CULTURAL CONTINUITY AS A MODERATOR OF SUICIDE RISK AMONG CANADA'S FIRST NATIONS

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Six years ago the *Journal of Transcultural Psychiatry* published the results of an epidemiological study (Chandler & Lalonde, 1998) in which the highly variable rates of youth suicide shown to characterize British Columbia's (BC's) First Nations were set in relation to a half dozen markers of "cultural continuity"—community level variables meant to document the extent to which each of BC's almost 200 Aboriginal "bands" had taken steps to preserve their cultural past and secure future control of their own civic lives. Two key findings emerged from these earlier efforts.

The first was that, while the province-wide rate of Aboriginal youth suicide was once again found to be sharply elevated (more than 5 times the national average), this commonly reported summary statistic was demonstrated to be an "actuarial fiction" that failed to capture the local reality of even one of the province's First Nations communities. Worse still, counting up all of the dead, and then, as is usually done, simply dividing through by the total number of available Aboriginal youth, works to obscure what is really interesting—the dramatic differences in the incidence of youth suicide that actually do distinguish one band or tribal council from the next. In fact, more than half of the province's bands reported no youth suicides during the six-year period (1987-1992) covered by this study, while more than 90 percent of the suicide occurred in less than 10 percent of the bands. Clearly, our data demonstrated, youth suicide is not an Aboriginal problem, but a problem confined to only select Aboriginal communities.

Second, all six of the "cultural continuity" factors originally identified—measures intended to mark the degree to which individual Aboriginal communities had successfully taken steps to secure their cultural past in light of an imagined

future—proved to be strongly related to the presence or absence of youth suicide. Every community characterized by all six of these protective factors experienced no youth suicides during the 6-year reporting period, while those bands in which none of these factors were present suffered suicide rates more than 10 times the national average. Because these findings were seen by us, and have come to be seen by others,1 as not only clarifying, but also as having important policy implications, we have undertaken to replicate and worked to broaden our earlier research efforts. We have done this in three ways. First, we have extended our earlier examination of the community-by-community incidence of Aboriginal youth suicides to also include the additional 8-year period from 1993 to 2000. Second, we collected comparable information on adult as well as youth suicides. Finally we worked to expand the list of cultural continuity factors from the original 6 included in our 1998 study to a current total of 9. The full details of these new efforts are contained in an article that has recently been submitted for publication (Lalonde & Chandler, in press). The present chapter is meant to paint, in broad strokes, the general outline of these new findings, to set them in relation to the results of our earlier 1998 publication, and to bring out what we believe to be some of the practical and potential policy implications flowing from these two studies.

Because the rationale for, and the conceptual underpinnings of, this ongoing program of research is already elaborated elsewhere (e.g., Chandler & Lalonde, 1998; Chandler, 2001; Chandler, Lalonde, Sokol, & Hallett, 2003), we begin here, in the first of the three sections to follow, with just enough about the theoretical foundations that under-gird these efforts to hopefully make it clear why the pattern of our search for insights concerning the roots of Aboriginal suicide is as focused as it is. Part Two summarizes key empirical findings common to our first and second studies of the relation between cultural continuity and community level rates of Aboriginal suicide—data that now covers the 14-year period from 1987 to 2000. Finally, in Part Three, we emphasize what we take to be some of the action or policy implications of this work.

PART I: Working Out Which Stones Are Worth Turning Over

The program of research to be summarized here had its beginnings nearly 20 years ago with work aimed at better understanding the linchpin role that convictions about personal persistence play in the general identity formation process (Chandler, Boyes, Ball, & Hala,

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[1] The fact that we have shown that some First Nations are operating in ways that work to reduce and even eliminate youth suicide has not gone unnoticed within the Native community and among government policy makers. In British Columbia, the Office of the Provincial Health Officer, and the BC Ministry of Health have adopted the methodology we developed as their de facto standard for surveillance of Native suicide. The findings from the latest study were featured prominently in The Provincial Health Officer's 2001 report on *The Health and Well-being of Aboriginal People in BC* and formed the basis for three of the six major policy recommendations contained in the report. At a national level, the work has been presented by Indian and Northern Affairs Canada to the House of Commons Standing Committee on Aboriginal Affairs in their deliberations on proposed the First Nations Governance Initiative and by representatives of the Aboriginal Healing Foundation to the Senate Committee on Aboriginal Peoples. This research was also extensively quoted in the final report of the Advisory Group on Suicide Prevention (*Acting on What We Know: Preventing Youth Suicide in First Nations*) jointly commissioned by National Chief Matthew Coon Come of the Assembly of First Nations and the federal Minister of Health Allan Rock. In particular, the research was used to underpin recommendations aimed at "supporting community-driven approaches; and creating strategies for building youth identity, resilience and culture."

1987). Persuaded by these early results that disruptions in the maintenance of self-continuity could cost young persons a serious stake in their own future, we subsequently turned attention to the study of actively suicidal adolescents who behave in deadly serious ways as if there were no tomorrow (Ball & Chandler, 1989; Chandler & Ball, 1990). More recently (e.g., Chandler, 1994, 2000, 2001; Chandler & Lalonde, 1995, 1998; Chandler, et al., 2003; Lalonde & Chandler, 2004) we have aimed to extend this line of inquiry by focusing attention, not on individual suicidal behaviors, but on the differential rates of actual suicide found to characterize whole communities. In all of these research contexts we have been guided by the working assumption that the risk of suicide (whether at the individual or the community level) rises as a consequence of disruptions to those key identity preserving practices that are required to sustain responsible ownership of a past, and a hopeful commitment to the future.

On this evolving account, the successful development and maintenance of an "identity" (any "identity"—including the self-identities of individual persons, and the shared cultural identities of whole communities) necessarily requires that there always be in place some workable personal or collective continuity-preserving mechanism capable of vouchsafing necessary claims of persistence in the face of inevitable change. Life (personal life; cultural life) is, of course, temporally vectored and so always awash in a stream of exceptionless change. Identities are stobs in this changing stream, and stand as the test of, and the limit for, change (Bynum, 2001). They do this by insisting that something (some entity; some process) remains in common, connecting one moment of inevitable transformation to the next. The battles we as individuals and as cultural groups wage against the currents of change—battles that when won allow both persistent persons and persistent peoples to be identified and re-identified as one-and-the-same across time—are, however, never decisive, but form instead parts of an ongoing project aimed at sustaining a measure of temporal coherence or biographical continuity. This is true, we have argued, not only because so many (classic and contemporary) touchstone figures before us have insisted that it is so (e.g., Harré, 1979; James, 1891; Locke, 1694/1956; MacIntyre, 1977; Parfit, 1971; Strawson, 1999; Taylor, 1988; Wiggins, 1980), but because, in a world otherwise on the move, notions of personal persistence and cultural continuity are deeply constitutive of what it could possibly mean to be a person or to have a culture. That is, any claims made on behalf of enduring personhood or cultural continuity would prove fundamentally nonsensical unless some such identity-preserving project was successfully in place (Cassirer, 1923). This follows for the reason that every conceivable form of moral order requires an accounting system that allows individuals and communities to be held responsible for their own past actions (Locke, 1694/1956), just as every planfull action commits both individuals and collectives to the prospect of a future in which they are the legitimate inheritors of their own just desserts (Unger, 1975).

From Self- and Cultural Continuity to Suicide

While all that has just been said is meant to help build the case that a secure sense of personal and cultural continuity are necessary conditions for what it could possibly mean to have a personal or cultural identity, more still needs to be said about the high costs associated with failing to meet these identity securing requirements, and the reasons that such failures might sometimes occur. If, owing to some train of personal or collective mishaps, single individuals or whole communities lose track of themselves in time, and

so suffer some disconnect with their past or future, then old responsibilities and new promissory notes fly out the same window, and life, we argue, becomes cheap. On this account, what ordinarily keeps us all from impulsively shuffling off our respective mortal coils whenever (as so regularly happens) life seems hardly worth living, are all of those responsibilities owed to a past that we carry with us, and all of the still optimistic expectations we hold out for the persons we are *en route* to becoming. As seen from this perspective, individual persons and whole communities that successfully maintain a sense of personal persistence or cultural continuity are shielded from at least some of the slings and arrows that outrageous fortune regularly holds in store, and so ordinarily choose life over death. By contrast, when circumstances (developmental or socio-cultural circumstances) turn in such a way as to undermine self- or cultural continuity, then a sense of ownership of the past is easily lost, and the future (because it no longer seems one's own) loses much of its consequentiality. To the extent, then, that the temporal course of one's individual or cultural identity is somehow fractured or disabled, those persons and those whole communities that have suffered such broken ties to their past and future are, we have argued, put at special risk to suicide, just as achievements that serve to preserve or rebuild such ties work as protective factors that shield them from the threat of self-harm.

From Theory to Practice

Two broad sets of implications flow from the theoretical account just outlined: one of these is diagnostic, after a fashion; while the other is all about matters of "prevention," or intervention, or otherwise minimizing the risks of suicide, especially in First Nations communities.

The first of these prospects—the one having to do with risk assessment—arises out of the fact that, because suicides remain rare even when epidemic, individual suicidal acts all but defy being anticipated, or otherwise "diagnosed" before the fact. That is, while we regularly act otherwise, because of the irretrievable costs of being mistaken, actuarially, the "safest" bet is to always predict that no one will ever take his or her own life. Things that happen 10, or even a 100 times per 100,000 cases are simply too rare to ever get any predictive purchase upon. Still, on the prospect that suicides will not ultimately prove to be entirely fortuitous, or the unfathomable result of truly random contingencies, it continues to make at least "potential" sense to attempt to reduce the odds of always being caught unawares by working to ferret-out which sub-groups from the general population do, and which do not, run markedly elevated risks of killing themselves. The word "potential" is employed here advisedly, however, because the likely utility of such information is strongly dependent upon: a) the extent to which such type-casting efforts actually work to pick-out persons or groups that are at sufficiently at risk to warrant the presumption of intervening in their lives; and b) the degree to which such profiling efforts actually recommend, or realistically afford, any sort of remedial action.

As it turns out, not everything known to be statistically associated with suicide actually fits one or the other or both of the criteria just outlined. It is already generally known, for example, that boys are, on the average, something like four times more likely to complete acts of suicide than are girls (BC Vital Statistics, 2001), and that Aboriginal persons and poor persons (along with your rank-and-file adolescent or young adult) are at somewhat greater risk to suicide than are their richer or younger or older or culturally

mainstream counterparts (Cooper, Corrado, Karlberg, & Pelletier Adams, 1992). While not without interest, such broad demographic markers are, in most cases, of only marginal utility. The obvious problem is that any serious suggestion that someone might be actively suicidal obliges us to set in motion plans—usually quite draconian plans—meant to save them from themselves. Such preventative steps (in the extreme, removing belts and shoe laces, limiting access to "sharps," etc.) are not, of course, the sort of things one undertakes lightly, but, rather, soberly and discreetly and on stronger evidence than, for example, that provided by the fact that someone's risk to suicide quadrupled (from something like 10 in a 100,000 to 40 in a 100,000) simply because they happen to carry a "Y" chromosome. Similarly, no matter how otherwise desirable it may seem to some, the short-term prospects that the poor will actually inherit the earth continue to be remote, thereby removing economic reform from the readily available list of actionable suicide prevention strategies. If, collectively, we really wanted to spare the poor all of the known consequences of their impoverishment, we would have done so long ago. Less because of a lack of will than a lack of ways, there is also little we are in a position to actually do about the elevated risks associated with age and sex and ethnicity. Among the things that all of this implies is that potential predictor variables that are unlikely to be even remotely decisive, or that we have little hope or intention of remediating, are likely to prove of only modest practical relevance. What seems required instead, given the futility of going on naming things that can't or won't be changed, is not another blind troll through yet another sea of low-yield actuarial details, but a theory-guided search for individual and cultural practices that are both subject to possible reform, and that stand in some interpretable relation to actual decisions about life and death.

Part Two of this chapter, is all about our own efforts to search out *community level* markers of cultural continuity adequate to the task of accounting for the dramatic variability in youth and adult suicide that we have identified within BC's First Nations. Before coming to these group data, however, the balance of this introductory section is given over to first lining out key results from our earlier attempts to explore the relations between the self-continuity warranting strategies of "standard issue" adolescents, and the presence or absence of serious suicide attempts.

Self-Continuity as a Hedge Against Suicidal Behaviors

Our initial work on suicidal behaviors, carried out in the late 80's and early 90's (Ball & Chandler, 1989; Chandler & Ball, 1990), was built upon still earlier research (e.g., Chandler, Boyes, Ball, & Hala, 1987) aimed at tracking routine developmental changes in the course of identity development—in particular, changes in the way that young people lay claim to, and attempt to warrant, the common conviction that they somehow remain one and the same person despite often dramatic changes. Relying on procedures that required young respondents to justify their claims to personal persistence, both in their own lives and in the changing lives of various characters drawn from classic works of fiction, we worked to generate an age-graded typology descriptive of the increasingly complex ways in which ordinary, culturally mainstream adolescents regularly attempt to justify their own claims of personal persistence in time.

Building a Normative Case

While effectively everyone we tested was quick to claim some measure of personal persistence, most got better at defending such claims as they grew older. The pre-teens we interviewed commonly imagined, for example, that they and various story protagonists retained their identity across large-scale changes in appearance, behavior, and belief simply because their names or fingerprints or some other concrete part of their make-up somehow successfully stood apart from time, and served as tangible proof of their continuing identity. By contrast, their older teenage counterparts tended to subscribe to altogether different and more sophisticated claims for sameness in the face of change by insisting, for example, that the real personal transformations that they and others routinely suffered represented only surface, or mere phenotypic changes that were easily trumped by the presence of some other deep-lying or genotypic core (e.g., their personality, or character, or soul) that was thought to go on being self-same through thick and thin.

Without undertaking to repeat here all of the details of the longish descriptive typology that emerged from this work, our earliest research made two things especially clear. One of these was that, essentially without exception, all of the more than 200 ordinary young people that we individually interviewed were strongly committed to the view that, despite what was commonly recognized to be wholesale change, they and others were personally persistent (i.e., numerically identical with themselves), and so deserved to be counted only once. Second, although the particular strategies that our young participants adopted as a means of backing their claims for self-continuity varied in systematic ways, with older respondents typically employing more adequate and cognitively complex arguments, all were able to make some followable case for why the changes in their lives deserved to be discounted in favor of an identity that remained recognizably the same.

From Self-Continuity to Suicide

One implication of the evident step-wise developmental trajectory of self-continuity warranting strategies displayed by the young participants in our research is that, in the usual course of their growing up, they ordinarily first subscribe to, and later reject, as many as 3 or 4 qualitatively different strategies for concluding in favor of self-sameness. As a result of this scalloped developmental pattern, it follows that, at selective moments in their adolescent lives, all of these young persons regularly pass through a series of interim moments during which older and once serviceable methods for reasoning about personal persistence are rejected as childish and immature, sometime before more mature replacement strategies are as yet comfortably in place. Caught in brief transition, with both feet (so to speak) temporarily off the ground at once, such individuals presumably lack the conceptual means necessary to negotiate a proper diachronic sense of selfhood, and so might be easily tripped up by what would ordinarily count as only minor adversities. Seriously contemplating suicide, which most of the time most of us would not do if our lives depended on it, could, under these fickle, fly-by-night circumstances, easily becomes a live option.

A part of what is potentially interesting about this on-again, off-again developmental picture of identity development is that it provides the interpretive means for making understandable a brace of otherwise perplexing, if recurrent findings. One of these

paradoxes is that, more than any other age group, it is adolescents who most often attempt to, and succeed at, taking their own lives (Burd, 1994). How, we wonder, could they—they with all of life's potential sweetness full on their lips—manage to act with such callus disregard for their own wellbeing? The second and equally puzzling matter turns on the fact that most young persons who try and fail to kill themselves do not go on doing so relentlessly. Of course, some do, and for them the chances of their succeeding tend to mount with each successive attempt (Ennis, Barnes, & Spenser, 1985). Still, much more often than not, suicidal youth who survive do not go on to become suicidal adults, but instead, tend to blend back in with the general population of young persons who end up choosing life over death. Among the many ways that things can and do go wrong, this is an unusual picture. More commonly, things that go wrong in adolescence simply go from bad to worse (Noam, Chandler, & Lalonde,1995). Because adolescent suicidal behavior is not like that, but instead peaks in the teenage and early adult years before falling back down to baseline, a developmental theory, with its own peaks and troughs (a theory such as our own) seems just the ticket.

If, as our own working model suggests, suicide becomes a serious option only when one's sense of connectedness to a hoped for future is lost; and *if*, as our own data indicate, a routine (if typically short lived) part of growing up includes periodically abandoning old and outdated self-continuity warranting strategies in favor of new and developmentally more appropriate working models; *then* the otherwise most perplexing aspects of youth suicide begin to make a new sort of followable sense. Young persons recurrently lose and typically regain faith in their own future as a predictable part of the usual identity formation process, and these recurrent transitional moments leave them especially vulnerable—in ways that other age groups are not—to the risk of suicide.

If something like the above is true, then the dramatic spiking of suicidal behaviors in adolescence becomes newly understandable, as does the fact that suicidality (at least among the young) is rarely a chronic condition. In addition, all that has just been said supports a fully testable hypothesis: "Adolescents who are currently actively suicidal should differ sharply from their non-suicidal counterparts by showing themselves, at least for the transitional moment, to be entirely bereft of any workable means of understanding their own personal persistence or self-continuity in time." Some of our earliest empirical efforts were designed as a direct test of just this hypothesis.

This early work (Ball & Chandler, 1989; Chandler & Ball, 1990) involved individually administering an hour-long self-continuity interview procedure to every young person admitted to a large adolescent inpatient psychiatric facility over an 18-month period. These young patients were then sorted into those who were and were not placed on active suicide precautions, and all were subsequently matched with an age-mate of the same sex and SES drawn from the general community. All of these adolescents completed a structured interview protocol that required them: a) to comment upon continuities in the lives of two *Classic Comic Book* characters (i.e., Jean Valjean from Victor Hugo's *Les Miserables*, and Ebenezer Scrooge from Charles Dickens' *A Christmas Carol*); and b) to speak to the question of their own self-continuity by attempting to warrant their own claims for personal persistence in the face of reminders about acknowledged changes in their own lives. The hospitalized participants also

completed the Beck Depression Scale (Beck, Weissman, Lester, & Trexler, 1974), and their medical records were carefully reviewed for evidence of recent suicidal behaviors.

The resulting interview protocols were then assigned to one of three scoring categories indicative of whether their responses to problems of personal persistence were: a) age appropriate; b) comparable to those of much younger children; or c) failed to count as any solution to the problem of personal persistence at all. By these standards, psychiatrically hospitalized, but non-suicidal adolescents, although inclined to respond in more immature ways than their non-hospitalized counterparts, were, nevertheless, consistently committed to the same conviction that their own identities (like that of the story protagonists) persisted as self-same despite often dramatic personal changes. In sharp contrast—and this is the telling point—all but 2 (i.e., 85%) of the actively suicidal participants seriously tried, but consistently failed to come up with what they or others might reasonably accept as a workable procedural means for justifying a sense of personal sameness in the face of change. They regularly came up empty handed as they did, not because they were evidently more depressed, or because they had little or nothing to say. Rather, and despite the fact that their protocols were equally lengthy and complex, they simply tried and failed to understand how, given all of the changes they had experienced, they could either own their own past, or feel connected to their own as yet unrealized future.

Taken all together, the results of these studies make a strong case that, in contrast to their non-suicidal age-mates (both in and out of the hospital), young persons who are characterized by having lost a workable sense of their own personal persistence prove to be at special risk of attempting to end their own lives. These findings, because they are linked to a detailed account of the identity formation process, are more than merely happenstantial. Instead, because the rocky developmental course by means of which young persons ordinarily come to an increasingly mature understanding of themselves in time is at least now partially charted, the spate of suicidal behavior common to adolescents is itself less perplexing, and there are now grounds for the building hope of working out how best to get this process back on track when, as in the case of suicidal youth, it occasionally comes off of the rails.

What is not made any clearer by this early work, however, is why it happens that suicides, especially youth suicides, are so tragically common in certain social or cultural or historical circumstances and not in others. The section of this chapter that immediately follows (Part II), offers an account of our own current best efforts to address this critical problem.

Our strategy in taking up this task has been to extend, this time to the level of whole communities, our working hypothesis that acts of suicide are best understood as the byproduct of a fractured or disabled effort to secure a sense of identity in time. As already suggested in our brief introduction, if they are to be identified and re-identified as self-same, entire cultures, like individual persons, must possess some procedural means of warranting their claims for persistence despite all of the changes inevitably wrought by time and circumstance. On this account, continuity (both self-continuity and cultural continuity) is constitutive of what it could possibly mean to be a self or to have a culture. By the same measure, any serious disruption to those practices that serve to make a diachronic unity out of one's past, present, and future is likely to prove equally corrosive

to their wellbeing. More particularly, anything that serves to cost either individuals or whole cultures their ties to the past and their stake in the future will rob them of just those responsible commitments and hoped for prospects that ordinarily make living seem better than dying.

On such prospects we began (some ten years ago) a still ongoing cross-cultural study involving Aboriginal or "First Nations" communities on Canada's west coast. Our working hypothesis was that the incidence of suicide—measured this time at the band or tribal council level—would vary as a function of the degree to which these cultural communities already had in place practices or procedures or institutions that function to preserve a measure of cultural continuity in the face of change. The section that follows is meant to summarize the current status of this unfolding project.

PART II: Cultural Continuity as a Hedge Against Suicide in First Nations Communities

Suicides are ordinarily taken to be deeply private acts, and to attempt to reach beyond this singularity and to somehow understand them in the aggregate requires finding answers to a range of puzzling questions. What, for example, ought to be allowed to stand as a proper grouping factor, and how and when does it make sense to batch-process whole collections of suicidal persons as a way of gaining some better viewing distance on what might otherwise resolve into a mere conglomerate of anecdotes? Some of the commonly proposed answers to these questions start from much too far back. Computing the rate of Aboriginal suicide for the whole of Canada, or for the whole of any of its provinces, are prime examples of just such backing up too far. The differences that divide North America's Aboriginal communities account for upwards of 50 percent of all of the cultural diversity evident across the whole of the continent (Hodgkenson, 1990)—far too much diversity, one might suppose, to safely overlook. In British Columbia alone, there are some 200 distinctive First Nations bands that collectively speak 14 mutually un-interpretable languages, live in radically different ecological niches, subscribe to a panoply of largely incommensurable ontological and epistemological and spiritual beliefs, and that trail dramatically different histories of interaction with their traditional neighbors and with the burden of colonization. The idea of simply jamming all of these unique peoples together into one catchall common denominator, with an eye toward computing some overall national or provincial suicide rate that is largely empty of meaning, borders on the bizarre.

That much said against the possible merits of blindly throwing everyone who happens to be Aboriginal into the same generic pot, it still remains something of a puzzle to know how best to arrive at an appropriate "stop-rule" that allows the reasonable pairing of "like-with-like" without losing all prospects of generality. Our own solution to this units of analysis problem was to undertake to separately calculate the suicide rate of each of BC's 197 formally identified bands. Because they represent self-acknowledged cultural groups, the decision to focus on individual bands would have been both our first and our only choice, were it not for the fact that many of these communities are so small that just one or two acts of suicide automatically results in astronomically high suicide rates when reported in the usual manner of "suicides per 100,000." This difficulty can be moderated, although not entirely solved, by also focusing attention, as we have done, on the provinces 29 Aboriginal "tribal councils"—those sometimes natural and sometimes

artificially aggregated collections of bands that have been assembled for various political and cultural purposes. The data summarized here, and reported in greater detail elsewhere (Chandler & Lalonde, 1998; Lalonde & Chandler, in press), includes, where possible, youth (and/or adult) suicide rates for both individual bands and tribal councils, for the two periods: 1987-1992; and 1993-2000.

Before coming to these details, two further computational matters need to be clarified. One of these concerns what it was taken to mean when a given person, dead by suicide, was said to "belong" to a particular Aboriginal band. The other, more problematic still, was how the deaths of such persons were deemed to be acts of suicide in the first place. With reference to the second of these matters, all deaths counted here as suicides had been judged to be so by the BC Coroner's office, following an inquiry that regularly involved consideration, not only of the means and circumstances of the death, but interviews with relevant family members and acquaintances. There is no reason to doubt that this process is inherently conservative, and seriously under-reports deaths that were in fact chosen, but failed to meet what are understandably strict reporting standards. The prior questions concerning Aboriginal status and "band of origin" were similarly determined using information gathered as part of the coroner's inquest. Again, it can be assumed that not everyone who might have satisfied some common criteria of aboriginality was correctly identified by these procedures, or that their "band of origin" was always accurately determined.

Finally, although the two epidemiological analyses reported here were undertaken at different times, and while the second employed a wider search pattern that included adults as well as children, the results of these efforts are sufficiently overlapping to sometimes allow the two data sets to be patched together to cover a single 14 year period. Nevertheless, for ease of presentation, the findings from our original 1998 study of suicide among Aboriginal youth are summarized here first.

The 1987-1992 Data Set

The first and clearest thing to emerge from our 1998 study was that, while suicides among non-Aboriginal persons appear in roughly equal measure across the entire province (i.e., the pattern of suicide rates calculated in terms of either federally defined census districts or provincially demarcated health regions are, for example, more or less rectangular), just the opposite is true for Aboriginal youth. As can be seen from an examination of Figure 1 and Figure 2, the rate at which young Aboriginal persons took their own lives is wildly saw-toothed, piling up dramatically in some locales and much less so in others. Some unknown part of this variability is, no doubt, an artifact of the relatively small size of the overall Aboriginal population (estimated to be about 3% of the provincial census), and the dramatic ways in which an occasional death in small communities here or there can radically impact on such incidence rates. Still, there is little afoot in these various geographical regions to drive the extreme variability observed—little save the fact that these different regions partially map onto territories occupied by this or that Aboriginal band or tribal council.

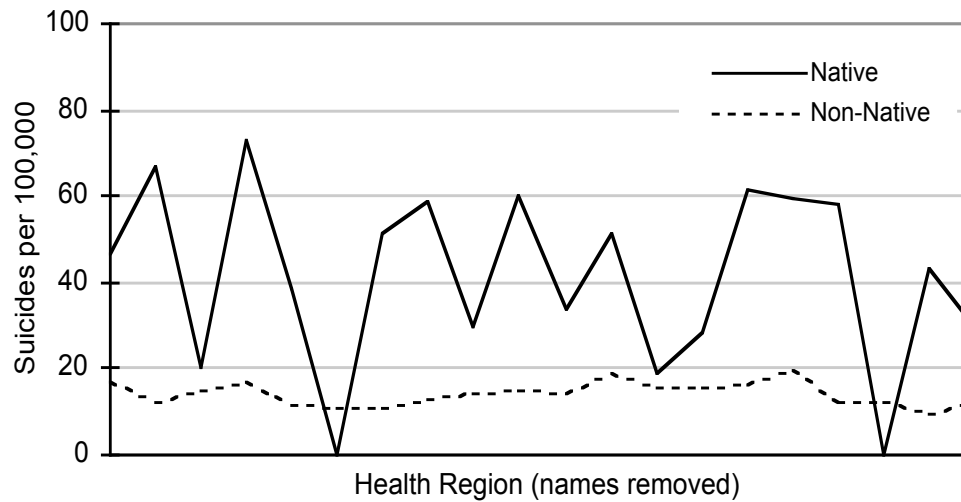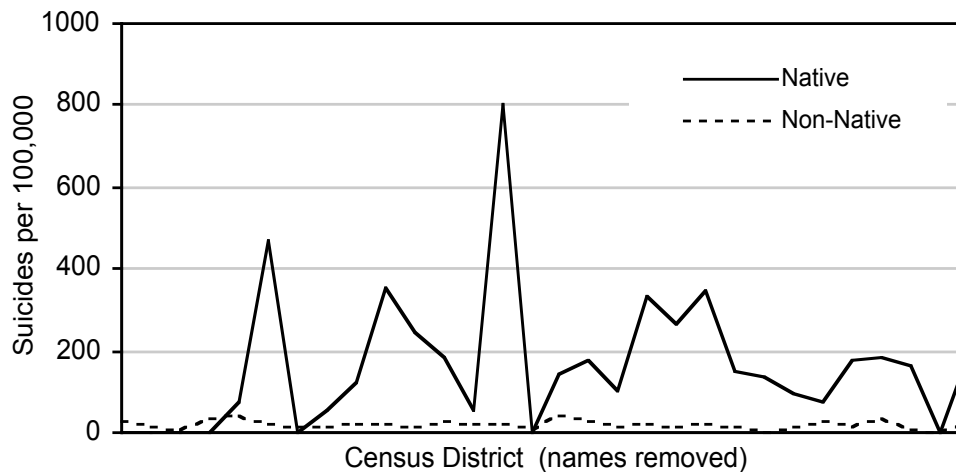Figure 1: Youth Suicide Rate by Health Region (BC, 1987-1992)

Figure 2: Youth Suicide by Census District (BC, 1987-1992)

   Figures Three and Four address the issue of Aboriginal community differences more directly by examining the youth suicide rates, this time by individual bands and tribal councils. As can bee seen from an inspection of these figures, community-by-community rates of Aboriginal youth suicide demonstrate in dramatic ways the differences that divide one cultural group from the next. When examined at the band level (Figure 3), for example, it becomes clear that more than half of the provinces Aboriginal communities suffered no youth suicides during the 6-year study period. In other communities the rate was as much as 800 times the provincial average, and upwards of 90 percent of all youth suicides were found to occur in less than 10 percent of the bands. As can be seen in Figure 4, this same radically saw-toothed picture is again present when rates aggregated by tribal council are examined. Here too, of course, distortions due to still small group sizes are potentially at work, but one thing at least is clear. Youth suicide is not a tragedy that is visited in equal measure on all Native communities, putting the lie to the actuarial

fiction that suicide is somehow an Aboriginal problem, rather than a problem confronting some Aboriginal communities and not others.
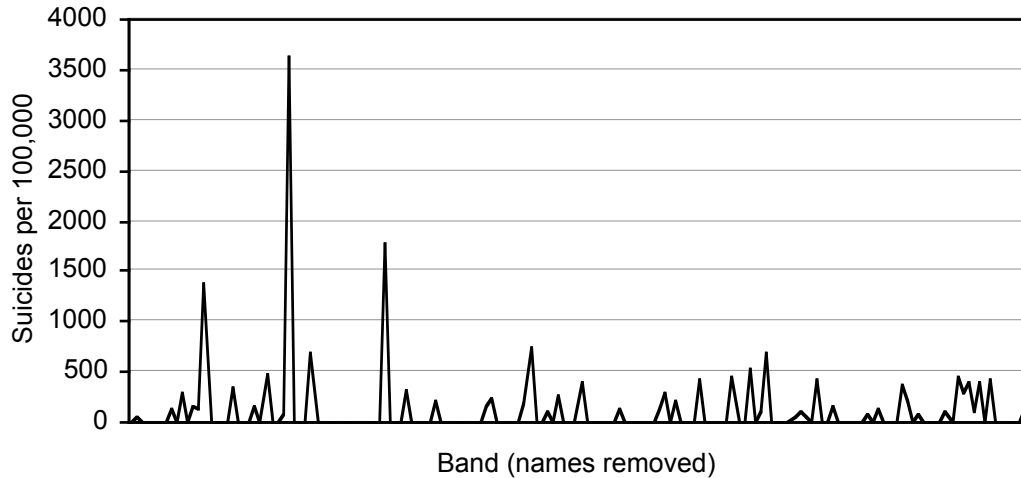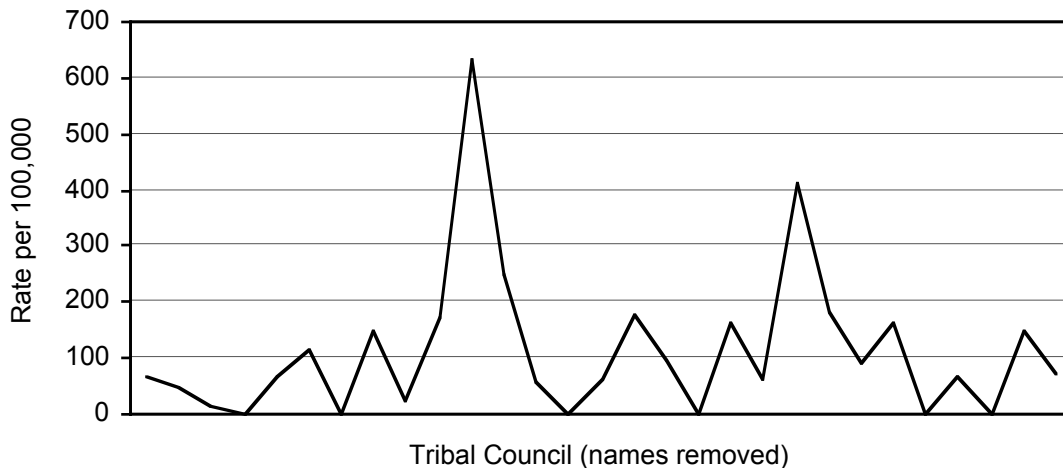
Figure 3: Youth Suicide Rate by Band (1987-1992)

Figure 4: Youth Suicide Rate by Tribal Council (1987-1992)

The 1993-2000 Data Set

The epidemiological portion of our second "in press" study, especially as it applies to problems of youth suicide, amounts to a close replication of our 1998 work. Again the rate at which young Aboriginal persons took their own lives during this 8-year period varies, not only as a loose function of geography (see Figures 5 and 6), but more particularly with their band of origin. As was the case in our first data set, the incidence of youth suicide again proved to vary dramatically from band to band (see Figure 7), and, once again, the same communities generally proved to be either free of such deaths, or suffered them in elevated ways all out of keeping with the rest of the province. Again roughly 90 percent of the suicides occurred, this time, in only 12 percent of the bands, and more than half of all Native communities suffered no youth suicides during this 8-

year reporting period. As before, an almost identical (if slightly muted) picture emerged when individual band level data was merged to calculate youth suicide rates for entire tribal councils (see Figure 8). In short, the 1993-2000 data amounted to a close carbon-copy of what was reported for the previous 6-year period. Replications, which are much recommended, but rarely executed, seldom get better than this.

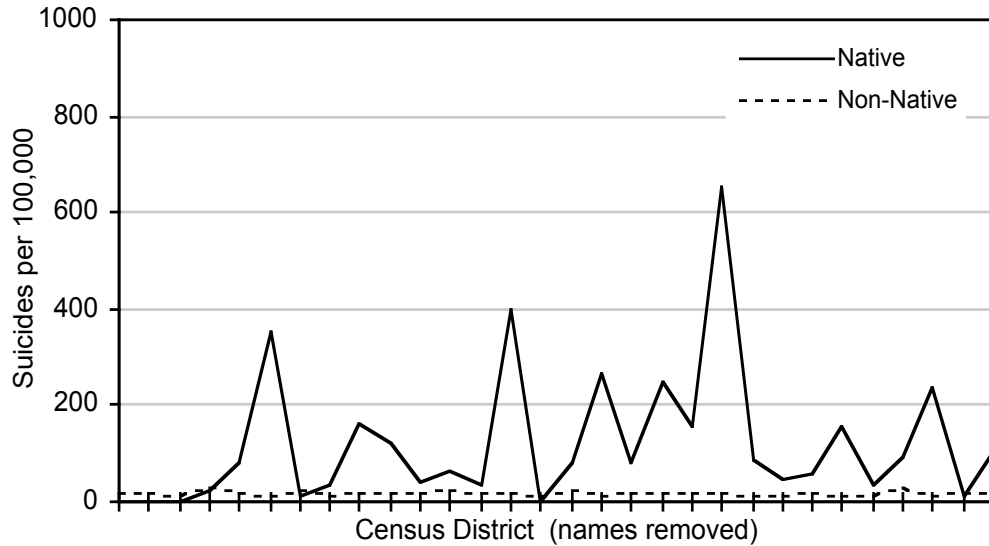Figure 5: Youth Suicide Rate by Census District (1993-2000)

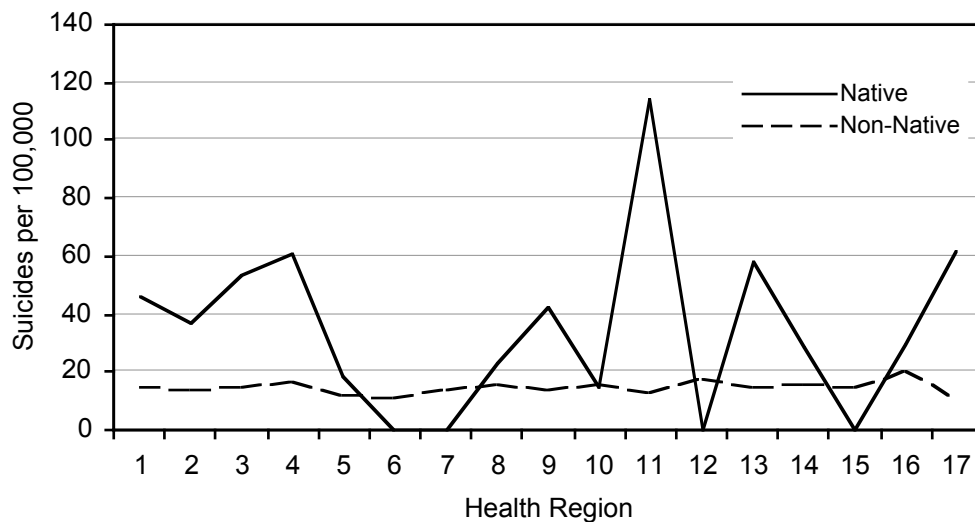Figure 6: Youth Suicide Rate by Health Region (1993-2000)

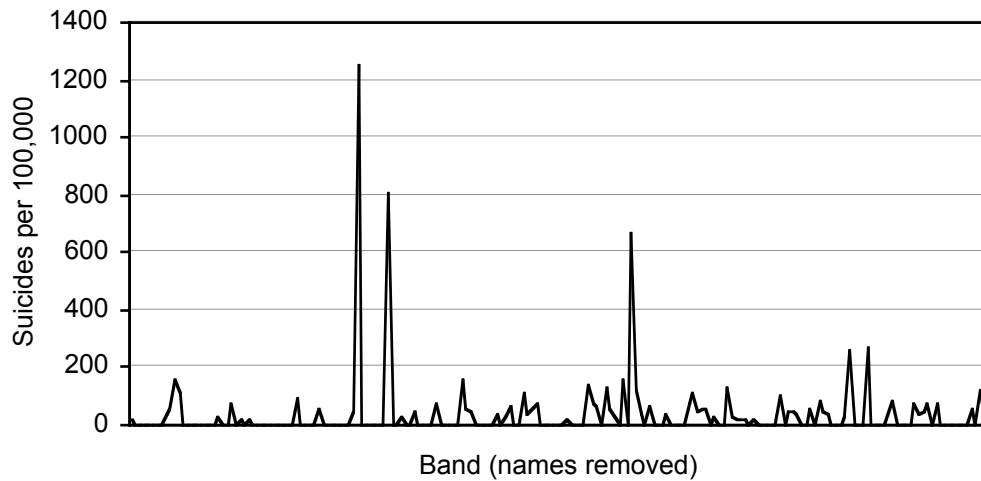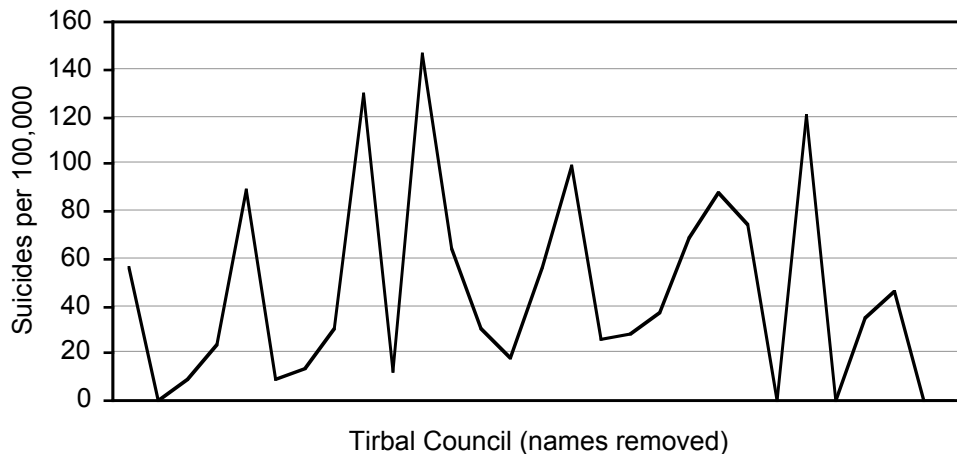Figure 7: Youth Suicide Rate by Band (1993-2000)

Figure 8: Youth Suicide Rate by Tribal Council

New to our second study is the inclusion of comparable data dealing with the incidence of adult suicides. Although the model of identity formation we originally articulated was developed with a special eye to those radical personal changes that largely define the adolescent years, there is no particular reason to imagine that older persons are somehow immune to related identity problems, especially as these manifest themselves in relation to large-scale cultural disruptions. This prospect promotes the likelihood that the community level rates of adult suicides, like those of still younger people, will similarly vary as a function of the presence of socio-historical conditions that either support or undermine cultural continuity. On the strength of such expectations, we hypothesized that much the same mix of circumstances responsible for the dramatic band-by-band variability in Aboriginal youth suicide would similarly work their good and bad effects on the adult members of these same communities.

Although, as our new data show, the community level rates of youth and adult suicides are not always identical (see Lalonde & Chandler, "in press" for a closer analysis of these differences), what is most evident from this analysis (see Figures 9 and 10) is that the band and tribal council rates of adult suicide are similarly saw-toothed, with some communities evidencing no deaths by suicide, while others suffer suicide rates many times higher than the provincial average.
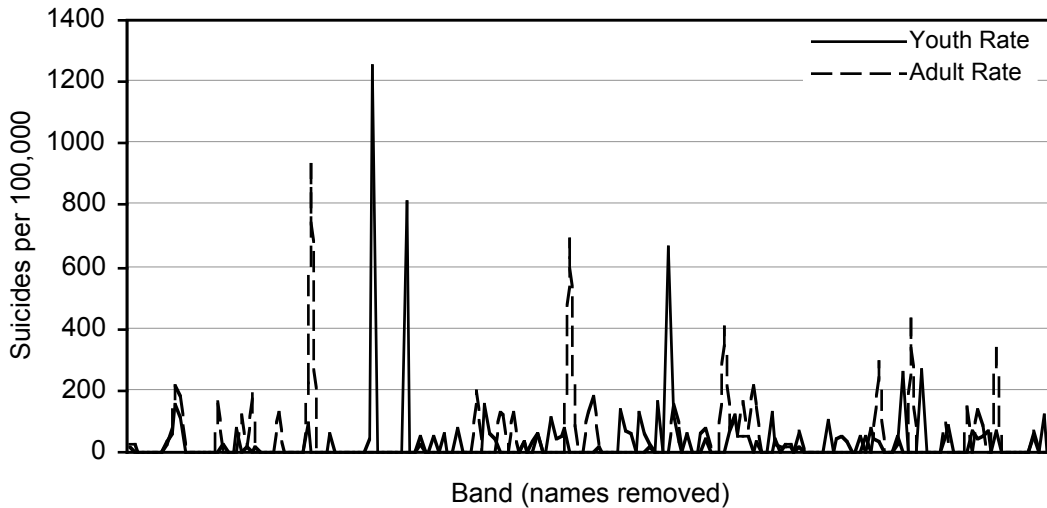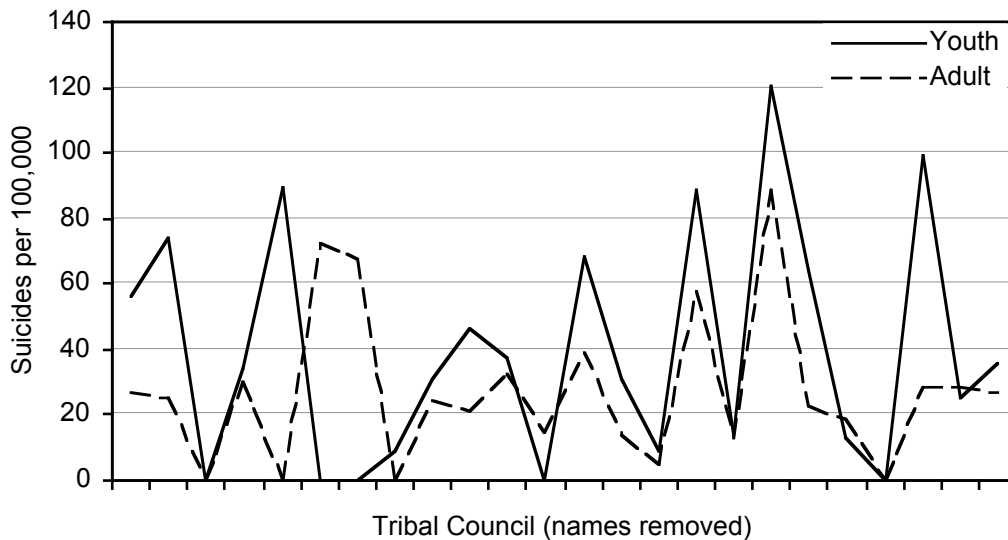
Figure 9: Suicide Rates by Band (1993-2000)

Figure 10: Suicide Rates by tribal Council (1993-2000)

Predicting Community Level Variations in Youth & Adult Suicide Rates

Having documented that Aboriginal youth suicides are not at all evenly distributed across BC's numerous bands, but instead occur disproportionately in some bands and not

at all in others; and (more recently) having demonstrated that an almost identical pattern characterizes Aboriginal adult suicide; the compelling question—the thing that inquiring minds again immediately want to know—is: "What is it that especially characterizes bands and tribal councils marked by dramatically elevated suicide rates, and what distinguishes them from communities where suicide (both youth and adult suicide) is effectively unknown?"

As before, several guiding principles directed our search for answers to this life or death question. Some of these were technical in nature, such as the need to restrict our search pattern to include only those variables for which band-level data are already available for all or most Aboriginal communities. We were similarly guided by a set of exclusion rules that closed off certain well-practiced if opportunistic procedural options. For example, we elected not to simply troll aimlessly through mounting seas of Statistics Canada data in the blind hope of snagging something—anything—that might prove to co-occur with variable suicide rates. Such fishing expeditions, we reasoned, might (as chance would have it) pull something up, but likely not something clearly interpretable or actionable. Instead, we chose to take our lead from available research (much of it our own) that trades on the theory-driven prospect that suicide (whether measured at the individual or community level) is most promisingly understood as an outcome of some personal or cultural collapse of those identity preserving practices that serve to secure enduring connections to one's past and foreseeable future.

Because this prospect, while strongly supported by our earlier research with adolescent suicide attempters, falls importantly short of the obvious, and might well be seen as rather too roundabout, it is important, before going to the considerable trouble of once again searching out variables meant to index (in this case) *cultural* continuity, to first consider the time-worn prospect that high rates of Aboriginal suicide, when and where they occur, might well be the direct consequence of something simpler and more straightforward—something, for example, like poverty, or geographic isolation.

A well recognized but frequently overlooked danger confronting all those concerned with identifying potential risk and protective factors in the lives of distinctive ethnic and racial groups is the possibility of conflating the negative impacts of poverty with whatever else might be involved in belonging to this as opposed to that culturally identifiable group (Clarke, 1997). The burden of being poor, with its attendant lack of opportunities and frightening array of corrosive forces (e.g., deprivation, concentration, isolation, discrimination, poor education, unemployment, etc.), is widely understood to both fall disproportionately on those living outside the cultural mainstream, and to condemn whole economic under-classes (whatever their racial or ethnic status) to a life that is often nasty, brutish and short. However true this may be in the large, it is demonstrably true for indigenous groups in general, and Aboriginal groups in particular. The Aboriginal population of North America is known to be the most poverty-stricken group on the continent, to have the highest unemployment rates, to be the most under-educated, the shortest lived, and to suffer the poorest health (Clarke, 1997). Given all of this, speculations to the effect that responsibility for the high suicide rates known to generally characterize Aboriginal populations might be assignable, in whole or part, to the "tangle of pathology" (Wilson, 1987) produced by bone-grinding poverty are, at the very least, educated guesses.

The evident spoiler to any such exclusively economic explanation, however, is that while almost every Aboriginal community is seriously impoverished, it is also true (as we have worked to demonstrate) that high rates of youth suicide characterize only some Aboriginal communities and not others. There is, it would seem, more to this problem than money. Still, some Native communities are necessarily poorer than others, and so the prospect remains that responsibility for suicides, where they occur, might still be traced to the consequences of being the poorest of the poor. At least such a prospect is sufficiently plausible that it demands close consideration.

The job of responding to this demand is, however, no easy task. Familiar measures of "Social Economic Status" (SES) are generally ill-suited for use in Aboriginal and especially reservation communities, and there are often few face-valid markers of economic wellbeing that are standardly recorded for each and every Aboriginal band—or at least this proved to be the case for the province of British Columbia where our research was conducted. These difficulties not withstanding, it proved possible in the end to identify six proxy measures that were generally available, and that provided some rough means of ordering BC's approximately 200 bands in terms of there their degree of impoverishment. These included the ratio of lone parent to dual parent households within the community, the population density per dwelling (a measure of crowding), the percentage of income derived from government (as opposed to other) sources, unemployment and labour force participation rates, labour force skill levels, and education completion rates.

As expected, some communities turn out to be considerably wealthier, better housed, more educated, more skilled and more likely to contain working, dual-income parents than others. By conventional wisdom, these should be just the communities with low to vanishing suicide rates. Surprisingly, this is not the case. While suicide rates within Aboriginal communities do fall slightly with increasing wealth, the correlation is neither statistically nor socially significant. When taken as an omnibus measure—that is, when these measures are combined to produce an overall working index of the "socio-economic status" of these communities, the correlation between SES and suicide is a modest $r=.11$, *ns*.

We came up similarly empty-handed when we examined 'rurality' as an explanation for suicide. It might have been the case that the geographic variability we observed in suicide rates across First Nations communities was somehow attached to the distance of these communities from urban centers. That is, Aboriginal suicide rates might have been especially high in large urban centers or, conversely, perhaps suicide haunts those in more rural or remote areas of the province. To test this possibility, each of the communities under study was categorized as urban, rural, or remote (the latter includes communities that are not merely distant from urban centers, but are reachable only by float plane or by other extraordinary means). For both youth and adults (see Figure 11), suicide rates are highest in rural communities—and reach their highest levels in those communities that lie on the apron of the province's three largest urban centers. While clearly of considerable interest given that these are population data, the differences are not significant when subjected to inferential statistical tests commonly applied to sample data: $F_{(2, 193)}=.500$, $p=.607$; $F_{(2, 193)}=.908$, $p=.405$ for youth and adults rates respectively.

Figure 11: Suicide Rates by Band Location (1993-2000)
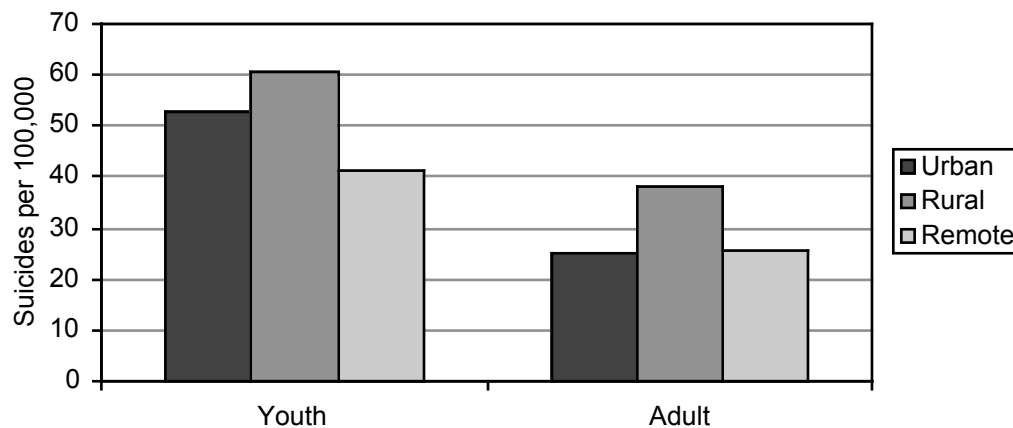
If suicide rates are largely unrelated to measures of poverty and isolation, they are, we have found, strongly related to measures of 'cultural continuity' include efforts to regain legal title to traditional lands and to re-establish forms of self-government, to reassert control over education other community and social services, and to preserve and promote traditional cultural practices. Finding ways to reliably capture the relative degrees of success that nearly 200 diverse communities have achieved in their efforts to maintain a sense of cultural continuity in the face of continued assimilative pressures and historical oppression, has become a primary focus of our work over the past decade. As outlined in much greater detail in the published report of our first epidemiological study (Chandler & Lalonde, 1998), the search variables that act as reasonable proxy measures for the ability of whole communities to preserve their own cultural past and to create a shared vision of an anticipated common future is complicated not only by the sheer number and diversity of communities under study, but by the absence of any clear method of comparing any one method of preserving culture to the next. We began with a set of 6 marker variables that met two essential criteria. The first of these, meant to ensure comparability, was the that variables could be measured accurately for each and every First Nations community in the province using data verified by local, provincial, or federal data stewards. The second criteria concerned the relevance of the variable to the cultural and political goals of these communities.

The half dozen variables that met these criteria and formed our first set of cultural continuity factors included: a) evidence that particular bands had taken steps to secure aboriginal title to their traditional lands; b) evidence of having taken back from government agencies certain rights of self-government; evidence of having secured some degree of community control over c) educational services; d) police and fire protection services; e) and health delivery services; and finally, f) evidence of having established within their communities certain officially recognized "cultural facilities" to help preserve and enrich their cultural lives. The hypothesis supported in that initial epidemiological effort was that suicide rates would vary as a function of the presence or absence of these markers of collective efforts to preserve cultural continuity.

Round two of our epidemiological work has involved expanding this set of marker variables to include two additional binary variables concerning the participation of women in local governance—a measure that is seen to be particularly important within the historically matrilineal First Nations of the west coast of Canada—and the provision of child and family services within the community. Among the many ways to quantify the level of participation of women in local band councils, the simplest was to simply count the number of council seats occupied by women in order to determine whether or not women constituted a majority of council members. Our child services measure was constructed at the urging of Aboriginal leaders who were eager to assess the impact of their own efforts to overcome what has become known as the "60's scoop"—a period in the 1960's when large numbers of Aboriginal children were removed from parental care and placed, either temporarily or permanently, in the care of non-aboriginal persons or institutions. Many communities have been laboring to gain control of child custody and child protection services from provincial child welfare agencies. Our measure indexes the progress that communities have made in acquiring such control over and in implementing these services at the local level. Finally, we supplemented this last variable with measures of the proportion of children within each community that had been removed from parental care. This continuous 'children and youth in care' variable served as a check against the possibility that control over child services was confounded with the relative size of the population of children in care. That is, the 'devolution' of control over child and family services from provincial to local authorities might have proceeded not according to the actual capacity of the local community to undertake such services, but rather according to government perceptions of the size of the problem.

As in our first study, the presence or absence of each factor within each First Nations community was assessed with reference to federal and provincial data sources and by contacting local community authorities. Suicide rates were calculated for each factor and the number of factors present in each community was used to produce a measure of the cumulative impact of the factors on suicide rates. In addition to replicating our earlier efforts to determine the ways in which cultural continuity might affect youth suicide, we also collected data on all adult suicides.

Once again, each of our original set of 6 factors proved to be predictive of suicide rates. As shown in Figure 12, suicide rates are lower within communities that have succeeded in their efforts to attain self-government, or have a history of pursuing land claims, or in gaining control over education, health, police and fire services, or have marshaled the resources needed to construct cultural facilities within the community.

It was also the case, as shown in the figure above, that communities in which women form the majority within local government are marked by lower suicide rates as are those who have managed to gain a considerable degree of control over child and family services. While there was a significant correlation between the suicide rate and the average proportion of children in care ($r=.176$, $p=.014$), communities in which the observed suicide rate was zero had reliably fewer children in care than did communities in which suicides had taken place. The mean percentage of children and youth in care was reliably higher in communities that experienced suicides (1.4%) than in communities that did not (1.1%) ($F_{[1,195]}=5.15$, $p=.025$).

Figure 12: Suicide Rates by Cultural Continuity Factor (1993-2000)
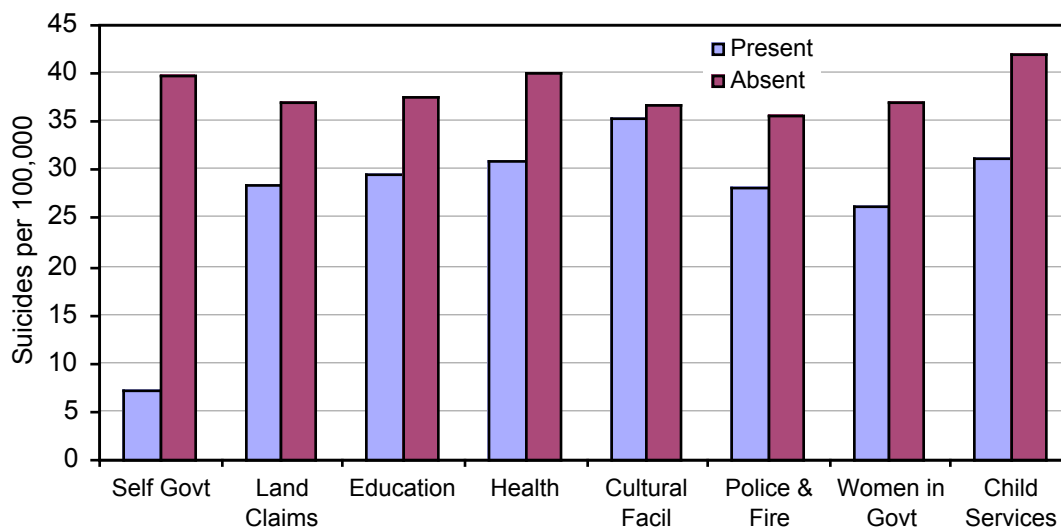
When communities were grouped according to the number of factors present—yielding a score that ranged from zero to 8—the cumulative effect of these variables on suicide rates becomes evident (see Figure 13). Once again, having more of these factors is better than having fewer, and attaining all eight reduces the suicide rate to zero. To gain a better purchase on the interrelations among the original set of 6 cultural continuity factors, we combined the two datasets to examine suicide rates across the full 14 years of our research efforts (i.e., 1987-2000 inclusive). This downside of this strategy is that it discards the new variables added in our second study, but this is more than offset by advantages that accrue from extending the time frame over which a low incidence event such as suicide is calculated. The full details of this analytic approach are contained in our forthcoming article (Lalonde & Chandler, in press), but in short, here is what we found.

In relation to the other cultural continuity factors, the attainment of self-government constitutes something of a capstone. Self-government is, for example, the only factor that never appears in isolation. Among the communities that have attained self-government, just two have less than five of the remaining factors. In overall statistical terms, the presence of self-government is strongly correlated with the total number of other factors present within the community (Kandall's tau-b=.305, *p*<.01). More intriguing perhaps are the patterns that appear in the constellations of factors that characterize particular sets of communities—or rather in the hard choices that communities make regarding the allocation of scarce material and human resources across competing economic, political, and cultural goals.

Figure 13: Suicide Rate by Number of Factors Present (1993-2000)
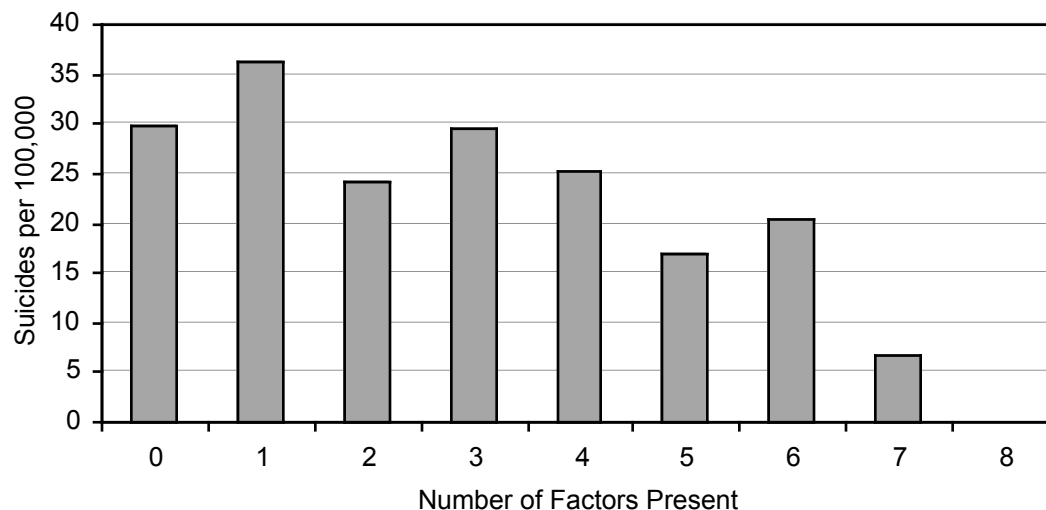
As one might expect, for example, within the select group of communities that have managed to wrest substantial independence from provincial and federal rule, all were also marked by a long history of land claims litigation. Given the general reluctance of governments to relinquish power, one could hardly imagine how things could be otherwise. Still, a history of land claims was no guarantee of self-government: communities that have not yet achieved self-government are evenly split between those who do (52%) and those who do not (48%) have a history of land claims. Similarly, all but one of the self-governing bands also contained cultural facilities (the remaining band had achieved all other factors), and all but one self-governing band also exercised control over health care provision (the remaining band had cultural facilities and control of local police & fire services). All but one controlled police and fire services (the remaining band having elected to concentrate on health care and cultural facilities).

By contrast, within the set of bands that have yet to achieve self-government, most (72%) have erected cultural facilities, while the majority (77%) have yet to gain control over education and health care services (58%). As noted above, these bands are roughly evenly split in their land claims history, and in the provision of police and fire services (52% provide such services). Clearly then, the attainment of self-government marks communities as having been especially successful in their efforts to strengthen their traditional culture and to re-establish local political control over a host of community services.

To further explore the interrelations among the factors, hierarchical loglinear analyses were conducted with the self-government variable removed. The simplest, best-fitting model (Likelihood Ratio Π^2 (22) = 26.51, *p*=.231) contained a set of four 2-way associations (all higher order models were eliminated). The construction of cultural facilities is strongly paired with control over the provision of health care. Communities that have erected cultural facilities are more than twice as likely to have attained local control over health care services. Communities without cultural facilities are more than twice as likely to also lack control of police and fire services. The same relation holds for

education and land claims: communities that control the provision of education or have a history of land claims activity are twice as likely to control their own police and fire services and health care services.

What becomes readily apparent in these associations is that, in their quest for self-determination, communities elect to proceed in different ways. For many communities, success follows from the preservation or renewal of culture through the establishment of facilities dedicated to cultural purposes. Other benefits—in the form of increased control over local community services—appear to follow in due course. For other communities, land claims and education appear to be the primary goals. Here too, success breeds success. The different constellations of factors that obtain as a result of these choices are reflected in the overall data pattern shown in Figure 14. Though having more factors present is evidently better than fewer, some combinations of factors offer more protective value than others. Whatever route is taken, our numbers show, these communities clearly have their eyes trained on the prize of attaining self-government.

Figure 14: Suicide Rate by Number of Factors Present (1987-2000)
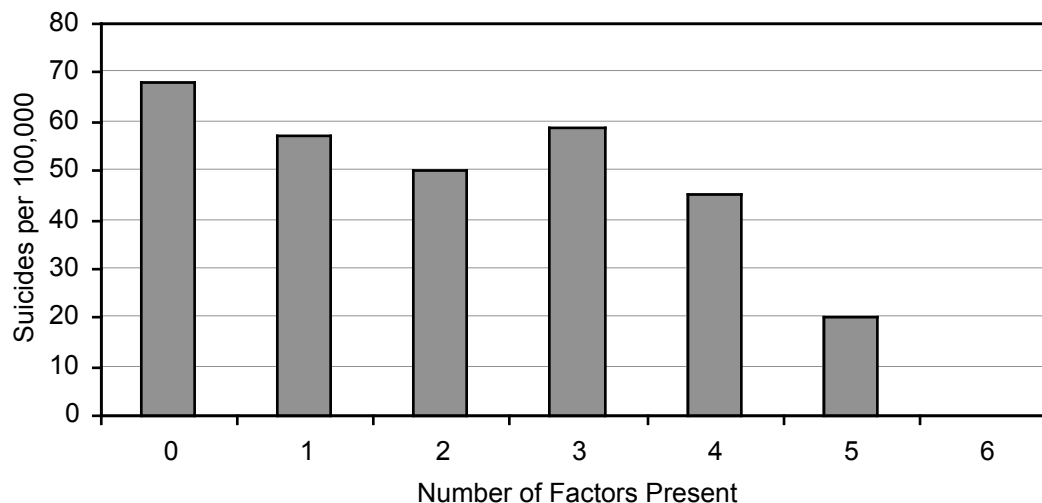
Part III. From Data to Policy

Among the several action or policy implications that flow from the research just summarized, three, in particular, stand out. Two of these turn on the low to absent rates of suicide noted in many aboriginal communities. The third grows out of advances in our knowledge of what, in particular, separates communities with high and low suicide rates.

The Myth of the Monolithic Indigene

The first of these implications is owed to our having exposed as false the mistaken idea that it is somehow possible, through the magic of long division, to capture generic truths about aboriginal suicide in a single, totalizing, arithmetic gaze. It is, of course, technically possible to tally up such deaths, to divide through by the total of all native persons, and to come up with a number—as commonly computed a number indicating that "the" suicide rate among aboriginal persons is somewhere between 3 and 7 times higher than the rate for the nation as a whole. Although who qualifies as aboriginal and

what counts as suicide are far from settled matters, the problem with such measures of "central tendency" is not that they are entirely empty of meaning, or that those who compute them may have somehow gotten their sums wrong. Rather, the difficulty lies in the fact that, in cases such as this, where the cross-community variability in suicide rates dwarfs anything else that might reasonably be said about these data, such summary measures end up both describing no one in particular, and threaten to send us off in all the wrong directions. Clearly, if suicide rates across Aboriginal communities are as different as we have shown them to be, then any summary statistic that represents aboriginality as a seamless monolith is necessarily misleading and defamatory, and any "one size fits all" account or intervention strategy based on such summary figures can not possibly be made to work. There is no monolithic indigene, no "other," and no such thing as "the" suicidal aboriginal. To imagine otherwise, and to invent uniform policies and procedures intended to serve aboriginality in the large, needs to seen as a mistake—a mistake that represents, if anything, a kind of recoiling from "otherness" (Said, 1978), and that threatens to squander scarce resources on preventing things that either don't happen, or happen differently in different places (Duran & Duran, 1995).

Whose Knowledge? Whose Best Practices?

A second set of implications contained in our research concern matters of "indigenous knowledge," and arise, not simply because suicide rates vary from one aboriginal community to the next, but because, contained in this variable picture are so many bands for which suicide is essentially unknown. That is, it could have been, but was not the case that BC's tribal communities were still different, one from the other, in their respective suicide rates, but that these differences simply ran from bad to worse. Instead, things were quite otherwise. As already mentioned, more than half of the provinces bands experienced no suicides during what in now a 14-year reporting period, and others enjoyed suicide rates equal to or lower than those found in the general population. The obvious implication of this finding is that, rather than simply being treated differently than their occasional counterparts whose suicide rates were found to be heart-stoppingly high, such communities should, perhaps, not be "treated," or at least singled out for redemption, at all. Of course, some caution is required here. One could, alternatively, choose to imagine that aboriginal communities without suicide are just those whose luck has not yet run out. It is, however, arguably less magical all around to suppose instead that members of these communities must actually know and do things that are unknown or left undone in other communities where suicide is epidemic. That is, available evidence strongly suggests that in aboriginal communities that have no suicides there must somehow be sedimented real knowledge about how to best avoid such tragedies—indigenous knowledge about how to create a life that is still worth living. This prospect not only runs counter the widespread view that Aboriginal communities need to be saved from themselves, but invites a radical re-examination of two of government's most recently polished catch-phrased: "knowledge transfer," and the "exchange of best practices."

Knowledge Transfer and the Exchange of Best Practices

As anyone recently involved in the mechanics of applying for research funding will be quick to recognize, talk of "knowledge transfer" and the "exchange of best practices" has recently become very much the talk of the town. What these new catch phrases are

standardly meant to prompt is some audit of all of the potential new knowledge scheduled to be brought out under the terms of one's proposed operating grant, along with some detailed description of a scheme for guaranteeing that such information will be broadly shared. With rare exceptions, the "best practices" one is likely to eventually hear about are the positive findings to emerge from the research in question, and the words "transfer" or "exchange" are most often associated with plans to see that such findings are published in scholarly books or journals, or otherwise communicated to one's academic peers. On rare occasions, plans are put in place to also deliver such information into the hands of communities, or at least those community leaders who can be counted on to put such "best practices" into action. Despite modest variations in such transfer schemes, what is almost always imagined to be true, however, is that real knowledge is always generated by experts, that knowledge exchange is invariable viewed as "top-down," and that all that is required of amateurs, end users, and community members is to quietly profit, as best they can, from the "trickle-down" of such information—information owed to the Academy, promoted by government, and received as largesse by those in need of being saved from themselves.

However otherwise wrong-headed, there are at least two sorts of practical reasons to recommend against an exclusive reliance on such "top-down" models of knowledge transfer, and to entertain instead a much more horizontal ,or "lateral," or community-to-community form of information exchange, especially as such sharing operations concerns matters of aboriginal suicide. One of these good reasons is that, because they are supported by at least some evidence, such lateral transfers of information have some greater prospects of actually *working*. The other is that, in contrast to more "trickle-down" alternatives, efforts to promote sharing between aboriginal communities—in this case communities differently affected by suicide—could conceivably *be made to work*.

Working out what works

With pointed reference to the question of what actually holds any promise of working, and without wishing to impugn the good intentions behind other suicide prevention strategies (all of which appear to be predicated on the assumption that doing something is better than doing nothing), it is perhaps fair commentary to emphasize that most efforts that get ahead of themselves by proceeding without first bothering to work out what might be responsible for the bad outcomes in question typically turn out poorly. Awkwardly, much that is currently being done in the name of suicide prevention would appear to fit this bill, and often amount to little more than tendencies to promote things that just happened to seem like good ideas at the time—things judged to be potentially helpful on their face, but that are not recommended by anything that could remotely qualify as serious evidence.

Our own substitute plan, while still short of clincher evidence, is, we believe, at least arguably better than such make-shift alternatives. That is, while simply knowing that some aboriginal communities are demonstrably free of suicide, while in others suicide is epidemic, is not the same thing as having adequately mapped suicide's epidemiologic course, it is, nevertheless, something of a respectable empirical beginning. This is as true as it is because, in our own ongoing program of research, we have also made some initial progress in sorting out what it is that distinguishes communities with especially high and low suicide rates. What we already know, at least in the case of BC, is that those

communities that have achieved a measure of self-government, that were quick off the mark to litigate for aboriginal title to traditional lands, that promote women in positions of leadership, that have supported the construction of facilities for the preservation of culture, and that have worked to gain control over their own civic lives (i.e., control over health, education, policing, and child-welfare services) have no youth suicides, and low to absent no adult suicide rates. This is not to say, of course, that communities without suicides necessarily have explicit or declarative knowledge of exactly what they are evidently doing right, or even that they chose to do these things for the purpose-built reason that they might buffer against suicide. Nevertheless, such findings do clearly provide some content for potentially productive community-level conversations about what to do next, and will hopefully provide a beginning basis for the sharing of knowledges and practices between bands with low and high suicide rates.

On promoting what can be best made to work

Whatever their other merits, not all conceivable intervention strategies have the same prospects of being welcomed or endorsed by the communities they are meant to serve. Given the chronically subjugated status of aboriginal peoples, and the long history of "epistemic violence" (Spivack, 1985, p. 126) directed against their traditional knowledge forms, it should come as no great surprise that they often show themselves to be mistrustful, and less than welcoming of whatever appears next in the long train of government initiatives, all of which are alleged, in their turn, to be just what the doctor ordered. At least as post-colonial and colonial discourse analysts would have it (e.g., Berkhoffer, 1978; Duran & Duran, 1995; Fanon, 1965; Gandi, 1998; Nandy, 1983; Said, 1978) knowledge invented in Ottawa or elsewhere, and rudely transplanted root and branch into someone else's back yard, is often and rightly understood to be just another flexing of the dominant culture's "technologies of power" (Foucault, 1980)—another weapon wielded by those who have such power against those who must suffer it. A key plank in the platform of such accounts is that conquering cultures routinely work to brand "indigenes" as childlike, to label their indigenous knowledge as mere superstitions, and to re-frame their own attempts to colonize the life worlds of conquered peoples as well intended educative or "civilizing missions" (Gandhi, 1998, p. 13) aimed at dragging some otherwise "stone-aged" charges kicking and screaming into the contemporary, "modern" world. Such acts of "epistemic violence," whatever else they may do, are said to guarantee the positional inferiority of indigenous people, to further marginalize their voices, and to undermine any possibility that they might be seen to know best how to manage their own affairs. Instead, such fundamentally elitist views are said to promote the idea that serious knowledge about how (in this case) suicide might be prevented all ends up being the natural and exclusive province of experts.

Although it remains a matter for debate just how many of these post-colonial charges can be made to stick in the case of aboriginal suicide, what is not in serious doubt, we believe, is that something like such dynamics work to endorse what we have termed "top-down" models of knowledge transfer—models that imagine that all real knowledge is a product of the Academy (Chandler & Lalonde, 2004; Lalonde, 2003). What, we mean to argue, is importantly mistaken about such views is that, in addition to being frankly defamatory, they effectively rule out of court the very possibility that there might actually be indigenous knowledge forms and practices, or that such information could be

profitably put to use in some "lateral" or community-to-community intervention program aimed at promoting exchanges between groups that enjoy greater or lesser levels of success in addressing their own problem of suicide.

The fact that many aboriginal communities are effectively free of the problem of suicide is, of course, not the same thing as demonstrating that they already have explicit of "declarative" knowledge of why this is so. Consequently, a great deal obviously remains to be understood: a) about how social scientists might collaborate with aboriginal communities to better access that knowledge and those practices that serve to insulate some, but not all, against the threat of suicide; and b) about how this knowledge (these "best practices") can be "transferred" or "exchanged," or, more simply shared with other communities where such knowledge has not yet been accessed and where such practices continue to be left undone. Still, however short we may currently fall in knowing what needs to be done, the job of tackling all of this unfinished work seems altogether more promising than the alternative of simply clinging to that residue of lingering neo-colonialist thought that, as Fanon (1965, p. 63) put it, continues to "want everything to come from itself."

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