LOOKING IN, LOOKING OUT: COPING WITH ADOLESCENT SUICIDE IN THE CREE AND OJIBWAY COMMUNITIES OF NORTHERN ONTARIO[1]

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Abstract/Resume

In 1990 the Nishnawbe-Aski Nation undertook broad consultation on the causes of, and community responses to, adolescent suicide. This paper analyses the results, applying a locus of control model which identifies internal factors over which a community perceives it has control and those which are believed to be rooted in external, hence less controllable, sources. It also examines elements which either limit or encourage the development of preventative and coping strategies within the communities.

En 1990, la Nation Nishnawbe-Aski a tenu une délibération générale sur les causes du suicide adolescent et les réponses de la communauté à ce fair. Cet article analyse les résultats en recourant au point de contrôle module qui identifie des facteurs internes sur lesquels une communauté croit avoir du contrôle et les autres facteurs qu'on croit bien enracinés dans des sources externes, et par consequent difficilement contrôlables. L'article examine aussi les éléments qui limitent ou favorisent le développement des stratégies preventives à l'intérieur des communautés.

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Introduction

Two young men in Weagamow, an Ojibway community of just 621 people, took their own lives in September, 1990. Their deaths were a wrenching blow in a community still grieving for four youth who had hung themselves during the previous year. Suicide is a tragedy that occurs in the First Nation communities of Northern Ontario with frightening regularity. The Sioux Lookout Zone Hospital, which serves Weagamow and 26 other Native communities, reported 143 attempted and 10 known suicides in 1990. And these are probably only a fraction of the actual suicides if, as Jarvis and Boldt (1982) suggest, violent deaths involving alcohol - drownings, traffic fatalities and victim induced homicides- are commonly miscategorized as accidents or crimes.

The multifaceted nature of this problem presents a dilemma for researchers who, to date, have concentrated on identifying risk factors in individuals or, at the community level, on identifying social factors that contribute to the incidence of suicide. While the overall goal is to determine factors which enhance health promotion, there is an urgency to find preventive strategies which will bring an end to the personal carnage occurring in Canada's Native communities. In fact the need for suicide prevention tends to overwhelm efforts at mental health promotion, in both research and programming. Pender describes prevention as "a defensive posture or set of actions that ward off specific illness conditions" (1987:38). At present there are some secondary prevention strategies in place in northern Ontario which are designed to detect those First Nation people who are at risk and to initiate immediate therapeutic measures.[2] But primary prevention addressing known causes is needed also. In addition there is growing awareness of the need for tertiary prevention as suicide clusters become evident. While such a continuous defensive stance maintains the status quo, it does little to move the individual or community forward to higher levels of health. The community continues to be reactive to illness rather than proactive to health.

For this reason the Nishnawbe-Aski Nation[3] undertook a widescale consultation with the Nishnawbek (including youth, Elders, and front-line health care workers) on the causes of and responses to adolescent suicide in their communities. The present paper analyses the results, applying an external/internal locus of control model which identifies internal factors over which a community perceives it has control and those which are believed to be rooted in external and, hence, less controllable sources. It also examines elements (ie. attitudes and relationships) which either limit or

encourage the development of preventive and coping strategies within the communities.

A Social Epidemic: Suicide in the Nishnawbe-Aski First Nations

In the country as a whole, according to Health and Welfare Canada's 1987 data, known suicides account for 36.1 per cent of status Indians' deaths, more than twice the national average of 14.3 per cent. in most cases the victim is young (60 per cent are between 15 and 24 years of age) and male (the sex ratio is 3 to 1). This has been true also in the current rash of self-destruction among the Nishnawbek which started in November, 1986. Although the victims have ranged in age from 14 to 65 years of age, 80 per cent were 24 or younger. With respect to gender, there were almost four times as many males as females among the forty-three suicides (although over the past eighteen months as many girls and women have taken their own lives as have boys and young men). Two-thirds of the time death was the result of hanging; gunshot or overdose was the cause in all other cases. As the situation in Weagamow illustrates, suicides or attempted suicides occur in clusters. Five villages alone have witnessed one-half of all the losses. But none of the communities in the area have escaped untouched, if not by a local death, then through the close kin and friendship networks that bind the communities of Nishnawbe-Aski together.

The part of Ontario north of the 50th parallel,[4] an area the size of France, is home to 26,101 people (1990). Almost all of them are Native Canadians-Cree around Hudson's Bay and Ojibway further inland-who live scattered in 46 isolated communities. That these people live crowded into tiny villages (the by-product of government policies)[5] when vast stretches of unoccupied land surround them is just one example of the contradictory nature of life in the north. Others include the fact that houses are built twenty feet from one another so that they can be connected to water and sewer lines, although few places have running water and fewer still have sewers. Compounding this paradox, desPite the fact that people do not have sewers or water in their homes they are able to watch 24 hour-a-day movies, *L.A. Law* and "all-star" wrestling from Atlanta *via* satellite. The absurdity of the situation was underscored by the following observation in an Ontario New Democratic Party task force's report on Native health in the area: "It's [American TV] something to think about when you're hacking through the ice on the river to get some drinking water or going to the outhouse in subzero weather" (1989:8). Not only is health care in the region woefully inadequate,

but education is truncated (at grade 8 or, someplaces, grade 10), and poverty is systemic; indeed the llst of privations goes on and on.

Two-thirds of Nishnawbe-Aski First Nations' members are younger than thirty, an age profile which reflects continuing high birth rates (30 per 1,000 in 1989). Almost twenty per cent of the population is between 15 and 24 years old. It is a generation at loose ends; unemployment estimates for this age group are as high as 90 per cent and there is little by way of organized recreation to keep them occupied. As a result, crimes of boredom- breaking in to watch videos, or minor acts of vandalism-are common. Not in every place, but in many, adolescents also steal "sniff" (gasoline, glue and solvents) in search of mind numbing highs that often lead to violence. Or they commit arson (especially young girls), depleting the scarce supply of housing. In some cases gangs of teenagers, copycat versions of the Los Angles street warriors they've seen in videos such as Colours, terrorize villagers with the nunchuka sticks they've adopted from ninja movies. But it is the frequency of suicide in this age group that troubles the Nishnawbek most.

The Native Suicide Profile: Personal and Social

The occurrence of suicide among North America's Aboriginal peoples is not a recent phenomena; nor indeed can it be viewed as a by-product of colonization. Anthropological research has substantiated that within traditional societies, although infrequent, people did take their own lives. The apparent motivations were diverse: "shame; loss of a loved one, (either through death or rejection); sexual problems such as adultery, jealousy, and wife abuse; and revenge" (Pine, 1981:7). Nonetheless it seems to have been regarded as aberrant behaviour, as the fact that no indigenous word has been identified that could be translated with the term "suicide", at least in cases where the question has been researched (Berman, 1980).

Today's alarming suicide statistics are widely attributed to the stress of contact with the dominant Euro-Canadian culture. In a comparative study of the rates for status Natives in Manitoba between 1973 and 1982, Garro found that: "The southernmost communities show the highest rates of suicide and have also been the most affected through contact with non-Indians. The more remote northern communities, and especially those that minimize non-Indian influence even further by banning alcohol, have lower suicide rates" (unpublished manuscript: no date, p.8).

O'Neil's insightful study of Inuit youth, however, argues that the source of stress may "have less to do with change per se and more to do with the political and economic structures which constrain individual and community

attempts to construct meaningful and rewarding social environments" (1986:250). Likewise, Travis (1990) concluded that the suicide rate of Alaska Natives is explained better by a Halbwachsian social integration model, rather than one based on Durkheim's concepts of social disorganization. Halbwachs' (1978) social psychological theory specifies circumstances under which a lack of social integration may result in suicide. Davenport and Davenport (1987), on the other hand, maintain that Durkheim's concept of anomie best explains the high incidence of suicide which is tragically common in North America's Aboriginal population.

Although politicization would seem a more reasonable response to such economic and social denial, the majority of Native Canadians seem to internalize their frustrations, accepting failure as the result of personal shortcomings. Such lack of self-esteem has been identified as characteristic of suicide victims (Fox et. al., 1984; Syer-Solursh, 1987). Additional individual characteristics were identified by Ward and Fox who did a "social autopsy" following a cluster of eight suicides on Manitoulin Island. "They were vulnerable individuals who had negative self-esteem, were socially isolated, tended to internalize feelings and conflicts and thus were over dependent on their families" (1977:425). In sum, the suicide profile is personal: isolated individuals lacking in self-esteem. But it is also social: the result of cultures shattered on structural barriers.

The Nishnawbe-Aski Nation's Community Consultation on Youth Suicide

Consulting with the Nishnawbek on this urgent, yet intimate issue raised a number of ethical and methodological problems (not least of which was the need to ensure a real dialogue). One method, the use of focus groups, presented itself as an ideal solution to the most pressing of these concerns. The 1980s saw a major shift in approach within social science research. Less emphasis was placed on quantitative methods-which previously had been sine qua non for most research-with the realization that some common components of these methods (the use of predetermined, closed-ended questions for example) tended to impose the researchers' definitions of reality on his or her respondents. Consequently more and more use is being made of nondirective qualitative approaches because they allow "more understanding of the human experience" (Krueger, 1988:21). The focus group is one of several techniques which minimize the risk of data contamination resulting from unwarranted assumptions being made about the social reality of a given population.

The technique is not new in the social sciences. Sociologist Robert Merton and his coworkers explored the effectiveness of wartime propaganda during World War II by means of focus group research (Merton and Kendall, 1946). Indeed Merton, Fiske and Kendall's *The Focused Interview* (1956) is still a standard reference manual for those using this approach. Another sociologist, Paul Lazarsfeld, was largely responsible for introducing the method into the field of marketing research; it was in this application that the use of focus groups was sustained and developed (see Lazarsfeld, 1972). The reappearance of focus groups in the repertoire of social science research (Hochschild, 1983; Gubrium, 1987) resulted more recently in the publication of two textbooks on the method (Krueger, 1988; Morgan, 1988). While space limitations preclude detailing the advantages and disadvantages of the focus group technique here, these are clearly set out in the aforementioned texts.

The focus group method brings together small numbers of people, all of whom have a defined interest in common, encouraging them to share their opinions on the issue in a comfortable, noncoercive environment. A given project normally involves several such groups who meet and address the same questions. Through careful planning, skilled facilitators, and exact recording, these discussions provide insight into the participants perceptions and feelings about the topic: One consequence, recognized and considered beneficial, is the influence of members' views on one another as they interact. Whether in defending their position, or through the process of changing it, the reasons *why* people form and hold opinions becomes more evident. "The hallmark of focus groups is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group" (Morgan, 1988:12).

In the case at hand, the researchers chose Stevens' model of consultation as the best way to structure focus groups that could explore the phenomenon of youth suicide from a communal (as opposed to personal or familial) perspective.[6] Stevens (1978) identifies four stages of consultation. Step one is called *cathexis* in which the group participates in a free and open discussion of concerns. The second step is a *search for cures,* a time to brainstorm on possible solutions. The third step is *acceptance of internal work* in which the participants recognize the need to work together as a group for problem resolution, and the final step is the *search for real problems and solutions* in which action plans are developed for implementation.

The Nishnawbe-Aski Nation's consultation on youth suicide took place in Thunder Bay, Ontario in April 1990. The reader may be perplexed that this so-called "community consultation" was organized in a city some 310

kilometers from the nearest Nishnawbe-Aski community; this was done, however, for a very important reason. The researchers realized that people, out of respect for those who are grieving, would not discuss the issue in any open forum (which inherently seems impersonal and dispassionate) within their own communities. The pain is still too immediate to talk openly and frankly at home. This concern was justified, as one unanticipated outcome of the consultation made quite clear. Among those attending were a number of "survivors" (parents or brothers and sisters) who organized a traditional counselling session amongst themselves with the Elders and natural helpers who were present. It was an unplanned, but very necessary session. One tearful father pointed out, for example, that traditional expectations of the male role prevented men from grieving openly or discussing the pain and guilt related to a child's suicide. In this setting he found that he could do both.

The actual consultation/workshop involved a representative cross-section of 205 people (including youth, Elders, Community Health Representatives and Mental Health Workers) from each of the Nishnawbe-Aski First Nations, independent Bands and Tribal Councils who met for three day-long sessions. Each day community members met together as part of the same small groups and focussed their attention on analyzing causes, identifying needs and resources, and developing a community response to suicide prevention. They then shared the results of their deliberations with the group as a whole. The decision to keep those from the same or neighbouring communities in a particular focus group was deliberate. This approach, it was hoped, would build "ownership" of mutually arrived at solutions and generate long term commitment to suicide prevention which participants would be able to reinforce in one another when they returned home.

The consultation process outlined by Stevens was the most appropriate model for this research because it includes both open-ended sharing of ideas and structured action-oriented discussion. On one hand, the less structured discussions during the cathexis stage fostered the expression of concerns. Front-line workers stated, for example, that although perceived as helpers, often they were unable to enter into therapeutic relationships with the bereaved family because of their own grief cycles as members of the community (who knew and in some cases were related to the victims). It also revealed emotionally detrimental patterns of coping within the group; in villages where there had been a string of deaths, for instance, community members showed signs of psychic numbing because emotional healing had not taken place. On the other hand, the structured discussion in the search for real problems and solutions phase resulted in five resolutions detailing specific actions needed to stop the current rash of youth suicides in the

Nishnawbe-Aski area and lessen the likelihood of others happening in the future:

Information from the sessions was recorded using professional transcription and translation services (facilitators and recorders were English/Ojibway/Cree speakers so that participants could converse in their language of choice). This yielded extensive qualitative data of the sort "that provide insights into the attitudes, perceptions, and opinions of participants" (Krueger, 1988:30). Analysis of the transcripts was done following an external/internal locus of control model which identified internal factors over which a community perceives it has control and those which are believed to be rooted in external and, hence, less controllable sources.

Locus of Control and Community Empowerment: Keys to Understanding Youth Suicide

"I guess when people experience suicide, the first reaction is a tendency to blame somebody else for what's happening," one Mental Health Worker said on the first morning of the consultation. The other common reaction, she went on to say, is to look for help from outside, to find

> somebody to come in and take this problem away. People think the government can do something about it, or the hospital, or the doctors and nurses. But I think it has to come from within us as communities...We have to take responsibility and control for what's happening in our communities. We can no longer blame the government, or Ottawa, or anybody else.

Her statement identifies two interrelated elements that are key to understanding both the personal and the communal response to youth suicide: *locus of control and community empowerment.* These constructs and the conceptual relationship between them are outlined briefly in this section.

The idea of internal-external locus of control as an intrapersonal variable had its origins in Rotter's social learning theory (1954); the term itself was coined (James, 1957) and measurement scales were developed soon after (Phares, 1955; James, 1957; Rotter, 1966). In an overview of its development and application, MacDonald drew the distinction between "internal" and "external" as follows:

> People who believe they have some control over their destinies are called "internals"; that is, they believe that at least some control resides within themselves. "Externals," on the other hand, believe that their outcomes are determined by agents or factors extrinsic to themselves, for example by fate, luck, chance, powerful others, or the unpredictable (1985:169).

The construct quickly gained (MacDonald, 1972) and has retained widespread acceptance among clinical and social psychologists. For example, one relatively recent and highly relevant application by Sidrow and Lester (1988) found that people preoccupied with suicide were more likely to express views indicating an external locus of control. Lester, Castromayor and Içli (1991) report that the association identified in the last mentioned study has some cross-cultural generality as well.

Rotter himself spelled out the notional link between an individual's perceived locus of control and the idea of a collective sense of empowerment.

> Perhaps the most important kind of data to assess the construct validity of the internal-external control dimension involves the attempts of people to better their life conditions, that is, to control their environment in important life situations. It is in this sense that the I-E scale appears to measure a psychological equivalent of the sociological concept of alienation, in the sense of powerlessness (1966:19-20).

It is a conceptual parallel that is evident, clearly, in the writings of Rappaport which have to a large extent defined the term *empowerment* as it is currently used in the community development literature. He first noted the phenomenon in his investigations of the extent to which policies for the provision of mental health services in Illinois took into account existing community support systems (Rappaport, 1981). He concluded that certain policies helped overcome patient dependence because, inherently, they "enhance the possibilities for people to control their own lives" (Rappaport, 1981:15). They were, in a word, *empowering.*

On the one hand, "empowerment is easy to define in its absence: powerlessness, real or imagined; teamed helplessness; alienation; loss of sense of control over one's own life" (Rappaport *et. al.,* 1984:3). On the other hand, the presence of empowerment is more difficult to establish because it is, by definition, situationally specific. What constitutes mastery of the situation will vary from one problem to the next. Rappaport's point that empowerment is easy to define when it is absent seems especially relevant to the present analysis. The symptoms of powerlessness which he notes- learned helplessness, alienation, a sense of having no control- describe the experience of Native people throughout Canada's history so accurately that he might just as well have been writing with them in mind.

In a sense empowerment is a new perspective rather than a new concept, one that takes account of the personal and shared consequences of both individual and collective Iocii of control. For this reason the authors have elected to use the single term "locus of control" in developing an

analytical model of suicide which considers internal/external causative factors believed to operate at both a psychological (individual) and sociological (community) level. While derived from Rotter's construct, the terms "internal" and "external" are used here with somewhat different meanings. At the individual level *internal* factors are internalized feelings which control behaviour, whereas *external* factors are those found in the social environment which are assumed to affect behaviour. An example of the first (from the NAN suicide consultation): "A lack of any sense of belonging." Of the second: "stress and confusion among children whose parents have separated." At the community level *internal* factors are those affecting young people, the control of which is seen as resting entirely within the confines of the communities themselves. For example: "Communities' unwillingness to acknowledge problems that lead to suicide." Factors *external* to the communities are those rooted in the dominant Euro-Canadian culture, the impact of which are largely beyond local control. One woman, discussing the changes in her community over the past twenty years, provided an illustration: "There was a time when there was no telephones, radios, or television sets, and the community had few social problems like suicide."

Suicide Causation: Factors Internal to the Individual

The reader must bear in mind that the views expressed are not those of suicidal individuals themselves, but of proximate others (family, peers, and neighbours). So the factors labelled here as "internal" are either specific gaps in knowledge or emotions that are assumed to exist in youth fixated on taking their own lives. They may not, in fact, articulate fully the reasoning of those who are suicide prone. Nevertheless, the internal factors which were identified in the consultation process clearly arise from four areas of concern: inter-personal relationships, suicide specific experiences, cultural grounding, and future anxiety.

Considered first are concerns that arise from inter-personal (especially family) relationships. "One of the most important things for children is to know that somebody is looking out for them and taking an interest in the values and living skills that they learn...But today, there are a lot of parents who are not raising their children the way they should be." Inadequate parenting practices were noted repeatedly during the consultation, as were the emotionally crippling consequences of these practices for young people. To cite but three examples, informants blamed suicidal ideation on the following: "Little or no communication between parents and children"; "Children's feeling of being unloved or unwanted"; and "AbsenCe of love as a young child, and a sense of being unable to give love as a result."

Difficulties in inter-personal relationships are not limited to those within the family, but apply to the peer group as well. Among the pressures seen manifest were: "Stress or hurt for adolescents involved in relationships, or who have difficulty relating to the opposite sex."

Next among the concerns cited was the manner of coping with previous suicides. Nearly everyone in the Nishnawbe-Aski First Nations has experienced first-hand the pain of a young person's suicide, if not in their family, or in their community, then in a neighbouring village. Suicide specific experiences are believed to have a powerful affect on other adolescents; as is evident in the contagion factor suspected in the cluster pattern of deaths. "Unresolved bereavement or grief" can lead impressionable teenagers to follow suit. Moreover, there was a feeling that "youth don't really understand death." Internalizing their emotions about the rash of deaths in their peer group was recognized as a normal (albeit debilitating) form of coping among the Nishnawbek, however. "It is very important for survivors of suicide to work out their grief. Survivors have kept it under the rug, so to speak, because it's too painful to deal with. But at some point in time, we have to begin to talk about it."

A third concern arises from the level of cultural awareness among youth. "A growing 'generation gap' between youth and Elders," has been detected in the communities. And the "Elders' failure to pass on Aboriginal wisdom and tradition to younger generations" has resulted in inadequate cultural grounding for many adolescents. There is "a lack of connectedness to Aboriginal culture and language, particularly the Medicine Wheel and the Healing Circle." This gap in knowledge is experienced at an emotive level as a "loss of self-reliance and cultural identity." In contrast, some participants identified "a lack of religious beliefs or faith" or, more specifically, "a lack of grounding in the Bible or respect for Sundays" as causative factors. But this merely reflects the diversity of influences that shape present-day Aboriginal culture. At issue are conflicts in the value systems of two and sometimes three generations.

"The biggest problem for Native youth today is that they feel hopeless," one young woman said. "They can't get a job. They want to get married. And when they look to the future, they're not educated - how are they going to support a family?" Anxiety about their future emerged as an over-riding concern of young people. Consider the following statements: "some of the reasons that we've heard about why suicides happen are that a lot of our people are feeling there's no hope for the future"; "children's fear that they will never succeed in school or get a good job"; they experience "boredom" and "a helpless feeling of being unable to face the future." According to the young woman quoted above, overcoming this sense of future anxiety

among her peers is a responsibility that is shared within the Native community: "Only we can break that hopelessness. It's up to us ..."

Suicide Causation: Factors External to the Individual

The causative factors considered here as external to the individual are those elements in the social environment believed to affect personal decisions and actions. Participants in the NAN suicide consultation cited examples that fall into one of two categories: family dysfunction, and an insufficient emotional support system within the community.

One of the focus groups captured in a phase two, often interrelated, problems that adversely affect some (although, of course, not all) young people: "Family dysfunction and lack of parenting, skills." A community health representative reports: "There are many broken homes, and a lot of parents are out of work and spend their days watching television or talking on the phone." And other sources pointed to the "unresolved pain caused by child sexual abuse, wife battering or other forms of family violence." In reference to parenting skills, particular note was made of "parents' lack of interest in their children's education"; "schools are seen as baby-sitting centres, and many parents have no idea where their children are after school." More generally there was a "lack of parental guidance or discipline" and "a feeling that parents won't support the child in what he or she wants to do."

For troubled youth, the lack of support within their own family may be made worse by the fact that often there is no one else in a position to help them. They suffer from the fact that there are "not enough outlets or positive 'helpers' to turn to." A young woman said of her brother's suicide: "When I was going through it, I couldn't find any help and I didn't know what to do." After his death, she added, the community sought to have a mental health worker based locally: someone to run to, because sometimes they didn't know where to turn."

In particular there is a "lack of guidance for young people living on their own, or in common-law relationships." Moreover, Cree and Ojibway cultural traditions dictate an acceptable pattern of interaction between children and their elders. In the past children were expected to listen without questioning; something which today's youth may find difficult- but still feel constrained by convention - to accept. As a result, there is "a lack of freedom of speech, or a sense that the child has no opportunity to express him or herself." Furthermore there is "a lack of freedom or trust to be independent and experience life," although often there is "peer pressure to do things that may be risky."

Suicide Causation: Factors Internal to the Community

At the community level internal factors are those impacting on young people, the control of which is seen as resting entirely within the confines of the communities themselves. Here it must be said that the single most striking fact revealed by the NAN suicide consultation is *the extent to which community members see themselves as both the cause and the cure for the carnage in their midst.*

"Suicide is a very difficult and sensitive topic that we don't like to talk about. But because of what's happened in the past three years, we can no longer ignore it and pretend it's not happening. There's no gentle way to talk about suicide." These words were echoed again and again during the consultation, as they are in the following selection of quotes:

> We have to address the other psycho-social issues that go on in our communities. That's a lot of pain to deal with, but we have to step back and ask how we are as a community and what part we play in what's happening.
>
> But one of the things that's very important is that we, as Native people, have to take responsibility for what's happening in our communities.
>
> There are some serious issues and concerns that have to be examined in our communities.

Far more than mere platitudes, these statements were supported by specific illustrations. For example, the suggestion that the lives of young offenders are "made worse by some communities' tendency to label and reject children who have made mistakes in the past."

As well there is a need for better communication within the community, especially "between different groups of front-line community health workers." A former community health representative called on "all the front-line workers in Native communities to work together, and to develop the skills they need to serve their people." Not only that, another person said, "the worker's job is to make sure that all community members know that they're there to help, and to encourage people to work together to prevent hopelessness and suicide."

Suicide Causation: Factors External to the Community

Factors *external* to the communities are those rooted in the dominant Euro-Canadian culture, the effects of which are largely beyond local control. This notion is borne out in the following statement: "There's an acculturation

process, where...our people [are expected] to live a White lifestyle that they can't achieve because of the living situation in our communities."

And indeed, of all factors impinging on adolescents In the Nishnawbe-Aski First Nations, perhaps the one most widely recognized (in the scholarly literature and the popular press) are the negative influences of the dominant Euro-Canadian culture. While the damaging impact of these external forces on individuals' lives is acknowledged by the Nishnawbek themselves, such causes were not assigned greater importance than any of the other factors. Nonetheless, the following quotes capture the breadth of cross-cultural penetration perceived to be associated with adolescent suicides. On the one hand there are familiar culprits: "drugs, alcohol and other substance abuse" and "violent responses to anger, brought on by the role models provided by television, movies, books and pornography." On the other hand, new and pernicious forces have appeared: the "involvement with satanic rituals" by Nishnawbek youth, for example, and the playing of "heavy metal or rock music, which sometimes promotes suicide as 'the only way out'."

Native youth in the region experience the Euro-Canadian reality more fully in another context. Since Nishnawbek children can only go as far as grade eight (or, in a few cases, grade ten) in their home communities, those who want to continue their education -and fewer than 50 per cent do-are sent south to secondary schools in such centres as Thunder Bay, Sault Ste. Marie, or Timmins.

> Once in the city these students are left to experience the challenges and temptations of urban life, as well as feelings of homesickness and alienation alone...They are confronted daily by drugs and alcohol, the need for information about birth control and personal hygiene, and dealings with the police; each of these require culturally relevant interpretations which, most often, are lacking. Even surviving in school is a problem since many students must "learn to learn" after ten years spent in deficient reserve schools. Lacking skills and even a firm grasp of English, Native students fail and drop out. Their cumulative failure is evident in a drop-out rate that approaches 80 to 90 per cent (Martin, 1987:1).

Participants in the NAN suicide consultation believe these youth face a unique form of double jeopardy. Not only do they have "difficulties adjusting to non-Native culture" in the city, but when they return home they experience "isolation from [their] community and culture."

Youth Suicide: Moving Toward Community Solutions

Identifying causes which are internal and external to the individual and the collective and concluding that solutions are to be found within their communities was to beg the question: what stands in the way and what will help the Nishnawbek find these answers? The goal is clear; to develop preventive and coping strategies which build on the strengths and, as well, alter controllable factors within the communities. But in order to do so the foregoing question must be answered.

The following paragraphs outline the perceived inhibitors and facilitators. In them extensive use is made of direct quotations because, the authors believe, these best serve to underscore the extent of community ownership of the suicide problem (as well as some limits). Dealing with the negative response first, the consultation participants saw four areas in which attitudes created barriers to action: personal, political, professional, and inter-generational.

Falling under the rubric of "personal" are various attitudes which essentially avoid the issue. For example, "nobody wants to admit that there's a problem - any problem- and that includes suicide." Some communities are even "afraid that talking about suicide will give youth the idea of taking their own lives." Where the problem is acknowledged, "many people are unable to relate to individuals who are in need, or at high risk...they may be able to empathize, but they can't help out in a concrete way." Moreover, despite the calls for good role models, "many people are afraid to be singled out in a small community, where everyone knows what everyone else is doing." Consequently residents wait "for someone else to take the initiative on mental health problems, rather than taking ownership of their concerns and working toward solutions." Added to this is the fact that "many community members are unwilling to volunteer to help out with mental health and social problems. Some people are only willing to get involved if they can expect to be paid for their time." Patterns of personal avoidance result, it seems, in "communities [that] have lost track of the power of love and understanding."

As for the "political" impediments identified, both the behaviour and attitudes of local politicians were subject to critical comment. "Many Chiefs and Councils are more concerned with politics than with addressing community issues, and are unwilling to listen to the concerns of community members." Moreover, "many community members feel elected representatives are the ultimate authority, and are afraid to approach them" with concerns. According to one group, some leaders "take part in covering up problems...so that Band members won't feel there was too much trouble during their term in office." It was also pointed out that "many leaders spend

too much time away from the community, so that nobody is available to support and coordinate the various resource people and helpers."

The resource people who are resident in the communities are hampered by certain "professional" (for lack of a better word) attitudes of their own, as well as those held about them. Examples of detrimental outlooks held by workers include the following:

> Some front-line workers attend workshops and learn new skills, but fail to share the information when they return home.
>
> Many front-line workers lack confidence in their own abilities, and there is not enough networking or cooperation among helpers. They should all get together to try to help solve this problem.

Front-line workers must also deal with the expectations and criticisms of their communities. One focus group addressed this issue at length saying:

> People must be more understanding and less closed-minded and judgemental about the work that community helpers are doing. They may make mistakes, but they're always doing their best. Community members need to understand that people who work in unpopular helping jobs, like police constable, are still there to assist people and serve as community resources.

Moreover, "some people think that one front-line worker can solve the community's suicide problem." But others are "unwilling to trust service providers, or challenge them by reminding them of their own past."

Finally, there are inter-generational attitudes which combine to deny youth full acceptance. In the first place there is little opportunity for youth to take part in community decision-making. And in the second place, "when there are Band council meetings, young people don't attend, and whenever a young person says something at a Band meeting it feels like nobody is listening." But denial operates in another way too. Adults are quick to blame problems on young people. "We just put them down-we don't take it seriously. We spread stories and gossip, and the next time the young person hears about it it's very different from what happened." Too often, "we forget that we create a lot of problems for young people." Within families, "some parents are annoyed when their children seek counselling or ask for other forms of help...they say things like, 'what goes on in the family stays in the family', so it only creates bad feelings, conflict and misunderstanding."

These, then, are attitudes which must be overcome. At the same time there exist recognized strengths at the community level upon which preventive and coping strategies can be built. Although delineated in less detail than the barriers, two types of bridges were identified: religio-cultural tradi-

tions and existing supportive relationships. The Nishnawbek recognize the potency of their religio-cultural heritage and see in it a base from which to confront the suicide epidemic. "A stronger cultural identity would help youth become proud of themselves and their heritage. Traditional values and a belief in God's gifts can be empowering." Already, they note "in the James Bay area, communities are returning to traditional ways, including pipe ceremonies, sweat lodges and circle meetings."

Primary among the supportive others mentioned are resource people who work for the Bands, the community health representatives, mental health workers, nurses and special constables. As well, "self-help groups provide an opportunity for participants to share their problems and support each other." But one group in particular was singled out: "Survivors who have experienced pain or grief as a result of suicide can often be a source of strength to other community members."[7] What is more, "unsuccessful suicides who are now strong can also play an important role."

Perhaps there is no better way to clearly capture the sense of community strength than with the following quote: "Community members' anger, pain and guilt can be turned into a positive tool for change, particularly if people can learn how to channel their anger. Each of us in the community has strength. All you have to do is find it and work with it, through humility, truth and respect."

A Few Final Thoughts

The decade of the 1980s witnessed widescale efforts by the federal government to negotiate a transfer of responsibility for human services to the provincial governments and to Native people themselves. This occurred first in the areas of child welfare and education and, more recently, in health services. There is a fundamental assumption underlying this strategy. If Native people are in positions of decision-making, and hence in positions of effective control, the well-documented failures of the past will be rectified. However, while the right to make decisions within the current system of health care delivery may lead to "actual control" it may not be perceived as "control". This is because Native people are expected to take over an existing system, and to take responsibility for it, although the system itself is foreign; it is not one of their own making.

The issue of patient confidentiality, which was discussed during the consultation, is a case in point. Those attending noted that Natives and non-Natives have different views of confidentiality; non-Native people strongly uphold individual rights, whereas Native people tend to emphasize community rights and insist upon the right to be informed about community

affairs. As a result, they concluded, Chiefs and Councils must encourage community discussion regarding confidentiality codes, so that information on suicide attempts from such sources as hospital files can be made more accessible to the communities. If acted upon, such a policy (by embodying views internal to the Nishnawbe-Aski First Nations) would be a significant step toward "real" control and a step away from externally imposed regulations.

Moreover, the resulting policy would have the "empowering" potential that Rappaport credits to social policies which evolve from the experiences of those who are affected directly. In such circumstances, people may gain a measure of control over some specific problem; failing that, at least they will learn about the empowerment process, which will inevitably alter their social awareness. "For some people the mechanism of empowerment may lead to a *sense* of control; for others it may lead to actual control, the practical *power* to effect their own lives" (Rappaport, 1984:3). In either case, empowering policies have within them the germ of changes which may extend far beyond the situation to which they directly apply.

In sum, to have power is not necessarily to be empowered. The alarming incidence of suicide underscores the sense of powerlessness expressed throughout the consultation. When seeking solutions it is vital to know how individuals in the communities see the problem: what causes it and what they, themselves, can do about it. After three deaths in Kingfisher in 1987, for example, people in neighbouring Muskrat Dam visited *en masse* to comfort the grieving community and to struggle together to answer the question: why? They concluded that Kingfisher's youth felt that they had been excluded from Band activities and denied opportunities to practice Native traditions and values; and, hence, that these young people had failed to develop a sense of identity, self-esteem and confidence. As a result, the two communities jointly developed a project called "helping hands" allowing people from Kingfisher to visit the Dam to observe how the high degree of generational integration there has been achieved. This is but one example of communities tapping their own resources in coming to terms with the problem. Another one, the authors believe, was the community consultation on youth suicide described in this paper. Given the scarcity of mental health services in the North, the communities themselves are a resource that must not be overlooked.

Notes

1. The researchers wish to acknowledge the generous support for this project that was provided by Canada's Departments of Health & Welfare, and Indian & Northern Affairs; the Anglican Church of Canada; and Ontario's Ministries of Health, Citizenship (Native Community Branch), Community and Social Services, and Northern Development & Mines.
2. A number of faculty members from the University of Toronto Department of Psychiatry make one or two visits a year to the zone, returning for the sake of continuity to the same villages. Not only do they deal with patients directly, they also provide in-service training for health workers in the area. As well a team of Native counsellors works with the Nodin Counselling Program at the Sioux Lookout Zone Hospital to provide short term crisis intervention services. The Pehtabun Tribal council also operates a Mental Health Program on six reserves (Sandy Lake, Deer Lake, North Spirit Lake, McDowell Lake, Pikangikum and Poplar Hill), involving two teams of Native workers trained to provide emergency intervention and ongoing counselling services.
3. The political, social, cultural, educational and economic interests of the people of the Nishnawbe-Aski Nations are represented by an Ontario non-profit corporation widely known by the acronym, N.A.N. (for *Nishnawbe-Aski Nation).*
4. This parallel of longitude is the approximate southernmost boundary of the area covered by Treaties No. 5 and 9. Under these agreements signed, respectively, in 1875 and 1905-6 (with an adhesion in 1929), the Saulteaux-Cree Nations of Northern Ontario and Manitoba and the Cree-Ojibway Nations of Northern Ontario ceded their land claims on 400,000 square kilometres of land to the Crown in exchange for exemptions from Federal and Provincial restrictions on hunting, trapping and fishing.
5. Recognizing the abysmal failure of the residential school system, in the mid-1960s the Canadian government began building day schools for Native children. The new schools were located for the most part near summer camping grounds. It was the practice for families to rendezvous at these points only between spring break-up and fall; in the winter months each family worked apart from the others on their own far-ranging trap lines. For all its ills, the residential school system did not disrupt this pattern of annual migration, at least for the adults. But the day schools did because they were open throughout the winter months, like schools everywhere in Canada. For the sake of their children parents gave up their semi-nomadic, family centred, independent lives as trappers. They settled instead-amidst strangers and others in permanent communities-for lives dependent on welfare.

6. Previous experience with this approach to community consultation, which led to the implementation of Lakehead University's Native Nurses Entry Program, had demonstrated its suitability for use with the Nishnawbe-Aski population.
7. One young woman, whose 14 year-old brother committed suicide, has started a twenty-four-hour-a-day telephone crisis hotline in Wunnimun Lake.

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