RUNNING HEAD: Cultural Wounds

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Cultural wounds require cultural medicines

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Abstract

Euro-American thoughts about life's foibles continue to be dominated by what Cushman (1990, p. 599) has called the West's historical commitment to "self-contained individualism." Of course, no one seriously doubts that poverty, discrimination and disenfranchisement naturally count among the possible 'up-stream' causes of our subsequent miseries. At the same time, however, the particular spot where the consequences of such admittedly socio-cultural matters are standardly imagined to come-to-roost is somewhere secreted away in the troubled hearts and minds of single individuals. Consequently, whenever we are moved to minister to such troubles, the usual impulse — the common intervention or treatment strategy — is to somehow buck-up the flagging spirits of those singular symptom bearers who are counted as most disheartened or undone. Picking away at such troubles one 'patient' at a time, we council and drug them, we bolster their flagging self-esteem, and otherwise do whatever seems appropriate to shore up their supposed personal shortcomings. In short, while many of our ills are acknowledged to sometimes be social or cultural in origin, when moved to intervene, Western society has customarily proceeded by attempting to redeem one lost soul at a time. A prime example of this individualistic approach to 'treatment' is to be found in standard responses to the so-called "epidemic" of suicides ascribed to the residents of many Indigenous communities. Those individuals somehow deemed to be at special risk are taken aside and variously bucked-up, all in the hope of somehow making each one of them personally better adjusted and less forlorn. This chapter will work to make the case that such applications of so-called individualized "medical models" of suicide prevention are mistaken at every turn, insisting instead that cultural wounds require cultural medicines.

Cultural wounds require cultural medicines

Here are the two headline conclusions to which everything that follows in this chapter is meant to inexorably lead — our 'take home' messages, if you will. The *first* is that the sum total of malaise and ill-health suffered by Canada's (and the world's) Indigenous peoples is best understood, not as some simple aggregate or additive sum of the personal woes of separately damaged individuals, but as a culmination of 'cultural wounds' inflicted upon whole communities and whole ways of life. Yes, of course, the raw nerve endings of those in distress are naturally wired to pain centers in the private brains of single suffers, but the various forms of wholesale damage communally inflicted on whole peoples is collective, rather than simply personal, and multiplicative, rather than simply additive.

The *second* of these conclusions is that such shared cultural wounds require being addressed, not one individual sufferer at a time, but require instead being communally treated with 'cultural medicines' prescribed and acted upon by whole cultural communities. Taken together, the broad implication of both of these position statements is that, when it comes properly catching on, most suicide prevention efforts have been fishing in 'the wrong pond.'

What hopefully rescues such summary pronouncements from the jaws of mere homily are the conceptual distances that divide them from those other more ruggedly individualistic frameworks of understanding that typically dominate descriptions of the plights of Indigenous groups — standard "medical model" frameworks within which poor health and wellbeing are routinely interpreted as 'one-off' personal problems best understood and best treated one Indigenous patient at a time.

Think of this chapter, then, as having ophthalmic intent — as part of a vision quest aimed at fitting-up those of you still in need of different optics with a more refractory and more collectivist set of Indigenous lenses. That is, not unlike those 'too earnest for words'

proselytizers always showing up at your door, we are also here, bent upon saving you from your own prior, if inadvertent, adherence to the West's cult-like commitment to "self-contained individualism" (Cushman, 1990, p. 599) — your own "Judeo-Graeco-Roman-Christian-Renaissance-Enlightenment-Romanticist" inspired conviction (Rorty, 1987, p. 57) that bad things ordinarily happen to bad people, and that those individuals who do 'fall by the wayside' are necessarily marked by some self-contained diathesis, or weakness (perhaps of the will), requiring that they be individually diagnosed and separately treated.

If, whenever this shoe fits, we are successful in bringing you along to our own different and more collectivist viewpoint, you will remain, of course, just as free (as always) to go on rescuing individual sufferers, one 'at-risk' victim at a time. This is, perhaps, what common humanity demands, and the only option apparently available. You will, however, also have been brought to share some wider interpretive horizon that includes the prospect that there are also wounds that supersede the boundaries of single individuals, damaging whole cultural communities at once.

What is required, if our conversion tactics are to work, are clear and convincing reasons as to: a) why the lack of wellbeing characteristic of some (but, importantly, not all) Indigenous individuals groups demands being understood using explanatory tools capable of taking whole cultural communities as their operative units of analysis; and b) why such shared woes require intervention strategies aimed at restoring to such wounded groups ownership and control of their own common past and collective futures. The balance of this account is meant to provide a starter kit of such reasons.

[A] On Choosing a Working Case In Point

Because 5000 words is not a number big enough to contain even the simplest enumeration, let alone some attempted explanation of all of the various woes now facing Indigenous peoples, some picking and choosing is required. Although prepared to argue that our choice has more generic implications, we choose (some may judge unfairly), as our working case-in-point, the so-called 'epidemic' rates of suicide (especially youth suicide) common to many of the world's, or Canada's (and more particularly British Columbia's) Indigenous communities (British Columbia Vital Statistics Agency, 2001). We narrow down in these ways, not only because this is a literature we know enough to say something about, and a population on which we have real data, but because (unlike certain other ills common to many Indigenous groups — diabetes or alcohol excess, for example) suicide does not particularly lend itself to causal explanations rooted in the well-tilled turf of 'wet-bench,' physiological or genetic accounts. Privileged choice or no, it is, nevertheless, a widely imagined and publically proclaimed 'fact' that Indigenous groups (measured in the aggregate) do suffer unusually high and disproportionate rates of suicide — an assumed 'truth' that has prompted the wide-spread view that Indigenous individuals are somehow especially suicide prone, and has led a great many Indigenous groups in Canada to list 'suicide prevention programs' as priority services required by their communities (see Kirmayer, Fraser, Fauras, & Whitley, 2009).

Although it is almost certainly true that, if you blindly 'batch-process' the whole of Canada's diverse Indigenous peoples, and simply count up all of the suicides on record, before dividing through by the total number of individuals legislated to be Indigenous, then you will again arrive at something like the startling, if largely meaningless, national suicide rates commonly reported. This is, of course, what is most commonly done, and the short judgment is that (as a running average) Canada's Indigenous peoples, and more particularly Indigenous

youth, commit suicide at rates somewhere between 3 to 20 times the national average — numbers thought to be so high as to warrant the oft-repeated claim that our nation's overall rate of Indigenous suicide is "one of the highest… of any group in the world" (Kirmayer, 1994, p. 3)

[A] Liar, Liar Pants on Fire

The problem here is not that the actuaries have somehow gotten their sums wrong. Rather, the common practice/problem of summing across all of a province's or a nation's culturally diverse Indigenous peoples, and mathematically arriving at some omnibus, catch-all, summary figure, proving, once again, that 'they' are more suicidal than 'thou,' most charitably qualifies as a form of 'voodoo statistics,' yielding misleading numbers that, rather than being helpful, prove a colossal disservice to all involved. Whatever their suspect value, such unadorned 'actuarial fictions' regularly peg the overall national rate of suicide among Canada's Indigenous population as being somewhere around 3 or 4 times that of the general population. Such empty claims have so far provided the occasions for a public outcry, and a niggardly commitment of minimal funds to 'correct' the 'problem.'

Here are only some of the reasons that exposure to such artfully crafted, if misleading numbers are worse than knowing nothing at all. First and foremost, such statistical artifacts reflect and promote racist assumptions by artificially homogenizing otherwise radically diverse Indigenous communities, and 'gang-press' them all under one, common, politically inspired banner. Although all such crude labeling exercises (e.g., talk of the 'Blacks;' the 'Jews;' the 'Gays;' etc.) perhaps arise out of the same stigmatizing intent, still, a case can be made that such loose talk about the generic Indigenous or Aboriginal or Native persons may actually win the prize for riding most roughshod over the reality of evident diversity. It has been argued, for example (Hodgkinson, 1990), that more than half of the cultural variability to be found across

the whole of the Americas is owed to that small 3 or 4 percent of the population that just happens to be Indigenous.

Closer to home in Canada, where some 500 to 600 distinctive Indigenous communities still exist, hundreds of mutually un-interpretable Indigenous languages continue to be spoken. Some of these speakers live on the seashore, others in the mountains or on the prairies, where they are marked by radically different spiritual beliefs, trail differing histories of contact with colonial forces, and practice distinctive forms of self-governance. Still more specifically, in British Columbia — the province from which still more detailed information has been extracted (Chandler & Lalonde, 1998, 2009; Chandler, Lalonde, Sokol & Hallett, 2003)— in excess of 200 unique Indigenous 'bands' can currently be identified, none of which is, or wishes to be seen as, interchangeable with the others.

About suicide — and so more to the present case-in-point — the suicide rates characteristic of these diverse bands are also known to be radically different (i.e., Chandler & Lalonde, 1998, 2009; Chandler, et al., 2003). Almost exactly half of these 200-plus bands have, for example, never experienced a youth suicide, not one — rates obviously well below that of the general population. Elsewhere, often close around the corner, and in communities not otherwise different according to usual demographic markers, still other bands suffer youth suicide rates known to be more than a thousand times the national average (Chandler & Lalonde, 2009). Clearly, any generic talk about some single, omnibus suicide rate for the whole of Canada's or British Columbia's Indigenous citizens is meaningless, and represents a number that describes no one in particular, and everyone especially badly. What findings such as our own do, however (in one fell swoop), is to put the lie to any rumor that Indigenous persons somehow have suicide bred into their bones — that being suicidal is somehow a byproduct of indignity itself. Rather,

such findings effectively remove the ‘race card’ form the deck, requiring us to find explanations elsewhere. How, we need to ask ourselves, while struggling against mounting odds to maintain some individualized, essentalized, blame-the-victim perspective on suicide, is it still possible to explain away the fact that neighboring Indigenous communities have either no suicides or a suicide epidemic? Can you imagine, for example, that suicidal individuals living in apparently ‘suicide-free’ zones somehow conveniently succeeded in moving to other communities especially marked by unusually high suicide rates just to make the numbers come out? Can you think of some other potentially plausible, but still individualistic explanation? We dare you.

A second and perhaps still more far reaching consequence of attempting to paint the whole of the Indigenous world with the same broad and indiscriminant brush is that doing so promotes the dangerously mistaken assumption that it is reasonable to imagine arriving at some ideal, one-size-fits-all intervention approach; some nation- or province-wide suicide prevention strategy that lends itself to being universally put in place. No bureaucrat can long tolerate a patchwork, and so something like this is naturally the pipedream of all centralized governments.

As a consequence, Canada, like many other concerned nations, is currently in the throws of a multiple-pronged ‘natural’ experiment, the usual interim protocol for which has been to encourage separate groups, including Indigenous communities, to invent their own ‘home grown’ suicide prevention approach. Although, in a more perfect world than this, such a free-for-all strategy might well have been (and perhaps sometimes was) motivated by a new-found commitment to eclecticism, and a progressive (dare one say ‘post-modern’) belief that any univocal search for some common, wide-spectrum, suicide prevention elixir — one equally suitable as a purge against suicide in all quarters —is likely to prove a fools errant. Rather, and more in keeping with our own recurrent national search for the ‘golden mean’ of Indigenous

suicide rates (and so otherwise consistent with our common 'free-enterprise' approach to problem-solving), the overarching 'plan' appears to have been to throw a lot of unbridled money on the floor, all in the hopes that some winning intervention strategy would somehow naturally disclose itself. This, or at least something like it, is what appears to have been done as varied, but commonly befuddled interest groups have struggled to mount some sort of 'made-from-scratch' suicide prevention strategy.

The open question, you might well ask, is how, most of a decade into this free-for-all experiment, have things been working out? Although it is still early days, and so, one might reason, still too soon to tell, a recent and especially through review of the North American literature carried out by Kirmayer and his colleagues (2009) has come to the harsh conclusion that, not withstanding the untold millions of dollars invested, there is not a single shred of confidence-inspiring evidence that any of these exploratory, publicly funded suicide-prevention projects has actually 'worked' to prevent a single death.

To be fair, more often than not, the hard to indemnify business of directly stopping suicide in its tracks has rarely been the expressed intention of the large bulk of these efforts. Instead, the majority have settled for more modest goals such as educating people about suicide, sensitizing 'gate-keepers' and others to possible 'early-warning' signs, or otherwise helping to manage the sad consequences of completed suicides. Again, and more often than not, a great many of these intervention programs have neglected to reveal how they came to know what is and is not an actual 'early-warning' of suicide (more on this later), and most lacked any sober strategy for evaluating their own success.

Of course, none of the above is meant to say that everyone involved is necessarily wasting one another's precious time. Some generous measure of compassion and human

understanding is always morally required of us, especially when the prospect of suicide is in the wind. Similarly, most (but not all) presume that it is better for everyone to know more rather than less about suicide, and to be prepared to do almost anything, rather than nothing, when the prospects of self-harm are judged to be eminent. Still, that is presumably not what was originally hoped for when the public purse was initially opened to fund exploratory suicide prevention research.

[A] In Search of a Better Way

If all concerned are to find better ways of stemming the flood of suicides awash in many Indigenous communities and elsewhere, then it will prove necessary, we will argue, to come to some better understanding of a knot of tightly braided problems. The most central of these concerns the kingpin task of determining an optimal 'level of analysis' from which to approach the task of suicide prevention. Our recurrent refrain throughout this chapter has been, and will continue to be, that, while suicide can be (and most commonly is) approached as a private problem hidden away in the secret hearts and minds of troubled individuals, it will prove more useful and coherent to undertake to re-envision suicide (especially Indigenous suicide) at the level of whole communities or cultural groups. Pursuing such a proposed shift in levels of analysis, as we mean to do here, also sets the shape of the two remaining strands of our knotty problem: anticipating when and where suicides are most likely to occur; and fashioning some explanatory 'theory' that can be used to guide subsequent prevention efforts. Although it will involve working a bit back-to-front, the plan here is to first spend moments on the second and third of these matters before addressing, head-on, the choice to seek out some more appropriate cultural level of analysis.

[A] On Anticipating When and Where Suicide is Most Likely to Occur

Historically, and always within usual individualistic accounting systems, the traditional enterprise of suicide prevention has standardly begun by working to somehow divine who is and who is not at serious risk of committing suicide. Obviously, it is thought, we cannot 'intervene' with everyone. It would, therefore, obviously be a 'good' thing if one had demonstrable grounds for being confident in our ability to decide who really does and does not pose some serious risk to taking their own life — to actually know how to properly identify the signs or 'earmarks' of bona fide suicide in waiting. As it is, evidence that such skills are to be had is largely missing, and when present at all seem to better resemble some form of art than science.

Given our collective commitment to some version of a conventional individualist framework of interpretation, it is hardly surprising that our efforts to witch-out who is and is not suicidal rarely work, and are likely forever doomed to failure. Consequently, and, still, and notwithstanding the fact that the chances of our being wrong are generally greater than our chances of being right, we continue to choose to act upon the shaky diagnostic information available, largely because we fear risking the costs and approbations of doing nothing. None of this sad account comes close to mere speculation, but reflects instead a stone-cold matter of brute, unsentimental probabilities. Here is why.

Suicides, whether in Indigenous or non-Indigenous populations, are spectacularly rare events, even when they are counted as occurring in epidemic proportion. Under usual circumstances, the national suicide rate among ordinary North American citizens is something like 3 or 4 per 100,000. In certain sub-populations (Indigenous youth, for example) the rates tend to be importantly higher, but never, to our knowledge, higher than one in a thousand, and, in the worst imaginable circumstances, one in a hundred. Given all of the above, if you simply predict that no one in the general population will ever commit suicide you will be right some 99,996

times in 100,000 tries, and wrong on a paltry 3 or 4 occasions. No self-respecting bookmaker would bet against such odds. Rather, each and every attempt to pick out the suicidal from the non-suicidal proves to be like trying to catch lightening in a bottle.

You could, of course hedge your bets by predicting suicide only when dealing with those who are manifestly depressed, or marked by suicidal ideation, but depression is as common as clay, and the rate of suicidal ideation among ordinary adolescents has been shown to be about 50 percent (Meehan, Lamb, Saltzmen, & O'Carroll, 1992). But, perhaps you have access to some newfangled psychometric tool that is touted to be a real state-of-the-art measure of suicidality. Using this measure you could, conservatively, decide to focus attention only on those who score above the 90th percentile, perhaps even the 99th. Still, despite your best and most cautious assessment efforts, your chance of beating the overall odds (again, 3 o4 4 hits for every 99 thousand plus misses) continue to remain vanishing, and you will be right much more frequently than wrong by simply always anticipating that suicide will never occur. Even locking in on groups of those who have already unsuccessfully made serious suicide attempts will not help. The vast majority of such suicide attempters do so only once (Haukka, Suominen, Partonen, & Lonnqvist, 2008).

Here, however, is one of the rubs. While proceeding as though suicide simply never occurs may be statistically sound, choosing to do nothing naturally registers as cold and uncaring, and may not be among your morally acceptable alternatives. More trouble still, and working against most such 'do good' impulses is the contrapuntal injunction to 'do no harm.' As it is, most of the usual draconian measures that make up standard 'suicide precaution protocols' (e.g., no belts or shoe-laces; no 'sharps;' etc.) obviously work to rob people of their freedom, and likely do so on what usually turn out to be unsubstantiated whims. There you have it, the paradox

that so often keeps those responsible for the safety and wellbeing of others so often frozen in place.

[A] A Search for Some Theory or 'Working Model' to Tell Us What to do Next

Not much needs or can be said here about individualized 'theories' of suicidality other than to keep insisting that before attempting to prevent something 'bad,' it would be 'good' to have a theory about what actually causes the problem in the first place. As it is, and because the 'cult of the individual' is very much with us, we are well awash in various psychodynamic accounts of what might lead particular persons to be depressed, or have low self-esteem, or no hope in the future. Still, the woods are full of individuals who are depressed or have low self-esteem or little in the way of hope, almost none of which ever make serious attempts on their own life. Many of these are 'good' individualistic accounts that promote a comfortable sense of better understanding. What none of them do is actually predict who will and who will not actually commit suicide. Rather, when the improbable happens, our theories always allow us to invent some after-the-fact 'just-so' story that makes everything seem copasetic. About what is likely to happen next, however, we all continue collectively flailing around in the dark. What all of this argues for, we will insist, is that we have been searching for ways of understanding suicide at the wrong 'level of analysis.' Of course talk of level this and level that is always slippery at best, but, given our wholesale failure to anticipate or prevent suicide, it seems useful to suppose that there is some different way of approaching this problem that is not fully rooted in the West's otherwise unwavering commitment to untrammeled individualism.

[A] On Switching Levels of Analysis

The sobering reality that we are particularly inept at picking out in advance which particular individuals are and are not likely to commit suicide; combined with the facts that we

are both bereft of any convincing individual-level theory of suicide, and unable to mount persuasive evidence that it can be prevented, should be enough, one would think, to seriously disabuse anyone of further false hopes about getting the anatomy of individual suicides right, and persuade them instead that we need to go shopping for some new levels of analysis from which to approach the problem. On the working assumption that all of this is right, the final words on offer here are about how to best get such a new cultural-level of analysis off the ground. Here, our working example of doing just that is extracted from the decade and a half of work that we and our colleagues (e.g., Chandler & Lalonde, 1998, 2009; Chandler et al., 2003) have done on the anatomy of Indigenous youth suicide in Canada's province of British Columbia. Although this work has not been explicitly about so-called 'suicide prevention,' it does contain, we will argue, a blueprint for how such preventative work might be undertaken. Here, already signaled earlier, is a quick synopsis of these earlier contributory findings.

First, what this 'rolling' program of ongoing data collection and analysis makes clear is that the problem of youth suicide is not evenly distributed across British Columbia more than 200 First Nations bands. Rather, more or less half of the Indigenous communities in the province have no (i.e., 'zero;' 'have never had any') youth suicides — a status that is repeated, across 15 years of study, and, in large part, is replicated at the aggregate level of whole 'Tribal Councils' (e.g., Chandler & Lalonde, 1998, 2009). By sharp contrast, other less fortunate 'bands' within the province suffer youth suicide rates an agonizing thousand-plus times the national average. What is one to make of such radical differences between communities?

One response to such data is to wonder how, in the face of prevailing evidence, one could go on insisting that simply being Indigenous is, in and of itself, somehow a risk factor for suicide? A second and more interesting question is 'what distinguishes communities with low to

absent youth suicide rates from other seemingly interchangeable Indigenous communities in which youth suicide is epidemic?' It is this second matter that seems to hold out the promise of fueling a coherent program of suicide prevention.

The short answer to this question (the question of what differentiates First Nation communities in British Columbia that have remarkably high and low rates of youth suicide) is no longer a matter for mere speculation. The clear answer provided by our program of research is that communities that have low to absent youth suicide rates are different from their opposite number in that they are marked by multiple community-level efforts to achieve a high level of ownership of their own cultural past, and an elevated level of success in controlling their own civic futures. In the particular, this means that indigenous communities with low to absent rates of youth suicide tend to be characterized by such things as 'self-government,' active involvement in attempts to restore title to traditional lands, to preserve Indigenous languages and culture, and to restore the historic place of women in tribal governance. In more forward reaching ways, such communities have also made special strides in regaining control of their own educational practices and child-protection services, their former dominion over judicial and community safety matters, and have re-assumed critical responsibility for their own health and welfare. Whenever all of these markers of 'cultural continuity' are present the aggregate level of youth suicide drops to zero. Wherever such ambitions have been frustrated, the youth suicide rate is heartbreakingly high.

This is the evidence in hand. What is one to make of it when attention is turned to the problem of preventing youth suicide in those First Nations communities in which rates are impossibly high? One could, of course, stick with the failed assumption that the proper causes of suicide are still to be found hidden away in the troubled hearts and minds of single individuals.

The problem is that all of our best efforts rooted in such individualistic assumptions have largely come to nothing. If youth suicide is the exclusive byproduct of individualized hopes and dreams gone wrong, then how are we to understand that, in certain otherwise like-minded communities suicide is epidemic, and in others effectively absent? Even if it is true (i.e., that the frustrated hopes and dreams of single individuals are recipes for disaster), what does this tell us about what to do next? Intervention programs focused on ministering to such private ambitions regularly fail, not only because we have no skill at picking out who is the more disillusioned, but, more particularly, because such analyses leave us at sea about what we are actually free to do about such tragedies.

The more collective and culture-based alternative that is being militated for here (the next best thing, if you will) turns upon setting aside all of our earlier and failed hopes of picking out and somehow patching up all of those forlorn individuals with suicide on their private minds, and to argue that what is needed instead are community-level initiatives that have as their purpose both helping to rehabilitate those frayed connections that so many Indigenous communities struggle to maintain with their traditional pasts, and joining them in their ambitions to enjoy a measure of local control over their own uncertain futures. Our reasons for urging that we proceed in this (some would say roundabout) fashion include the plain facts: a) that every attempt to put the onus of responsibility for suicide exclusively on the psychodynamic shoulders of those fallen individuals who directly manifest the collective wounds visited upon their lives and culture have failed both conceptually and empirically; b) that because of the radical variability in suicide rates known to exist across diverse cultural groups, all individualized, person-centered approached have not only failed but will continue to fail to yield anything like convincing evidence of success; and c) that available hard evidence about what separates Indigenous communities with

high and low suicide rates makes it plain that our money and our energies would be better spent in joining with Indigenous communities in their quest to preserve their shared past and to militate for their own collective futures. A part of what this means is that, if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counselors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives.

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