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***“Abnormal mental health” and a blameless state—Canadian media representations of Indigenous suicide***

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**Abstract**

Indigenous suicide rates are high in Canada compared to the total Canadian rate and have been for some time. I argue it is necessary and salient to gather how Indigenous suicide is depicted in Canada. The media has a powerful influence on public perceptions, which can be a driving force that shapes suicide prevention policy. Using content analysis, media articles that reported on Indigenous suicide over the past 10 years were examined. It was found that media depictions represented forms of present colonialism and symbolic violence. The overwhelming portrayal of Indigenous suicide as a result of abnormal mental health diverts attention away from injustices, such as continuing racism and discrimination in healthcare, perhaps allowing these entities to persist. The Canadian media perceives that Indigenous suicide is a phenomenon that can be well understood within the confines of a colonial, dominant view of health.

**Keywords**

Suicide; Indigenous; symbolic violence; Canada; media

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Over the past few decades, Indigenous suicide rates have been relatively high in Canada, being up to three times that of the total Canadian rate (Carstens, 2000; Henry et al., 2018; Powell & Gabel, 2018). Although suicide rates vary greatly between communities and regions (Katz et al., 2006), research consistently demonstrates that Inuit, First Nations and Métis have disproportionate suicide rates compared to non-Indigenous populations (Kral, 2019; Pollock et al., 2018; Tjepkema et al., 2009). Much research situates decades of colonial violence as a major contributing factor to Indigenous suicide in Canada (Ansloos, 2018; Carstens, 2000; Czyzewski, 2011).

While academia might be cognisant of the Canadian state's influence on Indigenous suicide, *the public* is another story. The networks of actors in Canada responsible for delivering non-Indigenous depictions of Indigenous suicide do not embrace contextuality in their approaches. Put simply, "the ideas of the ruling class are in every epoch the ruling ideas" (Marx & Engels, 1973, p. 64). However, if these ruling ideas cannot be challenged, as in there is no room for an alternative, then what does this represent? I argue that if aspects of suicide, such as ideas, meanings and treatments, are extended and forced upon Indigenous peoples from state-influenced Canadian media, while there is no room for ideas to come from Indigenous peoples themselves, this represents a *present* form of colonialism.

It is well known that the processes of colonialism have long impacted the health of Indigenous peoples in Canada (Kral, 2012, 2019; Lavalle & Poole, 2010; Waddell et al., 2017). Furthermore, it has been widely argued within the social sciences that settler colonialism has contributed to worsening Indigenous suicide (Czyzewski, 2011; Hicks, 2015; Leenaars, 2006) in the form of a past event that manifests as trauma and poor health outcomes today (Bombay et al., 2009; Kral, 2019; Wexler, 2006). This article seeks to dispel the notion that only the *effects* of colonialism are present today; for example, attributing Indigenous suicide to current colonial ramifications such as social change (Kral, 2019) or intergenerational trauma (Bombay et al., 2009). Scholarly research in this area *does* attempt to account for ongoing external factors to Indigenous suicide; however, many studies *do not* give the impression that colonialism exists in the same magnitude today as it did in the past, instead focusing on current hardship as, for example, "a reminder of historical trauma and loss" (Bombay et al., 2009, p. 24). Hence, if there exist *current* forms of colonialism, the concept itself should not be treated as a mere past phenomenon (Ansloos, 2018; Czyzewski, 2011; Kral, 2019; Wexler & Gone, 2016), nor should current colonialism be relegated to being a "reminder". I argue that an existing form of colonialism is directly linked to Indigenous suicide in Canada: the complete enforcement of the dominant populations' ideals upon the colonised; and furthermore, that current private media depictions are incompatible with the particularity that comes with the phenomenon of suicide.

It is important to recognise and acknowledge the strength and agency of *Indigenous-led* initiatives in communities that respond to suicides and develop prevention and early intervention programs (Kral, 2012, 2019; Wexler & Gone, 2016). However, Canadian suicide prevention policies often fail to give space to Indigenous knowledge, nor do they allow Indigenous peoples themselves the agency to control their own programs (Anderson, 2021). Furthermore, Indigenous media producers are also increasingly utilising diverse and powerful methods to create media content that critiques mainstream media and tells their own stories, highlighting the potential for Indigenous counter-narratives and culturally revitalising education on social issues (Stanton et al., 2020; Williams, 2021). But, as I will demonstrate in this article, like the example of suicide prevention policies (Anderson, 2021), there is a little to no space allotted to Indigenous knowledges in Canadian media depictions of Indigenous suicide.

## **Private media in Canada**

O'Donnell (1991) wrote that:

the corporate elite that controls Canada's media is linked to the other power elites ... At least as powerful as Parliament, this unelected group makes the business decisions that shape the economic, political, and cultural future of Canada ... The privatization of services, including Information Services, along with corporate sponsorship of academic research, has all but insured a community of thought unlikely to challenge the existing unequal distribution of wealth and power. (pp. 288–289)

O'Donnell's quote, while dated, still holds relevance. While there may be a public interest in having a diversity of ownership in the Canadian news media to increase the potential for diversity of sources of news, information, and analysis (Senate of Canada, 2006a), this diversity may not currently exist in practice. The Canadian media elite are in very large part conflated with the economic elite. Thus, there is a great lack of diversity in the ownership of Canadian media. In more recent data, it was found that five players control a total of 72.5% of private media in Canada, with the level of concentration across the network media economy rising over the past decade (Winseck, 2018). According to News Media Canada (2018), 15 companies owned 90 newspapers in 2018.

The freedom of the press is dependent on the right of proprietors to voice their own opinions. However, if one proprietor owns so many media outlets that their influence crowds out others, difficulty arises (Senate of Canada, 2006a). The Senate report also details that it had heard from journalists who claimed that dissent from the views of the head office was an offence that they could be fired for. Moreover, Engler (2016) has proposed that media bias exists in Canada to only publish pieces in favour of a "righteous Canada".

This lack of diversity in ownership extends to journalists themselves. Indigenous journalists are grossly underrepresented in media jobs compared to their percentage of the general population (Miller, 2006). For example, a survey of diversity employment found that of 2000 media employees, only one was Indigenous (Senate of Canada, 2006b). This may mean the media does not have an appropriate understanding of, or may misrepresent, the issues that face Indigenous peoples (Senate of Canada, 2006b).

The aforementioned lack of Indigenous representation, coupled with a reluctance of media to deviate from the views of a head office that receives funding directly from the federal government (Engler, 2016; Government of Canada, 2018), results in a careful and deliberate shaping of news stories. I hypothesise that media reports will intentionally avoid any blame being put on the Canadian government for Indigenous suicides; instead Indigenous peoples are regarded as essentially prone to suicide. This constitutes an extension of colonial attitudes in its defence of the colonial state's intentions and actions, while individualising the problems of the colonised.

## **Aims of the present study**

This article aims to evaluate the recognition of the Canadian state's impact on suicide and poor Indigenous health. McCallum (2013) writes that analysing news stories can be particularly useful for finding dominant ideologies in public perception; as such, the way an issue is framed in news media coverage has been found to influence political agendas, reflect elite agendas and highlight the public salience of an issue. The media plays a pivotal role in conceptions of suicide and ill-health, especially in the case of marginalised populations. In the Canadian context specifically,

Singh (2015) argues that many non-Indigenous Canadians are misinformed about the realities and histories of Indigenous peoples, and therefore media portrayals have a large influence in shaping their malleable perspectives. Therefore, this article will engage with settler depictions of Indigenous suicide, focused on non-Indigenous media sources.

The media has a powerful influence on public perception, which in turn can be a driving force that shapes suicide prevention policy (Brough, 1999; McCallum, 2013). The media can be used as a tool to form and influence the general public on various issues and opinions, having the potential to change and create a positive or negative effect on peoples' views (Singh, 2015; Williams, 2001). However, McCallum (2013) contends that there is little documented research examining how the media frames Indigenous health. This article aims to contribute to this area, by collecting data on how non-Indigenous Canadian online news articles frame suicide and the involvement of the Canadian state. The nature of these representations can perhaps be representative of larger unequal power structures in Canadian colonial society that lead to ineffective suicide prevention programs, as well as misrepresenting the Canadian state as benevolent and innocent of its responsibility for decades of past and current colonial oppression.

## **Methods and methodology**

For the purposes of this article, I rely on a subset of data collected from Anderson's (2020) content analysis of media and policy depictions of Indigenous suicide in Canada. For this article, 60 online media articles were analysed, limited to those that were specifically about Indigenous suicide in Canada. The word "Canada" was often included in the search terms, and any articles that were about Indigenous suicide outside of Canada were excluded. Articles from Google searches were collected using search terms that were thought would be successful in retrieving information about Indigenous suicide, such as: "Indigenous Suicide Canada", "Aboriginal Suicide Canada", "First Nations Suicide Canada", "Métis suicide Canada", "Inuit suicide Canada", "Indian Suicide Canada", "Canada suicide", "Suicide Crisis Canada", "Indigenous suicide news article".

Articles were also excluded if they were about suicide in general and not about suicide among Indigenous peoples specifically, or if they were duplicates. Opinion editorials and research articles were excluded due to my aim to focus on Canadian private news reporting. During my search, I found that some media outlets, such as the *Huffington Post* and the *Globe and Mail*, had their own website sections devoted to Indigenous health and suicide, so articles from these websites were collected in addition to those from the Google searches. These subcollections of content provided an abundance of material on the topic. Articles posted on multiple news outlets with the same exact contents were only included once (i.e. the same information was not included twice). Articles that were found to be not majorly focused on Indigenous suicide upon reading were excluded to ensure consistency among the sources. What constituted Indigenous suicide being a "main" focus was that the majority focus of the article's contents was about this topic. Furthermore, articles were only included if they were written within 10 years from the time of this article, that is, from 2010 to 2020. Table 1 shows the news sources and a breakdown of the origins of the articles.

**Table 1.** Distinct news sources

Source (N = 21)	Frequency (out of 60)
<i>Al Jazeera</i>	1
<i>APTN News</i>	3
<i>Cape Breton Post</i>	3
<i>CBC News</i>	8
<i>CFOX</i>	1
<i>CTV</i>	6
<i>Global News</i>	11
<i>Globe and Mail</i>	5
<i>Kenora Online</i>	1
<i>National Observer</i>	1
<i>National Post</i>	1
<i>NY Times</i>	2
<i>Power97</i>	1
<i>Radio Canada International</i>	1
<i>Red Deer Advocate</i>	1
<i>Saskatoon StarPhoenix</i>	2
<i>The Atlantic</i>	1
<i>The Chronicle Herald</i>	1
<i>The Huffington Post</i>	8
<i>Victoria News</i>	1
<i>Winnipeg Free Press</i>	1

Themes were developed to provide codes based on previous knowledge and literature, which is a common method in content analysis (Bernard et al., 2017). As mentioned at the outset of this article, much of the literature has shown that the processes of colonialism have long impacted the health of Indigenous peoples in Canada (Kral, 2012, 2019; Lavalle & Poole, 2010; Waddell et al., 2017). Moreover, settler colonialism specifically has been linked to contributing to worsening Indigenous suicide (Czyzewski, 2011; Hicks, 2015; Leenaars, 2006) in the form of a *past event* that manifests into trauma and poor health outcomes today (Bombay et al., 2009; Kral, 2019; Wexler, 2006). Thus, the themes in this investigation were based on those areas of the literature that argue that current conceptions of Indigenous suicide wrongly situate colonialism as a past event and fail to grasp the ongoing forms of colonialism and violence that are being perpetrated on Indigenous peoples today.

Furthermore, scholars have warned against one-dimensional approaches focused on social determinants of suicide (e.g. poor mental health) when studying Indigenous suicide (Elliott-Groves, 2017; White, 2017). Such an approach insinuates that “being” an Indigenous person is an a priori suicide risk, which represents Indigenous peoples as homogenous (Ansloos, 2018; Chandler & Lalonde, 2008; Chandler & Proulx, 2006; Katz et al., 2006). Specifically, based on overwhelming poor health outcomes, whether by focusing on suicidality or some other element, the tendency to universalise and see Indigenous peoples as a “risky demographic” (Parle, 2009) leads policy makers to gloss over local meanings and traditions of health (Ansloos, 2018). While identifying social determinants of suicide may be effective for the wider society, social determinants of Indigenous suicide are often claimed to be largely the result of *ongoing* settler colonialism (Carstens, 2000; Czyzewski, 2011; Kral, 2012, 2019).

Thus, following a similar approach to what Anderson (2020) did with suicide prevention policies, a content analysis procedure outlined by Bernard et al. (2017) was followed. This consisted of first creating a code set or variables (Gilchrist, 2010; Singh, 2015) that were thematic. The themes as codes were entered into NVivo software to allow for systematic and efficient coding and analysis. Themes were dropped and added along the way to pretest their significance (Bernard et al., 2017). Tables were created to record the frequency of the variables that were developed to demonstrate how often the themes occurred in the selected articles, as well as how frequently within these materials they occurred. This also demonstrated the frequency of suicide prevention models, as well as any important reoccurring vocabulary used.

The aim of this process was to develop said themes in a way that would be useful in summarising common perspectives from Canadian media stories on contributing factors to Indigenous suicide; for example, “Abnormal mental health and trauma” is a general term that refers to news articles that relate Indigenous suicide to those who are in an abnormal state of mind and are suffering from abnormal mental health. Recording the frequency of this (62%) is useful because it demonstrates that while a majority of articles position abnormal mental health as a main factor in Indigenous suicide that attributes suicide to the individual, conceptions that constitute other categories—for example, “Assimilation or loss of culture” (6%), “Difficult life on reserves” (8%), “Land dispossession or relocation” (3%), and “Racism or discrimination” (20%)—is much less commonly mentioned.

Although I was the sole coder in this study, this does not mean that its methodology is devoid of rigour. A single coder in a content analysis does not necessarily lead to a project without validity (Harding & Whitehead, 2016). The coding and data used in this article is from a larger study (Anderson, 2020) that underwent a significant external audit. External audit, or peer-checking, is where the decisions made concerning design planning, data collection methods and analysis decisions are evaluated for credibility by external reviewers (Creswell, 2012; Harding & Whitehead, 2016). Since Anderson (2020) was a master’s dissertation, a committee of three external academics were responsible for overseeing this process and the decisions regarding data collection and analysis (including coding). Every decision made, otherwise known as the decision trail, was communicated to and scrutinised by this committee, the auditing of which facilitated an increased trustworthiness in the research process (Sandelowski, 1986). Moreover, in a humble effort to give some substance of intercoder reliability, I strived towards finding codes and themes that would contain minimal interpretation. For example, the word “depression” could reasonably be expected to fall under the theme of “Abnormal mental health”; the word “government” could be classified under the theme of “Canadian state”; mentions of “past trauma from residential schools” would be associated with the theme of “Past colonialism”<sup>1</sup>. Although multiple coders might achieve

a level of reliability more easily than a single coder, it is contended that the methodology used in this article contains credibility and rigour.

Last, I find it essential to acknowledge my own social location. I am a non-Indigenous scholar who is conducting a research activity about the lives and wellbeing of Indigenous peoples. The goal here is not to provide a paternalistic suggestion of what Indigenous peoples “need” to prevent suicide. I did not consult with Indigenous peoples themselves in this research, and therefore I am speculating on the problems and experiences of others. However, I do feel inspired to act as a non-Indigenous ally (Smith, 2008) who perpetuates a critical analysis of colonialism (Absolon & Willet, 2004). The latter is representative of my own academic background as a scholar and informs my approach of critically examining the Canadian state for its potential role in Indigenous suicide. Critically examining *ongoing* colonial language and non-Indigenous-led representations of suicide is something that I feel contributes, in part, to a larger cause of promoting Indigenous knowledges and views. In his article titled “What does it mean to be an ally?”, Lewis (2018) writes that effective Indigenisation can be understood generally as the undertaking of such a process that imbues Indigenous knowledges and perspectives into policies and practices within institutions. It is the effort to instill an environment where the plethora of knowledges is acknowledged and embraced. I have taken on the task here to work toward the goal of holding colonialism and settler depictions accountable for essentialising Indigenous suicide while limiting space for Indigenous knowledges.

## Results

My aim in this article was to paint a general picture of how Canadian media depicts Indigenous suicide. I found an overwhelming reliance on non-Indigenous mental health paradigms. More specifically, Indigenous suicide was most often related to “poor” mental health, such as depression, trauma and addictions. Articles related Indigenous suicide to poor mental health in 62% of articles, while the literal term<sup>2</sup> “mental health” itself was used in 85% of articles when I searched by keywords. Within these articles, the general solution to preventing Indigenous suicide was to implement more mental health infrastructure and support. Table 2 shows the categories of the themes and their respective frequencies of representation.

The articles that were examined did not point to the possibility of differences in mental health conceptions between Indigenous peoples and non-Indigenous peoples in Canada, nor did they allude to specific cases of Indigenous factors of wellness, such as place meanings (Durkalec et al., 2015). For example, the words “land” and “climate” appeared in only 11% and 3% of articles respectively. Moreover, the words “culture” (20%) and “cultural” (26%) appeared more often in the articles. This implies that some articles did in fact mention surface level culturally specific approaches and representations of suicide; however, the term “mental health” was used in 85% of articles.

**Table 2.** List of themes and their frequencies<sup>3</sup>

Theme/Code name	Number of articles that referenced ( <i>n</i> = 60)	Percentage of total articles that referenced
Abnormal mental health and trauma	37	62%
Assimilation or loss of culture	10	6%
Canadian state to blame	30	50%
Conveying Progress/Improvement (in reducing rates)	25	42%
Difficult life on reserves	5	8%
Individual and community failures, delinquency	17	28%
Land dispossession or relocation	2	3%
Ongoing colonialism or violence	6	10%
Past Colonialism	16	27%
Poor physical individual health	5	8%
Racism or Discrimination	12	20%
Suicide rates compared to non-Indigenous Canadian population	24	40%

Source: Anderson, 2020

In the articles that were examined, the Canadian government or state was alluded to in 50% of the sample; however, past colonialism (27%) and ongoing colonialism (10%) were referred to much less. In terms of the content or nature of articles when referencing the state, most were concerned with calls for more stable funding. For example, the word “funding” is mentioned in 61% of articles. In comparison, the words “colonialism”, “colonial” and “colonisation” were mentioned as a combined total of 15%. Words such as “residential school” (10%) and references to the “Indian Act” (0%) were also hardly found. Instead, the relationship between the Canadian state and Indigenous suicide is seen as one of resources and funding.

The suicide and preceding “poor mental health” reported in these media articles are of a pathological nature, rather than stemming from failures and injustices of the Canadian state. Many articles stress that trauma, for example, is the result of decades of colonial *history*:



The trauma from this history has contributed, experts say, to persistently high rates of poverty, drug abuse, alcoholism, domestic violence and suicide.<sup>4</sup>

Healing is a journey that can take many twists and turns, Alsena explains, and she respects every stage other survivors find themselves at, including intergenerational survivors who are carrying the trauma of their parents and grandparents.<sup>5</sup>

Indigenous people living on the rez [sic] are experiencing a lot of the same trauma but can find shared healing.<sup>6</sup>

A colonial history is being reported, not a colonial present. The articles that discuss colonialism in relation to Indigenous suicide overwhelmingly use language that situates the former as a past event:

“White supremacist racism was at the forefront until very recent times,” Paul said of these colonial and paternalistic policies that were enacted into laws.<sup>7</sup>

In Indigenous health, what you’re trying to do is create an outcome that’s different than our colonial outcome which was extinguishing the rights of Indigenous people through land and resources<sup>8</sup>.

To summarise, the articles that were analysed perceived that suicide was a result of abnormal mental health (62%) more often than from systematic failures in programs (25%), racism or discrimination (20%), or even as a result of ongoing (10%) or past (27%) colonialism.

## Discussion

### ***Psychocentric representations***

While there are likely points of convergence in comparing a biomedical definition of mental health to that of Indigenous conceptualisations of mental health, we must also be open to seeing differences. For example, Durkalec et al. (2015) contend that place meanings and sea ice are sometimes associated with mental and emotional, cultural, spiritual and social health for some Inuit populations. Cunsolo-Wilcox et al. (2013) highlight the importance of considering particular Indigenous mental health impacts from a changing climate perspective. Thus, I suggest that *being open* to Western mental health alternatives or differences in mental health conceptions *could* improve wellbeing for some Indigenous peoples. If Indigenous knowledge about mental health was socially recognised, then examples, descriptions, or even notes of its efficacy (Chandler & Lalonde, 2008; Kral, 2012; Staples & Widger, 2012; Wexler, 2006) would be included as potential implementations for suicide prevention. This social recognition is key. Rosenberg (1997) argues that we as a society fail to adequately recognise cultural phenomena that constitutes sickness and death; instead we impose meanings on others, often undermining their cultural norms. Rosenberg attributes this to the comfortability of having material, well-understood bases for illness, and that anything else fails to acquire social recognition. Indeed, Indigenous knowledge is peripheral to Western mental health services and paradigms in the articles that were examined.

Relegating Indigenous suicide to abnormal psychology has been labelled as ineffective, as it may decontextualise approaches (Ansloos, 2018). Psychological problems may be rooted in social problems associated with the outside world (Carstens, 2000), and it would be within these social factors that we find variance in rates. Indeed, suicide rates are extremely varied across Indigenous communities (Katz et al., 2006). Thus, suicide is not inherently high for all Indigenous peoples; it is

even low for some, which at the very least suggests that Indigenous peoples are not one homogeneous group that shares a single high suicide rate. Such challenges to the universality of Indigenous suicide calls for studying intersectional meanings of identity, environment, social location and the heterogeneity of Indigenous culture and communities with regard to suicide (Ansloos, 2018). Suicide is not universal among Indigenous peoples, and contextual factors must be a part of understanding suicide; yet these factors, or even room for them to be considered, was not found in my media analysis.

A “cultural” lens on suicidology must do better than efforts by neoliberal multiculturalism (Ansloos, 2018), a concept that is seemingly conflated with reinforcing “multicultural” ideals. While the words “cultural” and “culture” were mentioned in about a fifth of the examined articles, does a cultural spin on *mental health* make it more culturally appropriate? I suggest that the use of “cultural” here is well intended, but shallow in its application. If almost all articles (85%) fall back to pivoting on “mental health”, then there is a clear line that cannot be crossed: Indigenous cultural knowledge, approaches and traditions are peripheral additions to a conception of suicide that is ultimately perceived through the dominant framework of Western mental health.

This philosophy and approach promotes a shallow multiculturalism through the promotion of “cultural” activities and knowledge within a colonial power structure to achieve decolonisation. This is in lieu of “more substantial economic, jurisdictional and territorial decolonization” (Nelson & Wilson, 2017, p. 102). Gone (2009) posits that “culture” is much more than active efforts to participate in cultural activity, as “cultural practices comprise the almost invisible participation in shared thought and activity that need never be conscious since most people in the community are socialized” (p. 427).

Finally, the “mental health” mentioned in articles is informed by categories laid out in *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013). However, these categories cannot be automatically assumed to be appropriate for Indigenous communities (Gone, 2009; Nelson & Wilson, 2017). In lieu of beginning with Western models of mental health categories, conceptualising programs alongside Indigenous concepts of disorder or imbalance, specific to particular cultures and communities, has been alluded to as being more effective in reducing suicide rates (Healey et al., 2016; Kral et al., 2011). It is argued that for psychology-based efforts of mental health promotion to be useful to many Indigenous peoples, scientific epistemology is essential in the sense that the discipline itself can be malleable and challengeable enough to understand suicide contextually (Gone, 2009). This would allow the discipline to be methodologically equipped to establish causal claims grounded in alternative approaches. This is quite the opposite of using one mental health approach for every living person in Canada.

I have found the latter in my sample. Mental health paradigms predicated on the *DSM-V* are represented in Canadian media as unchallengeable, dominant, and the only way to explain Indigenous suicide. Without the contextuality of suicide being part of its understanding, approaches to prevention can be reductive and stereotyping (Ansloos, 2018); failing to account for the larger context of which mental health issues arise leads to failed efforts to “help” Indigenous peoples today (Leeuw et al., 2010). The depictions here of Indigenous suicide may not be inherently colonial themselves, yet their enforcement upon Indigenous peoples (and thus the lack of room for alternatives) constitutes a present form of colonialism.

## Symbolic violence

Psychological theory hinges on conceptualisations of personhood, and since the ways that mainstream Western psychology conceptualises the person likely contrast markedly between non-Indigenous peoples and Indigenous peoples, many scholars argue that disseminating Western concepts in Indigenous communities represents an extension of colonial enterprises (Ansloos, 2018; Gone, 2009). Thus, through the colonial apparatus that is mental health, disparities in health between Indigenous peoples and non-Indigenous peoples become normalised. Moreover, the colonial responsibility and oppression from the Canadian state has been relegated to being a past (and finished) event, while essentially being made up for by current reconciliatory efforts. This is representative of symbolic violence.

Borrowing from the French sociologist Pierre Bourdieu, Holmes (2013) defines the concept of symbolic violence as “the naturalization, including internalization, of social asymmetries” (pp. 156–157). The articles examined in the present study essentialise Indigenous peoples as “victims” or inherently “sick”, comparable to the criticisms of the social determinants approach for Indigenous suicide (Ansloos, 2018; Czyzewski, 2011). The reliance on mental health paradigms suggests that health disparities between Indigenous peoples and non-Indigenous peoples are natural to the world. This is partly due to the Canadian media’s reluctance to criticise current suicide prevention practices, as well as its overwhelming support for Western knowledge being bestowed upon Indigenous peoples. Mental health promotion legitimises the hierarchy of the state to deal with social issues as the state conceives them, rather than recognising the knowledge, sentiments and or content of the dominated.

Operating from the assumption that suicidal people are inherently mentally ill allows for critical social alternatives to be ignored or erased (Ansloos, 2018). Logically, if suicide is fundamentally a product of impaired or disordered psychological wellbeing, the praxis of suicide prevention becomes concerned with the treatment of psychopathology. Therefore, the state’s role in failing to provide the most effective support for suicide, current or past, is minimised, if not overlooked completely. This also means that efforts are less concerned with barriers to seeking support. For example, racism and discrimination were attributed in a minimal number of articles (20% combined); this is problematic and I argue that racism is a central issue for suicide prevention of Indigenous peoples in Canada. Racism may have direct impacts on health, such as uneven access to health services, race-based policies and Indigenous people experiencing and anticipating racist treatment by healthcare providers, which all act as barriers to accessing health services (Allen & Smylie, 2015). In this way, social actors have no other option than to perceive themselves and their world through the schematic produced by asymmetric power relations; hence, the symbolic violence (Holmes, 2013). From the media depictions that were examined, Indigenous suicide is dominantly conceived within the confines and categories of Western mental health. The reliance on explanations of mental health problems by Canadian media suggests that the way forward is to engage with a biomedical conception of mental health and wellbeing.

Canadian media fails to recognise the problems with a one-size-fits-all approach to suicide, as well as how racism and discrimination are key factors in suicidology. These are factors that have been argued for being directly related to Indigenous health (Allen & Smylie, 2015). The Canadian media perpetuates symbolic violence by conceptualising Indigenous suicide as a result of *only* mental health paradigms, resulting in a dominant colonial view of Indigenous health that becomes imposed on Indigenous peoples.

Moreover, following others (Ansloos, 2018; Henry et al., 2018), I contend that within mental health promotion there is a lack of engagement with logics informed by social and structural dimensions. The Canadian state's role here is one of perceived benevolence that is deeply rooted in its dominant power that fails significantly to deal with structural issues that may contribute to Indigenous suicide. For example, the author of an article<sup>9</sup> about federal spending on Indigenous suicide prevention explained:

Even though Health Canada does not collect data regarding the number of suicides of Indigenous people, the department allocates millions of dollars each year to address the problem. The First Nation and Inuit Health Branch (FNIHB), has spent \$619.8 million for mental health and suicide prevention between 2015–16 and 2016–17, with \$358.8 million allocated for 2017–18. These funds are given to mental health programs such as the National Aboriginal Suicide Prevention Strategy, the Indian Residential School Resolution Health Support Program, the First Nations and Inuit Hope for Wellness Help Line and for Mental Wellness Teams.

Another article<sup>10</sup>, beginning with the problem that suicide support services need more long-term funding, includes a quote from a government official:

“Indigenous Services Canada regional officials have reached out to offer ... support to the community,” he said, adding that the federal government is already providing the First Nation with nearly \$1 million to support mental health programming for 2018–2019.

This has nothing to do with the long-term funding issue presented at the outset of the article, thus minimising it in favour of the (inadequate) funding. Similarly, another article<sup>11</sup> included interviews with Indigenous community members pleading for “long term sustainable strategies”, and noting that front-line community members were exhausted. However, at its end the article remarked that:

Since the deaths in January, more federal assistance was provided. Health Canada says it is now paying more than \$900,000 annually for mental-wellness programs in the fly-in village of 430 people. That includes \$380,000 for four youth mental health workers who were requested by the community.

This promotes the idea that the state is providing substantial funding to solve the problem, thus normalising the systematic failures (e.g. long-term funding) of the Canadian state to deal with the problem. Moreover, these articles place a focus on the “abundance” of resources that Indigenous peoples are receiving, leaving little possibility that they could be relatively under-resourced.

In these aspects, the end result can be characterised as symbolic violence, one that actively minimises funding issues and normalises the enforcement of Western mental health treatments (and lack of room for Indigenous conceptions). Indigenous peoples are indirectly individualised as the problem, as their needs are supposedly already being met through “generous” resource allocation.

## Conclusion

... if suicidal thoughts were no longer understood as a giving up on life... (or) if suicide itself were to be reconceptualized as a *political issue* and a “*public trouble*” (and not merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response? (White, 2017, p. 478, emphasis mine)

White's question contends that understanding the prevalence of mental health frameworks concerning suicide must be juxtaposed with the political environment in order to open new

possibilities for its prevention. The representation of Indigenous suicide as a result of abnormal mental health diverts attention away from injustices, such as continuing racism and discrimination in healthcare, perhaps allowing these entities to last. The extension of the colonial state and its mentalities into the lives of Indigenous peoples is actively hidden and missing from media reporting. The Canadian media has come to see that Indigenous suicide is a phenomenon that can only be understood within the confines of a colonial, dominant view of health. It overwhelmingly conveys that when someone is suicidal, having suicidal thoughts, or any suicidal behaviour for that matter, it is as a result of their mental health. Decades of colonial oppression is mentioned in articles; however, this is depicted as no more than a form of trauma. I would challenge the idea that forms of colonialism can only be found in the past. Residential schools aimed to “civilise” Indigenous people, or “teach” them how to live; and the Indian Act currently defines the Indigenous person, shaping what it means to be Indigenous, subsequently determining their rights and social position. For very good reasons, we do not have residential schools any more. But is there a difference between forcing European settler language, behaviour and personhood in these schools, and forcibly conceptualising Indigenous behaviours within the strict confines of biomedicine and Western mental health?

I found that the majority (62%) of media articles relied on mental health paradigms for suicide and effectively essentialised Indigenous peoples as abnormal and suicidal. Admittedly, it would be unrealistic to advocate for such assumptions to be extinguished from media overnight. It is important to remember that these media companies in Canada are privately owned and serve as a tool of the ruling class to inform public opinion. Furthermore, recommending specialised training to combat this problem, such as university courses, is increasingly only accessible to the wealthy or those with special forms of funding. These suggestions, while potentially helpful, are only available to those in privileged positions, and would do little to change the status quo.

The power structure between journalists and Indigenous activists must be a central point of change. Stoneham et al. (2014) contend that Indigenous peoples are often hesitant about interacting with the media as they are often portrayed as always fighting and lacking leadership. The authors recommend that specialised advocacy training through community outreach for Indigenous leaders may help to balance this power relationship. Also, encouraging Indigenous representation in journalism as advisors or journalists themselves would, in the longer term, ensure a more comprehensive view for the reporting of Indigenous issues (Stoneham et al., 2014). Notably, in a survey conducted between Canadian news agencies, Indigenous journalists comprised one of 2000 employees (Senate of Canada, 2006a).

These measures would perhaps lead to less media reporting of information that simply confirms stereotypes. Kashima (2000) proposes that the public sees the communication of information about stereotypes in two ways: stereotype-inconsistent, and stereotype-consistent. Stories completely control whether or not they perpetuate stereotypes by including information that is inconsistent with a stereotype or not. Balvin and Kashima (2012) write that having media present more stereotype-inconsistent and less stereotype-consistent information will result in a less stereotypic story that will help to successfully transform stereotypes. The point here is that the reproduction of stereotypes in news stories does nothing but strengthen stereotypes among public perception, while stories may be reluctant to include information that counters a given stereotype.

Put simply, Canadian media needs more Indigenous representation. This could come in the form of affirmative actions like the National Football League’s “Rooney Rule”, where companies are required to interview and hire a fixed quota of minorities. In any case, Canadian media companies need to be held responsible for hiring Indigenous peoples to ensure better representation.

Furthermore, while beyond the scope of this article, an analysis of Indigenous-led media sources in comparison to settler depictions might be more revealing of a focus on the role of the Canadian state, ongoing colonialism and oppression, and community-driven solutions. A comparison between these representations would be a fruitful addition to this area of literature.

The media reporting reviewed in this article is guilty of perpetuating and prescribing mental health frameworks based on stereotypes of Indigenous peoples to the benefit of the Canadian state. To move forward in reducing Indigenous suicide in Canada, the state and media need to act as facilitators, rather than arbiters. The enforcement of Western mental health paradigms onto Indigenous peoples in Canada by private media represent a *current* form of colonialism.

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<sup>1</sup>“Past colonialism” and “Ongoing colonialism” are two distinct categories in my coding rubric for the purposes of the study. (e.g., these categories or distinctions are constructs). “Residential schools” would fall under the former since they no longer exist today. That they do not exist today does not mean their impacts are still not alive and persistent in Indigenous peoples.

<sup>2</sup> For this I used the “word frequency” feature in NVIVO.

<sup>3</sup> Coding was performed in NVIVO 11 Pro and then made into this table manually in Google Docs. This was done for all tables in the thesis (Anderson, 2020) that this article is based on.

<sup>4</sup> “‘Why Are So Many of Our Girls Dying?’ Canada Grapples With Violence Against Indigenous Women”. See Appendix.

<sup>5</sup> “‘Just another Indian’: Surviving Canada’s residential schools” See Appendix.

<sup>6</sup> “Meet 5 Indigenous youth who are spreading hope in communities on World Suicide Prevention Day” See Appendix.

<sup>7</sup> “Changing tide in Atlantic Canada’s First Nation communities | Growing-AtlanticCanada” See Appendix.

<sup>8</sup> “Pikangikum First Nation Suicide Crisis Prompts Funding For 20 Mental Health Workers” See Appendix.

<sup>9</sup> “Despite spending millions on prevention, feds don’t keep track of suicide epidemic of Indigenous people” See Appendix.

<sup>10</sup> “Cape Breton’s Eskasoni First Nation in mental health crisis: chief” See Appendix.

<sup>11</sup> “Four More Indigenous Young People Take Own Lives in Northern Ontario, Sparking Calls for Actions” See Appendix

## Appendix. Media sources

Title	Date published	Link
A decade after suicide attempts, Mi'kmaq woman has found clarity. <i>Cape Breton Post</i>	17/1/19	<a href="https://www.capebretonpost.com/news/local/a-decade-after-suicide-attempts-mikmaq-woman-has-found-clarity-276798/">https://www.capebretonpost.com/news/local/a-decade-after-suicide-attempts-mikmaq-woman-has-found-clarity-276798/</a>
Aboriginal group calls for more mental health funding in wake of Eskasoni First Nation suicides. <i>Power 97</i>	23/1/19	<a href="https://power97.com/news/4879142/aboriginal-group-funding-mental-health/">https://power97.com/news/4879142/aboriginal-group-funding-mental-health/</a>
Advocates call for national youth suicide strategy: "Our children will continue to die". <i>Global News</i>	17/9/19	<a href="https://globalnews.ca/news/5914453/child-advocates-youth-suicide-national-strategy/">https://globalnews.ca/news/5914453/child-advocates-youth-suicide-national-strategy/</a>
"An ongoing battle that we're losing": Sask. Indigenous leaders address suicide crisis in province's north. <i>CTV</i>	28/11/19	<a href="https://saskatoon.ctvnews.ca/an-ongoing-battle-that-we-re-losing-sask-indigenous-leaders-address-suicide-crisis-in-province-s-north-1.4706585">https://saskatoon.ctvnews.ca/an-ongoing-battle-that-we-re-losing-sask-indigenous-leaders-address-suicide-crisis-in-province-s-north-1.4706585</a>
As community recovers from plane crash, two Fond du Lac teens commit suicide. <i>The Star Phoenix</i>	15/1/18	<a href="https://thestarphoenix.com/news/local-news/as-community-recovers-from-plane-crash-two-fond-du-lac-teens-commit-suicide">https://thestarphoenix.com/news/local-news/as-community-recovers-from-plane-crash-two-fond-du-lac-teens-commit-suicide</a>
Attawapiskat First Nation declares state of emergency after suicide attempts. <i>The Canadian Press</i>	10/4/16	<a href="https://toronto.ctvnews.ca/attawapiskat-first-nation-declares-state-of-emergency-after-suicide-attempts-1.2853360">https://toronto.ctvnews.ca/attawapiskat-first-nation-declares-state-of-emergency-after-suicide-attempts-1.2853360</a>
Attawapiskat: Suicide isn't a "big mystery" – lessons from successful suicide prevention strategies. <i>Global News</i>	9/4/16	<a href="https://globalnews.ca/news/2646574/attawapiskat-suicide-isnt-a-big-mystery-lessons-from-successful-suicide-prevention-strategies/">https://globalnews.ca/news/2646574/attawapiskat-suicide-isnt-a-big-mystery-lessons-from-successful-suicide-prevention-strategies/</a>
Beyond the headlines: Small-town Attawapiskat hums quietly along amid suicide crisis. <i>Global News</i>	28/4/16	<a href="https://globalnews.ca/news/2668499/beyond-the-headlines-small-town-attawapiskat-hums-quietly-along-amid-suicide-crisis/">https://globalnews.ca/news/2668499/beyond-the-headlines-small-town-attawapiskat-hums-quietly-along-amid-suicide-crisis/</a>
Canada's Indigenous suicide crisis is worse than we thought. <i>National Observer</i>	10/9/19	<a href="https://www.nationalobserver.com/2019/09/10/analysis/canadas-indigenous-suicide-crisis-worse-we-thought">https://www.nationalobserver.com/2019/09/10/analysis/canadas-indigenous-suicide-crisis-worse-we-thought</a>
Cape Breton's Eskasoni First Nation in mental health crisis: Chief. <i>National Post</i>	17/1/19	<a href="https://nationalpost.com/pmnn/news-pmn/canada-news-pmn/cape-bretons-eskasoni-first-nation-in-mental-health-crisis-chief">https://nationalpost.com/pmnn/news-pmn/canada-news-pmn/cape-bretons-eskasoni-first-nation-in-mental-health-crisis-chief</a>

Changing tide in Atlantic Canada's First Nation communities. <i>The Chronicle Herald</i>	4/7/19	<a href="https://www.saltwire.com/nova-scotia/news/changing-tide-in-atlantic-canadas-first-nation-communities-329743/">https://www.saltwire.com/nova-scotia/news/changing-tide-in-atlantic-canadas-first-nation-communities-329743/</a>
"Dark clouds in our community": Sheshatshiu Innu First Nation chief appeals for help amid suicide crisis. <i>CTV News</i>	30/10/19	<a href="https://www.ctvnews.ca/canada/dark-clouds-in-our-community-sheshatshiu-innu-first-nation-chief-appeals-for-help-amid-suicide-crisis-1.4663451">https://www.ctvnews.ca/canada/dark-clouds-in-our-community-sheshatshiu-innu-first-nation-chief-appeals-for-help-amid-suicide-crisis-1.4663451</a>
Deschambault Lake girl commits suicide, marking 4 for the region. <i>HuffPost Canada</i>	19/10/16	<a href="https://www.huffingtonpost.ca/2016/10/19/fourth-suicide-involving-young-girl-rocks-northern-saskatchewan-communities_n_12557976.html?utm_hp_ref=ca-first-nations-suicide">https://www.huffingtonpost.ca/2016/10/19/fourth-suicide-involving-young-girl-rocks-northern-saskatchewan-communities_n_12557976.html?utm_hp_ref=ca-first-nations-suicide</a>
Despite spending millions on prevention, feds don't keep track of suicide epidemic of Indigenous people - APTN News	27/3/18	<a href="https://aptnnews.ca/2018/03/27/despite-spending-millions-on-prevention-feds-dont-keep-track-of-suicide-epidemic-of-indigenous-people/">https://aptnnews.ca/2018/03/27/despite-spending-millions-on-prevention-feds-dont-keep-track-of-suicide-epidemic-of-indigenous-people/</a>
Dwayne Moonias suicide: Death of Neskantaga Chief's son renews calls for action. <i>HuffPost Canada</i>	8/1/14	<a href="https://www.huffingtonpost.ca/2014/01/08/suicide-of-neskantaga-chi_n_4562605.html?utm_hp_ref=ca-first-nations-suicide">https://www.huffingtonpost.ca/2014/01/08/suicide-of-neskantaga-chi_n_4562605.html?utm_hp_ref=ca-first-nations-suicide</a>
Eskasoni chief says deaths underline desperate need for mental health funding. <i>Cape Breton Post</i>	17/1/19	<a href="https://www.capebretonpost.com/news/local/eskasoni-chief-says-deaths-underline-desperate-need-for-mental-health-funding-276806/">https://www.capebretonpost.com/news/local/eskasoni-chief-says-deaths-underline-desperate-need-for-mental-health-funding-276806/</a>
Eskasoni grappling with grief after rash of deaths. <i>CBC News</i>	17/1/19	<a href="https://www.cbc.ca/news/canada/nova-scotia/eskasoni-first-nation-cape-breton-deaths-mikmaw-1.4981590">https://www.cbc.ca/news/canada/nova-scotia/eskasoni-first-nation-cape-breton-deaths-mikmaw-1.4981590</a>
Eskasoni struggling with suicides. <i>Cape Breton Post</i>	18/2/10	<a href="https://www.capebretonpost.com/lifestyles/eskasoni-struggling-with-suicides-18747/">https://www.capebretonpost.com/lifestyles/eskasoni-struggling-with-suicides-18747/</a>
Family calls for inquest into suicide of Indigenous teen in government care. <i>CBC News</i>	9/12/19	<a href="https://www.cbc.ca/news/canada/hamilton/devon-freeman-1.5389028">https://www.cbc.ca/news/canada/hamilton/devon-freeman-1.5389028</a>
First Nation teen wasn't first to die by suicide involving Hamilton treatment centre. <i>APTN News</i>	6/1/20	<a href="https://aptnnews.ca/2020/01/06/first-nation-teen-wasnt-first-to-die-by-suicide-involving-hamilton-treatment-centre/">https://aptnnews.ca/2020/01/06/first-nation-teen-wasnt-first-to-die-by-suicide-involving-hamilton-treatment-centre/</a>
First Nations community in Cape Breton grieving after multiple deaths. <i>Global News</i>	16/1/19	<a href="https://globalnews.ca/news/4852820/multiple-deaths-eskasoni/">https://globalnews.ca/news/4852820/multiple-deaths-eskasoni/</a>
First Nations declare health emergency over medical	4/2/16	<a href="https://www.huffingtonpost.ca/2016/02/24/we-are-in-a-state-of-shock-first-nations-declare-health-">https://www.huffingtonpost.ca/2016/02/24/we-are-in-a-state-of-shock-first-nations-declare-health-</a>

supply shortage, suicide epidemic. <i>HuffPost Canada</i>		<a href="https://www.huffpost.ca/2019/08/22/emergency_n_9307962.html?utm_hp_ref=ca-first-nations-suicide">emergency_n_9307962.html?utm_hp_ref=ca-first-nations-suicide</a>
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