

Creating a Powerful Present: Reclaiming Hope

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We have come together to open a dialogue that will give us the shared insight we need to address the devastating reality of suicide that has left a trail of shock and grief in communities across Canada. Suicide's harsh reality robs us of the bright potential of young lives, the energy and ability of men and women in their prime, and the wisdom and experience of elders who might have bequeathed unique knowledge to future generations. Of all the painful issues the members of a community must face, suicide is perhaps the most cruelly baffling and debilitating. In its wake, the various sources of light that guide the community—the insight offered by traditional values, the cherished network of caring, supportive relationships, the courage to believe in transformative growth and the visionary hope in the future—all seem to falter. Yet even in the face of tragedy, this light is never completely extinguished. Rather, it is reflected in our increased determination to uncover and recognize the meanings behind such apparently incomprehensible events, and in the courage to transform our pain into a springboard for constructive action.

Every death in the community brings sorrow, but the experience of losing someone we love to suicide is particularly heart wrenching. It is estimated that for every person who successfully commits suicide, "there are seven to ten people intimately affected: parents, siblings, children, aunts, uncles, grandparents, grandchildren, friends"^[1] In close-knit First Nations communities this number is undoubtedly even greater. The most natural temptation for survivors is to retreat into denial and a return to routine behaviour patterns. Following such tragic loss, the community in general is vulnerable to the same emotions that haunt family and friends: crushing feelings of hurt, abandonment, inadequacy and rejection. Many members may display physical and emotional symptoms associated with post-traumatic stress disorder.^[2] Yet, despite the tormented sense of helplessness, efforts to resume "life as usual" only ignore the possibility of arriving at genuine healing, the kind that would focus on new ways to prevent future tragedies. In order to generate meaningful change, it is imperative that we learn how to create a powerful present in which to examine the conditions that underlie suicidal feelings, and assume a decisive presence to counteract the unconscious apathy and harmful myths that prevent appropriate responses.

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A powerful present offers the community a forum where all members can participate in addressing the underlying problems that too often end in the self-inflicted deaths of vulnerable individuals. By discovering effective ways of dealing with stress, conflict and anxiety, a powerful present rejects the notion that we are merely victims of past conditions, that all our efforts to change things are in vain and our dreams of a healthy future have no substance. The image of the present as nothing more than a continuation of the past, leading to an equally predetermined future is in its very nature "suicidal." Researcher Kate Hill writes that the way an individual views his or her present situation is a basic indication of the risk for suicidal thoughts and actions: "When the present feels intolerable or the future inconceivable, death can seem to offer a solution."^[3] Likewise, the way a family unit or community experiences the present determines its readiness for meaningful recovery. Without realizing it, a group may adopt a negative, deterministic concept of the present in an attempt to be "realistic" about life. But the lifesaving task of creating a powerful present demands that we move beyond fatalistic, defeatist attitudes. Only by empowering the present with the capacity to resolve past difficulties and ground future accomplishments can we reclaim hope and offer a lifeline to the most at-risk individuals in our midst. Creating a powerful present requires us to take chances, to acknowledge our interconnectedness, to recognize and discuss all aspects of experience, not just sanitized feelings and neatly organized categories of behaviour. We must forego the false comfort and judgmental practices that silence others when they most need to express their overwhelming sense of failure and loss of direction.

The statistics on suicide throughout North America, and indeed the world, are alarming. But within Aboriginal communities the figures are even more distressing. In Canada suicide occurs roughly five to six times more often among First Nations youth. The Report of the Advisory Group on Suicide Prevention states that among First Nations men between the ages of 15-24 years the rate is 126 per 100,000 compared to 24 per 100,000 for non-Native Canadian men of the same age group. Young women from First Nations registered a rate of 35 per 100,000 versus only 5 per 100,000 for Canadian women in general.^[4] The loneliness and depression that often underlie thoughts of self-destruction also pose particular threats to our elders, as suicide figures for senior citizens are even higher than those for the young. Furthermore, these sobering statistics may underestimate the scope of the crisis due to unreported or misidentified fatalities, and the difficulty coroners have in establishing cause of death in some cases. Health professionals believe that many seemingly accidental deaths are in fact disguised suicides. Only sketchy figures exist for uncompleted suicide attempts, but they are also alarming, particularly since individuals often repeat their attempts until they succeed. Workers in the field suggest that, in the adolescent population across North America, there are approximately one hundred suicide attempts for every completed act.^[5]

Given these grim statistics, it is crucial that we understand the realities surrounding suicide. Over the past decade a great deal of information has been generated describing the contributing factors and uncovering the myths that limit effective intervention. And yet, in our fear and confusion, we continue to perpetuate dangerously false beliefs about the nature of suicide.

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Some people persist in maintaining that individuals who talk about committing suicide do not really carry out their threats. However, the research tells us that, in as many as three-quarters of completed suicides, the victims have given clear warning of their intentions beforehand. When a person expresses the desire to die or the belief that others would be better off without them, this indicates profound personal anguish and represents a vital signal that must be acknowledged, no matter how distressing it is for family and friends. Frontline workers warn that when expressions of suicidal feelings are ignored or trivialized the person may conclude that efforts at communication are futile, and regard suicide as the last remaining option. Clearly, when a member of the community attempts to verbalize a state of inner torment that they themselves may not fully understand, the only appropriate response is to listen with sincere compassion and to ensure that they get the help they need.

A related misconception states that an actual suicide attempt, if unsuccessful, is only a so-called "bid for attention." This dangerous claim frequently disguises apathy and even resentment on the part of family and friends, who may harbour underlying feelings of responsibility and guilt. A suicide attempt may represent a cry for help more than an actual desire to die, but anyone who would risk harming themselves in order to receive the attention they require to solve deep-rooted problems is genuinely in need of support, and their actions should never be dismissed. In fact, case studies demonstrate that those attempting suicide are often signaling underlying patterns of abuse, bullying or self-destructive behaviour within the family unit, workplace, school or other group-conditions that have gone unacknowledged over time. Any decision to minimize the attempt may conceal the group's unspoken refusal to confront its shared demons. If an uncompleted suicide event leaves these circumstances in place, there is an increased likelihood that the suicidal individual will try again to kill themselves, and second or third attempts are frequently successful.

A further myth we must root out is the fatalistic belief that, if someone is really determined to kill themselves, there is nothing that can be done to prevent it. This resigned attitude ignores the ambivalence that characterizes a large number of suicides. One researcher describes this inner conflict as a "tension between 'I want to be dead' and 'Help me, I want to live.'" In such cases "the desire to live, if only life were more bearable, remains strong"^[6] Experience indicates that, with sensitive, informed intervention, suicide can be prevented, perhaps not every time or in all cases, but certainly in the great majority of instances.^[7] Many people argue that only trained professionals are equipped to prevent suicide, that ordinary individuals have nothing to contribute. While psychological and medical treatment must be entrusted to fully qualified people, ordinary community members also have an important role to play. Indeed, certain aspects of the problem can only be addressed when concerned individuals come together to share available information and demand adequate resources for their community.

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A more complex and difficult myth to confront is the one that warns that if we discuss suicide openly we run the risk of normalizing it and even unintentionally encouraging it as an option. Instances of so-called "cluster" suicide events underline the need for caution in formulating the ways in which we present suicide information, particularly to vulnerable groups such as young people in communities where multiple suicides have occurred. On the other hand, accurate, empathetic communication is the only real hope we have of changing the devastating record of lives lost. Such communication opens channels of dialogue by stressing that help is available, that the community service network is dedicated to supporting vulnerable individuals, families and groups, and that the community itself is committed to facilitating future wellbeing by building a powerful, life-affirming present for all its members.

It is deeply painful to listen to a member of our community confessing that life has become so unbearable that death seems preferable. This experience speaks to the core of our values and our sense of purpose. Yet, attempts to evade the issue hold greater risks for those in danger, who may be making a last attempt to find understanding and assistance. Lines of communication are also vital for those grieving in the wake of suicide, especially since they are also vulnerable to suicidal depression. One bereaved family member expressed it this way: "Having to go it alone makes it harder. Having no chance to talk about the experience makes it harder. Having no chance to understand what happened-guilt, stigma and silence-all make recovery harder"^[8] We need to respect the fact that potential suicide victims deserve an informed society which will listen effectively and respond knowledgeably, that relatives and friends coping with the agonizing consequences of suicide deserve help in comprehending and dealing with their loss, and that all community members deserve the crucial information that will allow them to support one another in preventing future tragedies. Without such open dialogue, isolation and the confusion it breeds will cost more lives.

It is clear that communication and listening skills are fundamental to alleviating suicidal feelings, yet one of the most perplexing aspects of the dynamics of suicide is the fear many people have in confiding their personal problems or family dysfunction to skilled workers. Health and social services personnel are often viewed as outsiders, who will criticize an individual's inability to cope and make unfair judgments about the group to which he or she belongs. Talking to social service and healthcare workers may seem to be a betrayal of the very values and relationships that the distressed person relies on. This challenging situation may be even greater for members of First Nations, where a legacy of colonialist attitudes in mainstream society may make confiding to outside professionals appear, at best, unhelpful, and possibly dangerous. In such situations the community has a responsibility to mediate between individuals and external agencies and to demand respectful, culturally aware treatment for all its members. Community leaders must also ensure adequate support and resources exist for its own skilled personnel wherever possible.

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In order to create a powerful present, community leaders must look beyond crisis intervention and initiate programs and policies that speak to wider issues of self-destructive behaviour. For many years health professionals have identified debilitating patterns of drug and alcohol abuse as unconscious methods of "slow suicide." In fact, substance abuse plays a fundamental part in many suicide deaths. The community makes strides toward effective prevention when it recognizes that suicide awareness, while a vital weapon in the struggle for prevention, is not enough. As we read in an article by educator Jennifer White, "We must also expect and strive to create conditions whereby people will in fact be changed by the information they receive."^[9] Intervention techniques frequently place too much emphasis on the suicidal individual, labeling what they regard as a personal pathology, without investigating the larger social context. This can lead to an atmosphere of blame that further alienates those most at risk. To help counteract this, the Report of the Advisory Group on Suicide Prevention in Canada entitled *Acting on What We Know: Preventing Youth Suicide in First Nations* highlights the need to renew and maintain cultural continuity in order to provide a sense of identity, self-esteem, hope and "being invested in living."^[10]

Efforts to incorporate traditional teachings, with their holistic spiritual outlook, into suicide prevention policies in our communities will advance a new, more humanized model for successful intervention. First Nations approaches to healing offer a degree of hope that many feel is absent in the inflexible, "scientific" outlook of mainstream medicine. In his book *Coyote Medicine*, Cherokee doctor Louis Mehl Madrona affirms that "for a Native American healer, the first step in treating a person is to listen. We climb into the person's world and see things through his or her eyes. This means we listen without judging or categorizing."^[11] Only the community as a whole can bring about the partnerships between modern resources and traditional healing that will capitalize on the best practices of both systems.

In our discussions today we are striving to generate a light of hope that will inspire transformative change and bring genuine comfort to all participants. This light is a symbol for the emotional, physical and mental wellness that comes from concrete action. When we create a powerful present we ensure everyone can share in the radiant warmth that dispels the dark fears, misconceptions and alienation that threaten to cancel out bright lives in our midst. A powerful present means foregoing the rigid mindsets and stereotypes that buy temporary security at the expense of authentic recovery. It means rejecting the temptation to find scapegoats or to assume a posture of victimization in the wake of tragedy. Creating a powerful present means really being present to the needs of suffering individuals, actively listening when they struggle to confide feelings they themselves may find bewildering and unacceptable.

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If we are truly to share in the light of our own interconnected potential, we must view the present difficulties as catalysts for growth. Individuals suffering from anxiety, depression and self-hatred no longer have faith in their intuitive capacity to arrive at solutions on their own. This is why the light of renewal can only be reclaimed by being shared throughout the community. We must have the courage to believe in a future full of opportunity for those who have lost the strength to believe in themselves. But while we envision future wellbeing, we must work to build now, in the present. If we refuse to move forward, and insist on endlessly repeating the past, we forfeit the momentum our task requires. If we jump ahead to a fantasy of future health without risk or effort, we also have nothing concrete to fuel the light. True progress demands that we have the patience and courage to meet present challenges in order to construct a foundation for lasting change.

¹ C. Lukas and H.M. Seiden, *Silent Grief: Living in the Wake of Suicide* (New York: Charles Scribner's Sons, 1987), p. 5

² Lukas, p. 27

³ Kate Hill, *The Long Sleep: Young People and Suicide* (London: Virago Press, 1995), xv

⁴ *Acting on What We Know: Preventing Youth Suicide in First Nations*, Report of the Advisory Group on Suicide Prevention, p. 23

⁵ Marion Crook, *Please Listen to Me! Your Guide to Understanding Teenagers and Suicide*, 5th ed., *Self-Counsel Psychology Series* (Vancouver: Self-Counsel Press), p. 2

⁶ Hill, p. 160

⁷ Crook, x

⁸ Lukas, 29

⁹ Jennifer White, *Suicide Awareness Is Not Enough*, *SIEC Current Awareness Bulletin*, v.5, no.4.

¹⁰ *Acting on What We Know: Preventing Youth Suicide in First Nations*, p. 40

¹¹ Lewis Mehl Madrona, *Coyote Medicine* (New York: Scribner, 1997), p. 17