



## Pathologizing Indigenous Suicide: Examining the Inquest into the Deaths of C.J. and C.B. at the Manitoba Youth Centre

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**ABSTRACT** *This paper examines the inquest into the deaths by suicide of two Manitoba Indigenous female youth while imprisoned in the Manitoba Youth Centre in Winnipeg, Canada. The purpose of this paper is to analyze the inquest as a discursive space that relies primarily on expert knowledge from law and psychiatry. It studies the inquest's recommendations for preventing future deaths under similar circumstances. Utilizing Heidi Rimke's conceptualization of psychocentrism, this analysis examines how suicide discourse in this inquest reduces various manifestations of violence to racial defects and places responsibility on the deceased girls for their inability to have coped with the tortuous conditions of imprisonment. I argue that contemporary understandings of Indigenous suicide in custody systematically erase histories of colonial violence and erroneously reduce suicide to an issue of individual pathology that can be identified and treated through medicalization, psychiatrization and criminalization.*

**KEYWORDS:** psychocentrism; racism; incarceration; youth justice; suicide; anti-colonialism; inequality

What was my crime, why 5 years in prison?  
Less than \$2,000 of welfare fraud  
What was my crime?  
Being a survivor of molestation and rape  
What was my crime?  
Being addicted to alcohol and drugs  
What was my crime?  
Being a survivor of domestic violence  
What was my crime?  
Being an American Indian woman.

Stormy Ogden (Yokutus and Pomo) (2005)

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In 2010, two Indigenous adolescent girls, C.J. and C.B., died by hanging within six months of one another at the Manitoba Youth Centre (MYC), a provincial jail for youth charged or sentenced under the *Youth Criminal Justice Act*. Similarities between the two deaths, which happened only a short time apart, contributed to the decision to hold a joint inquest.<sup>1</sup> The inquest provided recommendations to MYC for preventing future deaths under similar circumstances. The purpose of this paper is to critically analyze the inquest as a discursive space that relies on expert knowledge from law and the psy sciences (including psychology, psychiatry, social work and other “helping” disciplines), focusing on the recommendations made in the inquest report. There are three major arguments within the analysis: (a) the inquest is a legal tool used to legitimize settler-colonialism and racism; (b) owing to the narrow psychocentric scope of the inquest, the official discourses fail to address social structural effects of colonialism; and (c) the inquest recommendations serve to reinforce stigma, myths, and stereotypes of Indigenous bodies through the deterministic and fatalistic psychocentric language of “mental illness.”

Using a critical sociological analysis, I argue that the recommendations in the inquest rely on the notion that Indigenous suicide is a result of individual pathology, and that it can be prevented through strengthening both surveillance and the medical model employed within MYC. By drawing exclusively upon the psy sciences, the recommendations perpetuate the myth that the state is benevolent and has a vested interest in the preservation of Indigenous life. Utilizing Heidi Rimke’s conceptualization of psychocentrism (2010a, 2010b), the analysis challenges the hegemonic discourses of mental illness that are mobilized within the inquest’s recommendations.

Psychocentrism diagnoses social problems and human struggles as innate pathologies of the “individual,” who is held responsible for health and illness and for success and failure in the world (Rimke & Brock, 2012, p. 183). The psy sciences are deployed to govern behavior and thinking that are viewed in neoliberal societies as dangerous or risky. Rimke (2011, p. 88) states that the rise of psychocentrism in Western societies can be regarded as the compulsory ontology of pathology: “culturally, we are expected to view human existence through the lens of the psycomplex rather than alternative frameworks for understanding and acting.” Psychocentrism “thrives upon a human deficit model while simultaneously obscuring societal deficits and social relations of power that frame, underlie and create human struggles, difficulties and resistance at the root of so-called individual pathology” (Rimke, 2010b, p. 97). This paper will examine how psychocentrism limits

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<sup>1</sup> On October 2, 2013, a 16 year old Indigenous girl died in hospital after attempting suicide by hanging four days earlier at the Brandon Correctional Centre in Manitoba. She had a history of suicide attempts and was a ward of Child and Family Services. On August 22, 2014 the provincial chief medical examiner Dr. Thambirajah Balachandra called a joint inquest into her death along with two other adult men who hanged themselves while imprisoned in Manitoba (Winnipeg Free Press, 2014).

the inquest recommendations by strategically constructing Indigeneity as a suicide risk, ignoring the social realities of the victims of suicide, and presenting suicide as a mental health risk and the result of an individual's failure to transcend their illness and circumstances, rather than as a rational response to the conditions of imprisonment. Further, psychocentrism within the inquest recommendations reproduces settler-colonial relations between the criminal justice and health care systems on the one hand and Indigenous persons on the other, resulting in recommendations that fail to acknowledge the social, historical and political context of Indigenous suicide in custody.

### **The Sociology of Suicide and Suicidology**

Suicide refers to intentionally taking one's own life in a manner that is voluntary and self-inflicted (Brown, 2001; Jaworski, 2014; Marsh, 2010). Ian Marsh (2010) provides an in-depth genealogy of suicide that unravels the historical construction of suicide as a moral act based in theology, through its framing as a criminal act, to more contemporary conceptualizations of suicide as mental illness, as evident in the theories of psychopathology and discourses of mental illness (Marsh, 2010, p. 27). The *Diagnostic and Statistical Manual of Mental Disorders - IV* (DSM) plays a significant role in the psy sciences' interpretation of suicide (Jaworski, 2014). Within the DSM, suicide itself is not a category of mental illness; instead, it is regarded as the most serious symptom of depression (Jaworski, 2014).

The study of suicide has a long history within the discipline of sociology. One of the first works to examine the social factors of suicide was Émile Durkheim's seminal methodological and theoretical text *Le Suicide*, first published in 1897 (Marsh, 2010, p. 182). Durkheim challenged previous medicalized understandings of suicide and argued that suicide is the result of complex social factors (Marsh, 2010). Since Durkheim (1979), sociologists have continued to identify social factors and their relationship to suicide without ever seriously challenging the dominance of psychiatric practice in relation to suicide and to the regulation of suicidal persons (Marsh, 2010, p. 184).

Suicidology has also emerged as its own discipline. Mainstream suicidology draws primarily upon psychiatry and psychology and examines suicide in pathological terms (Marsh, 2015). As a discipline, mainstream suicidology is guided by the assumption that people who die by suicide are mentally ill, and this assumption drives research, policy and practice (Marsh, 2010, 2015). Critical suicidology has also emerged as a direct critique challenging the dominant authority of the psy sciences to explain suicide. To better understand suicide as a social phenomenon, critical suicidologists examine social structures within a social justice framework drawing upon numerous forms of knowledge including experiential knowledge from survivors of suicide attempts (Jaworski, 2014; Marsh, 2010, 2015).

The elevated rates of suicide and self-harm within Indigenous communities have resulted in a significant investment by provincial and federal governments into studies and reports examining the social causes of suicide (Chrisjohn & McKay, forthcoming; Murdocca, 2013). These studies have examined the impact of numerous social factors, such as housing conditions, lack of services on reserves, un- or underemployment, and lack of education, on Indigenous people's likelihood of suicide. While acknowledging social factors of suicide, the findings of these studies "often obscure connections between histories of colonial governance in Indigenous communities and everyday violence" (Murdocca, 2013, p. 98). Thus, even efforts to understand high rates of Indigenous suicides in light of social factors fall short of telling a complete, historically informed story.

### **The Lives and Deaths of C.J. and C.B: Inquest Recommendations**

An inquest is mandatory under Section 19 (3) of the Manitoba *Fatality Inquiries Act* (2013), when there are reasons to believe:

That a person while a resident in a correctional institution, jail or prison or while an involuntary resident in a psychiatric facility as defined in *The Mental Health Act*, or while a resident in a developmental centre as defined in *The Vulnerable Persons Living with a Mental Disability Act*, died as a result of a violent act, undue means or negligence or in an unexpected or unexplained manner or sudden of unknown cause; Or, that a person died as a result of an act or omission of a peace officer in the course of duty.

A provincial judge directs the inquest, and legal counsel represents the witnesses. Inquests use legal procedures to uncover factors leading to the death of the individual through expert opinions from medical professionals and testimony from those who witnessed the death. Once the judge hears testimony from all parties involved in the inquest, the judge is responsible for writing a report on the hearing to present to the facts of the case, namely, where and by what means the deceased person(s) died, the cause of death, the name of the deceased person if known, and the material circumstances of the death (*Fatality Inquiries Act*, 2013). The judge may recommend changes to specific correctional programs or governmental policies that are found to have contributed to in-custody suicide. The judge also has the judicial power to recommend changes to the relevant public agencies or institutions, or to provincial laws and policies. If the judge thinks that such changes would reduce the likelihood of future deaths in similar circumstances to those that resulted in the death in the inquest, then those changes must be made (*Fatality Inquiries Act*, 2013, s.33 (1)).

C.J. was 15 years old at the time of her death. She came from a Northern Manitoba Cree community, God's Lake Narrows, a remote community approximately 1,000 km away from Winnipeg, accessible only by boat or

plane. The inquest report does not disclose why C.J. was incarcerated at MYC. The report contains brief notes about some of the circumstances and context prior to her coming into custody, such as the high number of deaths of family members within a short period of time, including the accidental drowning of her sister, for which C.J. felt responsible. Despite the obvious impact of pain owing to grief and mourning, the inquest recommendations minimize structural and social factors affecting C.J.'s emotional state. The deaths of C.J.'s family members, coupled with her incarceration and isolation in Winnipeg, far from her community, are not seen as contributing to the circumstances leading to her death. Rather, the inquest recommendations focus on C.J.'s history of self-harm and suicidal ideation, as though her pain was purely self-induced. This view of self-harm and suicidal ideation both draws from and perpetuates psychocentric ideology, because it reduces self-harm and suicidal ideation to a symptom of mental illness, a result of a neurochemical imbalance, and an individual's inability to deal with stress and pain.

Prior to her death, staff identified C.J. as having suicidal thoughts, and in response, they removed everything from her cell that might be used to attempt suicide, effectively punishing her for voicing suffering. To make matters dramatically worse, C.J. was searched and placed in shackles in response to her suicidal ideation. MYC staff employed a punitive approach, removing C.J.'s agency and dignity in order to ensure that she was physically incapable of suicide. The inquest states, "as her behaviour improved due to staff intervention the shackles were removed and improvements were seen" (Guy, 2012, p. 8). Shortly after, C.J. was found hanging in her cell from the door hinge by a piece of cloth that she had obtained from a pillowcase. C.J. was transported to a local hospital and three days later she was removed from life support and pronounced dead (Guy, 2012).

At the time of her death, C.B. was 17 years old. C.B., who came from the Anishinaabe community of Little Grand Rapid, had been charged with the second-degree murder of her sister's partner. It was reported at the inquest that C.B. had been feeling very guilty about this charge. She was medicated for panic attacks and post-traumatic stress disorder (Guy, 2012, p. 13). Jail staff deemed her a "medium-suicide risk," warranting 10-minute checks by correctional staff. C.B. was found hanging in her cell from a band she obtained from a pillowcase and was transported to the Children's Hospital. She was later declared brain dead and taken off life-support.

The inquest reports that C.B. was punished by the jail staff: she was given a "time-out" for her behavior and searched prior to her hanging (Guy, 2012, p. 13). The inquest report states that shortly before C.B. was found hanging, she had asked MYC staff to be placed in the "observation unit," but her request was denied. C.B.'s own assessment of her needs was not sufficient to get her help that she deemed necessary, even though such help was within MYC's ability to provide.

The inquest recommendations focus primarily on institutional remedies, such as increasing mental health services, developing treatment plans, and increasing surveillance of youth imprisoned at the MYC. Foremost among his recommendations, Judge Guy states that the current suicide risk assessment tool must be replaced with a new assessment tool that has been empirically tested to detect suicidality amongst imprisoned youth. The report also recommends that MYC hire more qualified health professionals to develop treatment plans for youth in custody, particularly for those who are at risk of suicide or who present with a “mental illness” (Guy, 2012). Only one recommendation acknowledges the Indigeneity of the young women: Judge Guy advises MYC to “exercise its best efforts to hire a Kookum [Anishinaabe word for grandmother] as an additional resource for the female Aboriginal population” (Guy, 2012, p. 28).

A majority of the inquest recommendations seek to increase surveillance, specifically through psy-based practices such as mandatory mental health risk assessments and increasing the number of cells equipped with video cameras as a means of preventing suicide. These recommendations demonstrate the hegemony of the conception of suicide as mental illness, furthering the notion that suicide results from a lack of medical intervention, assessment, and technologies to identify and monitor “at risk” youth. The fact that young Indigenous people in custody are forced to live in cages, hundreds of miles from their homes and communities, is disregarded entirely. Rather, the report refers to the young women’s failure to make use of the resources for them, as well as to the need for better surveillance and identification of at-risk youth. In reference to C.J., Judge Guy (2012, p. 27) states:

C.J. was not a young person who died because no one was aware of her desperate situation. She was receiving a great deal of attention and resources available to the Manitoba Youth Centre. Staff was vigilant, caring and constantly trying to support C.J.

As a whole, the inquest’s recommendations reinforce the psychocentric conclusion that C.J.’s and C.B.’s deaths were the result of their own individual deficiencies, not of social structural failures.

### **Strategically Constructing Indigeneity as Suicide Risk**

While the inquest’s recommendations depend heavily on an individualistic and psychocentric conception of suicide, they also demonstrate the constitution of transgressive subjects via the construct of the defective Indigenous body (Chrisjohn & McKay, forthcoming; Razack, 2015; Rimke, 2003). Such constructions of the defective Indigenous body are not an uncommon occurrence in inquests and inquiries into the deaths and suicides of Indigenous people (Murdocca, 2013; Razack, 2015). Inquiries and inquests

often frame the deceased Indigenous person in question as someone who was incapable of coping with modern life, and thus as a victim of their own pathologies, such as addiction, homelessness or mental illness. Sherene Razack (2015) argues that even the most progressive inquiries and inquests often fail to account for the historical and contemporary manifestations of violence inflicted by state actors on Indigenous bodies. This serves to legitimize the colonial view that Indigenous people are inferior, inept at adapting to civilized, modern life, and always seen as a dying or disappearing race (Razack, 2015).

The objective of a legal inquest is not to hold individuals or institutions accountable, nor is it to situate the actors and institutions involved within their larger social, economic, historical and political contexts. Rather, the inquest seeks to make recommendations for the prevention of future deaths under similar institutional circumstances. The stated intention of the inquest is the preservation of life regardless of the conditions imposed to enforce living. Inquest recommendations legitimize the regulation of Indigenous subjects through the psychocentric language of health, illness, trauma and treatment. Alternatively, suicide could be seen as a rational response to colonial violence. Sherene Razack (2015, p. 9) states:

In their staging of Indigenous pathology and dysfunction, inquests and inquiries also install white settler superiority through the expert evidence of men and women of science. If these experts establish that Indigenous people are hard to care for, or beyond care, they also confirm that settler society tries hard to save the dying race. A settler society defines itself as benevolent, a quality that inquests and inquiries seek to showcase.

Settler-colonial inquests and inquiries affirm the mentality that at every opportunity state actors attempt to assist Indigenous people to adjust to modern society. The deaths of Indigenous people, then, demonstrate their peculiar and particular inability to cope with modern life (Razack, 2015, p. 53).

The inquest recommendations provided by Judge Guy similarly construct C.J. and C.B. as incapable of recognizing the help they were being offered. Within the recommendations, MYC is presented as a site of modernity, a space of best practice governed by medicine and social services that could save Indigenous youth from the pre-modern practices on reserve. Throughout the inquest the MYC staff are praised for their dedicated service to these young women. The judge states that, in fact, the suicides are “doubly tragic because of the efforts of juvenile counselors, mental health workers and psychiatric staff” on site (Guy, 2012, p. 10). Throughout the inquest, C.J. and C.B. are portrayed as disobedient and difficult to care for. Judge Guy claims that jail staff, mental health professionals and the psychiatrist were “*fervently and constantly dealing* with C.J. to assist with her mental health” (Guy, 2012, p. 7, emphasis added). Judge Guy (2012, p. 8) uses the analogy of a “roller coaster of tension depending on the mental state of C.J.,” and further, states

that the staff were required to attend to C.J. “with a [metaphorical] fire extinguisher trying to determine whether the behavior warranted the usage of the fire extinguisher or not.” Judge Guy’s analogies, portraying C.J.’s incarceration as a “roller coaster” (for MYC staff), and MYC’s staff’s intervention as a “fire extinguisher” (and C.J., by extension, as an unpredictable blaze), construct the youth as existing solely within the Broken Indian Model proposed by Chrisjohn and McKay (forthcoming). They present the Indigenous psyche as something in need of repair, and settler-colonial society as both the standard of normalcy and health, and the exemplar of how these young women should learn to behave, despite the challenges posed by their backgrounds. For example, the epigraph to the inquest recommendations is a quote from a psychiatric nurse at the MYC:

They’ve come from such trauma and abuse and I mean, there’s a reason that they get there. They’re not just rotten little kids that end up at MYC one day. It’s like, you know, they don’t, they don’t see the light at the end of the tunnel. *They don’t see that if they work harder, that, you know they might enjoy the fruits of their labour.* They just see, like, it doesn’t matter which way I turn, I’m screwed kind of thing. So it’s, you know, they learn to sort of, *you know, kids learn with what they’re given growing up.* So it’s kind of a sad state, really. (Guy, 2012, p. 1, emphasis added).

This quote, which was used by Judge Guy, highlights the presence of the Broken Indian model in the inquest recommendations. The psychiatric nurse’s words tell us that children in the care of MYC simply need to try harder because of *their broken backgrounds*, offloading all responsibility onto the youth imprisoned at MYC.

This official judicial narrative applauds the carceral staff for their impressive care, while blaming the female youth for not working harder to overcome their traumatic life experiences – life experiences that stem directly from the young women’s Indigeneity. Suicide, in this context, is diagnosed as a result of the pathologized individual’s inability to improve the self. The psychocentricity of this narrative also implies that medical and security interventions are the only way to understand suicide. There is no discussion of suicide as a form of resistance, or as a rational response to inhumane conditions of youth imprisonment. Furthermore, psychocentrism perpetuates the assumption that cycles of abuse are a natural dimension of Indigenous communities. The inquest report demonstrates the victim-blaming nature of psychocentric discourse. The inquest recommendations blame individuals for not assimilating into modernity. Growing up in such a “sad state,” (as Indigenous communities are often described by White-settler society), Indigenous people are often labeled as beyond help within settler-colonial inquests and inquiries (Razack, 2015).

### **Suicide as a Mental Health Risk**

Risk is a fundamental priority for decision-making within the Canadian criminal justice system (Hannah-Moffat, 2005). It is assumed that individual risk can be objectively identified and managed through surveillance and treatment (Hannah-Moffat, 2005). It is thus no surprise that the inquest recommendations identify risk-based decision-making as a good practice for all psy experts, from social workers to psychiatric staff, and call for corrections actors to employ appropriate assessment tools to adequately assess at-risk youth. The failure to do so can be interpreted as professionally negligent. According to Hannah-Moffat (2005), the use of actuarial risk assessment tools within the justice system is viewed as “common sense,” and is essential for defining professional standards and evaluating the degree to which clinical settings meet them.

According to critical sociologists and criminologists, the actuarial construction of risk is highly problematic. The dominant understanding of risk is based on assumptions and subjectivities that present themselves as objective tools of risk management (Beck, 1992; Ericson & Haggerty, 1997; Rimke, 2010b). Risk discourses are future oriented, and are based upon probabilities, not actualities. As important tools of neoliberal governmentality, risk rationalities and technologies are employed to counteract or diminish the risks embedded within imagined futures in the present (Ericson & Haggerty, 1997). Critical scholars thus question the neoliberal claims to objectivity, and demonstrate that risk assessment and management are value-laden social constructions (Rigakos & Law, 2009).

Risk assessment approaches to suicide frame suicide as an object of scientific inquiry (Marsh, 2010, 2015). Medical-scientific studies have been productive in generating theories of suicide, but this theoretical landscape also restricts what “can be authoritatively said and done in relation to suicide” (Marsh, 2015, p. 26). The field of scientific-medical studies of suicide is “enmeshed in practices of categorizing, measuring, and counting,” which are poorly suited to understanding and engaging with the complexities and contexts in which suicides occur (Marsh, 2015, p. 26).

Ian Marsh (2010) challenges dominant psy discourses that take the view that suicide is a medical symptom of an individual pathology. Marsh (2010) argues that within the biopolitical economy of power, suicide represents a serious challenge to human scientific techniques and strategies that aim to ensure life. In contemporary society, the culture of therapy normalizes psy knowledge as the only rational approach to regulating those at risk of suicide (Rimke & Brock, 2012, p. 183). The hegemony of the psy discourses provides no space for alternative understandings or explanations of suicide, and the risk of its occurrence can be responded to only within a narrow medicalized understanding (Marsh, 2010). This psychocentric understanding of suicide is apolitical and ahistorical. It diminishes the social, historical, political and economic circumstances that may contribute to the decision to

end one's life. The medicalization and psychiatrization of suicide includes actuarial tools to identify the risk of and prevent suicide. However, the positivist measurement of suicide risk has a number of methodological flaws, such as value-laden assumptions within the research design designating suicide solely as a symptom of mental illness. Marsh (2015) argues that the identification of those at risk of suicide remains highly problematic owing to the absence of observable clinical signs or objective tests to identify individuals at risk of suicide. Despite these serious epistemological problems, psy discourses continue to claim that suicide is caused by mental illness while failing to examine social and political inequalities and oppression.

As demonstrated by the inquest into the deaths of C.J. and C.B., prevention strategies, especially within the carceral context, are limited to surveillance technologies (camera cells, documentation, risk-assessment tools), the physical space (ensuring that it is nearly impossible to die by suicide), and mental health intervention (in the form of medication and talk therapy). The observation and classification process informs what is referred to as a *treatment plan*. The treatment plan is often multifaceted, but typically it relies heavily upon surveillance (both physical and through documentation), and psychopharmaceutical techniques such as prescribing anti-depressants and anti-psychotic medication. Within the carceral system, medicalization is often the only form of "treatment" offered to prisoners identified as mentally ill or at risk of suicide (Canadian Association of Elizabeth Fry Societies, 2013; Pollack, 2006). Carceral surveillance through a psychocentric lens includes an increase in examinations, assessments and documentation (i.e., written reports and video), which aid the psychiatrist (the highest ranking expert in the confines of the jail) in promoting normalizing judgments to determine who is, or is not, at risk of suicide.

In the correctional setting, extensive documentation by jail staff creates a panoptic environment. The jail staff act as gatekeepers between the subjects (incarcerated individuals) and the "experts" (psychiatrists and judges) whose decisions affect them the most. The observations of corrections staff play heavily into decisions made by these authority figures. The expert actions of the MYC staff result in technologies and processes that qualify, classify and punish (Foucault, 1978). The psychiatrist is often regarded as the highest authority at the inquest; however, as Foucault (2008) points out, experts of various sorts exercise power in social institutions and systems. Thus, it was not the psychiatrist, but rather MYC staff, who made the decision to put C.J. into shackles because she presented as at risk of suicide; once she was deemed at lesser risk of suicide, MYC staff removed the shackles (Guy, 2012, pp. 8-9). Frontline jail staff bear the greatest responsibility for monitoring and documenting the conduct of youth. This responsibility affords frontline staff the authority to decide what is and is not recorded as truth. The observations that frontline jail staff make and document furnish the grounds upon which psy experts make judgments about the youth. The culture of therapy in Western society anoints psy experts as the ultimate experts on

suicide. Psychiatrists extend their medical gaze to suicidal subjects and thus objectify suicide as an individual pathology that can be identified and treated; however, these “expert” assessments are limited and compromised by biases in the documentation and information they receive.

Joel Paris argues that there is little evidence that psychiatrists actually know how to predict or prevent suicide (2008, p. 109). One of the great challenges of preventing suicide is that suicidal thoughts are so common that a direct causal link between thought and action cannot be made. Paris (2008) reports that only three percent of people with suicidal thoughts (or ideations, in strict psy terminology) eventually die by suicide. There is no way to distinguish them from the 97% of people experiencing suicidal ideation who continue living. Once a person identified as being at risk of suicide comes into contact with mental-health institutions, either in a care situation or in a corrections environment, they become the object of the medical gaze. People at risk of suicide are often subjected to psychiatric care in the form of psychopharmaceutical medication or physical restraints (such as shackles or placement in a camera cell intended for prisoners at risk of suicide) in attempts to eliminate the possibility of suicide. When a prisoner is identified as at risk of suicide, corrections staff implement security measures. Physical restraints, increased surveillance and psychopharmaceuticals are employed as ways to regulate the prisoner’s well-being; however, the prisoner continues to experience loss of freedom, community, and agency.

In the neoliberal social and political climate, regarding suicide as an individual pathology justifies and legitimizes examination, documentation and surveillance by medical and legal experts. The inquest recommendations reiterate that the risk of suicide can be detected and prevented through documentation, surveillance and physical restrictions. Thus, according to the view that informs the inquest recommendations, suicide at MYC occurs due to a lack of policy and procedure – there is no acknowledgement of the effect of imprisonment itself on adolescent girls. It is clear that the goal of the recommendations is to prevent suicide when individuals are in custody of the state, even as these individuals are coerced to continue living in inhumane conditions. Far from treating these lives as inherently valuable, the state acts to maintain life in order to ensure that these psychiatrized (and “misbehaving”) bodies continue to live, and thus experience punishment and pain. The panoptic practices of state agents are deployed to strengthen the disciplinary apparatus that blames, rather than helps, pathologized subjects. Although prisoners can attempt to reject forced medication, there is little room for discussion and negotiation of the physical design of carceral regimes. The changes recommended by the inquest ultimately strengthen the psy complex by ensuring that all inmates’ movements and actions are monitored and recorded to determine individual rather than social bases of suicide. Recommendations include strengthening the assessment tools used to detect suicide risk, particularly amongst adolescent girls, increased use of camera cells to further surveillance and detect suicide attempts, and further

documentation of the daily activities of each youth for review by medical experts.

## **Conclusion**

In the inquest's recommendations, suicide is regarded solely as a symptom of individual illness. Utilizing Rimke's (2010a, 2010b) conceptualization of psychocentrism as an analytical framework to examine the inquest recommendations demonstrates that the settler-colonial inquest further legitimizes suicide as individual pathology. The inquest recommendations fail to account for the historical and material inequalities experienced by Indigenous people across Canada as a result of settler-colonialism. The analysis illustrates how psychocentrism blames the individual, deploys double standards, and ignores the social bases of suicide, thus contributing to the reproduction of what Chrisjohn and McKay (forthcoming) have termed the Broken Indian Model. The psychocentric view of suicide fails to see the historical and social conditions that contribute to youth suicide, particularly among young, Indigenous females (Guy, 2012).

The inquest recommendations reduce the human experience of imprisonment and death to individual defects, psychiatrized as anxiety or depression by expert witnesses and jail staff alike. The psychocentricity inherent in these recommendations reduces young prisoners to psychiatric categories and labels. Suicide is thus seen as a symptom of depression rather than as an act of resistance to intolerably oppressive conditions. Claims that "natural bodily make up" (genetics, personality, hormones, neurochemistry) determine human conduct erase the effects of colonialism by ignoring the ways in which human experience is historical and social (Rimke, 2010b, p. 97). This psychocentric narrative presented in the inquest recommendations reinforces settler-colonialism by reproducing the notion of an inherent essence to racial inferiority that predisposes Indigenous people to die by suicide (Chrisjohn & McKay, forthcoming).

The narrow scope of the inquest as required by the legal framework in which it is undertaken is ahistorical and ethnocentric, and strategically disregards the history of settler-colonialism and its ongoing manifestations. The inquest recommendations failed to acknowledge that systemic oppression has affected the communities the young women come from. The inquest as a tool of inquiry does not seek to disrupt colonialism and Eurocentric institutions, nor does it interrogate the mechanisms of psychiatric intervention. Rather the inquest is a method of colonial governance resulting in the further extension of state regulation of Indigenous bodies. As Razack notes "in a more sinister way, we also learn that when death comes to Indigenous people, no one is to blame and thus no one can be called into account" (2015, p. 9), except for themselves.

The inquest can be understood at best as a legal tool for fact finding. It does not hold institutions or individuals accountable. As Razack (2015) has argued, even the most progressive inquests into the deaths of Indigenous men in custody regard the state and social service organizations as providing the best possible care. Systemic oppressions and state violence are disregarded as faultless, and the responsibility falls upon the individual subject who is viewed as the source of personal failure. The carceral institution is always presented as helpful and therapeutic, providing *opportunities* to the imprisoned. The case study into the deaths of C.J. and C.B. demonstrates that the colonial state will not provide meaningful insight or accountability for Indigenous prisoners who die while in state custody. The preservation of Indigenous life within the carceral context is a myth when seen in the context of the brutal conditions of detention, security, surveillance and psychiatric restraints. Suicide in the context of carceral settings could also be regarded as an act of protest to an oppressive and unjust social system.

Inquests and inquest recommendations legitimize the settler-colonial state by reproducing and reinforcing White supremacy, particularly over suicidal and imprisoned Indigenous bodies. As long as Indigenous people continue to be over-represented in the prison population and the correspondingly high rates of Indigenous suicide continue, the dominance of the settler-colonial state will continue and inquest recommendations will be limited. There is a vested interest in maintaining the Broken Indian Model as discussed by Chrisjohn and McKay (forthcoming), or that of the disappearing Indians (Razack, 2015). Such an outlook legitimizes settler-colonialism and furthers the regulatory apparatus by individualizing discourses of risk, security and discipline through a psychocentric approach to examining Indigenous deaths by suicide while in custody.

An inquest to examine the deaths of C.J. and C.B. from a social justice perspective would have investigated suicide beyond the narrow scope of mental health and illness, and included an analysis of the effects of colonialism, criminalization and imprisonment on the young Indigenous women who were residing on reserve prior to their imprisonment. Future discussions surrounding Indigenous suicide, criminalization and imprisonment must include a social justice analysis by including community leaders and organizations, activists, suicide survivors, former prisoners and Indigenous elders to incorporate the role of ongoing colonial projects into the understanding of and recommendations to address Indigenous suicide.

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violently strip-searched, removed from their cells, and placed in segregation with nothing but a smock to wear and a mat to sleep on because they were deemed at risk of suicide by correctional staff. I dedicate this paper to all the criminalized women and girls struggling to survive while imprisoned and to those who died by suicide in lock-up.

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