the issue of Aboriginal suicide in this B.C.reserve community, in addition to the surrounding circumstances made available through public documents, will serve as data for the case study. The general tone of the Judgment of Inquiry public report by Coroner Cain appears to parallel the often underlying position of academic renditions concerned with Aboriginal suicide, specifically in its assessment of causal factors which ring of psychological and sociological theoretical explanations. The public treatment of this particular case by the media along with the official treatment by the Chief Coroner’s office provides us with insight into the role and uses of knowledge emerging from academic studies in the development and maintenance of public policy, social control and the ensuing public consciousness of Aboriginal suicide and social issues generally.

The final section of this study will reiterate the conceptual findings that inform this thesis in terms of the various literatures and analyses presented, as well as consider the implications for future understanding of Aboriginal suicide and Aboriginal social issues in general. This will include the introduction of recent literature from a wide range of academic disciplines which have examined political relationships between Aboriginal

peoples, Canadian governments, and Canadian society and which give explicit consideration to the legislated system of relations in order to contextualize the Aboriginal experience in Canada.



## **2. Theoretical Perspectives on Suicide**

The Canadian National Task Force on Suicide (Health and Welfare, Canada 1987, 1994) notes that theoretical approaches developed over time for the study and treatment of suicide have reflected broader trends in social attitudes toward suicide.<sup>7</sup> “Some of the fundamental ideas about suicide inherited from history, philosophy, literature, and common sense became the cores of the various sociological theories of suicide during the nineteenth century” (Health and Welfare, Canada 1987:22). During the 19th century, two broad categories of theory developed around suicide. The medico-psychiatric model, which focused upon the causal nature of physical and psychological factors, came to see suicide as resulting from inherent mental disorders or physical disease.<sup>8</sup> The statistical social model places major emphasis upon environmental influences as determinants of mental and physical states. The earliest theories of suicide were largely demonological and theological in nature, and a breakthrough in the understanding of suicide occurred with the work of Durkheim (1897, 1951) in the sociological field, and of Freud (Litman 1967) in the psychoanalytic field. Since then, theories and explanations have not significantly altered academic discussions of suicide. Jackson (1957) has suggested that perhaps the most that has been accomplished in recent years has been a blending of sorts between the sociological and psychoanalytical data. In contrast, Lester (1988) contends that there is a vast difference in the position of suicide as a topic of study in the disciplines of psychology and sociology. In sociology, suicide is considered as an important topic and has relevance to the basic sociological theories, but it is generally ignored by psychological theories. Moreover, perceptions of cohesive

small-scale societies as being less likely to experience social disorganization, according to Durkheim, resulted in very little investigation of suicide by anthropologists. In exploring suicide, anthropologists place emphasis upon the *ideas* that are connected with self-destruction by group members. Anthropology stresses a thorough familiarity with the society concerned in their examinations of suicide but often fails to provide an adequate framework to allow for consideration of power relationships of larger nation-states and encompassed small-scale societies.<sup>9</sup>

### **Psychological Perspectives on Suicide**

While the topic of suicide has not been seriously examined by any major theorists in recent years, the psychological approach has come to be primarily identified with Freud, who is acknowledged as having been the first to offer comprehensive psychological insights into suicide. Freud contributed sporadic pieces on the subject, but it was not until the 1960s that his writings were systematically collected and reviewed by Litman (1967). Freud's conceptualization of suicide was that of an intra-psychic phenomenon stemming from within the unconscious mind of the individual. As a result, his contribution to the study of suicide was based upon his assumption of psychic determinism in which all behavior is motivated from within. Within the premise of this basic assumption, Freud argued that each behavior is determined not by simply one wish or motive, but that there were instead several possible factors that could contribute to the form it takes, and that some of these wishes are unconscious. Being unconscious, these wishes and motives remain out of reach and people remain unaware of them and their effects in steering behavior.

Freud envisioned suicide as resulting from a process where feelings of love and affection previously directed toward an internalized love object upon experiencing rejection and frustration, develop into angry hostile feelings which are directed inward toward the self. The psychoanalytic theories concerned with suicide, which developed from Sigmund Freud's efforts and his initial ideas about an innate death instinct, were to branch out through the efforts of later theorists.

In summarizing Freud's theory of depression, Zilboorg (1936) discussed how the strong feelings a psychiatric patient had for another person were initially strong feelings of love, but upon experiencing rejection those feelings became strong feelings of hate. This mixture of feelings could not be expressed outwardly and instead were turned in upon the patient himself, resulting in suicide. In his summarization of psychoanalytic theories, Jackson (1957) divided them into psychoanalytic and nonpsychoanalytic approaches. His discussion relates how most psychoanalytic theories of suicide derive from two of Freud's theoretical contributions: his elaboration of the dynamics of depression and his ideas concerned with the death instinct.

Having extended Freud's ideas of the death instinct, Menninger (1938) saw suicide as resulting from the destructive tendencies winning out over the constructive tendencies. While each suicidal person is viewed as having his or her own unique motives, Menninger suggested that there are generally three basic motives for suicide: the desire to die, the desire to kill, and the desire to be killed. Menninger suggested that suicidal motivation could be detected behind self-destructive behavior patterns which at first glance may go unnoticed. He was referring to people who shortened their lives by

choosing self-destructive lifestyles such as heavy cigarette smoking, excessive alcohol or drug use and other behaviors which are known to eventually result in death. Menninger labelled such behaviors chronic suicide. In addition to chronic suicide, he also identified focal suicide and organic suicide as subsuicidal phenomena. Struggling with the question of what it is that motivates suicide, the psychological approach has also tried to come to terms with a definition of exactly what suicide is.

Schneidman (1968) discusses the problem of definitions of suicide in the psychological approaches to suicide, and suggests that all deaths be designated as intentional, subintentional, or unintentional. An intentional death is one in which the deceased played a direct, conscious role in his death. In subintentional deaths, the deceased plays an important role, whether it is unconscious or indirect, while unintentional deaths were unintended. In his overview of the psychodynamics of suicide Hendin (1971) defined some patterns seen in suicidal persons by exploring different fantasies and attitudes towards death. Hendin outlined seven such patterns which include death as abandonment, death as omnipotent mastery, death as retroflexed murder, death as a reunion, death as rebirth, death as self-punishment, and death as a process that in an emotional sense has already taken place. It is, accordingly, clear that suicide can be defined differently from various psychological points of view.

Schneidman (1968) and Leenaars (1990) are both proponents for a broader multidimensional point of view for suicide. Leenaars recognizes the contributions of Freud as providing a sound basis in the very early years of suicidology, but he suggests that it may be best to define suicide from multiple perspectives. Schneidman notes that a

synthesis of the psychological position, with its clinical emphasis on the individual internal drama with the single mind and the sociological position remains to be accomplished. A synthesis of these two lies in the area of the "self," especially in the ways in which social forces are incorporated within the totality of the individual (Scheidman 1968). Beck (1967, 1976) has developed the cognitive-behavioral perspective on suicide by linking the cognitive views of a suicidal individual with the concepts of depression and hopelessness. Hopelessness stems from the person's negative expectations of the future and negative views of the self. Having an intense feeling of hopelessness, the suicidal person decides that death is preferable to his life situation. Lester (1988), a proponent of the social learning theory of suicide which generally accepts that humans can learn by watching others, notes that the evidence connecting suicide and learned behavior is overwhelming. In his summary of studies concerned with learned behaviors and suicide, Lester discusses the two learning theories which explore the idea of depression as learned helplessness and inadequate reinforcement models. Lester states that since depression is strongly associated with suicidal behavior a social learning theory of depression could go far in explaining suicide.

Overall, the essence of the psychological approach to suicide derives from the psychoanalytic perspective which places emphasis upon close examination of the individual's life situation in trying to determine the causal factors related to suicide. Schneidman (1968) points out that the classical Freudian approach was inclined to systematically ignore social factors and also tended to focus upon a single psychodynamic complex or constellation. In order to study suicide within these

boundaries, the research subjects are examined without reference to their historic, cultural, socio-economic, and political contexts, as though they were simply objects of study described with clinical characterizations of behavior such as *hopelessness*, *depression*, *mental disorders*, *bipolar personalities* and similar concepts.

In his examination of how deviant behaviors become medicalized, Conrad (1975) discusses how agents outside the medical professions often play a significant role in promoting specific behaviors as *disorders* within the medical framework. Conrad considered the issues of expert control, medical social controls, the individualization of social problems, and the “depoliticalization” of deviant behavior. He suggests that focusing upon symptoms and defining them within the medical framework diverts attention away from the fact that behavior is not an illness but an adaptation to a social situation. Similarly, Pitts (1968) recognized the medicalization process as an effective means of social control and speculated upon its potential in becoming the main mode of formal social control. Following this line of thought, Kozak (1994) examines the medicalization and depoliticalization of Aboriginal violent deaths in the United States. He states “[t]he ubiquitous medicalization process has fixed its gaze upon the individual and has sought its explanatory cause within the individual bodies of the dead rather than in the social milieu in which the individuals lived” (Ibid:49). He recognizes the institution of medicine, like religion or economics, as a cultural system and notes that our conceptions of these cultural systems are the result of social intervention and negotiation. Furthermore, he contends that these cultural systems must be seen for the social products that they are.

Wade (1995:174) points to the use of language within therapeutic discourse noting that “the moment we enter into a particular type of language - the language of psychopathology, for example - we also enter into the possibilities and limitations inherent in that language.” The nature of treatment common to such issues actively participate in establishing the conceptual confines within which they are conceived. Wade effectively argues that these types of approaches, common amongst professions claiming jurisdiction over the practice and regulation of psychotherapy, tend to overlook the frequent spontaneous resistance to the oppression experience, noting that this raises some interesting questions about the role fulfilled by the “helping professions” in establishing and protecting the social order of the dominant culture.

Generally speaking, the psychological, in alliance with the bio-medical psychiatric, approach has relied upon concepts of *mental disorders* to medicalize the issue of suicide which effectively diminishes the possibility of considering other explorations and explanations. The *mental disorder* approach and explanation of suicide is just another way of talking about suicide, but it is an effective mode of discussion as evidenced in its prominent utilization by those in positions of power for implementing policy. As it objectifies and depersonalizes, the psychological focus upon the individual leads to a form of reductionism which actively and effectively conceals a constellation of historical, cultural, social, economic, and political causal links.

### **Sociological Perspectives on Suicide**

The sociological treatment of suicide has been greatly influenced by the French sociological theorist Emile Durkheim. In his book *Le Suicide*, written in 1897 and

translated into English in 1951, Durkheim produced the first major systematic, theoretical and empirical exploration of suicide. Utilizing statistics gathered in 19th century Europe, Durkheim set out to demonstrate that the *rate* of suicide in any society was the result of social forces acting within that particular society and not solely due to individual factors, thereby illustrating that the phenomenon could be analyzed from a sociological point of view as a social fact in itself. Durkheim was adamant that suicide rates were independent of individual pathologies and instead resulted from social conditions. In formulating this social explanation of suicide, Durkheim compared suicide rates against specific institutional frameworks such as the relationships between suicide and religious affiliation, marital status, education levels, and economic situations.

The principle element of Durkheim's study was the analysis of three types of suicide which he distinguished as egoistic, altruistic, anomic, and he also touches upon a fourth type, fatalistic suicide. The two main concepts he developed to explain his theory were social integration and social regulation. The concept of social integration was used in explaining egoistic and altruistic suicide. Durkheim argued that the suicide rate varied inversely with the degree of integration of religious, domestic, and political domains, and that the more bonds an individual has in his religious community, home, or nation, the less likely he will be to carry out suicide. Egoistic suicide was described as being caused by excessive individualism, by a lack of integration as seen in meaningful social bonds with others. Its polar opposite, altruistic suicide was said to be caused by over-integration into a network of relationships which do not allow for individuality.

The concept of social regulation was used by Durkheim to explain anomic and



fatalistic suicide. Durkheim described anomic suicide as resulting "from man's activities lacking regulation and his consequent suffering" (Durkheim 1951:258). The social structure labeled *anomie* or the psychological condition designated *anomia* was thought of as causing individuals to have no settled expectations, to have no sense of being part of a stable and ordered society. Fatalistic suicide, Durkheim's fourth type of suicide, is a category which was believed to result from excessive regulation in which an individual feels overly regulated, to the point where life becomes unimportant or insignificant. Durkheim felt that suicide rates served as a reflection of the degree of social health within a given society, and dramatic changes in suicide rates indicated significant structural change within that society. Durkheim argued that the social causes of suicide included excessive individualism and lack of integration and, conversely, lack of individuality and over-integration, or a condition of anomie, "normlessness," in the social structure. Durkheim's methodological and theoretical examples have influenced virtually all ensuing sociological research concerned with suicide.

As with any influential study, several different analyses have subsequently used Durkheim's work as a starting point, and have attempted to take the study further. In his assessment of Durkheim's study, Taylor (1990) discusses how two traditions have developed in the sociology of suicide. The first is scientific sociology which, being grounded in positivism, bases explanations of suicidal behaviors upon numerous social variables. The second places emphasis upon social science in the use of interpretive methods based on the social meanings of empirical situations. Taylor suggests that sociological research claiming to develop or test Durkheim's work, despite efforts to

exclude any influence of value or moral judgments, have been unwittingly confined to researching the relationship between suicide and observable or concrete phenomena.

Henry and Short (1954) were the first to attempt to go beyond Durkheim with their development of a theory concerned with social regulation in which they demonstrated the connection between social and psychological factors contributing to suicide. Henry and Short offered an explanation for increased suicides during times of economic change, and the differences between suicide and homicide using the frustration-aggression hypothesis. In focusing on external restraint, they suggest that the less restraint given by other people, the more likely an individual will direct feelings of frustration and aggression inward against themselves increasing their vulnerability to suicide. Unfortunately, as Douglas (1967) notes, their work is based upon correlations involving official statistics which casts a shadow of doubt upon the validity of the research. Further, he questions their use of multiple variables and categorizations as an avenue toward suicide prediction within specific sub-groups.

Anthony Giddens (1971) offers a selection of readings which deal with the sociology of suicide by several noted suicide researchers. In his article "A Typology of Suicide," Giddens suggests that within Durkheim's typology of suicide, anomic and egoistic suicides are the most relevant to modern societies and he goes on to explore some theoretical ties that have developed between the sociological and psychological theories of suicide. Giddens sees the need to distinguish clearly between egoistic and anomic suicide because of the tendency of sociologists to regard them as being indistinguishable from one another. In assessing the relationship between social change

and suicide, sociologists have included in their analyses a number of psychological variables. The joining of sociological and psychological perspectives, as seen in the social psychology approach to the study of suicide, focuses upon the behavior of small groups and considers the relationship between individual characteristics and social facts, such as values, status roles, and institutions. Maris (1975) finds that the fundamental assumptions of the psycho-social approach are based upon Skinnerian "exchange theory" and the primary focus is based upon "subinstitutional" behavior, or how small groups of people interact and why. Suicide rates cannot be explained strictly by variables like social integration, nor by approaches which focus upon situated meanings, and Maris (1975:102) suggests that there is a need for an approach which considers "interaction effects between institutional and subinstitutional levels of analysis." Henry and Short's (1954) research, discussed above, provides an example of the psycho-social approach to the study of suicide in which they consider subinstitutional variables such as *internal restraint* and *frustration-aggression* in combination with *external restraints* and *social status*.

Gibbs and Martin (1964) found that due to the lack of a clear operational definition, Durkheim's concept of *social integration* could neither be confirmed nor proven false. They decided to develop an adequate translation of Durkheim's idea with the use of modern theory construction techniques and statistical methods with which they predicted an inverse relationship between *status-integration* and the suicide rate. Their status-integration theory suggests that every person generally occupies several statuses and the more cohesive these are, the less susceptible individuals are to suicide. They

made a significant contribution to the study of suicide by trying to test formally Durkheim's generalization about the suicide rate and social integration. However, as Douglas (1967) notes, their use of strictly official categories ignores consideration of the real-world social meanings of the categories. Unfortunately, Gibbs and Martin's study was also based upon correlations involving official statistics which raises concerns about the accuracy of the results. (The issue of the validity of official statistics is discussed later in this chapter).

In a brief overview of further theoretical approaches taken in research within the sociological tradition, Lester (1989) comments upon the relationship between social deviancy, subcultural groups, opportunity, and role conflict perspectives relating to suicide. The social deviancy approach to suicide, which derives from the notion of anomic suicide introduced by Durkheim, suggests that factors such as social isolation, increased stress, isolation, and insecurity could act to increase the suicide rate of individuals who do not have a peer group. Similarly, the social disorganization approach to suicide, which also stems from Durkheim's notion of anomic suicide, suggests that there is a relative lack of effect from social values upon behavior which, in turn, is seen as the cause of suicide and other deviant acts. The weakness of this approach, as Douglas (1968) notes, is the underlying assumption of shared values and behavior patterns.

Lester notes that the subcultural theoretical approach to suicide has been borrowed from theories of social deviance. Since this approach looks at the different values and attitudes which influence behaviors within subcultural groups, the recognition

of common social indicators of suicide and incidents such as cluster suicides occurring within subcultural groupings have been explained by their social position. And finally, the opportunity perspective on suicide examines the idea of access to the means of committing suicide, such as firearms, and suggests that the more readily available the opportunity, the more likely suicide will occur (Lester 1989). Lester notes that the concepts of reciprocity, interpersonal role conflicts and interpersonal frustrations could be utilized in explaining the differences in suicide rates of different societies. The surrounding environment, whether in interpersonal relationships, group relationships, or access to the means, are all thought to play a significant role in the sociological analysis of suicide.

The sociological approach to suicide, while beginning with Durkheim, branches off into several different directions and as a result, there is a need for a meaningful integration of the sociological perspectives. In his book *The Social Meaning of Suicide* (1967), Jack D. Douglas provides an extensive and comprehensive overview of the study of suicide which followed in Durkheim's tradition. In his careful analysis, Douglas places Durkheim's study within its historical context of the accumulated nineteenth century European study of suicide. Douglas (1967, 1968) points out that the treatment of suicide following Durkheim's study has been unsystematic, demonstrating the need for an alternative approach. In particular, he takes issue with the indiscriminate use of statistics by Durkheim and the ensuing sociological treatment of suicide for not giving adequate regard to the validity and reliability of statistics when developing the premises of theoretical conclusions. He notes that Durkheim's definition of suicide did not

coincide with his work on suicide but rather was dependent upon the definitions of acting officials, and further observed that the definition was not so much irrelevant to the data as it was possibly a distortion of the meaning of the data. Douglas discusses how the official statistics were actually unreliable due to their dependence upon individual official's definitions rather than being based upon a common social meaning.

Atkinson (1978) agrees that the use of official suicide rates in research serves ultimately to base the social meaning of suicide upon the criteria devised by officials in designating deaths as suicides. In his assessment of Durkheim's explanation of the suicide rate as being inadequately defined and lacking a common social meaning, Douglas (1968) points out that suicide may have many meanings, that suicide cannot be explained until it is clear what it is that is being explained. Similarly, Maris (1975) argues that the meaning of suicide is to be found in observing statements and behavior of individuals who engage in suicidal behavior. By insisting upon explicit consideration of suicidal actions as socially meaningful actions, Douglas argues for an improved approach to the sociological treatment of suicide. As such, he argues for an analysis of the content of cultural meanings of particular suicidal acts and for an exploration of the differing patterns of meanings they hold. Douglas maintains that it should have been obvious to sociologists long ago that suicidal actions are socially meaningful actions and individuals commit them in order to communicate something to themselves and others about themselves and about others.

One of the most contentious aspects of the socio-statistical approach to the study of suicide stems from concern with the validity of official data in determining the

meaning of suicide. Since sociologists have relied almost exclusively upon the official statistics and coroners' reports on suicide for their data from which to develop and test theories, the question of the validity and reliability of the official data is absolutely critical in any evaluation of these sociological works. Douglas points to two conclusions regarding official statistics on suicide. First, we have little specific, systematic knowledge about the means employed by different statistical bureaus to arrive at these figures. Second, what knowledge we do have about these figures and the means of arriving at them strongly supports the arguments that they are highly biased in certain directions, depending solely upon the impressions and working assumptions of the acting officials. In general, at the present time there seems to be no adequate justification for using official statistics on suicide to build or test a "scientific" theory of suicide. Instead, as Douglas insists, there appears to be every reason for not using them. Likewise, Jackson (1957) contends that the present sociological data are selective and incomplete as well as lacking in valid controls.

Much of sociological research concerned with suicide has placed primary emphasis upon statistical analyses, a methodology which serves effectively to distance the human aspects which are deserving of consideration. For Ng (1988), the problem is not that statistical correlations are wrong, but rather that the approach itself makes it difficult to see the connections between the features being measured. She notes that often indicators such as ethnicity, gender and class are treated as if they were independent variables, to be included as statistically distinct entities. Ng argues that aspects of relations between people are social processes, not *things*. She asserts that in

order to understand how differences between people actually come about we need to look at how people relate to each other, that is, the processes that go into producing the relationships not simply the end products.

### **Anthropological Perspectives on Suicide**

Anthropological explorations of suicide do not automatically assume that the act stems from individual or social pathology. As Counts (1990) notes, rather than viewing suicide as an indicator of mental illness or deviant or criminal behavior, some societies may consider it to be an appropriate response to specific, culturally defined situations. An example often referred to is that of a form of Japanese suicide which may be interpreted as honorable behavior under certain circumstances. The recurring theme in the anthropological approach is to show concern with the insider's views, attitudes, and values in relation to suicide. Accordingly, the consideration of specific cultural ideas and beliefs which are connected to suicide and their influence on behavior within a particular grouping of people has become a major concern in the anthropological approach to researching suicide.

The topic of suicide in preindustrial societies was rarely a focus of study for anthropologists, and LaFontaine (1975) suggests that this was due to the functionalist assumptions about small societies being relatively less susceptible to social disorganization, as was assumed by Durkheim's study. Anthropology's first reconsideration of these functionalist ideas of suicide in small societies came about with Malinowski's (1926) description of a Trobriand suicide in which the suicide was set in motion by public disapproval. Since this case study contrasted with Durkheim's



categories of suicide, it called for a reassessment of the nature of suicide in different societies by anthropologists.

The image of harmonious small scale societies changed with anthropology's new conceptions of cultural values and roles constraining members of a society and of the interactive processes which make up a society. This re-evaluation was slow in transpiring, and almost thirty years later anthropologist M.D.W. Jefferys (1952) discussed suicide as being connected to socially held beliefs about suicide and vengeance in his article "Samsonic suicide or suicide of revenge among Africans." Overall, developments in anthropological theory were helpful for research about suicide in several ways. *African Homicide and Suicide* (Bohannon 1960) was the result of planned comparative research into homicide and suicide in several African societies. Likewise, through a compilation of studies about suicide in several different cultures, Farberow (1975) examined the many cultural elements which serve to indicate and define how suicide occurs. Each contributing author was required to take into consideration the group's historical cultural background, attitudes toward suicide, burial and mourning practices for instances of suicide, as well as any reflections on suicide as evidenced through cultural expression such as songs, stories, and myths. Thus, it has been established that it is these cultural expressions which the anthropologist must explore in order to arrive at a clearer understanding of suicide.

Revenge suicide, as a culturally appropriate pattern of behavior for coercion and punishment, seems to have become the primary focus in anthropological research concerned with suicide (Counts 1990, Jefferys 1952). In providing an overview of the

relationship between revenge suicide and abused women found to exist in various societies, Counts (1990:95) contends that "the insight that suicide may be a socially patterned act that conveys a cultural meaning is a major contribution that the cross-cultural approach of anthropology makes to the study of suicide." Counts affirms that inquiry into the specific cultural context should be a top priority in the study of suicide in order to gain an understanding of the meaning of suicide. Catedra (1992) goes a step further in noting that the anthropological study of death cannot be separated from the anthropology of social life and applies this insight to the study of suicide. In her research, she found that rather than being a strange, inconceivable, or isolated event, the Vaqueiros in northern Spain understood suicide as being familiar and traditional. Accordingly, Catedra suggests that suicide must not be looked at in isolation as has been the practice, but that it must be studied within its wider context so that valuable information is not lost. In taking this approach, suicide can be seen as a cultural construct in the same manner as all elements within a culture are. Catedra makes the case that anthropologists must look at death from the perspective of those within whose culture it occurs, by the values and beliefs of those who are part of the culture. The variety of forms and meanings of suicide in different cultures implies that an individual could be reflecting cultural attitudes and values about life and death with the act of suicide.

As LaFontaine (1975) notes, the premise of the anthropological study of suicide is a thorough familiarity with the society or societies concerned. Also important, according to LaFontaine, is the study of all aspects of social life including interpersonal

relationships, the variation of roles assumed by individuals during the course of their lives, the approved goals and the means by which individuals may attain them, as well as of assessing how society ensures conformity. Since anthropology is concerned with the set of ideas that consider suicide within specific groups, the phenomenon of suicide serves as a source of information about the way a society's organization affects categories of persons within it:

Anthropology is concerned with the social elements common to the acts of self-destruction that occur in a community and how these relate to roles, structures, and related development, and resolution of conflicts in that community. An important conclusion of the studies of suicide so far is the indication that the social factors involved are highly complex and involve basic cultural values: the goals held out by society as desirable and the means by which they are to be attained (LaFontaine 1975:90).

In addition, LaFontaine has pointed out that the social evaluation of success or failure and the degree to which responsibility for this is believed to rest with the individual are also elements in the complex. LaFontaine (1975:90) suggests that in examining how a “society holds the individual responsible for his own failure, either to achieve the ends expected of him or to conform to social norms, and whether there are alternative outlets and explanations available to the unconforming individual, are important factors to look at as these also enter into the social situation of suicide with which the anthropologist is concerned.”

Thus, the anthropological approach to studying suicide has extended to the point where the emphasis is upon the analysis of actions and interactions of individuals as well as toward examination of attitudes and feelings people have about different forms of death for indications of the cultural meanings of suicide within a group. Missing is

explicit consideration of political and economic influences. Also, some anthropological studies, such as that of Balikci (1960), seem to have had trouble breaking from the practice of trying to fit the understandings and explanations of suicide, particularly with Aboriginal peoples, into neat packages stemming from Durkheim's theory of suicide and his concepts of social integration and anomic suicide. While the anthropological approach to suicide has advanced over the years, the persisting pattern of most research efforts is to focus on a particular group of people who have experienced considerable contact as if they represented a closed cultural system which has not previously been seriously affected by outside influences, looking only at and to the community for explanations and understandings. The idea of taking into consideration the insider's views, beliefs, and understandings of suicide are essential, but inquiry cannot stop there. Without serious consideration of how present social, economic and political conditions have developed, been maintained and are experienced by particular peoples within larger societies, a significant component of the full picture is still missing in the examination of Aboriginal suicide in Canada.

As a discipline, anthropology has been a forerunner in exploring and providing a wider perspective on various issues facing indigenous peoples, ranging from the continuation of ethnographic studies into insightful treatments of contemporary issues such as the historical uses of legislation in developing the current social order, serious considerations of political systems, as well as extensive explorations of such issues as Aboriginal land claims. Unfortunately, considering the extent of anthropology's involvement with Aboriginal peoples of now-Western societies, it must be noted that

socio-political issues, such as suicide, have received relatively little attention from the discipline. Even a most preliminary comparison between diverse Aboriginal peoples who have been subjected to domination by Western societies shows similar trends in the escalating occurrence of suicides. For example, in the case of Australia, a similar trend is detectable in rising suicide rates among indigenous peoples (Clayer & Czechowicz 1991; Hogg 1992, 1995; Hunter 1991; Reser 1990; Rowse 1992). In their introductory discussion of anthropology's involvement with Aboriginal peoples, Dyck and Waldram (1993:7) question the nature of the relationship in stating "while aboriginal peoples in Canada and elsewhere have served anthropology well, what has anthropology done for them?" In considering the transitional phase that anthropological endeavor has entered into with the open recognition of "the myth of the omniscient fieldworker" as introduced by Marcus and Fischer (1986), Dyck (1993) suggests that rather than supplying simplistic definitions of the complex circumstances within the Canadian context, there are several approaches available in the anthropological treatment of Aboriginal social and political issues. He proposes, with the aim of designing an improved approach, that anthropologists could utilize the comparative point of view considering the situations of other "fourth world" peoples in relating the social and political issues, listen more attentively to Aboriginal peoples' understandings of these issues in their communities, and also to present their research findings to the people researched before publication (1993:202). Dyck is suggesting that in its involvement with Aboriginal social and political issues that anthropology take a step forward with conscious and deliberate recognition of the inherent complexity of these issues.

Essentially, the vast amounts of research from these disciplines which have dealt with the issue of suicide have attempted to follow the canons of objective research methods. The attempts at employing an objective research approach are evident in the methods of the psychological, bio-medical, sociological, and anthropological treatments of suicide. As Gusfield (1981) points out, the authoritative voices on the subject, garbed in the form of scientific “facts,” act in shaping the public consciousness of an issue. He argues that scientific “facts” do not arise in the consciousness of observers as natural and self-evident experience, but that instead their emergence depends upon an “organization of thought which has impelled some persons to be publicly accepted as legitimate and authoritative observers, to look in some directions and not in others, to select certain avenues of concern and to neglect others” (Ibid:31). Thus, Gusfield takes an innovative approach to the arguments offered by scientific pronouncements by viewing them as forms of rhetoric, as species of argument, in their development toward becoming public wisdom.

### **3. The Social Construction of Reality**

Influenced by the symbolic-interactionist model, Berger and Luckmann (1966) were among the first to refer to the social construction of reality as a *process* by which individuals creatively shape reality through social interactions. Since society affects the individual and the individual affects society, Berger and Luckmann came to view of social interaction as a process of negotiation which generates a changing reality. They developed a model of how putative versions of social reality are constructed in which they pay special attention to language and symbols in the development of shared meaning. Due to the various patterns of behavior at the root of social interactions, they saw the changing nature of social reality as being inherently unstable. They proposed that perceptions of social reality are open to change whenever its justifications are called into question.

With their description of how reality is socially constructed, Berger and Luckmann advance three clear phases: externalization, objectivation, and internalization. Externalization refers to the creation of cultural products such as material artifacts, social institutions, and knowledge of reality. They suggest that once these cultural products have been created, they become external to those who have produced them. Objectivation refers to how these cultural products become meaningful in themselves or take on a reality of their own. Here Berger and Luckmann suggest that people seem to forget that they themselves and their predecessors developed their social and cultural environment and their interpretations of reality. The tendency is to conceive of the cultural products as though they had an objective existence, becoming just another part

of reality to be taken for granted. And finally, internalization is described as occurring when people learn these supposedly *objective* facts about reality, which then become a part of their internal consciousness. People in similar cultures who end up sharing the same perceptions of reality rarely question the origins of their beliefs and do not give much thought to the process of how these beliefs arose in the first place. The beliefs about reality are just taken for granted as being natural. Thus, Berger and Luckmann conceive of reality as a product, an outcome, or as a construction which occurs through a complex process of social interaction.

### **Constructionist Approach to Social Problems**

Following the constructionist research approach, Blumer (1971) proposed a social problems theoretical formulation which would deal explicitly with a sociology *of* social problems, distinct from research *about* social conditions which relies upon traditional theoretical approaches, locating social problems in *objective* conditions. He suggested that rather than viewing social problems as objective conditions and social arrangements, social problems should instead be conceived of as socially constructed “products of a process of collective definition” (Ibid:298). Blumer states that the sociological concepts of “dysfunction,” “deviance,” and “structural strain,” often used to explain the emergence of social problems are essentially *useless* because they lack clear identifying characteristics (Ibid:299). He saw these concepts as being unable to answer why some instances they deal with become social problems and why others do not. He further criticized the notion that a social problem exists as an identifiable objective condition. Instead, Blumer suggested that a “social problem exists primarily in terms of how it is



defined and conceived of in a society” (Ibid:300). In short, it is the definitional activities within a society which determine the nature of a particular social problem, which suggest how the problem should be dealt with, and ultimately determine what is to be done about it. Blumer proposed that the collective definitional process of a social problem’s *career* passes through five stages, which he labels: (1) the emergence of a social problem, (2) the legitimation of the problem, (3) the mobilization of action with regard to the problem, (4) the formation of an official plan of action, and (5) the transformation of the official plan in its empirical implementation (Ibid:301). Blumer indicated that since social problems lie in and are the products of collective definition, the study would be better served by concentrating efforts toward that process involved in the recognition of social problems within a society.

In questioning whether a sociology of social problems is possible, Kitsuse and Spector (1973) examined the functionalist and value-conflict viewpoints which were the two major approaches taken toward the study of social problems. They found that neither has been successful in defining an unambiguous field of study, nor in distinguishing the subject matter from other examples of social analysis. Much like Blumer’s assertions, Kitsuse and Spector found that the functionalists place the emphasis of inquiry upon the study of *objective conditions* and *dysfunctions*. They suggest that the functionalist approach to the subject matter of social problems, as exemplified by Merton and Nisbet (1971), leads toward the elaboration of functionalist abstractions rather than toward empirical analysis.

The value-conflict approach stems from an interactionist perspective which

accents subjective elements in social problems definitional activities. Kitsuse and Spector inform us that the value-conflict approach to the sociology of social problems had its beginnings in the mid 1920s, but it was the work of Waller (1936), and Fuller and Myers (1941) which provided the most promising advances. Becker (1966) and Blumer (1971) are described as having “re-stated and extended this point of view” (Kitsuse and Spector 1973:408). Fuller and Myers proposed the distinctive conception of social problems as relying on the definitional activities of the people concerned. While the proponents of the value-conflict approach moved away from the functionalist position that conditions alone are sufficient for the existence of social problems, Kitsuse and Spector found that they did not quite move to the position which recognizes “that objective conditions are *not necessary*” (Ibid:413, emphasis in original). Instead, the value-conflict approach considers both the objective conditions and the subjective awareness of social problems, and it is with this formulation that Kitsuse and Spector differ.

Kitsuse and Spector hold that with a sociology of social problems, which focuses upon investigation of the definitional process, there is no need to document objective conditions. They state that the definition could be accompanied by empirical claims about the scale, intensity, distribution, and effects of the said social conditions, but theoretically it *need not* (Ibid:414). Rather, they suggest that the subjective element of social problems, that is “the process by which members of groups or societies define a putative condition as a problem,” makes up the distinctive subject matter of a sociology of social problems. “Thus, we define social problems as *the activities of groups making*

*assertions of grievances and claims with respect to some putative condition*" (Ibid:415, emphasis in original). Accordingly, the principal concern of a theory of social problems would be to describe the *"emergence and maintenance of claims-making and responding activities"* (Ibid:415, emphasis in original). They suggest that such a theory would comprehend the claims-making activities of people or groups upon others and that, in fact, the existence of social problems depends upon those groups' continued definitions and attempts to get someone to do something about their issue.

Along with their definition of social problems, Kitsuse and Spector (Ibid:418) note that there are three elements contained within such a theoretical approach to social problems. First, they suggest that groups who participate in the process of defining a problem do so as an avenue to pursuing or protecting their own social, political, economic and other interests. Kitsuse and Spector label this element as a theory of interests. Secondly, they suggest that some groups work on defining a condition as a social problem because it offends their moral values. This element is designated a theory of moral indignation. A theory of natural history makes up the third element within a theoretical approach to social problems in that social problems are not unchanging or sudden events but instead are made up of a sequence of activities which could conceivably move through different phases in its career.

In a subsequent article, Spector and Kitsuse (1973) reiterate their definition of social problems theory, and offer a four-stage natural history model since social problems are, in essence, a sequence of activities. Within stage one of the four-stage natural history model, Spector and Kitsuse propose that descriptions of social problems

activities include “collective attempts to remedy a condition that some group perceives and judges offensive and undesirable” (Ibid:148). They suggest that what is of critical importance at this formative stage of social problems is the way in which complaints are advanced and the effectiveness of the strategies used in pressing the claims, gaining publicity, and creating a controversy around a particular condition. Claims which succeed in leading to further actions which ultimately proclaim the status of a social problem depend upon the power of the group, the nature of their claims, and the strategies and mechanisms of pressing claims

Stage two begins “when governmental agencies or other official and influential institutions” recognize and respond to claims (Ibid:154). However, formal recognition of claims-making activities concerned with a social problem does not guarantee its continued existence. To meet this end, an institution must be created. Spector and Kitsuse propose that Stage Two is “complete when the complaints about some condition have become domesticated and routinized by some agency that develops a vested interest in doing something about the complaints” (1973:154).

The third stage of social problems activities is concerned with claims made “against the organizations established to ameliorate, eliminate, and otherwise change those conditions,” being more concerned with the “organization’s procedures and methods of dealing with their clients and their complaints” (Ibid:155). Stage three distinguishes between claims about conditions as found in stage one and claims made about the organization in dealing with clients and their complaints.

Spector and Kitsuse state that stage four “occurs when groups organize their

activities on the contention that it is no longer possible to 'work within the system' ... and ... activities are organized by claims that challenge the *legitimacy* of established institutions and the procedures they organize for the processing of claims" (Ibid:156). With their four-stage natural history model of social problems, Spector and Kitsuse have indicated what the study for a sociology of social problems would be likely to encounter in their examination of claims-making activities of particular groups and institutional responses to them. They state that "such a theory would seek to explain how those definitions and assertions are made, the process by which they are acted upon by institutions, and how those institutional responses do or do not produce socially legitimated categories of social problems and deviance" (1977:72). One element in the definitional process or *career* of a social problem is its institutionalization as an official category. Spector and Kitsuse insist that the objective is to account for how categories of social problems are produced, and how methods of social control and treatment are institutionally established.

In focusing their attention of social problems on the claims-making process, Spector and Kitsuse are not concerned whether or not an imputed condition exists. Instead, they deliberately set aside the question of whether the claims are true or false. In this way, they are able to keep their focus upon the subject matter which is the claims-making activities and the forms of those activities. Using the sociology of work as a model, they suggest that questions which ask why social problems activities are organized the way they are, how can variations in organization be accounted for, and why the forms of organization change over time, could provide direction in social problems

research. Spector and Kitsuse recognize interests, motives, and values as elements of social problems activities which can be observed in what participants do and say, but state that these cannot be considered as causes of those activities. The intention is to demonstrate how social problems, in the form of claims-making activities, are brought to life and sustained.

As an avenue toward developing a theoretical perspective for examining the definitional activities involved in the development of public problems, Gusfield (1981) built on the constructionist approach to social problems theory of Blumer (1971) and Spector and Kituse (1977) in his detailed analysis of public definitions and policy concerned with drinking-driving in the United States. He found the taken for granted assumptions, or “accepted realities” of drinking-driving somewhat troublesome, and sought to clarify the process by which the ‘problem’ came to assume its character. The dominant view about the “drinking-driver” as the major cause of highway accidents and deaths was supported by substantial official data and, as a result, policy has developed accordingly. The theoretical and scientific ‘facts’ which emerge from universities and technical institutes operate in attributing causal responsibility, contributing to our sense of social order, but Gusfield argues these “facts” are not so certain. He examines “how an issue or problem emerges as one with a public status, as something about which *someone ought to do something,*” considering, in particular, the selective process that occurs in the development of a public problem (1981:5). Gusfield found that participants involved with the issue were locked into a consciousness which excluded alternative forms of conceptualizing of the problem. This uniform consciousness struck Gusfield as

a salient form of social control. In his analysis of the structure of public problems, Gusfield sought to illustrate the ordered way in which ideas and activities emerge in the public arena.

As Schneider (1985) notes, following the theoretical reformulation of the sociology of social problems by Spector and Kitsuse, the constructionist approach to social problems produced several empirical studies based upon it. As evidence of its influence, a variety of debates quickly followed, the most prevalent of which centered upon the argument of the objective-subjective basis of social problems. For example, Eitzen (1984) contends that while the definitional process involved in social problems has merit, there is an objective reality to social problems. The structural-functionalist approach to social problems continued to visualize the existence of social problems as being independent of people's interpretations of them, as existing in an objective state. The constructionist approach challenged the claims to objective knowledge and expert status common to the functional approach to social problems. Instead, they place emphasis upon the members' definitional activities. Another point of contention derives from Mauss (1989, 1992) whose work has been interpreted as suggesting that rather than being a definite field of study in itself, the constructionist study of social problems should be consolidated with the study of social movements.

The debate which has gained the most attention comes from Woolgar and Pawluch (1985) who have characterized social constructionist theorizing as "ontological gerrymandering." They suggest that the constructionist approach to social problems uses a selective "objectivism" when analysts assume that the definitional processes of claims-

making activities are observable elements that are independent of descriptions made of them. Woolgar and Pawluch argue that the ontological gerrymandering involved in the constructionist approach to social problems, contrary to theoretical rationale, have overlooked the concern of how the analysts' understanding and explanations of social conditions are also definitional activities and claims. Ibarra and Kitsuse's (1993) response to Woolgar and Pawluch's critique is that it does not necessarily apply to the perspective formulated by Spector and Kitsuse. The formulation proposed by Spector and Kitsuse maintains its intent on how claims-making activities are organized and accomplished, and not upon whether those claims are warranted or accurate. To focus attention on the accuracy of claims is to divert attention away from the process of the definitional activities, thereby straying from the central theme proposed by Spector and Kitsuse.

As Schneider (1985) notes, the definitional view on social problems, as proposed by Blumer (1971) and Spector and Kitsuse (1973, 1977; Kitsuse and Spector 1973), is better measured by what it has called for and stimulated than for what it ignores. Schneider notes that the definitional approach to social problems, rather than simply offering another opinion of social problems sociology, has proposed bold changes. This is evident in the volume of work which it has inspired.



## **The Social Construction of Aboriginal Suicide**

As has been discussed, the constructionist approach sees social problems as existing primarily in terms of how they are defined and conceived of in society and has clarified that a definitional process is involved in judging certain social conditions to be problems. Spector and Kitsuse (1973) recognize that success in the status of a social problem often depends upon the power of the group involved, the nature of their claims, and the strategies and mechanisms of pressing claims, gaining publicity, and creating a controversy around a particular issue. In addition, Gusfield (1981) has provided us with an extensive case study dealing with the definitional activities which went into the development of the drinking-driving problem in which he directs attention to the historical origin of problems. He emphasizes the point that public problems do not achieve their present shape in a straight forward manner, but come about only long after previous events and processes have been set in motion. He pays particular attention to the elements of "ownership," causal theories, and political responsibility in his research on public definitions and policy toward drinking-driving and the symbolic order. Further, Gusfield proposes that in seeking to clarify the process by which a 'problem' comes to assume its character, consideration must be given to the role of theoretical and scientific 'facts' in attributing causal responsibility, and thereby, their influence in contributing to our sense of social order. In paying specific attention to the surrounding circumstances which promote the favored definitions and explanations about the "drinking-driving problem," Gusfield highlights how scientists and 'experts' participate in the social problems they claim to analyze. In his discussion about the selective

process that occurs in the development of a public problem, Gusfield notes the issues of authority, power, and control in determining how public 'problems' come to attain their distinctive shape and form. He develops the concepts of "ownership" and "causal and political responsibility" specifically to conceive of the role of power, authority groups, and institutions.

Gusfield's concept of responsibility has both a cultural and structural dimension. At the cultural level, his idea of responsibility implies a way of seeing phenomena, that is, the public meanings that develop about 'problems.' However, at the structural level, Gusfield proposes that fixing responsibility implies the rationale for creating and maintaining different institutions and personnel who are charged with obligations and opportunities to attack the problem. The idea of fixing responsibility at the structural level places the focus upon the role of political responsibility in public problem formation. The way in which a public problem takes shape over time, the commonly understood causal definitions, and changes from one set of causal definitions to another all carry implications for institutions. As such, he argues that the "structure of public problems is then an arena of conflict in which a set of groups and institutions, often including governmental agencies, compete and struggle over ownership and disownership, the acceptance of causal theories, and the fixation of responsibility" (Ibid:15). He proposes that it is the collective activities of individuals and groups which eventuate in the socially legitimated categories of social problems by which methods of social control and treatment are institutionally established, and further, that often a salient form of social control is instituted when participants become locked into a fixed

way of 'seeing' the 'problem'.

The most subtle forms of social control are those we least recognize as such. Precisely because the categories of understanding and meaning provide so powerful a constraint to what we experience and how we think about that experience, they prevent awareness of alternative ways of conceiving events and processes. Because they lead us to "see" the accustomed forms as the only reality they minimize and obscure the possible conflicts and the volitional decisions that have helped construct that "reality" (Gusfield 1981:28).

The relation of causal responsibility to political responsibility is then a central question in understanding how public problems take shape and change. In applying Gusfield's concepts to the issue of Aboriginal suicide, we are made aware that the many possibilities for conceiving of an issue are endless and the eventual development of the public consciousness for this particular 'problem' has relied upon a system of categorizing and defining events which were selectively picked and chosen from among several potential elements (Gusfield, 1981).

As an avenue toward gaining a clearer understanding about the development of common perceptions associated with Aboriginal suicide, we can inquire about the claims-making participants involved in the definitional activities, the causal theories embedded in the academic, public, and official treatments of the issue, how these emerged, and have been maintained. Also of significance here are Gusfield's (1981) concepts of "ownership" and "disownership," that is, which actors or institutions gain or are given official responsibility "to do something about the problem," or conversely, reject official responsibility. In examining the problematic character of the 'Aboriginal suicide problem,' the selective nature of the definitional process by which the issue has been presented into the public forum and how it has come to be understood in our society, we

can begin to gain an understanding of how the public consciousness about it has developed.

More specifically, the definitional activities of the 'experts' are significant in relation to how and why Aboriginal suicide has come to be understood in its present form since their opinions carry considerable influence and can often contribute to the formation of the common understandings of the subject. The vast array of authoritative participants involved in defining and managing the circumstances of Aboriginal peoples have played a role in contributing to the development of the common understandings about the issues of Aboriginal peoples, including social issues such as suicide. Active participants in the claims-making process of the 'Aboriginal suicide problem' have involved such institutions as academia, Health and Welfare Canada, the Department of Indian Affairs, the Royal Canadian Mounted Police, Office of the Chief Coroner, Provincial and Federal Government agencies, mental health professionals, and mass media. The claims-making activities of these particular individuals and groups concerning Aboriginal social issues can provide us with indications of their involvement in the collective definitional activities and their attempts to establish institutions to do something about the 'problem'.

The taken for granted understandings of Aboriginal suicide are quite often arrived at through media depictions of 'suicide epidemics' occurring on *Indian* reserves, and through academic accounts which often fix responsibility by conveying to readers that the risk and *causal* factors result from the behavior of Aboriginal peoples themselves. The common approach to the issue of Aboriginal suicide appears to have

developed and been contained within a public consciousness that has relied upon the *deficient and inferior Indian* conceptualization which has been quite prominent in Canadian history, government policy, ideology, and much academic discourse. For instance, when consideration of the phenomenon of Aboriginal suicide consists of fixing responsibility upon the community by condemning the *dysfunctional lifestyle*, this implies a conceptualization which involves seeing the people as *incapable* or *inferior*. Similarly, placing Aboriginal suicide under the rubric of *mental health* contains an imputation of abnormality and incompetence which involves seeing the suicide as a choice made by a *deficient, sick* individual. The generally accepted consciousness apparently presumes that Aboriginal peoples are somewhat *inferior, deficient, and mentally disturbed*, are unable to adjust adequately to modern society, and experience many social problems, including suicide, as a result. Why do these particular forms of causal theories and the ensuing “accepted realities” about Aboriginal suicide arise rather than others?

If we concede that formal academic knowledge often provides a basis for authority in the development of public problems, and further, if we were to consider that the public consciousness about Aboriginal suicide has, in fact, been socially constructed in a selective manner, to the exclusion of alternative possibilities, it is then conceivable that the relatively uniform view of Aboriginal social issues, in general, and of Aboriginal suicide, in particular, have been influenced by the uses of that knowledge.

#### **4. Review of Aboriginal Suicide Literature:**

The study of Aboriginal suicide generally began during the post-World War II era, but it began to receive sporadic attention as early as the 1940s in the United States (Devereaux 1942, Fenton 1941, Wynman and Thorne 1945). Among earlier treatments of Aboriginal suicide are studies which assess previous literature and incorporate ethnographic material (Leighton and Hughes 1955, Balikci 1960, Levy and Kunitz 1971) based upon the concept of low social integration (Durkhiem 1951) discussed in terms of the relationship between social pathology, social disorganization, and alcohol. In the Canadian context, academic treatment of the subject began to proliferate during the 1960s and the 1970s, with research in both countries increasing steadily in the following decades. However, since the academic literature dealing with the issue of Aboriginal suicide in Canada is still relatively sparse, it has often been the practice to include literature dealing with Aboriginal peoples in the United States due to the similarities.

Overall, it is generally accepted that Aboriginal peoples are amongst the highest risk groups for experiencing suicide (Bagley et. al. 1990, Jarvis and Boldt 1982, Kirmayer 1994, Malus et al. 1994, RCAP Special Report 1995, Thompson 1987). The main research objectives for the sociological approach have been directed toward gathering statistics of prevalence and assessing environmental factors associated with suicide. The mental health approach has concentrated upon ranking risk factors and classifying psychological characteristics associated with suicide, while the anthropological approach has placed its emphasis upon research with specific groups in describing the ideas of social disorganization and acculturation. To these ends, academic

treatments of Aboriginal suicide have gathered and provided much information, but essentially their arrival at conclusions have been based upon research which places its focus upon individual and community factors, often to the exclusion of the larger historical, social, economic, and political context. Generally, it appears that the academic treatment of Aboriginal suicide often becomes so thoroughly involved in the minute details of their research efforts that a very narrow, exclusive picture is drawn for presentation.

Sociological research looks at surrounding environmental factors, that is, the community, and attempts to fit the issue of Aboriginal suicide into their larger theoretical paradigms, particularly Durkheim's theory of anomie and derivatives of it such as social disorganization (Mortensen and Tanney 1988, Ross and Davis 1986, Timpson et.al. 1988). The inverse relationship between social integration and suicide has often been suggested as an explanation for suicide rates among Native American groups (Balicki 1960, Davenport and Davenport 1987, Leighton and Huges 1955, Levy and Kunitz 1971, VanWinkle and May 1986). The sociological treatment of suicide also places a great deal of emphasis upon the statistical approach in employing "objective" research methods (Mortensen and Tanney 1988) thus often getting caught up in the methodology. It soon becomes clear that Aboriginal suicide is a subject which contains many properties of the theoretical and methodological approaches inherent to sociology, and thereby serves as a functional subject of study. While they often do mention the socio-political position held by Aboriginal peoples, this appears mainly as a means of providing a backdrop to the main discussion. In other words, this is taken as being part of the natural

order of things.

Kirmayer (1994) notes that Aboriginal peoples could have the highest rate of suicide of any group in the world, experiencing particularly high youth suicide rates with over one-third of all deaths among Aboriginal youth attributable to suicide. A status Indian in Canada adolescent is 5-6 times more likely to die from suicide than the average Canadian adolescent (Kirmayer 1994). Similarly, McIntosh (1983) points out that in the United States, Native American populations show their suicide peak in young adulthood. Males have higher suicide rates and use more lethal methods, and Aboriginal females experience higher rates of suicide attempts (Kirmayer 1994, McIntosh 1983). Kirmayer (1994:34) states "... risk factors for completed and attempted suicides among Native North Americans closely paralleled those for youth in general and include: frequent interpersonal conflict; prolonged or unresolved grief; chronic familial instability; depression; alcohol abuse or dependence; unemployment; and family history of psychiatric disorder (particularly alcoholism, depression and suicide)." He further states "[a]mong Native adolescents, suicide rates are higher for those with physical illnesses, those who have previously attempted suicide, those with frequent criminal justice encounters, and those who have experienced multiple home placements" (1994:34).

The stereotype of the "suicidal Indian" (May 1987, McIntosh and Santos 1981, Shore 1975, VanWinkle and May 1986) has often been discussed in studies, and researchers emphasize that clarification of distinct suicidal incidents must be recognized, that some communities experience high rates of suicide, some experience rates equivalent to the larger society's, and others experience lower or non-existent occurrences



of suicide. Cooper et.al. (1992) note wide variations in suicide rates among communities even within the same geographical region. In an article dealing with suicide among American Indian adolescents, Berlin's objective was to seek explanations for differing rates of suicide amongst various tribes (1987). Howard-Pitney et.al. (1992), along with Webb and Willard (1975), argue for tribal specific data concerned with suicide behaviors. McIntosh (1983) compiled tribal data concerned with suicide among Native Americans in which he discussed the need to consider each tribe separately and to avoid the faulty generalization that all tribal groups experience high suicide rates. Several studies indicate wide variations in historical and current suicide rates among Aboriginal groups (Bachman 1992, Pine 1981, Shore 1975, Webb and Willard 1975).

Two further concerns often discussed deal with the over-estimation and under-reporting of suicide rates among Aboriginal peoples. Over-estimation concerns are based upon the small populations from which the rates are estimated (Cooper et al. 1991, Mortensen and Tanney 1988). The under-reporting of Aboriginal suicides is understood in terms of negligence in noting that persons are of Aboriginal heritage and, further, by misrecording causes of deaths which are more than likely actually suicides (Bagley et al. 1990, Cooper et al. 1991). Bagley et.al. (1990:128) point out that "one problem in interpreting these studies is that the total numbers at risk are often small, and a single suicide, or a brief epidemic can markedly increase the suicide rate." Local suicide rates may fluctuate dramatically due to suicide clusters (Malus et.al., 1994, Shkilnyk 1985). McIntosh (1983) points out that the great reliance on official statistics in Native American studies of suicide generally reflect an understatement, and that there are

indications that excessive under-reporting may occur. Also, there is disagreement over statistical information based upon the length of study (Mortensen and Tanney 1988). VanWinkle and May (1986) criticize previous studies of Aboriginal suicide for considering only short time spans in their analyses, suggesting that small population numbers of Native Americans could produce results which in short term studies can be very misleading. Jarvis and Boldt (1980) note that the interest in mortality rates and trends often stops with the accumulation and assembly of statistics.

Mortensen and Tanney (1988) provide an overview of literature concerned with Aboriginal suicide amongst Canadian Natives in which they direct attention toward “Community factors” and “Individual factors.” The list of causal factors indicated under these two headings include; high unemployment, drinking, helplessness, hopelessness, drunken obliviousness, chaotic families, divorces, separations, single-parent families, alcoholism, child-neglect, cultural break-down, social chaos, severely disturbed family relationships, substance abuse and loss, separation, poor self-image, unstable home environment, sleep and appetite disturbances, crying spells, withdrawal, talk of death, alcohol abuse, illness, financial problems, history of life-threatening behaviors, having access to the means, over-dependency on weak or non-existent family structure, attendance at a boarding school and, again, alcohol.

An element which is consistently referred to in studies of Aboriginal suicide is the involvement of and association with substance use. In fact, one would be hard pressed to find an article about Aboriginal suicide which does not mention alcohol. Alcohol has often been identified as a major contributing factor to suicides in most

studies of Aboriginal peoples (Thompson 1987, Ward and Fox 1977). McIntosh (1983) notes that in many studies dealing with Native American suicides a common element has been the likelihood of alcohol involvement at higher incidences than for the overall population. He states that “the factors likely to lead to alcohol abuse and suicide among Native Americans are similar (culture conflict; tradition, role, and heritage loss; prejudice; isolation; high unemployment; etc.) and the psychological effects of alcohol may heighten chances of suicidal behavior by lessening inhibitions; and by producing feelings of despondency” (Ibid: 224). Ward (1984) points to alcohol as a causal factor and suggests that prevention programs must deal with alcohol misuse as a social phenomenon. Jarvis and Boldt (1980) note that the majority of violent deaths among their study group were associated with alcohol use.

While Jarvis and Boldt (1980) make mention of the causes of death among Aboriginals as being complex, involving many cultural, social, economic, and political factors, their emphasis is upon the often cited alcohol use connected with the deaths. In discussing alcohol use among Natives, they mention several studies which deal with alcohol use amongst Natives, listing its association with social disorganization, anomie, stress and low self-esteem, boredom, failure, socialization, social acceptance, unemployment, arrests and imprisonment, disrupted families, illegitimate pregnancies, dropping out of school, as well as habituation and lack of social control mechanisms (1980:2). While Jarvis and Boldt acknowledge the role that Aboriginal peoples occupy within the social, economic, political, and cultural milieu of Canada, unfortunately they do not follow through upon the implications of these and instead place the focus of their

discussion upon alcohol as being the causal factor in the deaths.

Thompson and Walker (1990:131) note that an interrelationship between Indian suicide and psychopathology has long been suggested, noting in particular that “excessive drinking... has traditionally taken the blame for most violent behavior among Native Americans,” including suicide. “Articles published on Indian suicide often end with a discussion of these and other possible causes of the phenomenon. Seldom, however, has there been scientific study of these factors to discover whether they are indeed causal” (Thompson & Walker 1990:131). Bagley et.al. (1990:130) recognize that while alcohol is often a factor involved in Aboriginal suicides and other forms of violent deaths that “there is no evidence that alcohol addiction has a primary, causal effect in most Native suicides; rather both suicides and alcoholism appear to be reactions to a stress-related psychological condition which accounts for behavior which is both deliberately self-destructive and careless of life.” They further recognize that alcohol use, itself, could be considered a form of self-destructive behavior, relating that there is good evidence supporting the idea that for many individuals, excessive drinking can be a form of “intentional suicide” as has been discussed by Schneidman (Ibid:134). Placing the emphasis upon the relationship between alcohol and Aboriginal deaths ultimately serves to deflect attention away from the political implications of the extraordinary high rates of accidental, homicidal, and suicidal deaths by re-establishing the *deficient Indian* framework which commonly underlies such discussions.

In general, poverty and unemployment have been correlated with suicide, and have often been listed as a contributing factor in Aboriginal suicides. It is common

knowledge that Aboriginal peoples experience high levels of poverty, unemployment, and reliance upon social assistance. Young (1990) found that suicide rates are strongly correlated with the percentage of population below the poverty level among Native Americans in the U.S., and Bagley (1991) found the same correlation to exist among Canadian Aboriginals (based on research in Alberta). Bachman (1992) also found that the unemployment rate and percentage of families below the poverty level were both significantly related to suicide rates. In paying attention to these factors, Bagley (1991) and Bachman (1992) contextualize the discussion in terms of the specific barriers regarding Aboriginal peoples. Also of particular interest regarding this is Levy and Kunitz's (1971) discussion of Jorgensen's analysis which relates social pathology to economic deprivation.

Indians are deprived as much if not more than other minorities. The Indian could be improved by allowing him jobs. But this is essentially impossible in the development of the national economy at present. Capital has tended to exploit natural resources for its own benefit at the expense of the population as a whole. The Indian is distinguished by virtue of his position as the first exploited American. ... The value of this analysis is that it calls much needed attention to the fact that Indians, by and large, are still an exploited population and not just one dependent upon paternalistic welfare. ... The Indian will continue without self-determination on a reservation (as long as he cannot be terminated) because it is profitable to keep him so (Levy and Kunitz 1971:123).

It is extremely rare to run across such frank, yet relevant, discussion of the political impact on economic concerns in academic treatments of Aboriginal social issues.

Academic discussions which consider unemployment, poverty, and reliance on social assistance in relation to social problems and suicide could also provide basic context to the discussion by pointing out that legislative "red tape" has significantly curtailed

efforts toward and opportunities for economic development initiatives on Indian reserves. One would only have to look as far as the *Indian Act* legislation to gain a clearer understanding of the economic conditions found to exist on *Indian* reserves across Canada.

Arguments for an integrated approach to the study of suicide have often been put forth. Boldt (1976) recognizes that the common approaches to suicide have been the social and psychological treatments and suggests that these be considered in conjunction with one another. Likewise, in her examination of the role of institutionalization in increasing the risk of suicide among Aboriginal females in Canadian federal prisons, Grossman (1992) notes the dichotomy in the explanations presented for custodial suicide. One perspective, deprivation theory which stems from Durkheim's theory of anomic suicide, locates the cause in the carceral environment while the second, importation theory, highlights the cause and effect risk factors associated with the individual. Grossman (1992:404) argues "for an integrated approach, where the conditions of social and physical deprivation in prison life activate and exacerbate risk factors that are present before the individual is admitted to custody." Grossman effectively highlights and argues that the social inequities experienced by Aboriginal women are deeply rooted in the marginal status of Aboriginal women in Canadian society, and sees the need for fundamental change in the socio-economic position and victimization of Aboriginal women in society at large in order to bring about definite reduction of custodial suicides.

Another recurring aspect often turned to in discussions of Aboriginal suicide is the argument of traditional lifestyles versus acculturated lifestyles as influencing rates

(Bachman 1992, Cooper et al. 1991, Howard-Pitney et. al. 1992, Levi and Kunitz 1971, Mortensen and Tanney 1988). The issue is often brought up and then quickly discounted depending upon how the terms have been defined by particular researchers and how they are tested. Howard-Pitney et.al. (1992) discuss increasing prevalence of suicide among Indians and Indian youth, arguing that the evidence from their baseline survey indicate that suicidal ideation, suicide attempts, and psychological disturbances are significant problems for 15 and 16 year old students in the Zuni pueblo they studied. At the request of tribal leaders for an assessment of how lack of traditional cultural values were related to the issue, they state that their research showed no relationship between traditionality at the individual level and suicidal ideation or behavior. Their findings of psychological and social indicators of risk factors, and development of suggestions for prevention programs see the need to teach Indian adolescents how to combat depression and hopelessness, build access to social support, learn stress management techniques, improve their communication skills, avoid substance abuse, and focus upon life skills training. This approach directs attention toward the individual youth, neglects consideration of the larger societal factors which surround Aboriginal peoples, and effectively discounts the direction of tribal leaders in assessing the lack of traditional cultural values in the complex.

Berlin's (1987) article provides an example of the descriptive style and form often taken in defining the relationship between suicide and traditionality. While he does note that "especially high suicide rates occur among adolescents who have been adopted by non-Indian families and those who attend American Indian boarding schools," much

of his discussion is based upon the elaboration of the social conditions found to exist on American Indian reservations and pueblos (Ibid:229). He states that research has “identified a number of factors characterizing tribes with high suicide rates; these include *failure* to adhere to traditional ways of living, to traditional religion, and to clans and societies, and the resulting chaotic family structure and adult alcoholism” (Ibid: 218 emphasis added). Berlin discusses how studies reveal that Indian communities with high suicide rates also have high rates of alcoholism, drug and solvent abuse, and states that the communities are experiencing these because they “have *abandoned* their traditional way of living” (1987:229 emphasis added). Berlin’s implications are somewhat narrow and exclusionary, but not extraordinary or exceptional. Similarly, Timpson et.al. (1988: pg) state that the “Nishnawbe *abandoned* their traditional lifestyle in order to live on reserves,” which also underscores the discussion of lifestyle change in terms which suggest the element of choice (emphasis added).

Bachman (1992) examines the social structural factors which are related to the incidence of violence and makes a concerted effort in recognizing the social issues that have confronted Native Americans for several generations. Amongst these she recognizes the lasting effect of internal colonialism as well as the histories of exploitation, brutalization, segregation, exclusion from lands, annihilation and the subsequent administration by the colonizers. She examined the perceptions held about Aboriginal peoples in the United States, seeing these as having important implications for the homicide and suicide rates that were generated for her research. She points out that while diversity exists between differing tribes, all tribes have similarly experienced



economic and social disruptions of their communities, of the traditional family life, and of their respective roles in community affairs.

Davenport and Davenport (1987) note how social work and mental health intervention efforts with Native Americans have generally been based upon psychological theories and how the results have been less than convincing. In turn, they suggest that the sociological emphasis of Durkheim (1951) would help give balance to the approaches taken. The state of normlessness, or anomie, provides the essence of anomic suicide theory. The approach they take in accounting for Durkheim's concept of anomie is significantly different. Davenport and Davenport are explicit in recognizing the state of anomie as being initiated and maintained through military destruction and consequent government policy and regulatory effects. They give indepth consideration to the types of changes experienced by Native Americans starting with military annihilation of many tribal groups, the loss of lands and forced relocation to reservations, the deliberate extermination of the buffalo, the instituted foreign forms of governing systems, the ridicule and active suppression of Native spirituality, pressures to convert to Christianity, and the use of boarding schools for acculturation through the educational systems. They state "It is little wonder that this situation, when compounded by prejudice, discrimination, and low socioeconomic status, results in the breakdown of the individual and social disorganization"(Ibid:536). The authors favor an anomic explanation for the high rate of suicide among '*Indians*' and suggest that the use of psychological intervention for suicide should primarily be an adjunct in a comprehensive process of community and social development. Unfortunately, in the concluding

recommendations, they neglect discussion of political measures.

VanWinkle and May (1986) discuss social integration and acculturation as offering possible explanations for increasing suicide rates and for the varying rates between tribes and suggest that one way to determine the level of acculturation of Native groups is to look at the factor of White contact. They discuss Linton's concept of acculturation as cultural change resulting from continuous first hand contact between people of different cultures.

Linton would consider the contact between Native Americans and Whites an example of directed culture change because the Whites were the dominant group actively and intentionally interfering with the Indian culture. With culture change, some Native American groups experienced losses of cultural traits without replacement as well as the inhibition of pre-existing culture patterns. For some groups this led to conflicts in values, stress, and anomie for the individual members and social disorganization and an increase in social pathologies, including suicide for the groups (Ibid. 1986:307).

VanWinkle and May note that while the idea of social integration may explain some of the variation in suicide rates among differing groups, the level of acculturation seems increasingly to be a more important factor in explaining rising suicide rates. While insightful, this line of thought does not question the ways in which "directed change" acculturation has been carried out unilaterally, but appears to concern itself with the ways Aboriginal peoples react to "acculturation." The underlying political processes at work are taken for granted. As Kirmayer (1994:41) states, "...the acculturation model ignores the fact that culture contact is not primarily a matter of the choice of adaptive strategy of individuals but is the outcome of economic and political forces and struggle between groups. For most of the history since contact, Aboriginal cultures have been

actively suppressed, undermined and destroyed by European and Canadian institutions and individuals. These acts of violence have directly scarred many Aboriginal peoples and severely constrained their options for adaptation.”

One further aspect which warrants attention in relation to Aboriginal suicide is the way in which mass media has reacted to and contributed in shaping the common public knowledge about it. As Thompson and Walker (1990) point out, treatment of “*Indian*” adolescent suicide, sparked by widely publicized “cluster” suicides, was prominent in popular and professional literature during the 1980s. They state “lay persons and professionals alike were again asking the basic questions that have been asked for years: How serious is the problem? Who do young Indians kill themselves? What are the contributing factors? How can Indian adolescent suicide be prevented?” (Ibid:128). Kirmayer appears to recognize the participatory role of media in definitional activities surrounding Aboriginal suicide in his statement “the media can contribute to suicide prevention by presenting positive images of Aboriginal culture and examples of successful coping and community development” (1994:37). The adverse effect of media attention has been noted in suicide clusters, and Tower (1989) points out that eventually media was banned from a Native American reservation which was experiencing several suicides. Kirmayer discusses how the publicity given to suicides may contribute to suicide clusters and notes, “[m]any Canadian editors have adopted policies to minimize the reporting of suicide to reduce their negative impact” (1994:37).

Within the disciplinary approaches taken toward Aboriginal suicide, an underlying struggle over legitimate acceptance of definitions or “authoritative

ownership” is detectable. The sociological treatment of Aboriginal suicide argues for prevention approaches which are generally more comprehensive and not restricted to suicide intervention, while the mental health approach argues for focus upon the individual with clinical intervention techniques. Of relevance in Timpson’s et.al. (1988:7) analysis is the discussion of the tendency of mental health professionals to diagnose conditions as reactive or even psychotic depression, stating “lifestyle and sociopolitical issues are conducive to circumstances which tempt mental health professionals to consider the primary diagnosis to be depression, as defined by Western psychiatry.” Thompson and Walker (1990:132) participate in the struggle over the legitimate definition of the ‘problem’ by referring to the Native people they are discussing as “the patient” and with their assertion, “[r]efocusing efforts toward the provision of effective clinical interventions and away from broad and vaguely formulated education and health programs offers the best hope for progress in intervention in the next decade.” Further, they add, “[t]hese programs will require more well-trained professional staff in order to apply the best treatment psychiatry has to offer. Resources would then be directed toward the fundamental problems, rather than being misdirected toward society in general via education or health promotion programs...” (Ibid:133). However, Kirmayer (1994:22) states “[t]here are few data on the prevalence of psychiatric disorders in Canadian Aboriginal communities, so it is not possible to determine what proportion of suicides are associated with major psychiatric disorders.” Armstrong (1993:224) further contests the tendency toward psychiatric diagnoses, “I believe, however, that the chronic stresses of daily life, rather than diagnosable

psychiatric disorders, account for Native Indians' high rates of arrest, homicide, suicide, incarceration, wife and child abuse, and violent death." Considering Gusfield's (1989) discussion of helping professionals and ownership, this could be conceived of in terms of the mental health approach vying for "ownership" of the 'Aboriginal suicide problem,' as an avenue toward gaining contracts from the various governments in the form of "helping professions" and "service delivery." Ryan (1980) notes that mental health research on American Indian and Alaska Native people is considerable, but that the research outcomes are often not reported back to the community studied. "It appears that researchers would go into a community, collect their data, leave, write their reports, put them in professional journals, and never return to explain the results to the community studied" (Ryan 1980:508). Ryan's discussion highlights academia's participation in the 'ownership' struggles concerning Aboriginal peoples and issues in terms of intellectual research property ownership.

Recently, Kirmayer (1994) participated in the process of developing *Choosing Life: A Special Report on Suicide Among Aboriginal Peoples* (1995), and there is a distinct difference between his approach toward the subject matter and what has previously been the standard. He states, "Rather than turning Native communities into 'therapeutic milieus' where everyone is preoccupied with mental health issues, it may be more effective to address directly the social problems of economic disadvantage, the breakdown in the transmission of cultural tradition and identity, and political disenfranchisement" (1994:39). And further, "An argument can be made, however, that given the widespread social problems faced by Aboriginal peoples in Canada, viewing

suicide strictly as an outcome of a psychiatric disorder actually aggravates the situation. Psychiatric explanations are stigmatizing and so add to the feelings of estrangement, devaluation and powerlessness that contribute to suicide attempts. A psychiatric approach directs attention to the pathological individual rather than to basic social problems that demand remediation” (Kirmayer 1994:40).

Academic treatments of Aboriginal suicide, with their descriptive methods and designation of and focus upon personal and community dysfunctions, have gained legitimate acceptance as the official authoritative voice on the issue. The definitional activities of the academic participants in Aboriginal suicide have directed their attention and efforts toward individual and community *dysfunctions*, perhaps with the view of benevolence, arguing for ‘help’ for Aboriginal peoples, but the overall effect of their approach has been to shape and contribute to common assumptions regarding Aboriginal peoples. They have defined the ‘problem’ as having a particular shape and form, describing the issue using a specific set of terms and concepts. It is reasonable to assume that these authoritative “expert” definitions have been accessed and utilized by officials, practitioners, policymakers, journalists, in such a manner as to contribute to public wisdom (Gusfield 1981) and thus, contribute to the continuation of the status-quo regarding Aboriginal peoples. The main concepts of the academic treatments of suicide in general have been applied specifically to the issue of Aboriginal suicide in a manner which accents the most negative aspects and results of the *Indian* experience, directing attention toward the individual and community, but neglecting serious consideration of the historical, economic, and political systems of relations, thereby participating in

confirming the status-quo. While various academic treatments of Aboriginal suicide have touched upon the political context and historical factors associated with the high rates of suicide among Aboriginal peoples, generally these conditions appear to be established simply to provide a backdrop for the discussions. Discrete underlying conceptions about the position that Aboriginal peoples occupy within Canadian society are taken as a given, taken for granted as being part of the natural order of things.

## **5. Case Study: Aboriginal suicide**

As a graduate student enrolled in the Sociology/Anthropology department of Simon Fraser University, the research phase on my chosen topic of Aboriginal suicide was well underway when a particular case began to gain considerable publicity. As Gusfield (1981) has pointed out, the particular case can inform us about the more general case. This research involved performing a detailed analysis and description of a specific body of data on a particular case as an avenue to exploring how the situation of Aboriginal suicide has come to be commonly regarded in the manner that it is. An exploration of the public meanings, that is, the common understandings and assumed characteristics, of Aboriginal suicide may also lend useful insight into the relationship of authority and social control toward public problems. This involves examining the nature and form that definitions of the problem have taken as an avenue toward clarifying the process by which it came to assume its character, and more specifically, how theoretical and scientific “facts” of academic knowledge operate in attributing causal responsibility, thereby contributing to our sense of social order.

Public attention began to fix upon the several suicides that had occurred in the Pacheedaht Indian band community on Vancouver Island following a press release in June 1995 from the Chief Coroner’s office. The Coroner’s Office became aware of the suicidal deaths of five young people in the reserve community, which began to occur in 1991 and continued until May 1995, and thereby planned a public inquest into the matter. The deaths included members of both genders and the ages ranged from 19 to 24 years. The last suicide, which occurred in May 1995, appears to have prompted the Coroner’s



Office to decide upon an official public inquest. News reporter Stewart Bell followed up on a press release from the Coroners Office concerning the occurrence of several suicides on the Pacheedaht Indian reserve with a story on the front page of the Vancouver Sun newspaper on June 22, 1995. In his article, Bell discussed conditions on the reserve and how it was “deemed a community in crisis” by the federal government, as well as how community leaders and elders were working to improve conditions. The article contained quotes from community members including those of the hereditary chief, a band councillor, a female band member and two young males from the community. Bell included in his article segments of the report by the Royal Commission on Aboriginal Peoples dealing with suicide which viewed the high rate of suicide as a expression of collective anguish resulting from the cumulative effect of 300 years of colonial history. Common to the patterned regularities found in most treatments of Aboriginal suicide, the news report offered the usual explanations complete with implications of causal theories in the numerous mentions or references to the use of alcohol and/or drugs in the article.

On May 23, 1995, one month previous to the above mentioned news report, Coroner Dianne Olsen produced a Judgement of Inquiry report into one of the suicidal deaths on Pacheedaht reserve which had occurred 17 months earlier, in December 1993. The first page of such a report consists of an official form in which standard questions are answered concerning the particulars of any death such as the age, sex, birthdate, place of death, type of premise, date and time of death, identification method, specifics of post mortem and toxicology examinations, medical cause of death and classification of the event complete with code numbers; also included on this page is a section which

inquires whether the deceased is Native. The second section of a Judgement of Inquiry report is titled “Circumstances as a Result of the Inquiry.” It is here that the Coroner has the official right and duty to introduce the circumstances of the death, to describe the sequence of events, to discuss post mortem and toxicological examination results, and offer concluding statements. The decision by Coroner Olsen to divulge details of an extremely sensitive nature concerning the events prior to the suicide of this young Aboriginal female into public record exemplifies the discretionary powers held and exercised by officials. It appears that Coroner Olsen also held implicit causal theories which involved the use of alcohol as a target character since it is referred to 6 times in this brief two page report. The explicit details that were selected to be written about in this Judgment of Inquiry by Coroner Dianne Olsen of the B.C. Coroner’s Service were to be later accessed by Vancouver Sun news reporter Stewart Bell and disclosed to the public in a such a callous manner that questions arose as to the purpose and aims of such reporting.

The reporting referred to appeared in the Vancouver Sun (A3) on September 26, 1995 in the second article concerning the suicidal deaths on the Pacheedaht Indian reserve. This article appeared to have been prompted by the cancellation of the previously planned public inquest. News reporter Stewart Bell discussed the cancellation of the official public hearing as resulting from the preference of family members of the deceased to avoid further publicity about the deaths, as had been related to him by Chief Coroner Vince Cain. Coroner Cain then decided that he would carry through with his own investigation and produce a report with recommendations. After publicly noting the

families' aversion to further media attention being focused upon the deaths, Bell nonetheless went ahead to report on the case that Coroner Olson had based her Judgement of Inquiry upon.

Why a news reporter would publish the extremely sensitive details of a suicidal death was revealed in the article. Bell re-states from his previous article of June 22, 1995 how the Aboriginal community had been declared a "community in crisis" by the federal government, adding "but band leaders are reluctant to talk about it." Following the appearance of the first story as front page news in the Vancouver Sun, Bell states that the Pacheedaht band leaders threatened a law suit if details of the suicides were published, and they passed a band council resolution banning all news reporters from the reserve. In discussing the issue with Coroner Cain, Bell once again notes the families' wishes to avoid press attention around the suicides. It appears as though news reporter Stewart Bell took extreme offense at being directed not to write about the details of the suicides under threat of a lawsuit and of being banned from the reserve, and apparently, he retaliated by going ahead and writing the most lurid details of one case, relying on the descriptions offered by Coroner Olsen's report. The references to "expert" definitions are of significance in shedding light upon the uses of knowledge by those who actively participate in claims-making activities. Bell writes "Experts blame substance abuse, unemployment, family problems and what they say are the lingering effects of European colonization" (A3).

The next public document concerning this particular case was released on February 23, 1996 following a six month investigation by Chief Coroner Vincent Cain

into the suicides on the Pacheedaht Indian reserve. In much the same manner as described above with Coroner Olsen, the standard report form of the Judgement of Inquiry was completed by Chief Coroner Cain who filled in the blank spaces which dealt with the particulars concerning one of the young suicide victims from Pacheedaht band.

After considering the specifics of this particular death, Chief Coroner Cain states that in arriving at “reasonable and feasible recommendations” for dealing with the causes of the tragedies, an additional section entitled “Background For Recommendations” is presented in the report. He adds that “the responsibility for dealing with the problems and root causes lies squarely within the Pacheenaht [sic] community; and the responsibility for assisting that community through these crises rests with the ever so many agencies involved in the civics of the Band” (pp. 3 of 9). In this additional section of the public report, Cain states “studies have demonstrated that the aboriginal suicide rate is higher than the average population and that many of these suicides are precipitated by alcohol and drug abuse in the family and community” (pp.4 of 9). He lists additional factors, including lack of appropriate role models, poor educational levels, poor employment prospects, historical poor self-esteem, grief experiences without resolutions, loss of cultural identity, sense of despair for the future resulting from a dependence on welfare, history of dependence on alcohol/drugs to alleviate sense of despair, and poor parenting skills (pp.4 of 9). This account very closely resembles lists of causal factors often arrived at in academic studies dealing with Aboriginal suicide. He informs us that the Pacheedaht band relies almost solely on program grants and Indian Affairs and Northern Development core funding. Cain briefly refers to “studies” which have

indicated the effects of colonization and government policies in reducing Aboriginal peoples to a state of dependency. Framing these issues as “historical happenings,” Cain goes on to declare “that is the way it was; times and conditions have since changed” (pp.4 of 9). Cain then re-directs his attention toward the listed causal factors gained from his investigation with discussion of how they are experienced by the Pacheedaht.

The general strategy that Cain relies upon in developing his conclusions is similar to those found in “studies” dealing with Aboriginal suicide which commonly neglect serious consideration of the detrimental system of relations between Aboriginal peoples and the larger Canadian society and political context. Instead, the tone of the report appears to point the blame toward the community members by elaborating upon how reliance on welfare brings about high unemployment and substance abuse, and stating that little interest is shown in traditional practices, implying sociological concepts of surrounding environmental elements as causal factors contributing to the suicides. Additionally, Cain directs attention toward the individual by utilizing psychological concepts and jargon such as *communication skills, poor parenting skills, depression, hopelessness, despair, family violence* and, again, *abuse of alcohol and drugs*. In fact, alcohol and drug use was referred to no less than 19 times in the first 6 pages of the report, providing strong indications about Cain’s perceptions and designation of it as the primary causal factor. The nature and form of elaborations taken in descriptions of these characteristics as being the causal factors in the eventual destruction of individuals by their own hand build upon the most common approach taken in portrayals of social issues facing Aboriginal peoples. If the community is portrayed as *dysfunctional* and

*disorganized* and the individual is portrayed as having *mental health disorders* and as *deficient*, the picture has been drawn, the path has been cleared, and now the task remains to ‘fix those needy people.’

The extension of claims-making activities, frequently bolstered by references to “expert studies,” into developing official policy reveals itself in Cain’s report when he exemplifies the community’s “urgent need” for more “service delivery,” and further recommends that this service delivery be set up in Port Renfrew, the neighbouring non-Aboriginal townsite. The idea of a “service delivery” dependent client group appears to be deeply ingrained in Cain’s understanding of Aboriginal issues. The general tone of the entire report is extremely condescending, implying in his statements the belief that the community members are, in fact, *inferior* and *deficient*. Further, Cain directs that “Community efforts should be focused on constructive problem solving, not blaming others for the difficulties. Clearly, the Pacheenacht [sic] people must have a greater acceptance...”(pp.6 of 9). He states “The answers are there; the family, friends and community must conclude them. And do so without looking for fault, blame or other negatives which humans tend to do. The past is just that, and nothing can be done by dwelling on it or attempting to rectify past wrongs by looking to blame institutions or persons” (pp.6 of 9). And, thus, he has spoken. The last three pages of the report, making up the final section, details the Recommendations which Coroner Cain suggested to counter the suicides. The vast majority of recommendations were directed toward the Pacheedaht band concerning how they should proceed now. The final two pages are basically a list of addresses of the eleven government Ministry Offices who were sent

copies of the Judgement of Inquiry report, and who were urged in a sentence or two to take note of the crisis and boost the social service delivery systems with increased coordination and integrated delivery of services.

The week following the completion of Chief Coroner Vincent Cain's report, news reporter Stewart Bell responded with his third treatment of the issue by publishing two stories concerning the Pacheedaht band in the February 29, 1996 edition of the Vancouver Sun. The title "Indian band with suicide problem should stop blaming others, chief coroner says" on the front page of Section B effectively captures attention. Bell states that Chief Coroner Cain's six-month investigation reveals a bleak picture of abuse, despair and poverty, and highlights aspects of the report where Cain directs the band to "stop blaming others and start dealing with its problems" (pp.B1), noting Cain's emphasis upon the need for the band to assume responsibility. The vast majority of Bell's two articles were basically selective reproductions of material gained from the two Judgement of Inquiry reports by Coroner Dianne Olsen and Chief Coroner Vincent Cain. The second article, once again, deals with the female suicide death that Coroner Olsen based her inquiry upon, repeating the entire story while detailing, with additional embellishment, all of the information supplied by the coroner that the family members did not want published. News reporter Stewart Bell follows the common mode of implying his views on the causal factors by including 13 references to alcohol and/or drug use dispersed throughout the two articles.

On March 1, 1996, the Globe and Mail newspaper printed a short insert titled "Develop own goals, band told" which picks up on the story and highlights the aspects of

Cain's report which directs the Pacheedaht to "have greater acceptance... take more responsibility... the past is just that... nothing can be done by dwelling on it or attempting to rectify past wrongs by looking to blame institutions..." (A4).

On March 2, 1996, Stewart Bell addressed the issue a final time with an article titled "Coroner's report criticized" on page A22 of the Vancouver Sun. He discusses how the report by Chief Coroner Cain has been criticized by some members of the Aboriginal community. The article summarizes Cain's investigation and contains excerpts of discussions with two Aboriginal people who voiced concerns with the placement of blame upon the community. Bell notes their input which pointed toward lack of resources for dealing with the issues of unemployment, welfare dependency and substance abuse and also, the longterm effects of abuses in the residential schools as significant factors in suicide among Aboriginal peoples.

As Gusfield (1981) has suggested, this case study can provide us with an example of the selective process that goes into the development of a public problem, illustrating how claims-making participants, often locked into a particular consciousness about an issue, exclude alternative forms of conceptualizing the 'problem.' Further, this case provides us with an indication of how theoretical and scientific 'facts' produced by universities and technical institutes operate in attributing causal responsibility, contributing to our sense of social order. It appears that the claims-making participants involved in this case were initially disturbed with the high occurrence of suicide within a particular reserve community and were motivated to investigate. The Chief Coroner's Office, being the official agency in charge of investigating deaths, could conceivably be



obligated to produce an official report which examines and deals with the high occurrence of suicides. In addition to the high incidence of suicides occurring in the reserve community, Coroner Cain also had to contend with the demand for solutions “to do something about the problem” which was being published in a prominent newspaper on a regular basis.

Through examination of the public and official treatments rendered in the case of suicides within this B.C. reserve community by the media and Chief Coroner’s Office, in conjunction with “expert” academic studies, we are given the opportunity to gain insight into the more general case. Causal responsibility, that is, *whose fault is it, who is to blame*, has been quite clearly designated by the “experts,” official, and public claims-making participants. The *fault*, it appears, lies in the Aboriginal person, peoples, and communities. That a consensus exists about these understandings is implied by the various referrals to “expert studies” taken as providing “factual evidence” about the “reality” of the situations described, as well as through the confidence demonstrated in presenting this variety of renditions into the public realm.

Upon closer examination, it becomes evident that selective choices and decisions were made by the participants in the claims-making activities concerning this particular situation. News reporter Stewart Bell and Chief Coroner Cain both indicate, through brief reference, their awareness of an alternative viewpoint that could have been selected for use in consideration of the issue of Aboriginal suicide, but the common body of knowledge which points toward individual and community causal factors as related through “expert studies,” was resurrected and sustained. Considering the form of Chief

Coroner Cain's participation in the claims-making activities and eventual arrival at conclusions, it does not stretch the limits of the imagination to assume that in addition to his own personal preconceived ideas about Aboriginal social issues that he also had access to the public media treatments rendered to the Pacheedaht experience and was quite capable of picking up on the gist of causal factors as designated by academic studies when visualizing how these combined elements could have contributed to the findings of his official report. In his final summation of events, causal factors, and responsibility, Chief Coroner Cain totally dismisses the idea of the "objective" scientific approach which calls for neutral language, accompanied only with subtle undertones, and instead is quite blatant about his views on the matter.

In sharing their impressions and final thoughts about the mass media treatment and presentations of the issue into the public arena, Pacheedaht elected band officials whom I interviewed viewed the high incidence of suicides as being capitalized upon (personal communication). Gusfield (1989) recognizes the image-making industries (that is mass media along with educational institutes which inform and entertain) as being significant parts of the process by which members of the general public are able to experience social problems, interpret and supply meanings, as well as create and administer public policies (Ibid:432). He suggests that social problems, as played out by the image-making industries, form a basis of interest and entertainment providing much of the connotations by which they are understood, and ultimately by which they are acted upon. The definitional activities of these claims-making participants did more than provide a "factual" basis by which to understand the character of Aboriginal suicide.

Through the definitional activities of participants Chief Coroner Cain and news reporter Steward Bell, in addition to their reliance upon “expert studies,” we have been directed toward a form and understanding of Aboriginal suicide which, in effect, has substantial significance and authority in determining how the issue fits into the social order, or otherwise, ensures the smooth continuation of the social order. Within their language and the perspectives they denote, they also provide us with images which communicate moral and righteous attitudes about Aboriginal suicide, Aboriginal social issues, and, accordingly, Aboriginal peoples.

In reconsidering the treatment of this particular case and its implications, it is apparent that the approach taken toward Aboriginal suicide has played upon the “*deficient inferior Indian*” suppositions which are readily apparent in the Canadian context. Furthermore, these ideas, which, in effect, are being actively promoted and sustained, serve the purpose of allowing for the continued official “ownership,” definition and control of issues affecting Aboriginal peoples. For example, as Gusfield (1981) has indicated, since such modes of conceiving the reality of a phenomenon are closely related to the activities of their solution, making the decision to see Aboriginal suicide through the metaphor of medicine, as *mental health issues* or through the rhetoric of *social disorganization* and *social dysfunction* has consequences for measures instituted to deal with it. The selective decisions made, based upon specific conceptualizations held about the issue, influence the claims to authority over the area and over the persons connected with the phenomenon

Those in positions of power and authority, often in the form of government

officials, who have been deemed responsible to provide “help” within our liberal-democratic societies, answer the call to “do something about the Aboriginal suicide problem” by taking further control of various aspects of Aboriginal peoples’ lives, or ensuring that the mechanisms of control which are currently in place do not weaken. This form of conduct, as evidenced in the recommendations by Chief Coroner Cain, often results in social service, mental health, and government agencies being commissioned to set policy, and send forth troops of “service providers,” based, of course, on the implicit assumptions that *Indian* people are *incapable, inferior, and deficient*. Since the so-called *dysfunctional behaviors* and *inherent deficiencies* of Aboriginal peoples have been designated as the *causal factors* in suicides, consequently the suppositions for solutions lie in strategies which diminish either the “*Indianness*” or the *dysfunctional behaviors*, or preferably both. The available strategy, based upon this line of thinking, is to persuade the “*Indian*” that *they must change* their ways, that *they must receive help* for their *mental health* issues. Conveniently, the most fitting and acceptable means to achieve these goals is through the continued and increased delivery of service providers, or “helping professions,” in the form of community mental health workers, psychologists, community developers, and other “professionals.” And, herein lies the crux of the issue, in that the underlying implication that Aboriginal peoples are incapable of looking after themselves in any meaningful way has been effectively reconstructed, thereby justifying the status-quo.

## **6. Conclusion**

The aim of this thesis has been to examine the nature of the definitional claims-making activities of various groups and officials around Aboriginal suicide with the intention of demonstrating how the public consciousness of the issue has been brought to life and sustained. The focus has been directed toward providing an account of how definitions and assertions were made, what form the definitions have taken, and how they were acted upon. In looking at the way in which Aboriginal suicide has come to be understood within the public consciousness, it soon becomes evident that there was a structure of thought and action within the differing groups and institutions which drove the process of defining and containing the definition of the issue, and which also provided for the exclusion of alternative definitions and understandings (Gusfield 1981). The subject matter of Aboriginal suicide has been analysed and portrayed in such a manner that a fairly uniform consciousness exists about it. In questioning the underlying assumptions of these analyses and portrayals in an effort to clarify how the 'problem' of Aboriginal suicide has come to assume its character, the selective nature of the definitional activities, including those of 'experts' often described in terms of theoretical and scientific 'facts,' have been considered. This exercise has provided some indication of how institutional responses act in producing a socially legitimated category of a social problem, and thereby, how methods of social control and treatment are institutionally established.

Gusfield (1981) introduced the concept of "ownership of public problems" as a means of recognizing that in the arenas of public opinion and debate all groups do not

have equal power, influence, or authority in defining the 'reality' of a problem. Gusfield refers to the ability to create and influence the public definition of a problem as "ownership," using the metaphor of property ownership to emphasize the attributes of control, exclusiveness, transferability, and potential loss also found in the ownership of property. He proposes that the question of ownership and disownership is very much a matter of the power and authority that groups and institutions can gather to enter the public arena, to be kept from it, or to prevent having to join. Gusfield pointed out that at any time in a historical period there is recognition that specific public issues are the legitimate field of authority of distinct persons, roles, and offices that can command public attention, trust, and influence. For example, Cain's role as the Chief Coroner of British Columbia placed him in a position to answer the media's call for attention to the several Aboriginal suicides which were occurring in a B.C. reserve community. As an official fulfilling a specific role and office, he possessed the public authority and credibility that others attempting to capture public attention may lack. As Gusfield indicates, "owners" can make claims and assertions, they possess authority in the field, they are looked at and reported to by others anxious for definitions and solutions to a problem. Even if opposed by other groups, they are among those who can gain the public ear. Utilizing the concept of "ownership" in this way implicates academia, mass media and governmental officials since they possess and use their considerable power, influence and authority in defining and describing the "reality" of Aboriginal suicide. The versions of "reality" that gain prominence provide a demonstration of the greater power and authority of those in position to define and describe that "reality."

Furthermore, Gusfield has argued that while some groups, institutions, and agencies are interested in defining, affecting, and solving public problems, others may be especially interested in avoiding the obligation to be involved in the problem creating or problem solving process. They deliberately seek to resist claims that the phenomenon is their problem by making little effort to counter popular assertions, by taking little notice of the issue, by rejecting or playing down their historical role in the culmination of present situations, by an unstated, yet apparent aloofness and by not entertaining any relevant discussion as to their own roles (Gusfield 1981). This approach is readily apparent when considering the federal and provincial governments decidedly indifferent attitude toward Aboriginal suicide as evident in the delegation and transfer of Aboriginal social issues to “service delivery agencies,” and the studious neglect and rejection of any other possibilities. They make no claims to ownership of the Aboriginal suicide problem at the higher political levels and, in effect, disown it by relegating it strictly to the level of routine policy implementation. This form of behavior toward Aboriginal peoples on the part of Canadian governments has been characterized as less than benign neglect and as a national disgrace by the United Nations council.

In addition to the ideas about “ownership,” Gusfield has suggested that the relation of causal responsibility to political responsibility is a central question in understanding how public problems take shape and change, and these concepts can provide significant insight into the development of public problems. Causal responsibility is a matter of belief about the causal factors associated with a problem, while political responsibility looks to the person or office in charge of controlling a

situation or solving a problem. The various federal and provincial government agencies, academia, and mass media, as active participants in the definitional claims-making activities, have developed, promoted and maintained the idea that Aboriginal peoples' experience of social issues such as suicide are *caused by individual mental disorders* and *community social dysfunctions*, and accordingly have persuaded the public into thinking that the governments did not and do not have a real role in Aboriginal social problems. The descriptive styles employed resolutely put off any implications that the governmental bodies of this country may have contributed in any way to causing the situations that Aboriginal peoples face, thereby effectively disowning causal responsibility, but at the same time holding fast to the facets of authority and control in political responsibility.

Gusfield (1981) proposed that the modes of conceiving of the reality of a phenomenon are closely related to the activities of resolution as they affect the claims to authority over the area and over the persons connected with the phenomenon. Academic study, official treatment, and general knowledge about the topic of Aboriginal suicide have developed within specific boundaries. Upon examination of how the experiences have been described, it becomes evident that the descriptions are expressed in terms which provide indications of their meanings and significance. The importance of appointing causal responsibility to the Aboriginal individuals and communities is readily apparent in treatments of Aboriginal suicide through the extent of its presence in explanations. The meanings become clear when noting the designation of factors which have been chosen for examination in the arrival at 'explanations' as well as through recognition of the elements which have been relatively neglected and left out of the



portrayals.

Upon study of public, official, and academic treatments of Aboriginal suicide, some distinctive patterned regularities became evident. The similarities and connections between the 'explanations' offered by the various groups who have contributed to the social meanings associated with Aboriginal suicide confirm how modes of presentation operate in conveying messages. The direction or underlying message of these discussions were detectable upon careful examination of the written descriptions offered, the patterned references to a particular series of explanations, the language used and the implicit attitudes held. There seemed to be a form of an underlying agreed-upon knowledge and mutually recognized standards which went without saying in the analyses. Some of the taken for granted assumptions of these claims-making participants about the nature and form of Aboriginal suicide appear to be based upon notions of the supposed *deficiencies* of Aboriginal peoples. Further, the socio-economic and political position that Aboriginal peoples occupy within Canadian society is apparently taken as being part of the natural order of things. This standard approach reveals itself in explanations given about Aboriginal suicide and, consequently, the descriptive mode most frequently relied upon provides a background against which the subject is unmistakably defined.

As Gusfield (1989:431) has stated, "[t]he concept of "social problems" is not something abstract and separate from social institutions." To give a name to a problem is to recognize or suggest a structure developed to deal with it. To say 'Aboriginal suicide problem' quickly categorizes the issue as part of the larger 'Indian problem' (Dyck 1991) which has an extensive history of development and maintenance within

Canadian society. The pattern of descriptive treatments given to Aboriginal social issues such as suicide inevitably lead to questions about the relevance or utility of the explanations offered and accepted as “reality.” In addition to the overall development, also of significance is the way definitional activities dealing with Aboriginal peoples and social issues have been maintained throughout history on up to the present.

With this study, an effort was made to place emphasis upon the uses of knowledge as a basis for authority in public problems. Knowledge and politics come into contact because knowledge is part of the process, providing a way of seeing the problems. The way a problem is understood has been influenced and shaped by those in positions of authority, but there are other ways of “seeing” a problem. The authoritative interpretations often attempt to keep the issue at the level of academic discussion by referring to statistical data and variables or framing the discussion in terms of individual and community pathologies requiring only general policy implementation. Gusfield (1981) has noted that whatever its source, the appeal to a basis in “fact” has implications for the practical solutions sought to public problems. Application of this idea leads to the recognition that the theoretical and scientific perspectives from universities and formal institutes have operated in attributing causal responsibilities and constitute the “state of the art” in explanations of Aboriginal suicide and therefore play a significant role in providing a consciousness of the problem. Gusfield treats the product of science as a form of rhetoric in order to visualize the research document and its presentation in communities of science and into the public arenas as a form of argument. He describes science as rhetoric in order to provide a way of understanding how the construction of a

factual reality rests on the authority of research and scientific study. The understandings of “reality” as derived from academic research have a definite and consistent sense of “fact” which enables the social control of problematic situations and people to continue. Gusfield discusses how the artistic rhetoric of science has produced a cognitive and moral order which appears external and unyielding to human choice and design.

The political responsibility for Aboriginal social issues such as suicide concerns the question about who is responsible to do something about the problem, but can also provide information about the extent and nature of the role of power, authority groups, and institutions who exercise political control of Aboriginal peoples. Gusfield notes how government officials and agencies operate to define public issues, develop and organize demands upon themselves, and control and move public attitudes and expectations. The political responsibility of Aboriginal suicide, relying upon the causal definitions offered by “expert studies,” take the form of government agencies implementing policies to deal with the problem. The treatment of the Aboriginal suicides by the Chief Coroner of B.C. and the media, along with their reliance upon the assertions of scientific studies, has provided a clear example of this sequence of events.

The dominant form of consciousness about Aboriginal suicide could be interpreted as a salient form of social control since it actively eliminates conflict or divergence by rendering alternative definitions or solutions unthinkable. As indicated by Gusfield (1981), this subtle unseen implication of cultural ideas is perhaps the most powerful form of constraint. He points out that the existence of overt conflict and debate makes the politics of an issue obvious. And, alternatively, the lack of such conflict may

hide the very features of the structure which make for its absence, which prevent the opposite forms of consciousness from being observed. That is, the lack of open and obvious conflict between Aboriginal peoples and official governmental bodies around socio-economic and political issues may hide the features of control and oppression built into the structure which act to ensure the absence of conflict and which also acts to prevent the opposite forms of consciousness from being observed. Dyck (1991) discussed this system of relations between Aboriginal peoples and governments in terms of coercive tutelage. Those very features of Aboriginal control and oppression found within governmental legislation contribute to the commonly 'known' situations of Aboriginal peoples, to what 'everyone knows.' The absence of alternative modes of consciousness and the acceptance of a 'factual reality' often hide the conflicts and alternative possibilities and further, as Gusfield notes, ignoring the multiplicity of realities hides the political choice that has taken place.

The main point of contention in this thesis is a concern about the lack of contextualized research data when considering Aboriginal social issues such as suicide. The research on Aboriginal suicide is often silent about, or providing only very brief, insignificant attention to the internal colonialism that Aboriginal peoples continue to live with. Little is discussed about the long and continuing history of cultural, social, economical and political domination that affects the daily lives of Aboriginal peoples. What would happen if attention to the '*deficient, dysfunctional Indian*' was dropped, and the many situations facing Aboriginal peoples, including suicide and other social issues, were looked at in terms of being the consequence of the continuing socio-economic and

political mechanisms of internal colonialism and systemic discrimination? Since causal imputation is ambiguous, the discriminatory legislative treatment of Aboriginal peoples in Canada is logically as much a cause of Aboriginal suicide as the arguments offered and readily accepted presently.

To discuss the 'Aboriginal suicide problem' requires a previous framework within which the 'problem' can be conceived of. The public consciousness about Aboriginal peoples in Canada and other Western societies has a long history of development. Dyck (1991) provides a comprehensive view into the development of the Indian 'problem' within the Canadian context. There are vast amounts of academic treatment from a variety of disciplines which have given serious consideration to the development of Aboriginal issues in relation to the major institutions in the Canadian context. For instance, history (Barman 1991, Duff 1964, Dickason 1984, Fisher 1977, Fisher and Coates 1988, Miller 1989 1991, Trigger 1985), education (Assembly of First Nations 1994, Dyck 1997, Furniss 1995, Haig-Brown 1988, Knockwood 1992, RCAP Volume 1), health (Culhane Speck 1987, Waldram, Herring and Young 1995), legislation and policy development (Dyck and Waldram 1993, Milloy 1983, Tobias 1976, Weaver 1985), political and social systems of relations (Comeau and Santin 1990, Dyck 1985, Fleras and Elliott 1992, Sawchuck 1995, York 1990), economic issues (Carter 1993, Bolaria and Li 1988, Knight 1978), criminal/justice issues (Griffiths and Verdun-Jones 1989, Harris 1990, Jackson 1988, Priest 1989, Report of the Aboriginal Justice Inquiry of Manitoba 1991), as well as self-government and land issues (Asch 1984, Cassidy 1990, Manual and Posluns 1974, Ponting and Gibbins 1980, Tennant 1990) to name a few.

In order to adequately explore the question of high rates of Aboriginal deaths, whether these are accidental deaths, homicides, or suicides, an examination of the context must include in-depth research of the historical circumstances with explicit consideration of political, economic, and social factors which have played a decisive role in the development of circumstances facing Aboriginal peoples today. The continuing patterns of inquiry which neglect and dismiss these factors serve only to maintain the existing state of Aboriginal peoples' standing within Canadian society as being the most economically deprived, socially marginalized, culturally stigmatized and politically overpowered (Dyck 1985), and within this context could be interpreted as political participation.

## ENDNOTES

1. Race relations co-ordinator, Harold Rampersand who addressed the Royal Commission on Aboriginal Peoples spoke frankly about attitudes held toward Aboriginal peoples in Canada. He states: "In the Canadian context, it is a fact that the majority of non-Aboriginals accept the belief that Native Indians are inferior. This belief has been passed on from generation to generation through racist attitudes and actions, television, schools, movies, government policies, books and other media. Many immigrants to Canada quickly buy into the mistaken assumptions and negative stereotypes of the white majority without looking at the root of the problem. These beliefs have been expressed in many cases of blatant racism and prejudice against Aboriginals" (RCAP Special Report on Suicide Among Aboriginal People 1995:27).
2. Wade (1995) states "It is a reflection of the "success" of colonial discourse that these institutions, which from the outset were dedicated to the defilement of aboriginal children and the destruction of aboriginal culture, should continue even today to be known as "schools".
3. Roy Fabian, a Dene, addressed the Commissioners and spoke about how external oppression becomes internalized, resulting in a vicious cycle of violence. "When you are talking about oppression, there is a process that goes on. First there is a process that demeans us, that belittles us and makes us believe that we are not worthy, and the oppressed begin to develop what they call cultural self-shame and cultural self-hate, which results in a lot of frustration and a lot of anger. At the same time this is going on, because our ways are put down as Native people, because our cultural values and things are put down, we begin to adopt our oppressors' values and, in a way, we become oppressors of ourselves... Because of the resulting self-hate and self-shame we begin to start hurting our own people and ourselves. When you talk about things like addiction and family abuse, elder abuse, sexual abuse, jealousy, gossip, suicide and all the different abuses we seem to be experiencing, it's all based on the original violence. It's all a form of internalized violence. Churches and governments made us believe that the way we are today is the Dene way. It isn't. That is not Dene culture. The whole process of healing is becoming responsible for ourselves... If Aboriginal men abuse women, they have to take responsibility for that abuse. But we have been abused by the Canadian government and the churches, and *they* have to take responsibility for that" (Ibid:28).
4. The RCAP Special Report suggests that Aboriginal peoples experience the risk factors associated with suicide with "greater frequency and intensity than do Canadians generally. The reasons are rooted in the relations between Aboriginal peoples and the rest of Canadian society - relations that were shaped in the colonial era and have never been thoroughly reshaped since that time" (Ibid:26).
5. The social constructionist approach to social problems as developed by Blumer (1971), Spector and Kitsuse (1973, 1977; Kitsuse and Spector 1973), and also by Gusfield (1981, 1984, 1989) will inform this study. Utilizing this theoretical approach allows for the opportunity to conceive of Aboriginal social issues in terms of definitional activities of people rather than as "objective conditions."

6. In his discussion of strategies used in European imperialism to conceal and suppress the resistance of its victims, Wade (1995:189) discusses how “white mythologies” (a term he borrowed from the title of R. Young’s (1990) book, *White mythologies*) are still actively promoted in the arena of public discourse. He states that “European authorities typically portrayed resistance to European imperialism as resulting from deficiencies inherent in the aboriginal.”

7. “The 1987 *Report of the National Task Force on Suicide in Canada* identified Aboriginal people as one of seven high-risk populations. It called attention to the under-reporting of suicide among Aboriginal people and drew a direct correlation between high suicide rates and Canada’s history of forced assimilation of Aboriginal people into mainstream society” (RCAP Special Report:70).

8. After an extensive overview of the literature concerning Aboriginal suicide, Kirmayer (1994:39) who was involved in the development of the RCAP Special Report on Suicide Among Aboriginal Peoples, directs our attention to the tendency of mental health professionals in focusing upon psychiatric disorders. “An argument can be made, however, that given the widespread social problems faced by Aboriginal peoples in Canada, viewing suicide strictly as the outcome of a psychiatric disorder actually aggravates the situation. Psychiatric explanations are stigmatizing and so add to the feelings of estrangement, devaluation and powerlessness that contribute to suicide attempts. A psychiatric approach directs attention to the pathological individual rather than to basic social problems that demand remediation. Labeling whole communities as ‘sick’ is a metaphor that may contribute to pervasive demoralization.”

9. See Noel Dyck (1985) *Indigenous People and the Nation-State: Fourth World Politics in Canada, Australia, and Norway*. St. John’s, Nfld: Memorial University.



## **BIBLIOGRAPHY**

Abu-Lughod, Lila 1991 "Writing Against Culture" in *Recapturing Anthropology* edited by Richard G. Fox. Santa Fe, New Mexico: School of American Research Press.

Armstrong, Harvey 1993 "Depression in Canadian Native Indians" in *Depression and the Social Environment: Research and Intervention with Neglected Populations* edited by Philippe Cappeliez and Robert J. Flynn. Montreal: McGill-Queen's University Press.

Asch, Michael 1984 *Home and Native Land: Aboriginal Rights and the Canadian Constitution*. Toronto: Methuen.

Assembly of First Nations 1994 *Breaking the Silence: An Interpretive Study of Residential School Impact and Healing as Illustrated by the Stories of First Nations Individuals*. Ottawa, Ontario: First Nations Health Commission.

Atkinson, J. 1978 *Discovering Suicide*. London: Macmillan

Bachman, Ronet 1992 *Death and Violence on the Reservation: Homicide, Family Violence, and Suicide in American Indian Populations*. New York: Auburn House.

Bagley, Christopher 1991 "Poverty and suicide among Native Canadians: A replication" *Psychological Reports*, Vol. 69:149-150.

Bagley, Christopher, Michael Wood and Helda Khumar 1990 "Suicide and Careless Death in Young Males: Ecological Study of an Aboriginal Population in Canada." *Canadian Journal of Community Mental Health*, Vol.9, No. 1:127-142.

Balikci, Asen 1960 *Suicidal behavior among the Netsilik Ekimos*. Northern Co-ordination and Research Center, Department of Northern Affairs and National Resources, Canada.

Barman, Jean 1991 *The West Beyond The West: A History of British Columbia*. Toronto: University of Toronto Press.

Beck, Aaron T. 1967 *Depression*. New York: Harper and Row

\_\_\_\_\_ 1976 *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press

Becker, Howard S. 1966 *Social Problems: A Modern Approach*. New York: John Wiley.

Berger, P., and T. Luckmann 1966 *The Social Construction of Reality*. New York: Doubleday

- Berlin, Irving N. 1987 "Suicide among American Indian Adolescents: An Overview." *Suicide and Life-Threatening Behavior*, Vol.17(3):218-232.
- Blumer, Herbert 1971 "Social problems as collective behavior." *Social Problems* 18 (Winter): 298-306.
- Bohannon, P.J. (ed.) 1960 *African Homicide and Suicide*. Princeton, N.J.: Princeton University Press.
- Bolaria, B. Singh and Peter S. Li 1988 *Racial Oppression in Canada*. 2nd ed. Toronto: Garamond Press.
- Boldt, Menno 1976 *Report of the Task Force on Suicides to the Minister of Social Services and Community Health*, Province of Alberta.
- Carter, Sarah 1990 *Lost Harvests: Prairie Indian Reserve Farmers and Government Policy*. Montreal & Kingston: McGill-Queen's University Press.
- Cassidy, Frank 1990 "Aboriginal Governments in Canada: An Emerging Field of Study." *Journal of Political Science* 23, No. 1: 73-99.
- Catedra, Maria 1992 *This World, Other Worlds: Sickness, Suicide, Death and the Afterlife among the Vaqueiros de Alzada of Spain*. Chicago and London: University of Chicago Press.
- Clayer, John R. and Andrew S Czechowicz 1991 "Suicide by Aboriginal people in South Australia: comparison with suicide deaths in the total urban and rural populations" *The Medical Journal of Australia*, Vol. 154, May (683-685).
- Comeau, Pauline and Aldo Santin 1990 *The First Canadians: A Profile of Canada's Native People Today*. Toronto: James Lorimer & Company.
- Conrad, Peter 1975 "The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior." *Social Problems*, 23: 12-21.
- Cooper, Mary, Anne Marie Karlberg and Lorretta Pelletier Adams 1991 *Aboriginal Suicide in British Columbia*. Burnaby: B.C. Institute on Family Violence Society
- Counts, Dorothy Ayers 1990 "Abused Women and Revenge Suicide: Anthropological Contributions to Understanding Suicide," in *Current Concepts of Suicide*. David Lester, ed. Philadelphia: The Charles Press.
- Culhane-Speck, Dara 1987 *An Error in Judgment: The Politics of Medical Care in an Indian/White Community*. Vancouver: Talon Books.

Davenport, Judith A. and Joseph Davenport, III 1987 "Native American Suicide: A Durkheimian Analysis." *Social Casework: The Journal of Contemporary Social Work*, November: 533-539.

Devereaux, G. 1942 "Primitive psychiatry II: Funeral suicide and the Mohave social structure." *Bulleting of the History of Medicine*, 11(5):522-542.

Dickason, Olive P. 1984 *The Myth of the Savage and the Beginnings of French Colonialism in the Americas*. Edmonton:University of Alberta Press.

Douglas, Jack D. 1967 *The Social Meanings of Suicide*. Princeton, NJ: Princeton University Press.

\_\_\_\_\_ 1968 "Suicide: Social Aspects" in *International Encyclopedia of the Social Sciences*, Volume 15 (pp. 375-385).

Duff, Wilson 1964 *The Indian History of British Columbia: The Impact of the White Man*. Victoria: Provincial Museum of Natural History and Anthropology.

Durkheim, Emile 1951 *Suicide: A Study in Sociology*. New York: Free Press.

Dyck, Noel 1985 "Aboriginal Peoples and Nation-States: An Introduction to the Analytical Issues" in *Indigenous Peoples and the Nation-State: Fourth World Politics in Canada, Australia and Norway*. N. Dyck, ed. St. John's, Newfoundland: Institute of Social and Economic Research, Memorial University of Newfoundland.

\_\_\_\_\_ 1991 *What is the Indian 'Problem': Tutelage and Resistance in Canadian Indian Administration*. St. John's, Newfoundland: Institute of Social and Economic Research, Memorial University of Newfoundland.

\_\_\_\_\_ 1993 " 'Telling it like it is': Some Dilemmas of Fourth World Ethnography and Advocacy" in *Anthropology, Public Policy, and Native Peoples in Canada*. Noel Dyck and James B. Waldram, eds. Montreal and Kingston: McGill-Queen's University Press.

\_\_\_\_\_ 1997 *Differing Visions: Administering Indian Residential Schooling in Prince Albert 1867-1995*. Halifax: Fernwood Publishing.

Dyck, Noel and James B. Waldram, eds. 1993 *Anthropology, Public Policy, and Native Peoples in Canada*. Montreal and Kingston: McGill-Queen's University Press.

Eitzen, D. Stanley. 1984 "Teaching Social Problems." *SSSP Newsletter* 16:10-12.

Farberow, Norman L. 1968 "Suicide, Psychological Aspects (2)" in *International Encyclopedia of the Social Sciences*, Volume 15 (pp.390-396).

Farberow, Norman L. (editor) 1975 *Suicide in Different Cultures*. Baltimore: University Park Press.

Fenton, William 1941 "Iroquois Suicide: A Study in the Stability of a Culture Pattern" *Anthropological Papers* No.14, Bulletin # 128. Bureau of Ethnology, Smithsonian Institution.

Fisher, Robin 1977 *Contact and Conflict: Indian-European Relations in British Columbia, 1774-1890*. Vancouver: University of British Columbia Press.

Fisher, Robin and Kenneth Coates 1988 *Out of the Background: Readings on Canadian Native History*. Ontario: Copp Clark Pitman Ltd.

Fleras, Augie and Jean Leonard Elliott 1992 *The Nations Within: Aboriginal-State Relations in Canada, the United States, and New Zealand*. Toronto: Oxford University Press.

Fuller, R. & R. Myers 1941 "Some aspects of a theory of social problems." *American Sociological Review*, 6:24-32.

Furniss, Elizabeth 1995 *Victims of Benevolence: The Dark Legacy of the Williams Lake Residential School*. Vancouver: Arsenal Pulp Press.

Gibbs, Jack P. & Walter T. Martin 1964 *Status Integration and Suicide*. Eugene: University of Oregon Press.

Giddens, Anthony 1971 *The Sociology of Suicide: A Selection of Readings*. London: Frank Cass & Co. Ltd.

Griffiths, Curt T. And Simon N. Verdun-Jones 1989 *Canadian Criminal Justice* Toronto and Vancouver: Butterworths.

Grossman, Michelle G. 1992 "Two perspectives on Aboriginal femal suicides in custody." *Canadian Journal of Criminology*, July/October: 403-416.

Gusfield, Joseph 1981 *The Culture of Public Problems: Drinking-Driving and the Symbolic Order*. Chicago: University of Chicago Press.

\_\_\_\_\_ 1984 "On the side: Practical action and social constructivism in social problems theory" in *Studies in the Sociology of Social problems* edited by J. W. Schneider and J. I. Kitsuse. Norwood, NJ: Ablex.

\_\_\_\_\_ 1989 "Constructing the Ownership of Social Problems: Fun and Profit in the Welfare State" *Social Problems* Vol. 36, No. 5, December (431-441).

Haig-Brown, Celia 1988 *Resistance and Renewal: Surviving the Indian Residential School*. Vancouver: Tillacum Library.

Harries-Jones, Peter 1985 "From Cultural Translator to Advocate: Changing Circles of Interpretation" in *Advocacy and Anthropology: First Encounters* edited by Robert Paine. St. John's, Newfoundland: Institute of Social and Economic Research, Memorial University of Newfoundland.

\_\_\_\_\_ 1991 "Introduction: Making Knowledge Count" in *Making Knowledge Count: Advocacy and Social Science*. Montreal & Kingston: McGill-Queen's University Press.

Harris, Michael 1990 *Justice Denied: The Law versus Donald Marshall*. Toronto: Harper Collins Publishers Ltd.

Health and Welfare, Canada 1987 *Suicide in Canada: Report of the National Task Force on Suicide in Canada*. Ottawa.

\_\_\_\_\_ 1994 *Suicide in Canada: Update of the Report of the Task Force on Suicide in Canada*. Ottawa.

Hendin, Herbert 1971 "The Psychodynamics of Suicide." In *The Sociology of Suicide* Anthony Giddens, ed. London: Frank Cass & Co. Ltd.

Henriksen, Georg 1994 "The Mushuau Innu of Labrador: Self-Government, Innovation and Socio-Cultural Continuity" *Society of Applied Anthropology in Canada* Volume 13, No. 1.

Henry, Andrew F. & James Short 1954 *Suicide and Homicide*. Glencoe: Free Press.

Hogg, Robert S. 1992 "Indigenous Mortality: Placing Australian Aboriginal Mortality Within A Broader Context." *Social Science and Medicine*. Vol. 35, No. 3, pp.335-346.

\_\_\_\_\_ 1995 "Aboriginal and Non-aboriginal Mortality in Rural Australia." *Human Organization*, Vol. 54, No. 2, pp.214-221.

Howard-Pitney, Beth, Teresa D. LaFromboise, Mike Basil & Benedette September 1992 "Psychological and Social Indicators of Suicide Ideation and Suicide Attempts in Zuni Adolescents." *Journal of Consulting and Clinical Psychology*, Vol. 60. No. 3: 473-476.

Hunter, Ernest 1991 "Out of Sight, Out of Mind: Emergent Pattern of Self-Harm Among Aborigines of Remote Australia" *Social Science and Medicine*, Vol.33, No. 6, pp. 655-659.

Ibarra, Peter R. And John I. Kitsuse 1993 "Vernacular Constituents of Moral Discourse: An Interactionist Proposal for the Study of Social Problems" in *Reconsidering Social*

*Constructionism: Debates in Social Problem Theory*, edited by James A. Hostein and Gale Miller. New York: Aldine De Gruyter.

Jackson, Don D. 1957 "Theories of Suicide" in *Clues to Suicide* edited by Edwin Schneidman and Norman L. Farberow. New York: McGraw-Hill Book Co. Inc.

Jackson, Michael 1988 *Locking Up Natives In Canada*. A Report for the Canadian Bar Association Committee, Imprisonment and Release.

Jarvis, G. K. & M. Boldt 1980 "Death styles among Canada's Native Indians." Discussion Paper No. 24, *Population Research Laboratory*. Department of Sociology, University of Alberta.

Jefferys, M.D.W. 1952 "Samsonic suicide or suicide of revenge among Africans." *African Studies* 19: 118-122.

Kirby, Sandra & Kate McKenna 1989 *Experience, Research, Social Change: Methods from the Margins*. Toronto, Ontario: Garamond Press.

Kirmayer, Laurence J. 1994 "Suicide Among Canadian Aboriginal Peoples: Overview." *Transcultural Psychiatric Research Review*, Vol. 31:3-58.

Kitsuse, J. I., and Malcolm Spector 1973 "Toward a sociology of social problems: Social conditions, value-judgments, and social problems." *Social Problems* 20: 407-419.

Knight, Rolf 1978 *Indians at Work: An Informal History of Native Indian Labour in British Columbia, 1958-1930*. Vancouver: New Star Books.

Knockwood, Isabelle 1992 *Out of the Depths: The Experience of Mi'kmaw Children at the Indian Residential School at Shubenacadie, Nova Scotia*. Nova Scotia: Rosewood Publishing.

Kozak, David 1994 "Reifying the Body through the Medicalization of Violent Death." *Human Organization*, Volume 53, No. 1: 48-54.

LaFontaine, Jean 1975 "Anthropology", in *A Handbook for the Study of Suicide* edited by Seymour Perlin, M.D. New York: Oxford University Press.

Leenars, Antoon A. 1990 "Psychological Perspectives on Suicide" in *Current Concepts of Suicide* edited by David Lester. Philadelphia: Charles Press Publishers.

Leighton, A. and C.C. Hughes 1955 "Notes on Eskimo patterns of suicide." *Southwestern Journal of Anthropology*, Volume 11, No. 4: 327-338.

Lester, David 1988 *Suicide From A Psychological Perspective*. Illinois: Charles C. Thomas

Publishers.

\_\_\_\_\_ 1989 *Suicide From a Sociological Perspective*. Springfield, Illinois: Charles C. Thomas, Publisher.

Levy, J.E. and S.J. Kunitz 1971 "Indian reservations, anomie, and social pathologies." *Southwestern Journal of Anthropology*, Volume 27, No. 2: 97-128.

Litman, R. 1967 "Sigmund Freud and Suicide" in *Essays in Self-Destruction*, edited by E. Schneiderman. New York: Jason Aronson.

Malinowski, Bronislaw 1926 *Crime and Custom in Savage Society*. London: Keagan Paul Publishers.

Malus, Michael, Laurence J. Kirmayer & Lucy Boothroyd 1994 "Risk Factors for Attempted Suicide Among Inuit Youth: A Community Survey." *Culture and Mental Health Research Unit*, Report No. 3:1-64.

Manuel, George and Michael Posluns 1974 *The Fourth World: An Indian Reality*. Don Mills, Ontario: Collier Macmillan Canada.

Marcus, George E. And Michael M. J. Fischer 1986 *Anthropology as Cultural Critique: An Experimental Moment in the Human Sciences*. Chicago and London: The University of Chicago Press.

Maris, Ronald 1975 "Sociology" in *A Handbook for the Study of Suicide*, edited by Seymour Perlin. New York: Oxford University Press.

Mauss, Armand L. 1989. "Beyond the Illusion of Social Problems Theory" in *Perspectives on Social Problems*, Vol. 1, edited by James A. Holstein and Gale Miller. Greenwich, CT: JAI Press.

\_\_\_\_\_ 1992 "Social Problems." in *Encyclopedia of Sociology*, Vol. 4, edited by Edgar F. Borgatt and Marie L. Borgatta. New York: Macmillan.

May, P. 1987 "Suicide and self-destruction among American Indian youths" *American Indian and Alaska Native Mental Health Research*. Vol. 1, No. 1: 52-69.

McIntosh, John L. 1983 "Suicide Among Native Americans: Further Tribal Data and Considerations." *Omega*, Vol. 14(3):215-228.

McIntosh, J.L. and J.F. Santos 1981 "Suicide among Native Americans: A compilation of findings." *Omega*, Vol. 11: 303-316.

Menninger, K. A. 1938 *Man Against Himself* New York: Harcourt, Brace and Co. Inc.

Merton, Robert K. and Robert Nisbet (eds.) 1971 *Contemporary Social Problems*. New York: Harcourt Brace Jovanovich.

Miller, J.R. 1989 *Skyscrapers Hide the Heavens: A History of Indian-White Relations in Canada*. Toronto: University of Toronto Press.

\_\_\_\_\_ 1991 *Sweet Promises: A Reader on Indian-White Relations in Canada*. Toronto: University of Toronto Press.

Milloy, John S. 1983 "The Early Indian Acts: Developmental Strategy and Constitutional Change" in *As Long as the Sun Shines and the Water Flows: A Reader in Canadian Native Studies*, ed. I.A.L. Getty and A.S. Lussier. Vancouver: University of British Columbia.

Mortensen, Philomena and Bryan Tanney 1988 "Suicide Among Canadian Natives." Alberta: Suicide Information and Education Center.

Ng, Roxana 1988 *The Politics of Community Services: Immigrant Women, Class, and the State*. Toronto: Garamond Press.

Pine, Charles J. 1981 "Suicide in American Indian and Alaska Native Tradition." *White Cloud Journal*, 2 (3):3-7.

Pitts, Jesse 1968 "Social control: The concept." In *International Encyclopedia of the Social Sciences*. Volume 14. David Sills, ed. New York: Macmillan.

Ponting, Rick J. and Roger Gibbins 1980 *Out of Irrelevance: A Socio-Political Introduction to Indian Affairs in Canada*. Toronto: Butterworths.

Priest, Lisa 1989 *Conspiracy of Silence*. Toronto: McClelland and Stewart.

Report of the Aboriginal Justice Inquiry of Manitoba 1991 *Volume 2: The Deaths of Helen Betty Osborne and John Hoseph Harper*. Province of Manitoba: Queen's Printer.

Report of the Royal Commission on Aboriginal Peoples 1996 *Volume 1: Looking Forward, Looking Back*. Ottawa: Canada Communication Group Publishing.

Reser, Joseph 1990 "The Cultural Context of Aboriginal Suicide: Myths, Meanings, and Critical Analysis" *Oceania*, Vol. 61, December, pp.177-184.



Rosaldo, Renato 1989, 1993 *Culture and Truth: The Remaking of Social Analysis*. Boston: Beacon Press.

Ross, C.A. and B. Davis 1986 "Suicide and parasuicide in a Northern Canadian Native community." *Canadian Journal of Psychiatry*, Vol. 31: 331-334.

Rowse, Tim 1992 "The Royal Commission, ATSIC and Self-Determination: A Review of the Royal Commission into Aboriginal Deaths in Custody" *Australian Journal of Social Issues*, Vol.27, No.3: 153-172.

Royal Commission on Aboriginal Peoples 1995 *Special Report on Suicide Among Aboriginal Peoples* Ottawa: Canada Communication Group - Publishing.

Ryan, Robert A. 1980 "A Community Perspective for Mental Health Research." *Social Casework: The Journal of Contemporary Social Work*. October.

Sawchuk, Joe 1995 *Image of the Indian: Portrayals of Native Peoples*. Readings in Aboriginal Studies, Volume 4. Brandon, Manitoba: Bearpaw Publishing.

Schneider, Joseph W. 1985 "Social Problems Theory: The Constructionist View." *Annual Review of Sociology* 11:209-229.

Schneidman, Edwin S. 1968 "Suicide, Psychological Aspects (1)" in *International Encyclopedia of the Social Sciences*, Volume 15 (pp. 385-389).

\_\_\_\_\_ 1973 "Suicide" in *Encyclopedia Britannica*. Chicago:William Benton.

Shkilnyk, Anastasia M. 1985 *A Poison Stronger than Love: The Destruction of an Ojibwa Community*. New Haven: Yale University Press.

Shore, J. 1975 "American Indian suicide—fact and fantasy." *Psychiatry*. 58:86-91.

Spector, M. and J.I. Kitsuse 1973 "Social Problems: A Re-formulation." *Social Problems* 20:145-159.

\_\_\_\_\_ 1977 *Constructing Social Problems*. Menlo Park, California: Cummings.

Taylor, Steve 1990 "Suicide, Durkheim, and Sociology," in *Current Concepts of Suicide* edited by David Lester, PhD. Philadelphia: The Charles Press.

Tennant, Paul 1990 *Aboriginal Peoples and Politics: The Indian Land Question in British Columbia, 1849-1989*. Vancouver: University of British Columbia Press.

Thompson, T.R. 1987 "Childhood and adolescent suicide in Manitoba: A Demographic study." *Canadian Journal of Psychiatry*, Vol. 32, No. 4:264-269.

Thompson, James W. and R. Dale Walker 1990 "Adolescent Suicide Among American Indians and Alaska Natives." *Psychiatric annals*. Vol. 20 No. 3:128-133.

Timpson, Joyce, Sarah McKay, Sally Kadegamic, Donna Roundhead, Carol Cohen and Grace Matewapit 1988 "Depression in a Native Canadian in Northwestern Ontario: Sadness, grief or spiritual illness." *Canada's Mental Health*, June/September.

Tobias, John L. 1976 "Protection, Civilization, Assimilation: An Outline History of Canada's Indian Policy." *The Western Canadian Journal of Anthropology*, 6 (2).

Tower, Margene 1989 "A Suicide Epidemic in an American Indian Community." *American Indian and Alaska Native Mental Health Research*, Vol. 3, No. 1:34-44.

Trigger, Bruce G. 1985 *Natives and Newcomers: Canada's 'Heroic Age' Reconsidered*. Kingston and Montreal: McGill-Queen's University Press.

VanWinkle, N.W. and P.A. May 1986 "Native American Suicide in New Mexico, 1957-1979: A Comparative Study." *Human Organization*, Vol. 45, No.4:296-309.

Wade, Allan 1995 "Resistance Knowledges: Therapy With Aboriginal Persons Who Have Experienced Violence," in *A Persistent Spirit: Towards Understanding Aboriginal Health in British Columbia* edited by Peter H. Stephenson, Susan J. Elliott, Leslie T. Foster, and Jill Harris. Canadian Western Geographical Series, Volume 31. Victoria: University of Victoria, Western Geographical Press.

Waldram, James B., D. Ann Herring and T. Kue Young 1995 *Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives*. Toronto: University of Toronto Press.

Waller, W. 1936 "Social problems and the mores." *American Sociological Review*, 1:922-34

Ward, J.A. 1984 "Preventive implications of a Native Indian mental health program: Focus on suicide and violent death." *Journal of Preventive Psychiatry*, Vol.2:371-385.

Ward, J.A. and J.A. Fox 1977 "A Suicide Epidemic on an Indian Reserve." *Canadian Psychiatric Association Journal*, Vol.22, No.8:423-426.

Weaver, Sally M. 1985 "Political Representivity and Indigenous Minorities in Canada and Australia" in *Indigenous Peoples and the Nation-State: Fourth World Politics in Canada, Australia and Norway* edited by Noel Dyck. St. John's, Newfoundland: Institute of Social and Economic Research, Memorial University of Newfoundland.

Webb, J.P. and W. Willard 1975 "Six American Indian patterns of suicide" in *Suicide in Different Cultures* edited by N.L. Farberow. Baltimore: University Park Press.

Woolgar, Steve and Dorothy Pawluch. 1985 "Ontological Gerrymandering." *Social Problems* 32:214-227.

Wynman, Leland and Betty Thorne 1945 "Notes on Navajo Suicide." *American Anthropologist*, 47:278-288.

York, Geoffrey 1990 *The Dispossessed: Life and Death in Native Canada*. London: Vintage U.K.

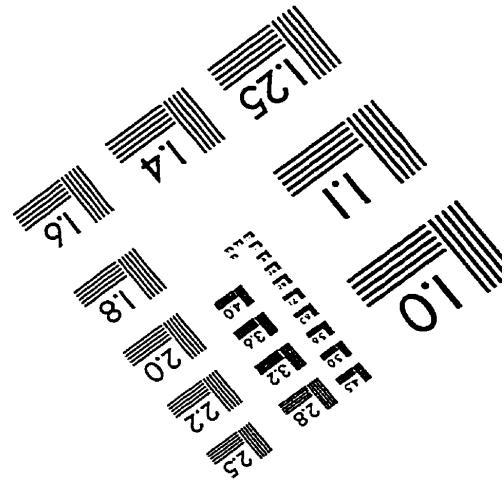
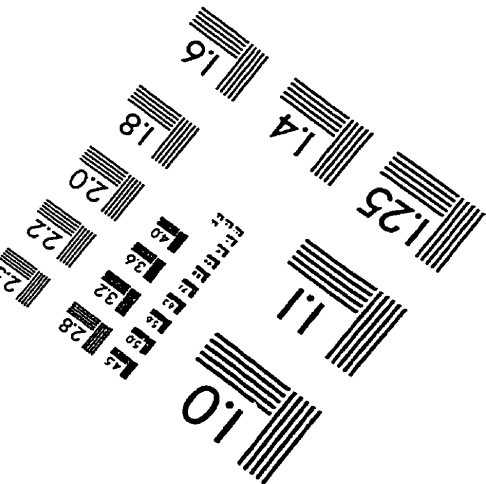
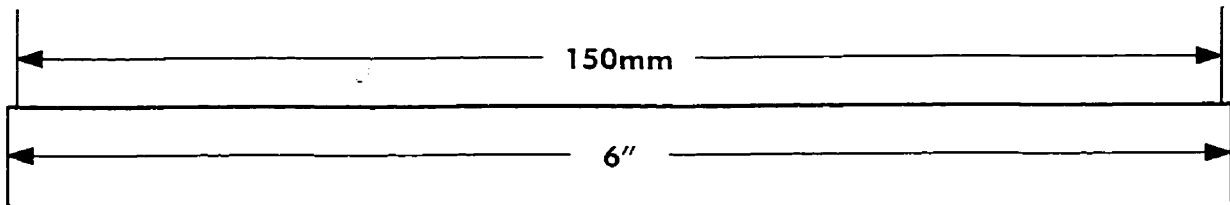
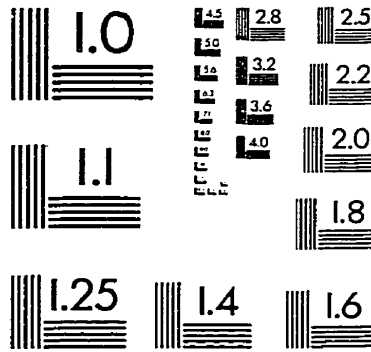
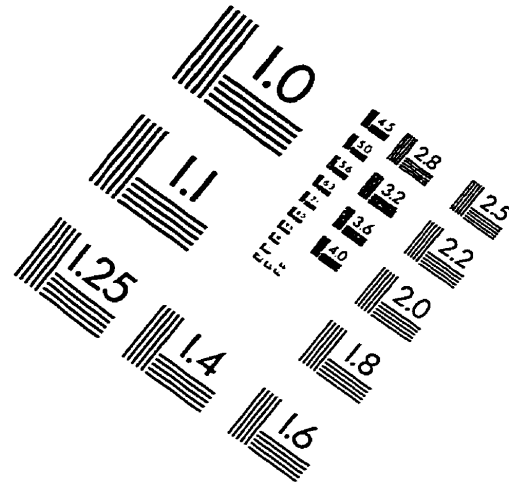
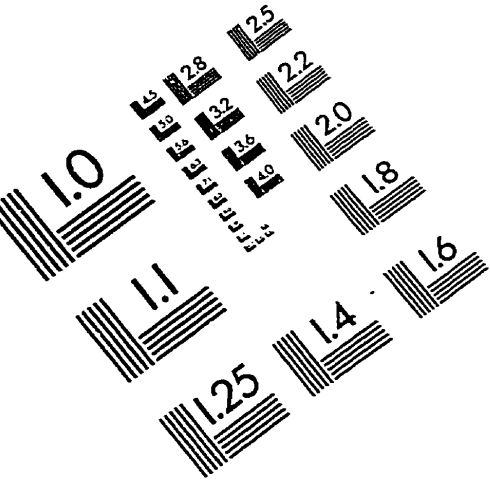
Young, T.J. 1990 "Poverty, suicide, and homicide among native Americans." *Psychological Reports*, Vol. 67: 1153-1154.

Zilboorg, G. 1936 "Differential diagnostic types of suicide." *Archives of Neurology and Psychiatry*, 92:1347-1369.

#### **Additional references**

1. Pacheedaht elected band officials 1997 Personal communication.
2. Vancouver Sun newspapers: June 22, 1995; September 26, 1995; February 26, 1996; March 2, 1996.
3. Globe and Mail newspaper: March 1, 1996.
4. Coroner Diane Olsen May 23, 1995 *Judgement of Inquiry* B.C. Coroners Service, Ministry of Attorney General, Province of British Columbia.
5. Chief Coroner J. Vincent Cain February 23, 1996 *Judgement of Inquiry* B.C. Coroners Service, Ministry of Attorney General, Province of British Columbia.

# IMAGE EVALUATION TEST TARGET (QA-3)



APPLIED IMAGE . Inc  
 1653 East Main Street  
 Rochester, NY 14609 USA  
 Phone: 716/482-0300  
 Fax: 716/288-5989

© 1993, Applied Image, Inc., All Rights Reserved