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## **Transferring Whose Knowledge? Exchanging Whose Best Practices? On Knowing about Indigenous Knowledge and Aboriginal Suicide**

*Michael J. Chandler and Christopher E. Lalonde*

Over the better part of a decade we have been hard at work refashioning a still earlier decade's worth of work on identity development and youth suicide in order to better fit these efforts to the special circumstances of Canadian Aboriginal youth—an ongoing effort aimed at explaining two deeply puzzling matters. One of these concerns the heart-breakingly high rate of suicide widely known to mark and often stigmatize Aboriginal youth; an overall suicide rate that is reported to be higher than that of any culturally identifiable group in the world (Kirmayer 1994). The second of these known facts of the matter (owed largely to our own research) is that the rate of Aboriginal youth suicide varies dramatically from one community to another. As our research in British Columbia clearly demonstrates, more than 90% of Aboriginal youth suicides occur in only 10% of the bands, with some communities suffering rates as much as 800 times the national average, while more than half of the province's 200 First Nations bands have not experienced a single youth suicide in the almost fifteen years for which such figures are available. What obviously needs explaining in the face of such disparities—what inquiring minds most want to know—is what is different about those communities without such suicides, and those in which youth suicide occurs in epidemic proportion?

Since 1998 we have provided more than a half dozen journal articles and book chapters (Chandler 2000; Chandler 2001; Chandler and Lalonde 1998; Chandler and Lalonde 2000a, 2000b; Chandler, Lalonde, and Sokol 2000; Chandler and Sokol in press; Lalonde 2003), as well as a book-length monograph (Chandler et al. in press)—a total of more than 300 published pages—all detailing what we take to be our best interim answers to these two troubling questions. In particular, we have shown not only where in the province Aboriginal suicides occur and re-occur, and where they are absent,

but also what community-level risk and protective factors especially distinguish such have- and have-not bands. More significantly, we have also demonstrated that bands that are well on their way towards preserving or rehabilitating their threatened cultures, and that have met with measurable success in recovering community control over their civic lives (i.e., that, in addition to having taken concrete steps to preserve their cultural past, have achieved a measure of self-government, have effectively militated for Aboriginal title to traditional lands, and have gained a measure of control over their own health, education, child protection and jural systems) suffer *no* youth suicides, while those who fail to meet all or most of these standards of self-determination have youth suicide rates more than 150 times the national average. In addition, we have individually interviewed and assessed more than 200 Aboriginal youth and their culturally mainstream peers, all in an effort to understand individual counterparts of cultural-level continuity, and to determine the different ways in which developing youth from both of these cultures struggle to understand their own personal persistence in the face of inevitable change. Here our findings make it plain that, in contrast to their more “essentialist” majority culture counterparts (who root their beliefs about self-continuity in the persistence of particular self-attributes), First Nations youth overwhelmingly elect to warrant their own diachronic sense of temporal connectedness by running a narrative thread through the distinctive time-slices of their own and others’ lives.

While it did not take all of our several hundred published pages to say only this much (e.g., we have chosen to leave out of this current account a mountain of detail about what does and does not especially distinguish suicide-prone and suicide-free individuals and whole communities), all of what has previously been said elsewhere hardly needs repeating here. Rather, the few short pages of this chapter are given over in an attempt to highlight what we take to be some of the potential action or policy implications of our work. To do this, of course, is to move out on very thin ice. If we are to take our own subsequent message about community control seriously, it is hardly our place, as uninvited guests, to attempt to instruct Aboriginal communities about how they ought to behave. If anything, we are even less expert still about the world of government policy practices. Still, with a certain appropriate dose of fear and trembling, we are persuaded, and so emboldened, to make and elaborate upon two strong points that, given the evidence in hand, would be irresponsible not to emphasize.

One of these talking points arises as a consequence of the extreme variability we have documented in the rates of youth suicide as they differentially occur in Aboriginal bands across the province of British Columbia. Something important—maybe several important things—we believe, turn on this new evidence, both for the communities described, and for those agencies of provincial and federal government charged with addressing the special health concerns of these Aboriginal youth.

Second, we believe our findings say something of actionable importance about what can, and should, be done to better address the problem of Aboriginal youth suicide. At least to date, our own findings themselves remain, of course, much too superficial to be taken as a concrete guide for solving anyone's problems, least of all the dense and layered problems surrounding the task of persuading Aboriginal youth that we have allowed them a life worth living. What is not in serious doubt, however, is that our research makes plain a large and poorly appreciated source of real cultural knowledge about how such problems not only might be, but already have been, solved to some important degree of satisfaction. Clearly contained in the finding that more than half of British Columbia's Aboriginal communities have not suffered a single youth suicide in the last fifteen years (a suicide rate remarkably lower than that of the general population) is, for example, the evident fact that real knowledge about how to address this problem is already well sedimented within these Aboriginal communities themselves. What is less clear, and what we mean to introduce as a topic for discussion in the second and final part of this chapter, is how this especially encouraging fact can be preserved and shared more widely among Aboriginal communities, and how governments can best nurture and conserve this overlooked and underdeveloped resource of indigenous knowledge.

What we will undertake to argue is that our new evidence in hand speaks strongly in favour of a different vision of the much heralded notions of "knowledge transfer," and the "exchange of best practices"—a vision that sees relevant knowledge and practices as also moving "laterally" from community to community, rather than only *from* Ottawa or some provincial capital *down* to the level of Aboriginal communities.

## **Part One: The Myth of the Monolithic Indigene**

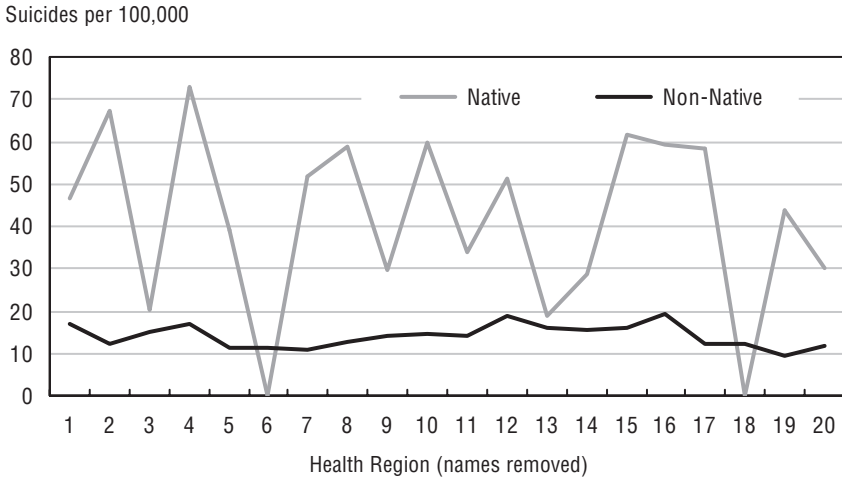
No one, of course, is in serious doubt about the economies and pragmatics of scale responsible for the existence of governmental policies and practices aimed at the whole of Canada's Aboriginal population. What is perhaps surprising is that, all too often, social scientists and health professionals, who are at least potentially free of such bureaucratic necessities, also appear to endorse a similar "monolithic" view (Duran and Duran 1995, 107) by mistakenly imagining that it is possible to capture the diversity of a whole province's or country's Aboriginal life in a single (often statistical) gaze. Such attempts at bulk processing are, as it turns out, as common as clay. Consequently, no one is any longer shocked, for example, when told on "good authority" that Aboriginal people at large have an elevated suicide rate, experience problems with alcohol or too commonly drop out of school. Why shock (and, if not, anger or outrage) is the more appropriate response

to such generic claims is, of course, because such totalizing commentary obscures the evident fact that to talk of “the” Aboriginal is to reinscribe what Berkhofer (1978) calls an arbitrary category, a European invention, that exists only as a kind of recoiling from the “other” (Said 1978)—a construction that serves primarily to justify and reinforce a dangerous cultural stereotype.

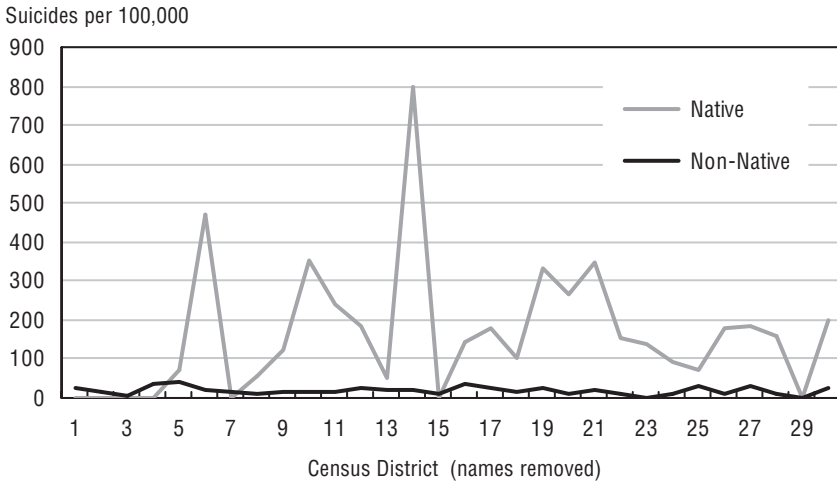
Rather, the real truth is that the Aboriginal population of Canada and the United States is remarkably diverse, accounting for what Hodgkenson (1990) reports to be upwards of 50% of the actual cultural diversity of the whole continent. In British Columbia, where our own research was conducted, there are, for example, more than 200 contemporary bands that collectively speak fourteen mutually uninterpretable languages, occupy a territory bigger than Western Europe, live in sharply different ecological niches and spiritual worlds, and have radically different histories, both with the current majority culture and with one another.

As new and better evidence begins to accumulate—evidence such as our own—it becomes increasingly apparent that blanket statements created by simply averaging across all of the real cultural diversity that does exist automatically results in what can be called “actuarial fictions.” Our own ongoing work on Aboriginal youth suicide provides a clear case in point. While it is true that the overall provincial rate of youth suicide is somewhere between five and twenty times that of the general population, this summary statistic tells us nothing about any particular group or community. This is not to say that either we, or others who report similar findings (e.g., Malchy et al. 1997), somehow got our sums wrong. Rather, what is lost is the fact that youth suicide rates vary radically along almost any dimension one might choose. Figures 1 and 2, for example, display the rates of youth suicide for both British Columbia’s Aboriginal and non-Aboriginal populations, first by Health Region and then Census District. What is immediately evident from a quick inspection of these figures is that, in comparison to the general population, the suicide rates on display for Aboriginal youth present a wildly saw-toothed picture. Of course, some of this variability can be laid off to the fact that suicides are rare, even when epidemic, and so are subject to fluctuations due to small sample sizes. Perhaps more meaningful, because they are about groups with something closer to human meaning, are comparable suicide rates by Aboriginal band and tribal council (see Figures 3 and 4). Here, as summarized earlier, it is evident that most Aboriginal communities have no youth suicides in the fourteen-year reporting window, while others have rates a hundred or more times the national or provincial average.

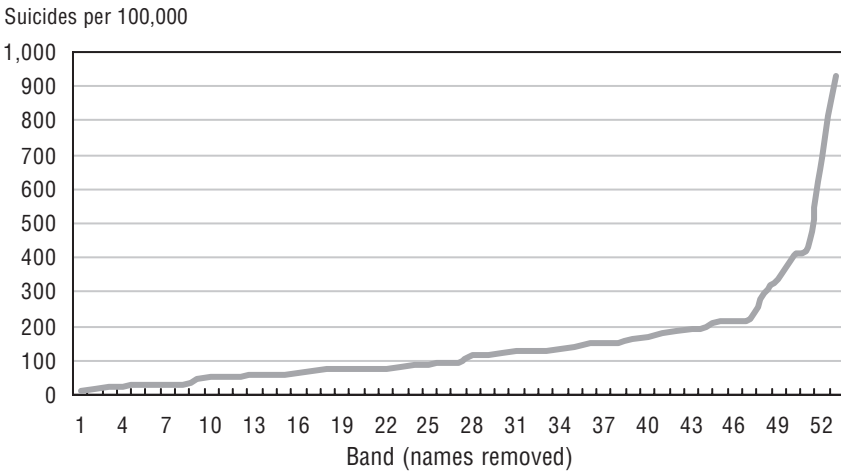
**Figure 1: Youth suicide rate by Health Region, British Columbia, 1987-92**



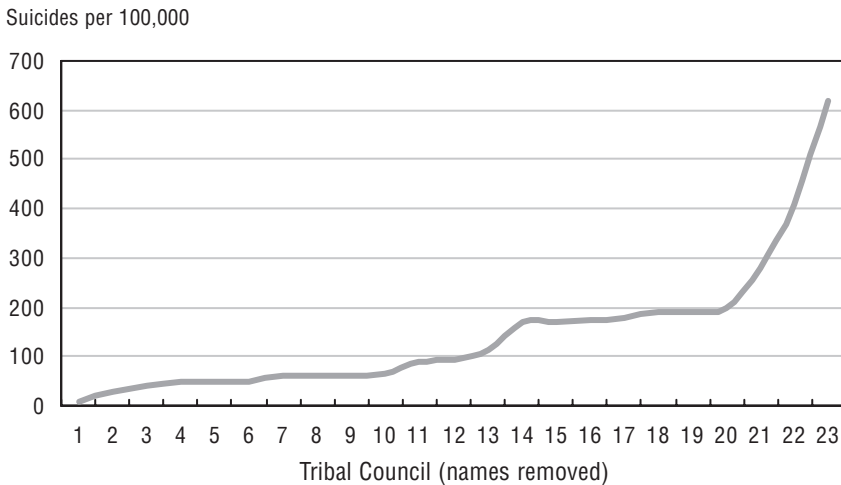
**Figure 2: Youth suicide rate by Census District, British Columbia, 1987-92**



**Figure 3: Youth suicide by band, British Columbia, 1993-00**



**Figure 4: Youth suicide by tribal council, British Columbia, 1993-00**



Although similar statistics are becoming available concerning other problems of health and well-being (for example, we now have similar findings concerning school drop-out rates by band), what we hope you will take from our working example is the utter pointlessness and defamatory consequences of envisioning some generic, one-size-fits-all, made in Ottawa/Victoria solution to the Aboriginal suicide problem. The real truth is that half of the bands in British Columbia—the bands that have no reported youth

suicides—scarcely need instruction from the majority culture, which can boast no such claim. Others, tragically, suffer alarmingly high youth-suicide rates, and if we just knew from what quarter help might be forthcoming, they need and very likely want all of the help they can get.

Perhaps the oldest aphorism in medicine is “no differential treatment without differential diagnosis.” The point we mean to drive home concerns a similar insight about cultural diversity. There is no monolithic indigene, no “other,” and no such thing as the suicidal Aboriginal. The pretense that there is amounts to just another way of running scared before diversity.

## **Part Two: Indigenous Knowledge, Knowledge Transfer and the Exchange of Best Practices**

Talk of “knowledge transfer” and the “exchange of best practices” has become, of late, very much the talk of the town. When you hear it, take special note of who is ordinarily imagined to be on the giving and receiving ends of whatever exchange or transfer is had in mind. Almost invariably, the persons imagined to be taking up a position at either end of this knowledge conduit are both social scientists or health professionals, and the flow of information is almost always “downhill,” from positions of higher to lower professional status. Occasionally, communities or community leaders are the intended targets of such new information, but the prospect that useful knowledge might flow “uphill,” or even laterally from community to community is ordinarily excluded from the realm of conceivable or legitimate possibilities.

The presumption that all legitimate forms of knowledge transfer follow a one-way street is, of course, especially unfortunate for a long list of reasons. Not the least of these is the fact that, in the case of Aboriginal communities and in the instance of youth suicide, there are very good reasons to believe that some of the bands in question are firmly in possession of knowledge and practices that could be of enormous potential help to others, if these could be exchanged somehow, or transferred from one community group to another. Should it prove possible to “lateral” such best practices back and forth among Aboriginal communities, otherwise seemingly intractable problems might be solved. What we typically have instead is a top-down and insular arrangement that illegitimizes and disqualifies the knowledge forms sedimented within indigenous communities—an arrangement that has little to recommend it. It is, in addition to being frankly unpopular and disrespectful, both strategically unwise, and (if contemporary practitioners of post-colonial theory and colonial discourse analysis are to be



believed) it represents a form of “epistemic violence” (Spivak 1985, 126) that is inherently hostile to, and serves to confirm the positional inferiority of, Aboriginal culture. All of these risks, taken singularly or in combination, run so strongly against the contemporary best interests of both governments and their constituencies that the apparent impulse to continue running them deserves closer interrogation.

First, it should hardly come as a surprise, or seem unwarranted, that Canada’s Aboriginal people are often suspicious or mistrustful of problem definitions and solution strategies that are invented in Ottawa or even in New York City. However ignorant and beside the point the abstract theorizing of “the academy” may sometimes seem to those who work inside it, such imported ways of thinking appear even more *outré* when lobbed into some Aboriginal community from distant capitals, or parachuted down from some ivory tower. There is, however, more to their problem than simple lack of real expertise. Such educative or “civilizing missions” (Gandhi 1998, 16)—missions in which native “superstitions” are read as naturally “childish” and counterpoised against supposedly “real” scientific knowledge—automatically cast those representing the dominant culture in the role of authorities, while quietly condemning Aboriginal people to a derivative and subjugated epistemic existence. Knowledge invented elsewhere and rudely transplanted root and branch into someone else’s backyard is often and rightly understood to be a weapon wielded by those who have it against those who must suffer it, a form of conquest and occupation of minds (Nandy 1983) that serves to further colonize the life worlds of native people (Duran and Duran 1995) and to marginalize indigenous voices.

Second, to imagine that knowledge and problem-solving strategies evolved in native communities over hundreds of years have no legitimate pride of place at the transfer table of contemporary knowledge production and exchange is not only hostile, but makes poor economic and strategic sense. Perhaps there was a time in which the marginalization and intellectual exclusion of traditional practices as legitimate knowledge forms actually served existing purposes of economic domination and the generation of profit, but that was then and hardly now. Instead, ongoing, trickle-down strategies that locate all useful knowledge within the academy now appear to be fighting a losing battle in which current efforts at capacity building are repeatedly overtaken by a rising tide of building social problems.

What all of this would appear to suggest is that, in the place of whatever lingering residue of neo-colonialist thought that, as Fanon (1965, 63) put it, “wants everything to come from it,” the usual practice of cancelling or negating or emptying traditional knowledge forms of meaning needs to be cashed out as no longer profitable. In the place of the existing hierarchy of knowledges that equate “otherness” with ignorance, it would now appear to be in the interest of the academy, and society at large, to entertain newly the

idea that indigenous knowledge might be real knowledge, and that the best ways of helping those in need of help may be to help them help themselves.

Steps taken in this proposed direction would need to begin, as we have taken pains to emphasize in part one, with serious efforts to determine how various social and health problems are distributed across the diverse whole of the Aboriginal population. This would, as Duran and Duran (1995, 106) point out, have the important advantage of avoiding the obvious waste of spending large sums of talent and money on the business of preventing things that seem not to happen, or that have already happened. More to the present point, such a careful assay of community successes and failures would make it possible to identify and hopefully enlist a wide variety of unrecognized and underutilized cultural resources. As can be seen in our own efforts to identify Aboriginal communities that appear to have already solved their own problem of youth suicide, doing just this would go an important distance towards determining what really counts as “best practices” that are worthy of “exchange,” and of identifying, as potential partners in the task of knowledge transfer, whole communities whose indigenous knowledge is less entangled in a history of misused power and authority (Foucault 1980) than is knowledge made in New York City.

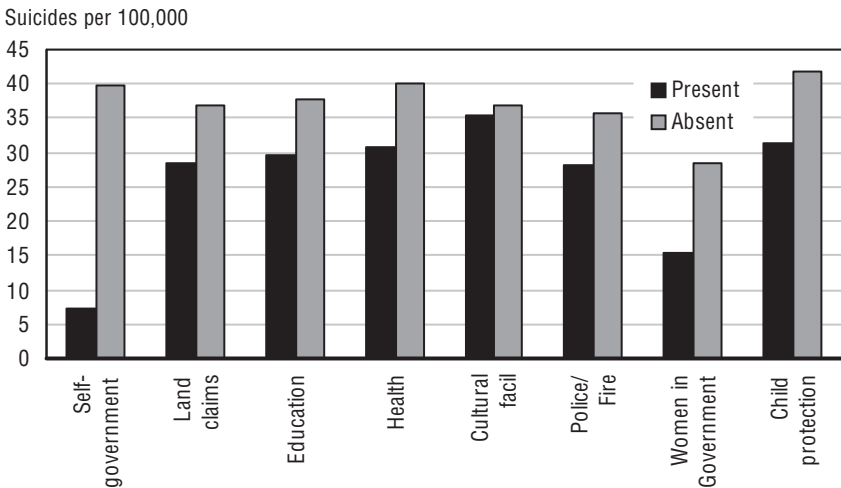
## **Can the Subaltern Speak?**

If, as our own data concerning band-level variability in Aboriginal youth suicide rates illustrates, some communities are evidently in possession of forms of knowledge and practices that are currently unknown or unavailable to others, two general sorts of questions immediately arise. One of these asks: “What, exactly, are those knowledges and practices, and who knows about them?” The other has to do with just how deep and declarative such knowledge is, and whether and how it might be shared.

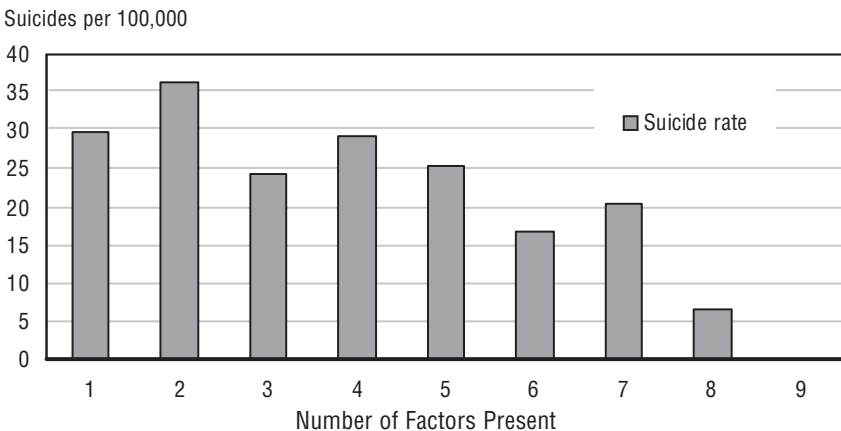
The first of these open questions is relatively the more easily settled through the application of simple, if procedurally involved, epidemiological procedures. Again, in the case of our own data, it is clear enough that those communities that are all or largely free of youth suicide must know and do things that are unknown or left undone by communities where youth suicide is epidemic. Similarly, there is no special mystery in knowing how to go about sorting through available community level descriptors in an effort to distinguish some of what sets more and less successful communities apart. The trick, if there is one, is in having access to useful measures that are common to all of the relevant communities and that capture important differences between them, and in having some workable theory that can guide one in distinguishing potentially relevant descriptors from the chaff that is otherwise available. In our own case, an elaborated developmental theory of individual and community level identity formation allowed us to

zero in on a small handful of available “proxy” variables that served to differentially mark those communities that were more or less successful in reconstructing their cultural past, and gaining future control over their evolving civic lives. Figure 5 reproduces a list of eight such variables already shown to distinguish Aboriginal bands with relatively low and high youth suicide rates—variables that, when taken in combination (see Figure 6) are highly predictive of which communities have, and which do not have, the necessary actionable knowledge required to reduce youth suicide rates to zero.

**Figure 5: Suicide rates by community factors**



**Figure 6: Suicide rate by number of factors present, British Columbia, 1993-00**



What such figures demonstrate is that we, as social scientists, now know some of what is required to create a world in which Aboriginal youth can find life worth living. Just as obviously, communities that have successfully engineered this considerable accomplishment also “know,” in some sense, what they are about, even if, as is likely the case, they were moved to take the various helpful steps that they did without any explicit appreciation that doing so might coincide with achieving a low or absent suicide rate. In short, while both researchers, and the communities they serve, evidently know something of value, it is simply not clear how deep or declarative this knowledge actually is.

All of this is perhaps most obvious in the case of the research community. It is simply an empirical fact that the Aboriginal communities in British Columbia that have, for example, achieved a measure of self-government, or were quick off the mark to litigate for Aboriginal title of traditional lands, have lower or absent youth suicide rates. What remains a mystery is how these broad facts of civic life trickle down into the mental lives of individual Aboriginal youth in such a way that they end up choosing life over death. Until this is better understood—a problem that we are currently working to solve—it will remain unclear what, if anything, is to be recommended. Would it be enough (probably not) to simply urge the same community level actions on other groups that have been slow or unwilling to initiate such actions on their own? Some of our own most recent findings suggest that there is now a significant relation between lower youth suicide rates and actually having withdrawn in protest from British Columbia’s treaty process. Clearly, the various proxy variables that have served so well to predict, at some frozen moment in time, rates of youth suicide are exactly that—“proxies” that temporarily stand in lieu of more meaningful and more enduring community actions that we do not yet understand.

The largest and least answered question concerning the especially successful Aboriginal communities that we have studied thus far is just how “declarative” their obvious procedural knowledge is. For purposes of internal consumption, it could be argued (we think mistakenly) that this scarcely matters. Those communities that are enjoying especially low suicide rates could simply soldier on as they have, for whatever reasons may have moved them in the past, all in the hopes that changing circumstances will not undermine their coincidental successes. Where more declarative or accessible knowledge is of more evident and immediate importance is in the world of knowledge transfer, and in any possible future attempt to broker an exchange of best practices. If, as we are currently working to determine, members of Aboriginal communities with variable rates of success in addressing the problem of youth suicide are willing to meet with the aim of being mutually helpful, then efforts, such as our own, to help unmask what lies behind already documented differences in community success rates will need to be a first step in this knowledge transfer process.

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