Men's suicides in Greenland

Beyond Epidemiology: Interpreting and Addressing Suicide in Greenland

Minik Bidstrup - Blossom 8

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Supervisor: Astrid Oberborbeck Andersen

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Abstract

This thesis investigates the persistently high suicide rates among men in Greenland, with a particular focus on young men in remote settlements who are disproportionately affected. Drawing on both quantitative register data and qualitative discourse analysis, the study links statistical patterns with a critical examination of suicide prevention strategies, especially the national Qamani strategy. While mental illness, substance abuse, and socioeconomic disadvantage are often cited as explanatory factors, this thesis argues that such accounts remain insufficient without consideration of colonial history, cultural disruption, and shifting gender roles.

The analysis is framed by decolonial theory, Critical Suicidology, and research on Arctic masculinities, allowing suicide to be understood not merely as individual pathology but as a phenomenon rooted in structural inequalities, cultural dislocation, and gendered vulnerabilities. Methodologically, the study employs a mixed approach: statistical mapping of men's living conditions and suicide patterns is combined with Fairclough's critical discourse analysis of policy documents. The World Health Organization's public health framework is used as a comparative tool to evaluate the scope and limitations of Greenland's current strategies.

Findings show that existing policies tend to privilege medical-psychological rationales while underemphasizing structural and cultural dimensions, thereby limiting the long-term effectiveness of prevention. The thesis highlights significant knowledge gaps, particularly concerning protective factors, gender-specific vulnerabilities, and mechanisms for dynamic monitoring. It proposes a participatory prevention model that integrates statistical indicators with community-defined measures of resilience, thereby combining WHO's systematic approach with decolonial commitments to epistemic justice and indigenous sovereignty.

By situating suicide among men in Greenland within broader social, historical, and cultural contexts, this thesis contributes to a more nuanced and comprehensive understanding of the crisis and offers pathways for developing more effective, culturally grounded, and gender-sensitive prevention strategies.

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To my beloved wife Najannguaq. Your words, "We are here to learn," have been like a quiet rhythm in the background throughout this journey. They have given me peace when it all got too much, and they have given me the strength to continue. Thank you for your love, your patience and for always standing by my side.

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I would also like to remember the family members, friends and acquaintances we have lost to suicide. You are still with me.

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INTRODUCTION

Statistics and reports form an unavoidable foundation for understanding and monitoring the devastating development of suicide among men in Greenland. These numbers are not just abstract figures – they are indicators of a profound social crisis and the silent screams of communities where entire generations are at risk. Suicide rates by gender, age, and region expose disturbing disparities: young men in remote settlements face suicide rates several times higher than their peers in urban centers like Nuuk (Greenland Statistics 2022). Each data point reflects a story of loss, and together they reveal a national tragedy of alarming proportions.

The underlying causes are complex and interconnected. Mental illness, alcohol and cannabis abuse, unemployment, and early school leaving are among the most cited factors. Yet these explanations cannot be viewed in isolation. In many settlements, access to professional help is nearly non-existent. Acute crises are often left in the hands of untrained personnel, meaning that when young men in deep despair reach out for help, they are too often met with silence or insufficient support (Sermitsiaq 2021). The Greenlandic Health Commission has warned that the lack of psychologists and psychiatric services is so severe that lives are being lost simply because help arrives too late or never comes at all (Naalakkersuisut 2020).

When statistical data is combined with qualitative insights from reports, evaluations of initiatives, and public debate, a broader picture emerges: one of young men trapped between personal suffering and structural neglect. A documentary by the Danish Broadcasting Corporation revealed how many Greenlandic youths describe themselves as culturally rootless, caught between modern influences and the painful erosion of language and traditions (DR 2020). Such cultural displacement deepens despair and isolates individuals from potential sources of resilience.

A critical approach to suicide prevention policies is therefore necessary to reveal the rationales that dominate current efforts. The medical-psychological rationale, focusing on individual treatment and therapy, often overshadows deeper societal and cultural dimensions. This creates a narrow lens, where suicide is seen primarily as a matter of mental illness rather than as the symptom of broader structural challenges. Other perspectives highlight culture and identity, pointing to the colonial legacy, linguistic marginalization,

and loss of traditions as key explanations. In this view, solutions emphasize cultural revitalization and the strengthening of communities. The national public health program *Inuuneritta II* reflects this approach by aiming to reinforce cultural identity and communal resilience among young people (Naalakkersuisut 2018).

A third explanatory framework is socio-economic, stressing the role of unemployment, lack of educational opportunities, and poor housing conditions. The World Health Organization has underlined that social inequality is one of the most powerful risk factors for suicide worldwide (WHO 2014). In the Greenlandic context, this is evident in towns like Tasiilaq, where journalists have documented how young men see no future – no jobs, no education, no way forward – and consequently lose the will to live (Politiken 2019).

Which rationale dominates suicide prevention efforts depends not only on available knowledge, but also on political feasibility, institutional frameworks, and international recommendations. There is a troubling paradox here: the measures most feasible to implement – such as increasing the number of psychologists – are often the ones that least address the deeper structural and cultural causes. These risks reducing prevention to a series of short-term fixes that treat symptoms but fail to prevent new crises from arising.

Linking statistical evidence with critical policy analysis is therefore not an academic luxury but a life-saving necessity. Numbers show the scale of the crisis and highlight risk groups, but without structural, cultural, and socio-economic analysis, suicide prevention risks becoming shallow and technical. For policymakers, the stakes are enormous: without a comprehensive approach, Greenland risks remaining trapped in a tragic cycle where suicide continues to devastate young men and their communities. A combination of hard data and critical reflection provides not only a more nuanced basis for decision-making but also a moral imperative: to ensure that suicide prevention does not remain a narrow medical concern, but becomes a framework that confronts power relations, structural inequalities, and the political choices shaping Greenland's future.

PROBLEM STATEMENT

Suicide in Greenland is a persistent problem that strikes deep into the nerve of society. Behind every statistic are people, relationships, and life trajectories that are suddenly interrupted, leaving a void in families, friends, and communities. The problem is not new, and yet it seems to repeat itself, year after year, as a sorrow we never quite manage to put behind us. The figures indicate that young men are particularly vulnerable. At the beginning of adulthood, when life should be open and full of opportunities, life for some is instead characterized by a heaviness that can lead to suicide. This contradiction – between the potential of youth and premature death – makes the problem particularly gripping. This raises the question of why this group continues to be hit hard and what it says about the social, cultural and psychological conditions in which young men live today. There are various attempts to counter the problem, but how do we know if they work? What patterns can be deduced from the statistics and reports that are collected, and how can they be used more actively to understand the development? Which indicators help to show when a risk is emerging – and what happens if we cannot detect them in time?

On the one hand, a field of tension opens: on the one hand, a massive need for hope, community and prevention, and on the other hand, an absence of systematics that can create clarity and ensure timely action. Suicide is not the result of one factor, but of complex patterns in which social strains, psychological vulnerability, abuse, marginalization and relational breakdowns are interwoven. If these patterns are not continuously gathered, analysed and assessed, the response risks remaining fragmented and reactive – a system that reacts when it is already too late, rather than being able to prevent in time.

It is in this uncertainty that the thesis takes shape: how can existing knowledge about suicide among men in Greenland be used to create a more systematic and dynamic basis for prevention – and how can a critical examination of the current approaches shed light on what perspectives are missing and what new paths can be opened?

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From this starting point, the challenge can be sharpened further. Suicide among men in Greenland poses not only a social and cultural tragedy, but also an ongoing public health challenge. Despite strategies such as Qamani, which emphasize well-being and community, there is still a lack of systematic monitoring that brings together statistical data and critical policy analysis. Without such integration, it becomes difficult to identify risk groups or to evaluate whether current interventions truly address the vulnerabilities faced by men's mental health.

How can knowledge about inuit men and suicide in Greenland and a critical analysis of the Qamani strategy be used to develop a more systematic and dynamic basis for prevention?

Underlining survey questions:

1. *What patterns emerge from existing statistics and reports on suicide among men in Greenland?*
2. *How does the Qamani strategy address men's particular vulnerability, and what perspectives or indicators are missing in its approach?*
3. *How can existing knowledge be used to strengthen a more systematic and dynamic monitoring basis for decision-makers?*

LITERATURE REVIEW

From the earliest historical analyses to more recent epidemical studies

Research into Greenlandic suicides has historical, sociocultural and epidemiological perspectives (Thorslund 1990, 121) shows in a historical analysis that suicide in traditional Greenland before 1900 could have a social and cultural function. In extreme situations, such as illness, old age, or famine, suicide could be perceived as a legitimate and meaningful act, rather than an expression of pathological suffering. This perspective provides an important background for understanding later changes in patterns and meaning.

In a subsequent study of adolescent suicide among Inuit, (Thorslund 1991) argues that the high suicide rates among young people can be understood in the light of modernization and cultural changes. In particular, the difficult position of young men who find themselves in the field of tension between traditional and modern ways of life, and where social fractures and traumatic upbringing conditions amplify the risk, is particularly highlighted (Lynge 1992, 61).

The epidemiological studies provide a more systematic picture of the development. In 1979, there were conducted one of the first modern studies in Nuuk and found a marked increase in suicide and suicide attempt rates, especially among young people. They identified social problems such as alcohol abuse, family conflicts and unstable attachment to the labour market as key risk factors (Grove & Lynge 1979). Lynge also broadened the perspective to the whole of Greenland and showed that suicide particularly affects young men and has been increasing since the 1970s, with variations between regions. Here, too, modernisation and social upheaval are pointed to as underlying explanations (Lynge 1985).

Overall, the literature points to a duality in the understanding of suicide in Greenland. Historically it had a social function in special situations, while in modern times it is particularly associated with youth, social disintegration and the complex consequences of modernization.

Culture, psychology, medicine, social conditions

An interdisciplinary focus has characterized the research on Greenlandic suicides, where culture, psychology, medicine and social conditions are involved. Ing-Britt Christiansen elaborates on how the Greenlandic *ideology of isumaminik*, which implies responsibility and self-sacrifice, can help explain why young people choose suicide as a way out (Christiansen 1991, 77).

A registry study of all deaths by suicide and homicides in Greenland 1968–2002, testing seasonal patterns and latitude effects. They found a significant summer accentuation of suicides in Greenland, with a clear peak around June. The trend was strongest north of the Arctic Circle, where almost half of the suicides took place during the period of midnight sun – and up to 82% if you also count astronomical twilight. On the other hand, homicides did not show the same seasonal pattern, and beer sales data did not point to a simple alcohol explanation. The researchers highlight circadian rhythm and light mechanisms as a possible explanation but emphasize that it is only one of several factors (Björkstén, Kripke & Bjerregaard 2009, 8-10).

In an article by Inge Lynge from 2001, Greenland's colonial history and traditional Inuit culture are reviewed as a background for the understanding of mental disorders, especially schizophrenia. Traditionally, community and spiritual explanatory models were central, but colonization and modernization led to deep cultural fractures. Lynge points out that these social and cultural changes have an impact on the occurrence and course of mental disorders, which makes Greenland a special case study in culture and psychiatry (Lynge 2001, 11).

Overall, this literature shows that the understanding of suicide in Greenland cannot be reduced to a single level of explanation, but requires an interdisciplinary view where culture, social psychology, medicine and social development are seen in context.

Strategies, seminars, teaching materials

A third central part of the research and practice on suicide in Greenland concerns prevention, where both political initiatives, health professional experiences and educational initiatives have been in focus. As early as the mid-1990s, theme days were held where professionals met to discuss possible measures against the rising suicide rate (Direktoratet for Sociale Anliggender og Arbejdsmarked 1995). The health service played an important role in this, and Peilmann described concrete experiences from the work at Queen Ingrid's Hospital, where both treatment and preventive measures were tested (Peilmann 1997A).

Around the turn of the millennium, there was greater political focus on the area. In 2004, Paarisa, under Greenland's Home Rule, prepared a proposal for a national strategy for suicide prevention, which provided a framework for coordinated efforts (Paarisa, 2004). This strategic approach was complemented by seminars focusing on hope and resilience attended by young people, professionals and policymakers (MIPI/Paarisa, 2009).

An important supplement has been the development of teaching and pedagogical material aimed at young people. Peilmann also published the material *Qanilaassuseq* (Proximity), which emphasized hope and courage, and at the same time, programmes such as *Imminut* and a number of debate materials were developed to promote dialogue about suicide among young people between the ages of 13 and 20. These initiatives mark a movement from a primarily treatment-oriented focus to a broader effort where education, dialogue and strengthening young people's resources are central (Peilmann 1997).

Greenland's "National Strategy for Suicide Prevention 2013–2019" embedded in Inuuneritta II describes a broad, cross-sectoral approach that combines structural, citizen- and patient-oriented efforts with local anchoring. The strategy establishes a central and local prevention committee, systematic and locally conducted courses, as well as targeted initiatives in the education and health services, including standardised crisis preparedness, clear treatment chains and support for survivors/relatives. It emphasizes monitoring, evaluation and research via national indicators for suicide and suicide attempts to ensure learning and impact measurement. Overall, the strategy represents a shift towards coordinated prevention across sectors with a focus on both risk factors and follow-up (Departementet for Sundhed 2013).

Connections between social conditions, health and suicide

A significant part of the research has focused on risk factors and the correlations between social conditions, health and suicidal behaviour in Greenland. A note in an article from 2005 show that young people's suicidal thoughts and suicide attempts are closely linked to difficult upbringing, use of intoxicants, traumatic experiences and low school well-being (Pedersen, Dahl-Petersen & Bjerregaard 2005, 2-3). Similarly, Curtis, Moesgaard Iburg and Bjerregaard, article from 1997 find that alcohol problems in the family and experiences of sexual abuse constitute significant risk factors for suicidal behaviour among children and adolescents (Curtis, Iburg & Bjerregaard 1997, 7-8).

Bjerregaard provides, in 1997 an epidemiological review that points to a strong correlation between social stress and an increased risk of suicide (Bjerregaard 1997, 2-3). Additionally, Lynge argues that experiences of violence can be a common denominator that increases vulnerability to suicidal behaviour (Lynge 1994).

Overall, this literature emphasizes that suicide risk in Greenland cannot be understood in isolation but must be seen in the context of complex social problems, including alcohol abuse, violence, trauma and stressful family relationships.

A recent PhD thesis on suicide in Greenland documents that suicide rates have developed dramatically since the 1960s and today are at an average level of 86–96 per 100,000 annually, especially among young people aged 15–24, with geographical concentration in East Greenland. Through a systematic review and two nationwide registry studies, risk factors linked to colonial history, intergenerational traumatization, ACEs, low socioeconomic status, alcohol and family dysfunction are highlighted, while only a few protective factors have been demonstrated, such as marriage, children and material resources. The study shows that the risk factors often clump together and reinforce each other in a syndemic pattern, which contributes to the very high rates. The thesis therefore argues that future prevention should focus on reducing social and geographical inequality while promoting cultural strengths and communities as protective factors (Katajavaara Seidler, 2024, 5-7).

A systematic review of 15 studies highlights that suicide in Greenland is primarily associated with individual and social risk factors such as low socioeconomic status, mental illness, alcohol and drug abuse, and life stress. At the family level, adverse childhood

experiences play a central role, while societal factors relate to education, work and conflicts. The study shows a significant knowledge gap regarding protective factors, as only a few were reported, including that men with families, high socioeconomic status and belonging to older birth cohorts (1901–1950) had a lower risk. This underlines the need for more research into the protective mechanisms (Seidler, Hansen, Bloch, & Larsen 2023, 9-11).

Suicide understood in relation to culture, history and modernization

A central theme in the research on suicide in Greenland is the cultural and historical understanding of the phenomenon, where colonial history, modernization and cultural norms are placed at the centre. Connie Gregersen contributes with a psychological perspective in which suicide is analysed from existential aspects and the individual's relationship to life and death (Gregersen 1998, 1-7). Arnt-Ove Eikeland examines suicide in Arctic communities broadly and describes it as a social and cultural challenge that cannot be explained solely by psychiatric diagnoses (Eikeland 2003). In a later publication from 2005, Eikeland compares different Arctic regions and points to common patterns in which marginalization, modernization, and loss of traditional ways of life play a role (Eikeland 2005, 20-22).

Thorslund places adolescent suicide in a historical and cultural perspective and highlights in particular colonial history and social change as the background for the high rates among young people (Thorslund 1989, 1991). In continuation of this, Lynge shows how colonization and modernization have had profound consequences for mental health in Greenland, which supports the understanding of suicide as closely linked to larger societal processes (Lynge 2000, 75-77).

Overall, the literature emphasizes that suicide in Greenland cannot be understood solely in terms of individual factors but must be seen in a historical and cultural context where modernization, social disintegration and existential challenges merge.

Knowledge gaps and paucity of detail

The majority of the epidemiological and social science analyses of suicide in Greenland were carried out in the 1980s, 1990s and early 2000s (Grove & Lynge 1979; Lynge 1985; Thorslund 1991). The development of the past 10–15 years is thus insufficiently documented, even though both social structures, the health service and young people's living conditions have changed significantly during the period.

The literature is dominated by epidemiological reports and theoretical contributions (Bjerregaard 1997; Pedersen, Dahl-Petersen & Bjerregaard 2005; Thorslund 1990; Eikeland 2003). There is limited qualitative research that systematically sheds light on young people's own experiences and meaning making in relation to suicide. This creates a significant knowledge gap in the understanding of the subjective dimensions of suicidal behaviour.

Several national strategies, seminars and training materials have been developed (Direktoratet for Sociale Anliggender og Arbejdsmarked, 1995; Paarisa, 2004; MIPI/Paarisa 2009). However, there is a lack of systematic evaluations of the effect of these measures, which makes it difficult to prioritise evidence-based prioritisation of future prevention strategies.

Suicide rates among young men are well documented (Lynge 1985; Thorslund 1991), but research has to a limited extent addressed gender differences in suicidal behaviour and the need for gender-specific prevention efforts.

Modernization and colonial history are often highlighted as underlying explanatory factors (Thorslund 1991; Eikeland 2005), but the analyses are predominantly broad and abstract. There is a lack of empirical studies of how newer conditions – such as social media, migration, educational opportunities and global youth culture – interact with suicide risk in Greenland.

A systematic review on risk and protective factors for suicide and suicidal behaviour among Greenland Inuit, by Seidler, Hansen, Bloch, and Larsen (2023) document a well-established body of knowledge on individual risk factors for suicide among Greenland Inuit, such as mental illness, substance use, socio-economic precarity, and relational conflict. Family-level risk factors, particularly adverse childhood experiences (ACEs), are also well

evidenced, as are some community-level patterns relating to education and employment. However, three significant gaps remain (Seidler, Hansen, Bloch, & Larsen 2023).

First, the review highlights a striking imbalance between risk and protective factors. Of 15 studies, only three report protective influences, and these are limited to marriage, parenthood, and household assets. Culturally grounded protective factors—such as kinship ties, school connectedness, intergenerational support, and community belonging—are acknowledged in broader circumpolar research but remain under-investigated in Greenland. This reflects a damage-centred orientation in suicide research, which risks reproducing deficit narratives and underemphasising resilience and continuity (Seidler et al., 2023).

Second, much of the existing literature relies on retrospective data or administrative registers. While these provide valuable longitudinal patterns, they are constrained by underreporting, bereavement bias, and limited detail on psychosocial contexts. Even Greenland's statistical system, though comprehensive in population coverage, faces challenges related to small sample sizes, geographical dispersion, and the sensitivity of suicide registration. These limitations reduce the ability to capture nuanced dynamics, such as short-term fluctuations in local risk or the interplay between protective and risk factors at community level (Naalakkersuisut 2023; Seidler et al., 2023).

Third, there is a lack of integration between epidemiological indicators and policy frameworks. While *Qamani* (2023) acknowledges both risk and protective factors and stresses multi-level prevention, its monitoring remains broad and strategy-oriented, without operational tools for early warning or continuous feedback loops into decision-making (Naalakkersuisut 2023). This gap leaves policymakers reliant on periodic reports and retrospective evaluations rather than real-time indicators that could trigger timely interventions.

Björkstén, Kripke & Bjerregaard (2009) documents a marked seasonal accentuation of suicides—but not homicides—in Greenland, peaking in the summer months and a gradient increasing with latitude. The strength of the study is the clear "control outcome" (killing) and a biologically plausible mechanism (sleep disturbances/circadian rhythms, possibly serotonergic changes). Yet, design and reporting leave several knowledge gaps: (1) ecological design cannot substantiate causality at the individual level; (2) there is a lack of

contemporaneous, measured individual data on sleep, mental morbidity and acute life crises; (3) social confounders (alcohol, violence, unemployment, relational breakups, etc.) are not included in a multivariate model; and (4) no explicitly gender, age, or region-specific mediator/moderator analyses are carried out that could explain who drives the seasonal pattern and under what conditions it occurs (Björkstén et al., 2009).

Descriptions from Sápmi indicate that Sámi populations have elevated suicide rates despite the same photoperiod/midnight sun and despite a greater degree of integration into the Nordic welfare states than many other indigenous peoples. It challenges a purely light/insomnia-based explanation and indicates that sociocultural and historical factors (coloniality, discrimination, gendered masculinity norms, occupational pressure, etc.) must be integrated into the explanatory model—not just as background, but as potential mediators or moderators (Karijord 2018).

Based on Björkstén et al. (2009), future analyses in a Greenlandic/Arctic perspective should connect seasonal rhythms with social and clinical data layers in *multilevel* and time-series frameworks: (a) individual-linked data on sleep, mental illness and acute stressors; (b) gender- and age-specific models; (c) regional contexts (labour market, housing and alcohol indicators); and (d) explicitly testing whether photoperiod effects are amplified or weakened under different social conditions. Such models can reduce reductionism and translate seasonal findings into targeted, context-adapted prevention packages.

Although culture and nature are often highlighted as central protective factors, it is both methodologically and conceptually problematic to focus exclusively on these elements. Culture encompasses far more than access to nature — including language, social relations, rituals, identity, and values — and a narrow presentation risk marginalizing other crucial dimensions of cultural resilience (Seidler 2024, 52–53). Furthermore, much of the existing knowledge on protective mechanisms is based on interviews with survivors or individuals who have developed coping strategies, thereby excluding the perspectives of those who did not survive — which could lead into a classic case of *survivorship bias*[1]. This can distort the understanding of which factors truly have a preventive effect in vulnerable populations.

[1] Survivorship bias is the error of focusing only on those who passed a selection process while ignoring those who did not, leading to distorted conclusions from incomplete data (Gardner 186, 158).

THEORETICAL FRAMEWORKS

Philosophy of science

Pragmatism and hermeneutics: knowledge through action, meaning, and context

Pragmatism emerged in the late 19th century with Charles S. Peirce and William James and was later developed by John Dewey.

"the controlled or directed transformation of an indeterminate situation into one that is so determinate in its constituent distinctions and relations as to convert the elements of the original situation into a unified whole" (Dewey 1938, 104).

Its central claim is that truth and knowledge are judged by their practical consequences in situated activity rather than by their correspondence to an assumed, context-free reality (Dewey 1938, 8-9; James 1907; Peirce 1878). In contrast to both positivism and radical relativism, pragmatism treats theories and methods as tools: we evaluate them by whether they *work* in practice and whether they help communities solve the problems they face (Biesta 2010, 40-41; Morgan 2007, 66).

Hermeneutics complements this stance by insisting that all inquiry is interpretive. From Gadamer's philosophical hermeneutics and Ricoeur's narrative theory, hermeneutics foregrounds how understanding is always shaped by pre-understandings, language, and history (Gadamer 2004, 278, 424; Ricoeur 1992, 140-68). Knowledge grows through the *hermeneutic circle*—the continual movement between parts and whole—and through the *fusion of horizons*, where the interpreter's perspective meets that of the text, participant, or practice under study (Gadamer 2004, 325-327).

Combining pragmatism and hermeneutics provides a pragmatic-hermeneutic perspective. Where pragmatism maintains a focus on utility, action and improvement, hermeneutics ensures attention to meaning, culture and historical context. In research in sensitive areas, such as suicide research among indigenous peoples, this dual approach helps to avoid two pitfalls: reducing complex lives to technical variables or understanding meaning as purely subjective and thus without the possibility of joint action. Instead, research is

understood as a repetitive process in which interpretation leads to action, and action gives rise to new and deeper interpretations.

Methodologically, this implies pluralism: we can mix qualitative and quantitative approaches when they advance understanding *and* improvement (Morgan 2007, 70-71).

Quantitative indicators (e.g., age- and region-specific rates, help-seeking patterns) gain meaning through hermeneutic interpretation of lived experience, narratives, and local concepts of distress and care. Conversely, hermeneutic insights about language, stigma, belonging, and identity must be tested pragmatically in interventions that demonstrably enhance well-being.

Ethically and politically, both traditions support participatory and context-sensitive inquiry. Dewey's democratic vision links knowledge to shared problem-solving, while hermeneutics highlights dialogue and recognition of the other as conditions for understanding (Dewey 1938, 105-106; Gadamer 2004, 339-340).

For Indigenous contexts, that means research should be co-designed with communities, responsive to local meanings and histories, and reflexive about the researcher's own horizon and positionality. In practice, this translates into cycles of collaborative sense-making (e.g., community workshops, peer environments for young men), prototype interventions grounded in local narratives of hope and belonging, and ongoing evaluation that treats both numbers and stories as evidence.

In sum, a pragmatic–hermeneutic philosophy of science supports research that is action-oriented and meaning-attentive. It legitimizes methodological pluralism, centers participatory dialogue, and treats improvement of practice as the ultimate test—while ensuring that what "works" is defined and interpreted together with those whose lives are at stake.

Beyond Coloniality: Decolonial Perspectives on Knowledge and Power

Rationale for choosing framework theory

The choice of a decolonial theory as a framework theory is motivated by the desire to take a critical and historically informed view of the phenomenon of suicide among men in Greenland. The concepts of coloniality make it possible to visualize how contemporary living conditions are shaped by structural conditions that extend beyond the individual, and how hierarchies of knowledge affect which explanations and efforts gain legitimacy.

Such a framework supports the analysis of how power, knowledge and being continuing to be woven into everyday life, gender and well-being in the Arctic. This opens the way for examining suicide not only as an individual or clinical problem, but as a complex social and historically rooted phenomenon in which alternative understandings and local resources can also appear as important.

Decolonial theory is a critical and transdisciplinary approach that aims to challenge and transcend Western-dominated epistemologies, research practices, and societal structures. Unlike postcolonial theory, which deals primarily with representation and identity in postcolonial nations, decolonial theory focuses on the persistent structures of colonial domination that continue *after* the formal end of colonialism. This is called "coloniality" – a core category of decolonial thinking (Quijano 2000, 533–536; Maldonado-Torres 2007, 243–244).

Coloniality of power, being, and knowledge

According to Aníbal Quijano and Nelson Maldonado-Torres, coloniality manifests itself on three overlapping levels:

Coloniality of power refers to the global power structures that organize the world into racial, economic, and geopolitical hierarchies, where Western societies are placed as the norm and indigenous, African, and other non-Western societies are marginalized. This is visible, for example, in how the rights of indigenous peoples are often subordinated to state interests (Quijano 2000, 549–555; Maldonado-Torres 2007, 243–245).

Coloniality of knowledge refers to the privilege of Western, Eurocentric forms of knowledge that are presented as "universal" and "objective", while non-Western epistemologies – such as Inuit cosmology or oral tradition – are categorized as "culture", "belief" or "folklore". Academic research thus becomes part of a colonial project if it does not actively question its own assumptions (de Sousa Santos 2014, 7, 69, 195, 360–361, 369).

"Coloniality of being is closely linked with the experience of the colonized as not being considered fully human, as living in a perpetual condition of war and domination. In the eyes of colonial discourse, indigenous peoples were dehumanized and represented as lacking civilization." (Maldonado-Torres, 2007, pp. 252–253)

Coloniality of being points to how colonialism has not only subjugated territories and resources but also defined *what it means to be human*. Colonial discourse has dehumanized indigenous peoples and reduced their existence to "lack of civilization." This has long-term consequences for collective identity, dignity and mental health (Maldonado-Torres 2007, 252–253).

Epistemic Justice and Plurivers

A central goal of decolonial theory is epistemic justice – i.e. the recognition that there are *several valid ways of knowing, being, and living*. This involves not only the inclusion of indigenous voices in existing research systems, but a *transformation* of the research framework itself so that it is based on indigenous peoples' own understandings, methods and purposes (Smith 2012, 1–3, 19–29).

Decolonial thinking therefore works from the idea of a pluriverse – a diverse worldview in which many epistemologies coexist without necessarily being translated into or measured by Western standards (Escobar 2018, 9–11, 218–226).

In practice, this means that researchers must step back from the role of "experts" and instead act as partners in a dialogical and relational research community.

Resistance and reconstruction

Decolonial theory is not only analytical and critical – it is also transformative and reconstructive. It is not enough to demonstrate the harmful effects of colonialism; The goal is to actively support the reconstruction of our own knowledge systems, institutions and practices – based on the values, history and rights of indigenous peoples. It can be the revitalization of language and tradition, the development of one's own health systems or the building of research institutions on original premises (Walter & Andersen 2013, 1–7).

For Inuit research, this means that research should not only *be done about* Inuit, but *with* and *for* Inuit – in a way that reflects their own needs, values and worldview. This implies an active resistance to academic colonialism and, at the same time, a commitment to making room for Inuit autonomy and intellectual sovereignty.

THEORY

This thesis applies a set of interrelated theoretical perspectives to situate suicide among men in Greenland within wider historical, cultural, and social contexts. Decolonial theory provides the overarching frame, showing how coloniality of power, knowledge, and being shapes identities and institutions in the Arctic. Critical Suicidology challenges psychiatric models by linking suicide to colonial violence, cultural dislocation, and collective loss rather than individual pathology. Research on Arctic masculinities, demonstrates how urbanisation, shifting gender roles, and the erosion of traditional male positions generate new vulnerabilities. Together, these perspectives are relevant because they:

- *Contextualise suicide beyond individual pathology, linking it to historical and structural conditions.*
- *Expose epistemic hierarchies, questioning whose knowledge defines problems and solutions.*
- *Highlight gendered vulnerabilities, where shifting masculinities intersect with social marginalisation.*

In combination, these frameworks make it possible to analyse suicide as a socially and historically conditioned phenomenon, while also identifying culturally grounded resources and forms of resilience.

Critical Suicidology: A critical framework for understanding contexts of indigenous suicide

This thesis is theoretically based on Critical Suicidology, a newer approach in suicide research, which aims to challenge and expand the dominant psychiatric models for the understanding of suicide. Whereas traditional suicidology often operates based on universal assumptions about suicide because of individual psychopathology – e.g. depression or personality disorders – critical suicidology argues that such explanatory models are inadequate in contexts characterized by coloniality, structural inequality, and cultural marginalization (White, Marsh, Kral & Morris 2016, 688–690).

Critical suicidology is not a single theory, but an interdisciplinary approach that integrates perspectives from anthropology, sociology, indigenous studies, and cultural psychology, among others. It seeks to decolonize suicide research by doing away with the idea that Western medical diagnoses and risk assessment models – such as the DSM system or the Columbia Suicide Severity Rating Scale (C-SSRS) – are universally applicable. Instead, the approach suggests that suicide must be understood in relation to colonial violence, cultural decoupling, and loss of identity and autonomy, especially among indigenous populations (Kral 2012, 306–307).

A key element of critical suicidology is contextualization. This means that suicide is closely linked to the historical and societal context in which it occurs – including conditions such as colonial oppression, social disintegration, poverty, gender roles and racialisation. This is particularly relevant in Greenlandic society, where suicide cannot be understood without including colonial history and the aftermath that it continues to have on identity, relationships and social structures.

Michael Kral, one of the most central theorists in Critical Suicidology, has shown based on fieldwork among Inuit in Canada that suicide here is often linked to collective trauma, intergenerational breakups, and the feeling of lost belonging. He criticizes Western suicidology for ignoring relational, cultural, and societal factors, and he argues that prevention must be based on society's own definitions and needs (Kral, 2012 307–309; Kral 2016, 689–690).

This perspective is also supported by Chandler and Lalonde (1998), whose research among First Nations in Canada shows that communities with high levels of cultural continuity—including self-government, preservation of language, and control over social institutions—have significantly lower suicide rates. This suggests that it is not the individual psyche alone, but rather society's collective resilience and cultural anchoring that also acts as a protective against suicide (Chandler & Lalonde 1998, 2–3, 12–17).

Another key element of critical suicidology is the critique of technocratic risk models. Standardized risk assessments, often used in healthcare, reduce complex human experiences to measurable indicators. These risks overlooking the importance that shame, isolation, spirituality or cultural loss can have for individuals' experience of life and death. Instead, Critical Suicidology promotes participatory and community-based methods, where indigenous communities themselves contribute to defining how suicide should be understood and prevented.

The use of critical suicidology in this thesis therefore enables an analysis of suicide among men in Greenland that considers decolonial power structures, gendered expectations, and societal conditions. This makes it possible to read suicide as more than an individual breakdown – as a socially and historically conditioned phenomenon that requires context-sensitive and epistemologically diverse responses.

Masculinities in the Arctic and Greenland

Urbanization, liminality and marginalized masculinities

Firouz Gaini offers a central entry point to the understanding of the situation of young Greenlandic men in modern Greenland. He describes the city as a "crack in the ice"—a liminal space where traditional and modern masculine ideals collide. In this space, young men must navigate between hunting and crafts on the one hand and education, wage work and institutional demands on the other. When they cannot find a foothold in either of the two forms of capital, they risk being marginalized and thus losing both status and belonging. This theory makes it clear that marginalization is not just an individual weakness, but a structural product of modernization and urbanization, where the previous rites of passage and breadwinner roles have been erased (Gaini 2017, 51-66).

Inuit gender roles and their dissolution

Historically, Inuit societies were organized around a gender-based complementarity, where men's hunting practices and women's care work were interdependent Guemple 1986, 17–18, 21–23). These roles created meaning, status, and mutual respect in the local community. However, modernisation has broken down this balance. The traditional hunting economy has been largely marginalised, and the urbanised labour market culture requires skills that are not necessarily available to young men. This creates a void where old roles no longer provide secure status, but new ones are also not attainable. The result is an increased social and psychological vulnerability among men, especially in adolescence.

Suicide and collective breakups

Michael Kral emphasizes that suicide among young Inuit men in Nunavut cannot be reduced to individual problems but must be understood as a collective response to broken communities and the disintegration of meaningful structures. He points out that the loss of collective action and social rituals has left young men in a vacuum where individual identity cannot find anchoring (Kral 2013, 268–269, 276–278, 280–281). This insight is important because it shifts the focus from the psychology of the individual to the structural and cultural fractures that underlie marginalization.

Barriers to seeking help and gendered norms

Research shows that gender plays a central role in shaping suicide vulnerability among Inuit men. Kral (2013, 276–278; 2016, 689–690) highlights how the dissolution of collective structures and roles has left young men in a vacuum, where identity and belonging are fragile. Gaini (2017, 51–66) describes the city as a "crack in the ice," where traditional and modern masculine ideals collide, often pushing young men into marginal positions when neither path provides secure status. Historically, Inuit gender roles were based on complementarity (Guemple 1986, 17–18, 21–23), but modernization disrupted this balance, leaving men without clear roles in family and community. These changes mean that masculine norms and structural transformations act as barriers that reduce men's access to protective networks and amplify suicide risk.

Sami and arctic parallels

Although the focus here is on Greenland, it is worth including parallel experiences from other Arctic populations. Olsen (2015) analyses Sámi masculinities and shows that gender roles are also changing in Sápmi, and that masculinity must be understood as plural, contextual, and negotiated. The comparison with Sámi conditions underlines that the challenges among Greenlandic men are not isolated but are part of a broader pattern of postcolonial vulnerability and masculinity negotiation in the Arctic (Olsen 2015, 37–39, 46–47).

Critical Suicidology and Postcolonial Subjectivity

These insights can be advantageously put in relation to newer critical approaches to suicide research. Critical Suicidology is a framework that seeks to challenge the traditional psychiatric models of suicide, which often focus on individual pathology. Instead, critical suicidology emphasizes that suicide must be understood in the context of colonial violence, social fractures, and cultural marginalization (White, Marsh, Kral & Morris 2016). Michael Kral (2012, 307–309; 2016, 689–690) shows through fieldwork among Inuit in Canada that suicide is often associated with collective trauma, intergenerational breakups, and the experience of lost belonging. Chandler and Lalonde (1998, 2–3, 12–17) support this perspective by demonstrating that indigenous communities with high cultural continuity – e.g. through language preservation and self-government – have significantly lower suicide rates. Gaini (2017, 51–66) further contributes with the perspective of liminality, describing the city as a "crack in the ice" where young Greenlandic men are caught between traditional and modern masculine ideals, creating a heightened risk of marginalization and loss of belonging.

RESEARCH DESIGN AND METHODS

Decolonizing Methodologies

The thesis is anchored in *Decolonizing Methodologies* as a framework for working critically, reflexively and responsibly with secondary data and policy documents in a Greenlandic context. Here, *Decolonizing Methodologies* is not used as a method to "collect narratives", but as a governing framework for how statistical registers and policy texts are selected, analysed and interpreted, so that colonial logics are challenged and Greenlandic forms of knowledge are prioritised (Smith 2012, 1–3; Tuck & Yang 2012, 3–4).

Central principles adapted to the analysis of secondary data first imply a clear positioning and reflexivity, where the researcher's Greenlandic background is explicitly used as an analytical resource rather than neutrality (Smith 2012, 5–6).

Second, a non-extractive use of register and document data is ensured, so that analyses do not reproduce deficit narratives about Inuit but instead highlight both risks and protective conditions (Walter & Andersen 2013, 24–27). Third, the principles of data sovereignty are embedded through the CARE framework—Collective Benefit, Authority to Control, Responsibility, Ethics—which governs the choice of indicators, data storage, and reporting (Carroll et al. 2020, 2–4; Kukutai & Taylor 2016, 5–7).

Finally, special attention is paid to the importance of language, where key concepts such as well-being, risk and de-tabooing are translated and aligned closely with Greenlandic terminology in official texts (Smith 2012, 11).

The data basis consists partly of register and report data (time series for suicide rates, age and regional distributions, hotline information and population surveys), partly of policy and document corpus with particular emphasis on the QAMANI strategy 2023–2028, which is analysed as a discursive artefact rather than as pure information (Naalakkersuisut, Socialstyrelsen & Paarisa 2023, 4–8). The quantitative part is inspired by decolonial statistics, which seek to describe patterns without pathologizing groups, e.g. through aggregation by small numbers and at the same time the inclusion of protective indicators such as school retention (Walter & Andersen 2013, 45–48). The qualitative part is carried out as a critical discourse analysis of the strategy's problem definitions, goals and

rationales, where it is examined which explanations dominate and which alternatives remain invisible (Smith 2012, 12; Tuck & Yang 2012, 6).

The quality criteria draw inspiration from the DM and are adapted to secondary data. Work is done on transparency about data sources and coding (Smith 2012, 226–227), with context-bound interpretations rather than universalization (Tuck & Yang 2012, 9), and with responsible reporting that avoids stigmatizing "hotspot" rhetoric (Walter & Andersen 2013, 63). A research-ethics feedback loop is proposed through short written briefs to Greenlandic actors rather than burdensome interview validation (Carroll et al. 2020, 6–7). A special focus is placed on data protection, including aggregation by low counts and the ethical framework of the CARE principles (Carroll et al. 2020, 3–5).

Quantitative and qualitative methods

This study is based on two main sources: register data from Statistics Greenland and the Greenland Police suicide register, as well as a document and policy analysis of suicide prevention strategies, health programs, and related regulation.

The quantitative analyses draw on a wide set of indicators, including education, labour market status, income, health-related indicators, geography and mobility.

Suicide data are specifically retrieved from the police register, supplementing cause-of-death statistics. Data are processed through descriptive statistics and cross-tabulations, with gender, age, residence (town/settlement), and time periods as key variables. The aim is to identify patterns of vulnerability among men across different social and geographic contexts.

The qualitative component consists of a document and discourse analysis, which sheds light on how suicide and mental health are framed institutionally. This part examines how the Qamani strategy prioritize issues and construct discourses, and whether they reinforce or challenge the social patterns revealed in the register data.

Taken together, this mixed approach provides a triangulated understanding: the quantitative data offer a structural overview, while the document analysis interprets and contextualises these findings.

Analytical strategy

The analytical strategy is twofold. First, patterns in the register data are identified across dimensions such as indicators I have chosen. Second, these patterns are contextualised through discourse analysis. Here the focus is on which social determinants are highlighted as risk factors, how discourses about men's health and suicide are constructed, and whether institutional responses align with the vulnerabilities observed in the quantitative data.

The analysis proceeds in a circular movement, where statistical results and discursive insights mutually inform each other. This allows for a nuanced understanding of men's suicide in Greenland, linking structural patterns with institutional framing, described in the theory section

Ethical considerations

The project follows EU guidelines for research ethics, including *The European Code of Conduct for Research Integrity* (ALLEA 2017, 4–6) and the GDPR Regulation (2016/679). Informed consent is obtained, personal data are anonymised, and interviews would be conducted with particular care due to the sensitive nature of the subject. Participants are offered access to local support if distress arises, and all data are stored securely and deleted after the project period.

Ethical concerns would also be informed in relational and cultural considerations in Greenland. Research on suicide in Arctic, postcolonial contexts require humility and respect for collective grief (Bjerregaard & Larsen 2015, 55–57; Wexler & Gone 2012, 800–802). Tuhiwai Smith (2012, 1–3) stresses that researchers must avoid retraumatisation, stereotyping, or portraying pain without space for dignity and hope.

In Indigenous contexts, responsibility extends beyond individuals to the community. Kovach (2009, 61–64) and Wilson (2008, 13–15, 58–60) argue that researchers must safeguard cultural integrity and represent realities in ways that do not harm collective dignity. Gone (2013, 4–5) further points to suicide as an outcome of colonial oppression, inequality, and gendered marginalisation. Finally, reflexivity is central: researchers must critically assess their own positionality and engage in dialogue with, rather than about, the people studied. This reflects a relational ethic in which respect, trust, and reciprocity are fundamental (Chilisa 2012, 15–16).

Critical Discourse Analysis

In addition to quantitative analyses, critical discourse analysis (CDA) is included as a qualitative method to examine how suicide and prevention are linguistically and symbolically portrayed in policy documents, reports and media. Where quantitative data provide insight into the development of suicide over time and across population groups, CDA provides an opportunity to uncover the underlying meanings, ideologies and power relations that characterize the discourse around suicide in Greenland.

CDA is based on the premise that language not only reflects reality but helps to create and maintain it. By analysing political strategies such as the Qamani strategy for suicide prevention and reports prepared by authorities and research institutions, it is possible to identify which problem understandings and solutions are gaining dominance and which alternatives are being marginalised. This is important because policymakers and professionals act based on certain discursive frameworks that can promote or limit the possibilities of prevention.

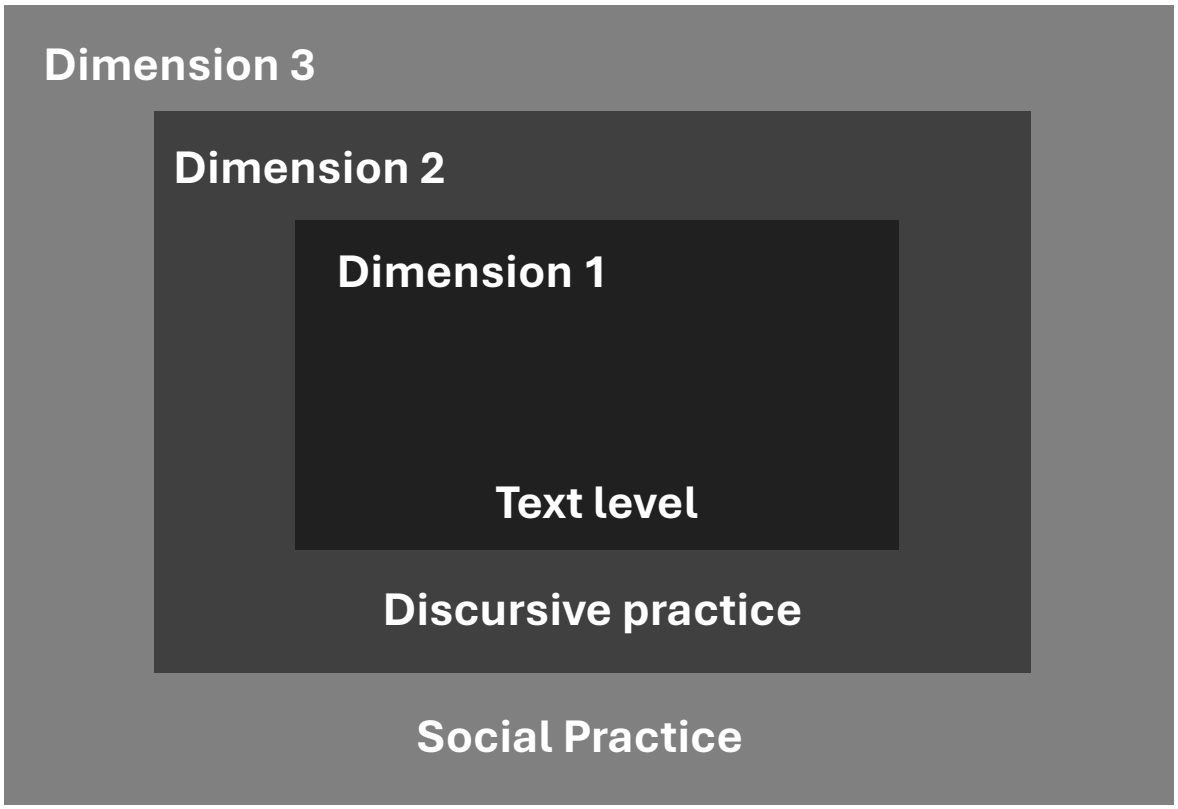
CDA is based, among other things, on the fact that discourses are not neutral, but embedded in social practices and power relations (Wodak & Meyer, 2016, pp. 9–10, 45, 149). In this context, it examines how suicide prevention is articulated in the field of tension between medical/psychological rationales, cultural explanations (e.g. colonial history, loss of language and identity) and socio-economic perspectives (unemployment, housing conditions and education). By analysing these discourses, it becomes possible to show how different understandings not only describe but also shape the political space for action.

The method also makes it possible to investigate how certain groups – such as young men – are portrayed in the material. Are they primarily positioned as vulnerable individuals, as patients in a healthcare system, or as part of a generation marked by cultural and social fractures? Such a focus can highlight how discursive constructions can both open and shut down certain forms of action.

In the thesis, CDA is thus used to analyse key policy texts (e.g. the Qamani Strategy 2023–2028), suicide analyses and selected media coverages to identify dominant rationales, metaphors and concepts. These findings are then linked to the quantitative results and policy analyses to provide a broader understanding of the suicide problem in Greenland.

Critical Discourse Analysis with Fairclough's Concepts

Fairclough's three-dimensional model provides a systematic framework for analysing how linguistic choices in political strategies both shape and are shaped by social practices. The model consists of three interrelated levels: the text, the discursive practice and the social practice (Fairclough, 2010, pp. 230–231).



Text level

At the text level, the linguistic choices that construct certain values and instructions for action are analysed. For example, words such as *easily accessible*, *qualify* and *articulate* in the Qamani strategy signal a value of professionalisation and streamlining of the effort, while at the same time emphasising citizens' access to help. Modality plays a key role here: when it is used *to be used* rather than *can*, a normative requirement is established for citizens and professionals, reinforcing the obligation to act rather than just the opportunity.

Discursive practice

Discursive practice is about how texts are produced, distributed and interpreted. In the analysis of the Qamani strategy, it becomes clear that citizens are positioned both as co-responsible actors and as potentially vulnerable individuals who may themselves be affected by suicidal thoughts. The strategy creates a relationship between professionals and citizens, where professionals have the expertise, but citizens must be activated as helpers and caregivers. The involvement of young people in the development of the strategy means that they are portrayed both as a vulnerable target group and as co-creators of solutions. This double image points to an interdiscursiveness, where elements of participatory discourse (young people as active actors) are mixed with a care discourse (young people as vulnerable).

Social Practice

At the societal level, the strategy can be read as part of a broader health discourse, where mental well-being and prevention are a shared responsibility, but also as a safety discourse, where suicide is seen as a risk that must be managed systematically. When it is said that everyone in society is responsible for suicide prevention, an image is constructed of a collectivist society where responsibility is shared between the state, professionals and citizens. At the same time, the suicide problem is linked to social problems such as alcohol consumption, poor well-being and taboo. The media will have a dual role: partly as a possible risk factor that can reinforce taboos and contagion effects, and partly as a potential partner in the work with de-tabooisation.

By combining the three levels, the analysis shows how linguistic choices and discursive patterns not only describe reality but actively help to construct which solutions and options for action are perceived as legitimate in Greenland's suicide prevention (van Leeuwen, 2008, pp. 7–8, 35).

The WHO Framework as a Methodological Analysis Tool

The WHO Framework as a Methodological Analysis Tool

The WHO framework for suicide prevention rests on a public health approach in which suicide is understood as a complex phenomenon that can only be prevented through the interaction of policy structures, clinical practices, and social contexts (World Health Organization [WHO] 2014, 7; WHO 2021a, 2). It is precisely this multi-pronged starting point that makes the framework useful as a methodological analysis tool: it can systematically uncover both strengths and shortcomings in a national strategy and at the same time open up critical questions about how prevention is conceived and organised.

Governance and strategy

The analysis can draw on policy analysis and management theory, for example Foucault's concept of governmentality, where governance is not only about legislation and rules, but also about how individuals and institutions are influenced to "govern themselves" through norms and practices. When the Qamani strategy is assessed in this light, it can be examined whether it meets the WHO's requirements for cross-sectoral ownership, sustainable financing and clear evaluation mechanisms. The question therefore becomes: is the effort borne by a strong political structure, or is it more fragmented and dependent on individual actors?

LIVE LIFE – the four key initiatives

The WHO's LIVE LIFE framework can be linked to prevention theory, which distinguishes between primary, secondary and tertiary prevention. Primary prevention is about eliminating risk factors, secondary about detecting and intervening early, and tertiary about reducing damage and recurrence. LIVE LIFE's four actions cover a wide range of these levels: from restricting access to suicide methods (primary) to school programs and life skills (primary/secondary) to early detection, treatment and follow-up (secondary/tertiary) (WHO 2021a, 5–6). Methodologically, the tool can thus be used to assess which levels Qamani addresses, and which are under-elucidated.

Monitoring and surveillance

The WHO Technical Manual on Suicide Monitoring emphasises that surveillance is not just about counting incidents, but about creating a system that can provide early warning and inform about changes in risk patterns (WHO 2016, 1–2). From a pragmatic perspective, this means that data is not understood as "neutral numbers," but as indicators that must be able to be translated directly into action. Hermeneutically, it also opens up for an interpretation of how the very concepts of "suicide attempt" or "self-harm" are defined and categorized in a given health system. When Qamani is compared with the WHO's recommendations, it can be examined whether Greenland has a data basis that enables this type of dynamic monitoring – or whether the monitoring remains fragmented and retrospective.

Communication and media

The WHO highlights the central role of the media in influencing the population's perceptions of suicide (WHO 2017, 5–6). Here, discourse analysis is an obvious approach: how is suicide portrayed in the public debate, in press releases or in the Qamani Strategy's own language? Is the focus on hope, coping and help, or on tragedy and sensationalism? Analytically, it is thus possible to assess whether the communication contributes to de-tabooing and prevention – or whether it inadvertently risks exacerbating the problem.

Results and inequality

Finally, the WHO emphasises that results must be measured and assessed with an eye to inequality (WHO 2021b, 11). This means that it is not enough to look at a decrease in the overall suicide rate; one also has to look at gender differences, age groups and geographical variations. By comparing the WHO's equity perspective with the Qamani strategy's more general focus, it can be illustrated that Qamani does not sufficiently address group-specific vulnerabilities, even though they are visible in the statistics.

OPERATIONALIZATION OF METHODS AND THEORIES

This thesis applies an analytical design structured across three temporal dimensions—past, present, and future. Each part operationalizes distinct theoretical perspectives that together provide a comprehensive framework for understanding and analysing suicide among men in Greenland. The past is approached through critical suicidology and decolonial theory to contextualize statistical patterns; the present through critical discourse analysis and masculinity theory to interrogate policy framings; and the future through the WHO framework combined with decolonial concepts of epistemic justice to explore participatory and equitable prevention strategies.

Part 1 (past/statistics) draws on *critical suicidology* (White, Marsh, Kral & Morris 2016; Kral 2012, 2016, 2013) and *decolonial theory* (Quijano 2000; Maldonado-Torres 2007; Smith 2012). In line with critical suicidology, suicide is not treated as the result of individual psychopathology, but as an outcome of collective trauma, intergenerational ruptures, and structural inequalities (Kral 2012, 2016). The register-based analysis traces how suicide rates developed in relation to rapid modernization, geographical inequalities, and disrupted social roles—an operationalization of coloniality of power and knowledge (Quijano 2000). By situating suicide within historical processes of colonization and marginalization, the statistical mapping foregrounds inequalities rather than deficit-based explanations.

Part 2 (present/CDA) applies *Fairclough's critical discourse analysis* (2010), combined with *decolonial critique* and *masculinity theory* (Gaini 2017; Olsen 2015; Guemple 1986). At the textual level, linguistic choices in the Qamani Strategy—such as "must," "destigmatize," and "qualify"—are analysed as indicators of normative framings. At the level of discursive practice, the inclusion of youth voices is shown to position young men both as vulnerable and as co-producers of solutions, while interdiscursivity mixes participatory discourse with deficit framings (Fairclough 2010). At the level of social practice, suicide prevention is linked to psychosocial and cultural rationales, while socio-economic determinants are backgrounded—an expression of coloniality of knowledge (Smith 2012; de Sousa Santos 2014). The gendered framing of young men, often portrayed as "at risk" but

with limited attention to structural masculine vulnerabilities, reflects insights from Arctic masculinity research (Gaini 2017; Olsen 2015).

Part 3 (future/dashboard) operationalizes two complementary frameworks: the WHO public health approach to suicide prevention and decolonial theory. The WHO framework (2014, 2016, 2017, 2021a, 2021b) provides a structured, multi-level model where prevention is addressed through primary, secondary, and tertiary actions. Its "LIVE LIFE" guide and technical manuals stress systematic surveillance, cross-sectoral collaboration, and evidence-based interventions, making it possible to assess whether national strategies like Qamani meet global standards for effectiveness and equity.

Decolonial theory, particularly the concept of epistemic justice (Smith 2012) and the notion of pluriversality (Escobar 2018), complements this by insisting that prevention must include multiple knowledge systems and be guided by indigenous perspectives on well-being, resilience, and community life. Rather than reducing suicide prevention to universal medical or policy categories, a decolonial lens highlights how local meanings, histories, and cultural practices can define what counts as "prevention" and "success."

The proposal for a participatory monitoring dashboard brings these two frameworks together. By combining statistical indicators with community-defined markers of resilience, it embodies WHO's call for equity-sensitive surveillance (WHO 2021b) while enacting decolonial commitments to epistemic plurality and indigenous sovereignty in knowledge production.

ANALYSIS

This analysis section is built as a coherent reading path, with each part preparing the next. The structure can be read as a movement through time: from past, to present to future.

Part 1 (past) opens with an empirical grounding — a quantitative overview of male suicides in Greenland and the indicators that surround them. It traces developments over time, differences in age and region, and the distribution of methods, while also touching on dynamic conditions such as police registrations, education figures, and working life etc. The intention is to let the reader enter the material through clear snapshots: to see where risks have clustered, for whom they have been most pressing, and where knowledge gaps remain. These gaps — in gender-disaggregated figures, in real-time monitoring, in patterns of method choice — form the foundation for what follows.

Part 2 (present) shifts the gaze from numbers to meaning. Here, the analysis applies Fairclough's discourse-analytical approach to examine how *Qamani* currently frames the problem and sketches solutions: whether through psychosocial, cultural, or structural lenses. This part should be read against the backdrop of Part 1 — to notice where discourse amplifies the patterns already revealed, but also where silence lingers: the missing gender perspective, the absence of cultural continuity as a measurable factor, the lack of integration across institutions. Part 2 thus represents the present moment: the living form of the problem as it is understood and acted upon today, shaped through language, framing, and institutional practice.

Part 3 (future) gathers what is missing and projects forward. It proposes a theoretical outline for a dynamic warning and decision-support system, where indicators are not only measured but tied to immediate action. The reader is invited to imagine a dashboard that is gender-sensitive, culturally attuned, and anchored in both national coordination and local networks. Here, past snapshots (Part 1) and present framings (Part 2) are woven into a forward-looking architecture that does not replace but extends the existing logics. Part 3 should be read as the prospective dimension: a sketch of how today's insights can become tomorrow's tools.

STATISTICAL LANDSCAPE OF MEN'S LIVING CONDITIONS IN GREENLAND

If one wants to understand men's living conditions in Greenland today, you must start with the numbers. Not because the numbers themselves provide the full narrative, but because they constitute the framework within which social, economic and health experiences unfold. Statistics Greenland is the primary source here, and the indicators presented in the table reflect the data that is currently available. In addition, there are a few supplementary registers, including police data, which are used in connection with analyses of causes of suicide.

The indicators range widely – from the fundamental question of educational attainment and employment rates to the more socially complex dimensions such as income distribution, dependency on social benefits, causes of mortality and crime. They shed light on where men are in the education system, what industries they work in, how often they are affected by unemployment, and what role they play in households and families. At the same time, they open insights into the more vulnerable sides of life: health risk factors such as alcohol and tobacco, suicide and other causes of death, as well as years of life lost compared to women.

The special feature of this data material is that it can be broken down by key variables such as gender, age, place of residence (town/settlement, municipality), place of birth and type of education. This makes it possible not only to talk about *men* in general terms, but to examine how living conditions vary between young and old, between urban and rural areas, and between different levels of education. This differentiation potential makes it possible to identify patterns of inequality and stratification within the male population.

Substantive Importance

The indicators used here can point to a number of important approaches to understanding men's living conditions in Greenland. The level of education and flow through the education system can, for example, shed light on the correlations between educational pathways, labour market attachment and possible risks of drop-out or marginalisation. Employment rates, industry structure and the composition of the workforce can correspondingly indicate how men are distributed in the business world and what impact this may have on their position in the labour market.

Economic measures such as disposable income, placement in the income distribution and family income can be used to examine what resources men have at their disposal and how these resources vary across different groups. Here, dependency on social benefits can also appear as a possible indicator of the relationship between labour market structures and public welfare schemes.

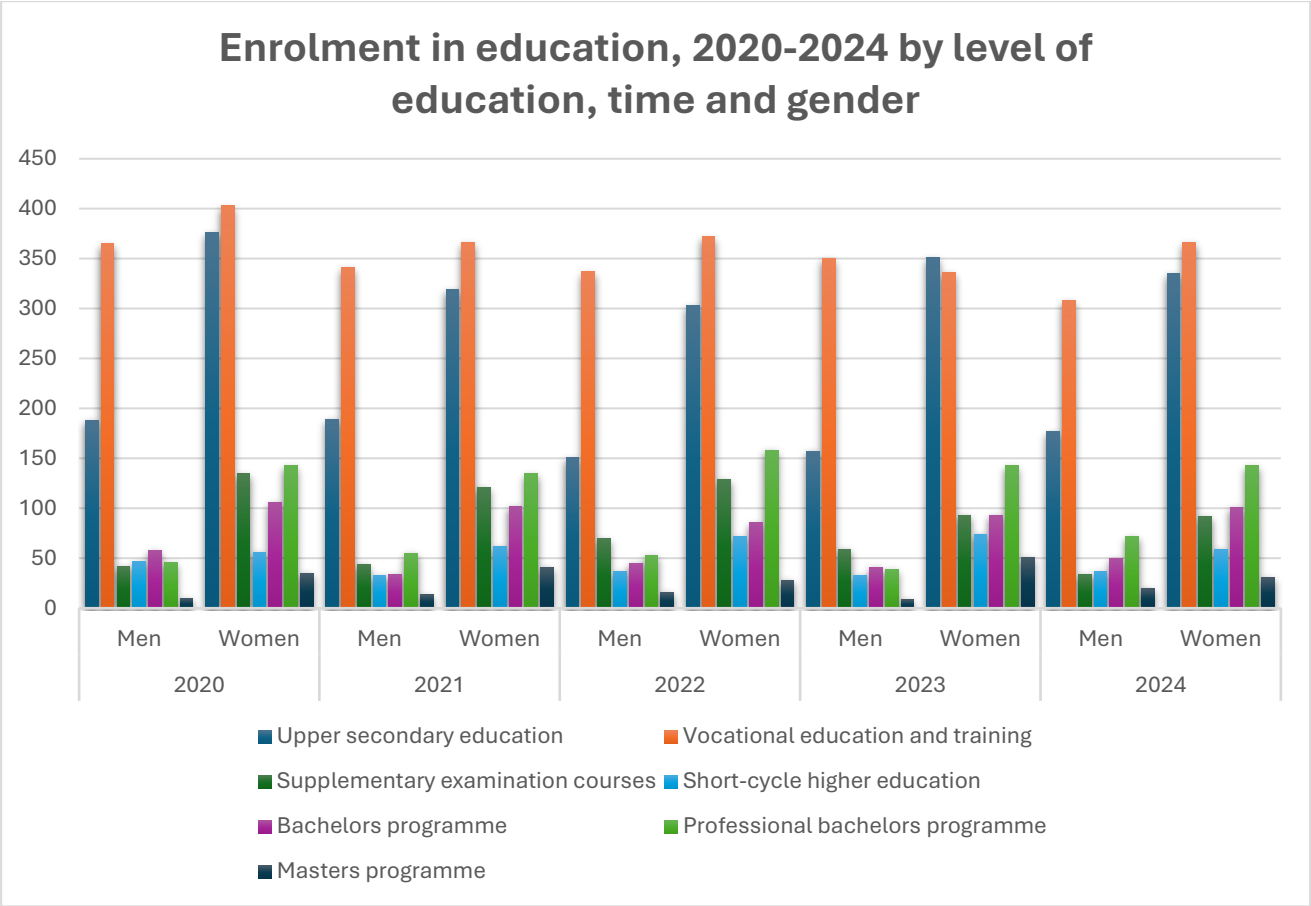
Health and mortality indicators can also be central. Gender differences in life expectancy, the incidence of suicide and deaths related to accidents, alcohol and other risk factors may point to systematic patterns in which men's life expectancy and health profile differ from women's. The use of tobacco and alcohol can be included as explanatory variables that open up for analyses of both cultural patterns and health consequences.

Family and network dimensions may also be relevant to include. Marital status, household type and dependency can be used to examine men's social relationships and network resources and thus possible differences in quality of life, well-being and economic stability. At the same time, housing conditions, type of residence and migration patterns can help to highlight how geographical and material framework conditions can play a role in men's living conditions.

In addition, crime statistics and data on fishing and fishing licences can add further perspectives. Overrepresentation in crime statistics may raise questions about social risk factors and norm violations, while licensing data may point to men's continued presence in the primary occupations, which are still of significant importance both economically and culturally.

Overall, these indicators can thus serve as a starting point for analyses of where and how men's living conditions differ, are challenged or strengthened. They do not constitute a complete description, but can help to identify patterns and possible correlations, which the analysis can subsequently investigate further.

Education



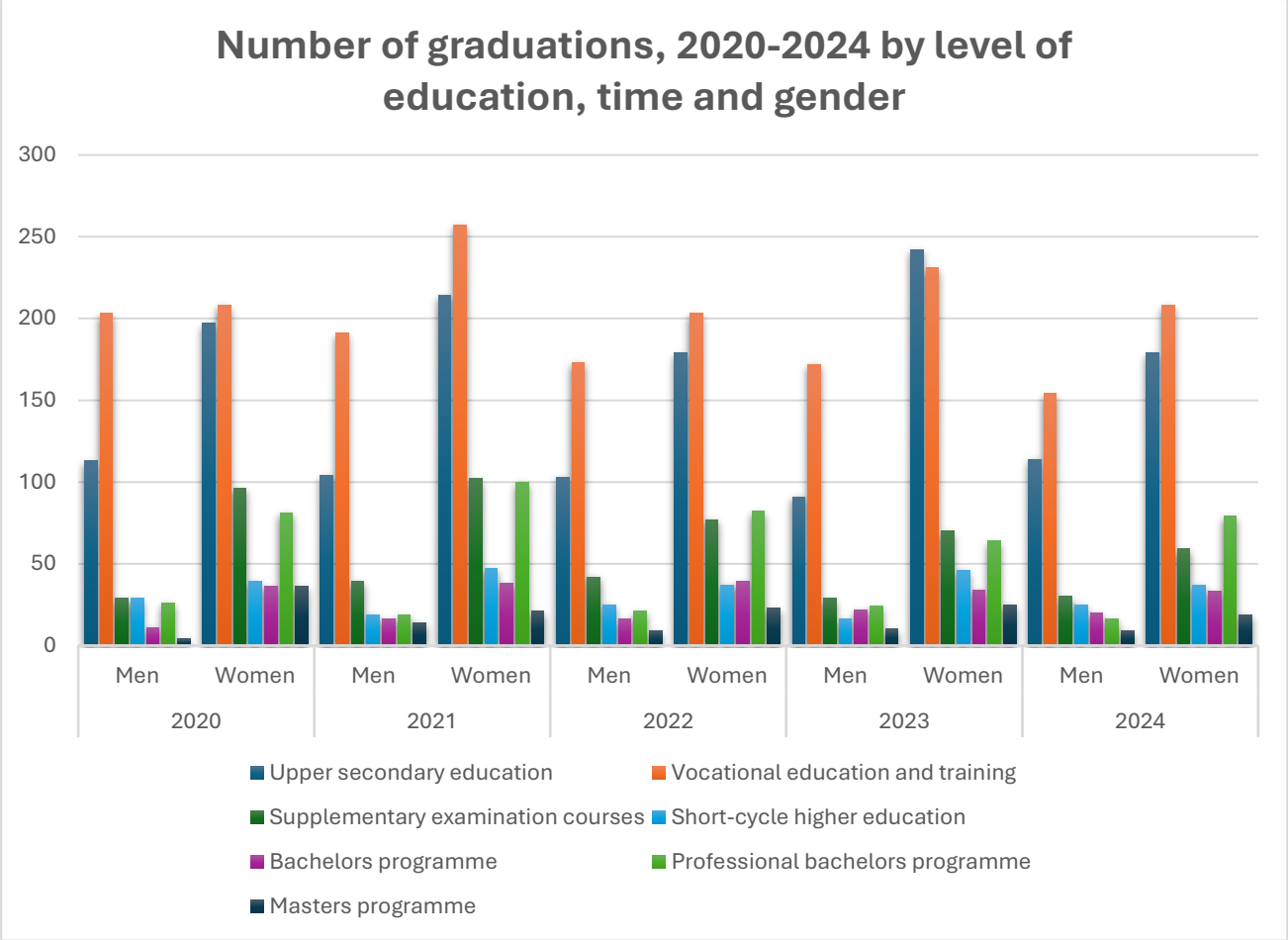
1Grønlands Statistik - UDXISC11A

The graph of enrolments in programmes in the period 2020–2024 shows clear gender differences across education levels. Women are significantly overrepresented in upper secondary education, where the number of enrolments is consistently almost twice as high as for men. In addition, women have a greater attachment to higher education throughout the period. This applies to short-cycle higher education, bachelor's programmes and especially professional bachelor's programmes, where women generally rank significantly higher than men.

The strongest attachment for men is found in vocational education and training, where they make up a larger proportion than women at the beginning of the period (2020–

2022). Towards the end of the period, however, the difference has evened out, and in 2024 women are again on a par or slightly ahead. On supplementary exam courses, women are also significantly more represented, which can be interpreted as a strategy to qualify for further education.

Enrolment in master's programmes is low compared to other levels of education, but here too there are typically more women than men, although with fluctuations from year to year. Overall, the figures indicate that women are generally more represented in the education system, both in upper secondary education and in higher education, while men primarily concentrate on vocational education. However, developments over time show that the difference has also narrowed here, indicating a gradual shift in the gender distribution.



2Grønlands Statisk - UDXISC11D

The graduation series mirrors the enrolment pattern with clear gender differences across most education levels. Women are consistently overrepresented in upper secondary education, graduating in numbers that are roughly one-and-a-half to twice those of men (e.g., 179 vs. 114 in 2024). Women also hold a persistent advantage in higher education: they outnumber men each year in short-cycle higher education, bachelor programmes, professional bachelor programmes, and master's programmes. The gap is particularly pronounced in professional bachelor programmes, where women graduate far more frequently than men throughout (e.g., 79 vs. 16 in 2024, nearly 5:1).

Vocational education and training (VET) is the closest to parity, but it tilts female through most of the period: near-even in 2020 (208 vs. 203), women pull clearly ahead in 2021–2023 (e.g., 257 vs. 191 in 2021) and remain ahead in 2024 (208 vs. 154). Supplementary examination courses also show a strong female lead every year, although the gap narrows over time (from 96 vs. 29 in 2020 to 59 vs. 30 in 2024).

Trend-wise, male upper-secondary graduations dip to 2023 and then rebound in 2024 (113 → 91 → 114), while women peak in 2023 before falling back in 2024 (197 → 242 → 179). In VET, men decline steadily (203 → 154), whereas women rise to a 2021 peak and then settle higher than men (208 → 257 → 208). For higher education, men generally edge up modestly (e.g., bachelor: 11 → 20; master's: 4 → 9), while women are stable or slightly down from early peaks (bachelor: 36 → 33; master's: 36 → 19). On professional bachelor programmes, men trend downward (26 → 16) while women remain high (81 → 79), preserving a large gender gap.

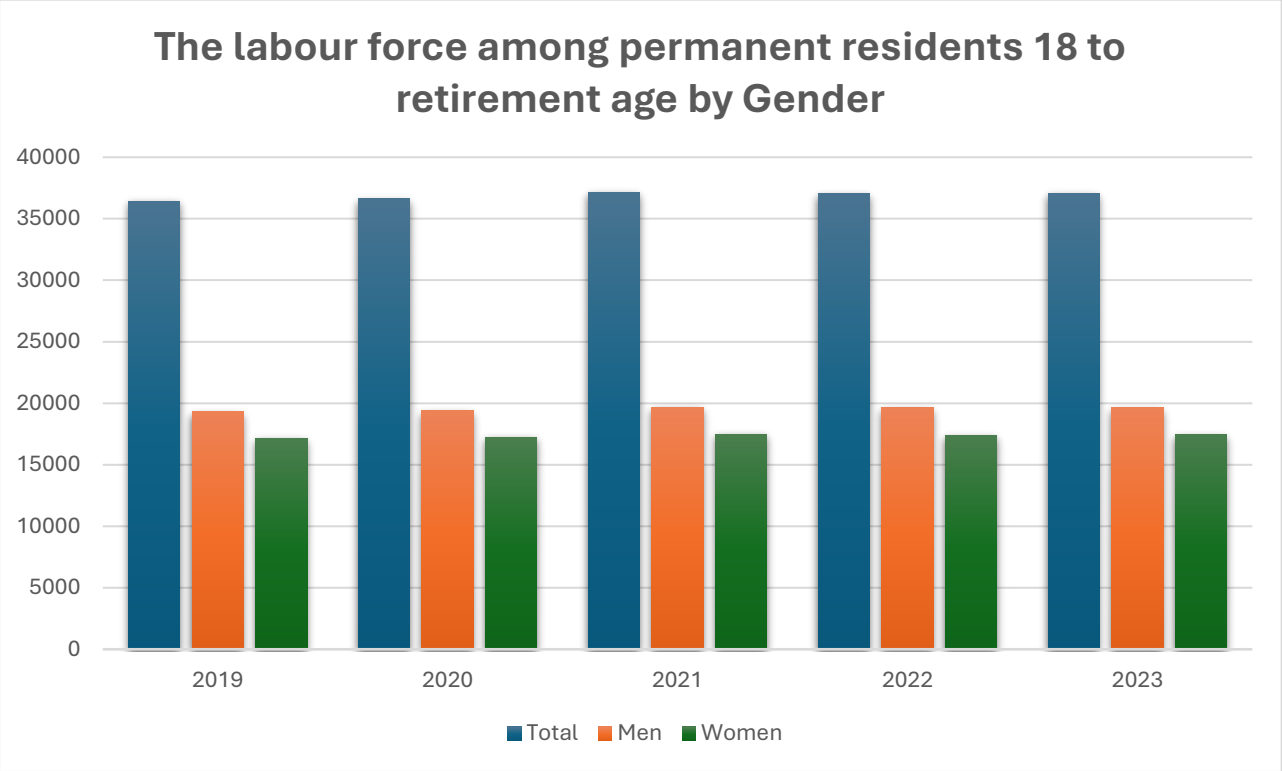
Overall, the graduation data indicate that women are more represented at both upper-secondary and higher-education exits, while VET is comparatively balanced but still female-tilted in most years. The gaps are largest in the professional bachelor track and smallest in VET; several categories show a mild narrowing over time due to modest male increases and/or female declines from earlier peaks, but the general female advantage in completions persists.

Proportional Gender Differences in Educational Pathways

When enrolment and graduation data are viewed together, the proportional patterns become clearer. Across the period 2020–2024, women consistently enter programmes in higher numbers than men and graduate in higher numbers, which means their relative advantage is carried through the entire educational pipeline. The strongest disproportionalities are seen in professional bachelor programmes, where women not only enrol far more often than men but also complete at significantly higher rates, reinforcing the imbalance. At upper secondary level, women's enrolment lead translates into a similar graduation lead, while in vocational education the near parity in enrolments is mirrored by relatively balanced graduations, though women still edge ahead in most years. Supplementary courses likewise show women both enrolling and graduating in greater numbers, suggesting that this pathway is an important stepping-stone for their continued educational progress.

Taken together, the proportionality between enrolments and graduations underlines that women's structural overrepresentation is stable throughout the education system, while men's relative underrepresentation, particularly at higher education levels, persists from entry to completion.

Labour market



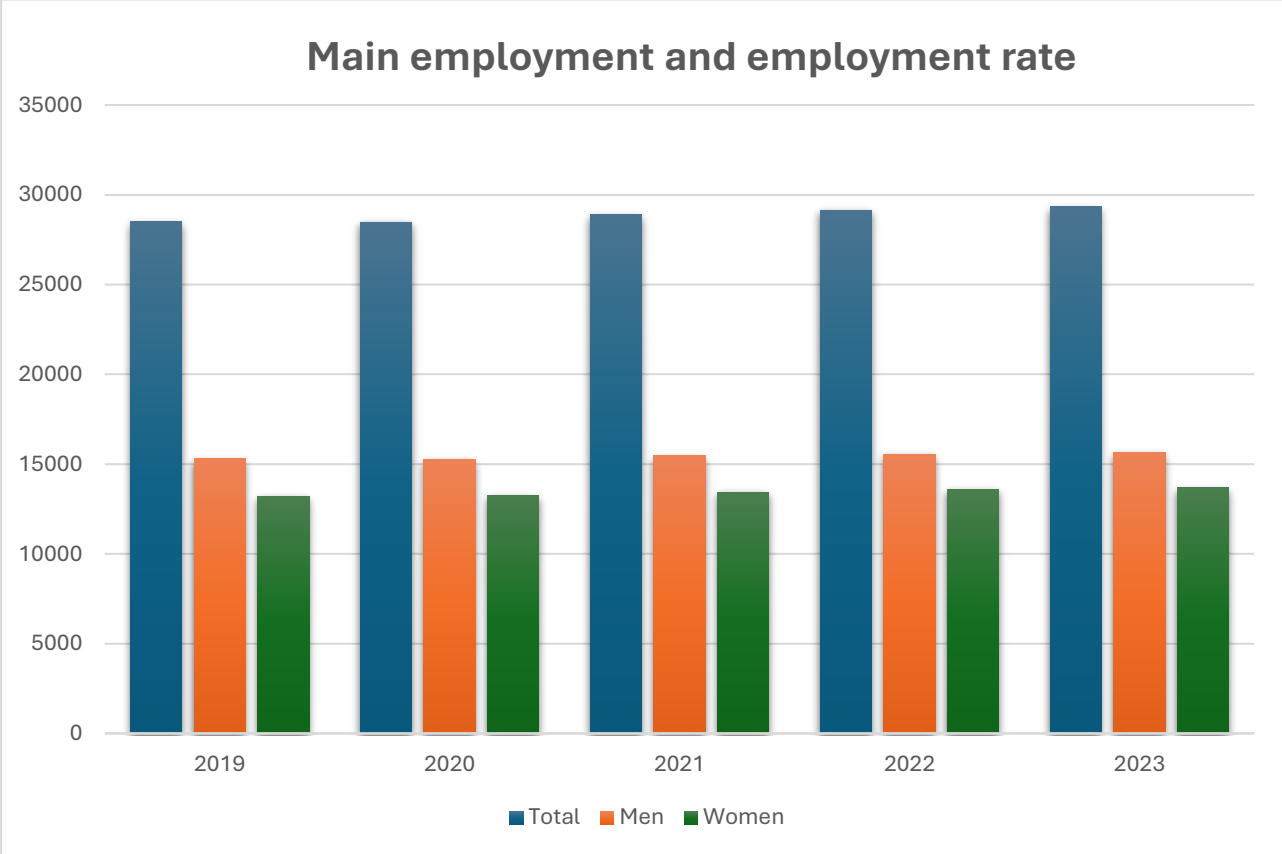
3Grønlands Statistik - ARXBFB05

This graph shows a stable workforce among permanent residents aged 18 to the state pension age in the period 2019–2023. The total level is close to around 37,000 people and increases slightly from 36,435 in 2019 to 37,072 in 2023 (+637; approx. +1.7%). There is a slight increase towards 2021 (37,153), a slight decrease in 2022 (37,038) and then stability. Throughout the period, men make up about 53% of the workforce (19,296 in 2019 and 19,632 in 2023; +336, approx. +1.7%), while women make up about 47% (17,139 in 2019 and 17,440 in 2023; +301, approx. +1.8%). In terms of gender, the distribution is thus remarkably constant, and the overall development indicates a robust, slightly growing labour force without major gender shifts.

The size and composition of the workforce provide a basic framework for analysis of employment and unemployment. The labour force is defined as the proportion of the working-age population that is available for the labour market, either through employment or active job search. A stable level of the labour force – as the available figures show – indicates that any changes in employment and unemployment rates are primarily due to economic or structural conditions rather than demographic fluctuations.

At the same time, the breakdown by gender helps to uncover possible differences in labour market attachment and participation rate. A sustained balanced development between men and women may point to a relatively consistent gender distribution in the labour force, which is important for the understanding of gender equality aspects in relation to the labour market. Thus, the development of the labour force serves not only as a quantitative indicator, but also as an analytical starting point for assessing the mechanisms that shape employment and unemployment in each society.

Employment



4Grønlands Statistik - ARXBFB05

The figure illustrates the development in employment among permanent residents of Greenland in the period 2019–2023, divided between men and women. The total number of employed persons has remained relatively stable throughout the period at around 28,500–29,300 people, but a slight increase is observed towards 2023.

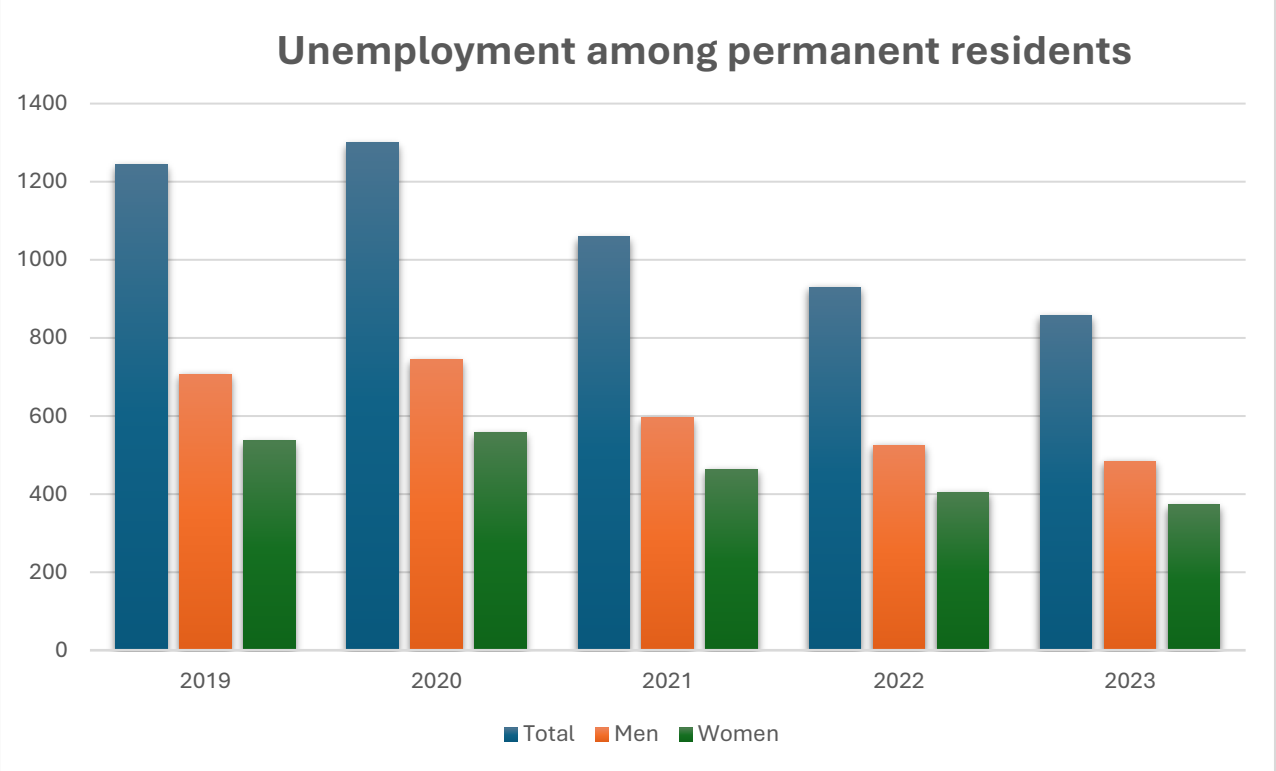
Looking at the gender distribution, men are still the largest group of employed people with around 15,300–15,600 people annually, while women make up 13,200–13,700

people. This reflects a persistent gender imbalance in the labour market, with men accounting for just over 53% of the employed and women accounting for around 47%.

However, the trend points to a gradual narrowing of the gaps: the growth in employment over the period is mainly due to an increase among women, thus reducing the gender employment gap. From 2019 to 2023, the difference between men and women has thus narrowed, although the labour market must still be characterised as male-dominated in absolute terms.

Overall, the figures indicate that Greenland's labour market is undergoing a slow movement towards greater gender equality in employment, but that structural differences still persist.

Unemployment



5Grønlands Statistik - ARXLED3

The figure shows the development in unemployment among permanent residents in Greenland in the period 2019–2023, calculated as the average number of unemployed per month and by gender. At the beginning of the period, the total level is just over 1,200 people but gradually decreases to 857 people in 2023. This shows a significant decrease in unemployment of around 30% over five years.

The gender distribution shows that men consistently make up the largest group among the unemployed. In 2019, there were 707 unemployed men compared to 536 women, and in 2023, the figures were reduced to 484 and 373, respectively. Women thus make up a smaller proportion of the unemployed, but their development follows the same downward trend as that of men.

The development indicates a general improvement in the employment situation in Greenland, where both men and women have increasingly gained access to the labour market. At the same time, a gender pattern is maintained in which men are more represented among the unemployed than women in absolute numbers.

Overall, the figures indicate that even though the labour market is still characterised by gender differences, overall unemployment has been reduced significantly during the period, which can be interpreted as a positive structural shift.

Employment and Unemployment Trends

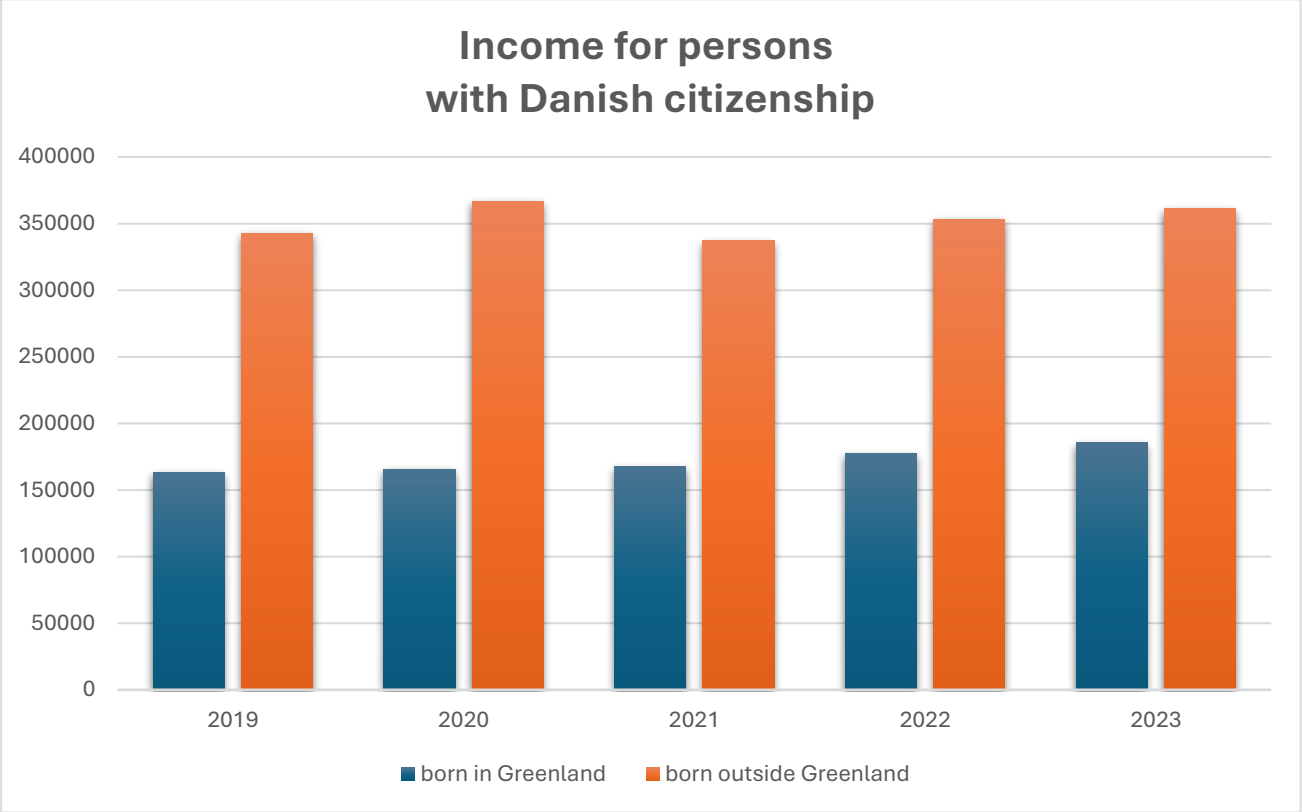
Overall, the development in employment and unemployment among permanent residents of Greenland in the period 2019–2023 points to a gradual strengthening of the labour market. Employment has been steadily increasing and reached almost 29,400 people in 2023. Men continue to make up the majority of the employed, but growth over the period is mainly driven by women, which has narrowed the gender employment gap somewhat. Women account for more than half of the increase in employment, indicating a slow movement towards greater gender equality in the labour market.

This positive development is reflected in the unemployment figures, where the total number of unemployed has fallen from just over 1,200 people in 2019 to 857 in 2023 – a decrease of around 30%. The reduction applies to both sexes, but men are still the largest group among the unemployed in absolute numbers. This leads to a pattern in which men dominate both employment and the unemployed, while women have increased their relative share of the employed and maintained a lower share of unemployment.

Overall, the figures show that Greenland's labour market has moved towards greater stability and lower unemployment during the period. At the same time, the development indicates that the gender gap is slowly levelling out, but that structural differences persist, as men's higher presence in the labour market is also accompanied by a greater representation among the unemployed.

Income and financial conditions

Income inequality whether you are born in Denmark or Greenland



6Grønlands Statistik - INXPI105

2

The graph above, shows the development in the average income of men with Danish citizenship in the period 2019–2023, broken down by place of birth. Since it is not possible to distinguish Greenlanders and Danes directly in the statistics, place of birth is used as a proxy: persons born in Greenland predominantly represent Greenlanders, while persons born outside Greenland primarily cover Danes.

A clear picture emerges of a persistent and pronounced income gap between the two groups. Men born outside Greenland earn on average significantly more than men born in Greenland throughout the period. Both groups have experienced increases in income, but the development differs: men born in Greenland have had a steady and stable increase

[2] Note: The statistics only include **men** with Danish citizenship. Since one cannot distinguish Greenlanders and Danes directly, place of birth is used as a proxy: "born in Greenland" ≈ Greenlanders, "born outside Greenland" ≈ Danes.

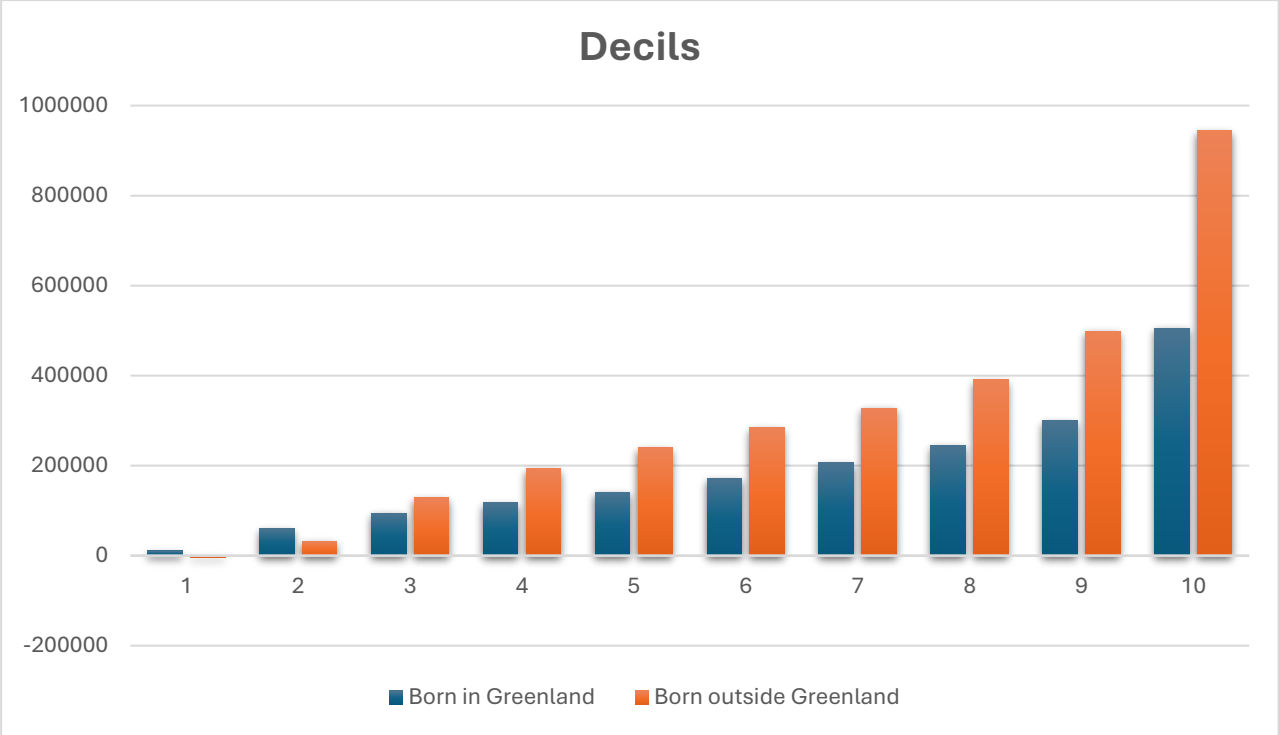
year by year, while men born outside Greenland have had greater fluctuations, including a significant decrease in 2021 followed by new increases.

On average over the entire period, men born in Greenland earned DKK 171,683, while men born outside Greenland earned DKK 352,135. The average annual difference thus amounts to DKK 180,452, corresponding to the average income of men born outside Greenland being about 105 percent higher than that of men born in Greenland. In 2023, the difference was DKK 176,059, which corresponds to men born outside Greenland having an income that was approximately 95 percent higher. Over the period 2019 to 2023, the income of men born in Greenland increased by DKK 22,485, while that of men born outside Greenland increased by DKK 18,932.

The differences may be due to a number of structural factors. Among the most obvious explanations are differences in education level, access to and distribution of job types, as well as geographical differences in salary levels and mobility. Men born outside Greenland may be overrepresented in high-paid sectors such as management, consultancy and technology, while men born in Greenland are more likely to be employed in sectors with lower average wages. In addition, differences in age distribution, seniority, working hours and unemployment between groups can also contribute to the income gap.

However, it is important to underline certain methodological reservations. Since place of birth is used as a proxy, the categories are not completely clean: Danes born in Greenland and Greenlanders born outside Greenland may draw the averages. In addition, the calculation is based on averages, which can be affected by very high incomes at the top. An alternative measure such as median income could give a more accurate picture of the typical income. Finally, the definition of income (e.g. whether it includes transfer income) may also have an impact on the results.

Deciles based on whether you were born in or outside Greenland



7Grønlands Statistik - INXPI401

The graph shows the income divided by deciles for men born in Greenland and people born outside Greenland. A decile covers a tenth of the population, where the 1st decile is the 10 percent with the lowest income, while the 10th decile is the 10 percent with the highest income. The starting point is the equivalised disposable income, which means that the income is adjusted for household size and the economies of scale that are associated with living together.

The results show that people born outside Greenland generally have a higher income level than people born in Greenland, and the difference grows significantly through the income distribution. At the median (5th decile), people born outside Greenland earn an average of about DKK 240,000, while people born in Greenland are about DKK 141,000 – a difference of almost DKK 100,000, corresponding to about 70 percent.

At the top, the difference is even clearer: the limit to the richest tenth is almost DKK 945,000 for people born outside Greenland, while for people born in Greenland it is just over DKK 505,000. The bottom, on the other hand, differs in another way: for people born outside Greenland, the lowest decile is negative, which means that at least 10 percent have

no or even negative income. For people born in Greenland, the bottom is stable positive at around DKK 10,000.

Overall, this means that place of birth is intricately linked to the income position in Greenland. People born in Greenland have lower incomes across the entire distribution, but a more even and compressed income structure without the extreme top and with a bottom that is typically above zero. People born outside Greenland, on the other hand, have significantly higher median and top incomes, but also greater internal inequality, where some are at the very bottom with exceptionally low or negative incomes, while others are at the very top with remarkably high incomes. This shows that being born in or outside Greenland reflects not only different average levels, but also different distribution patterns and economic profiles in society.

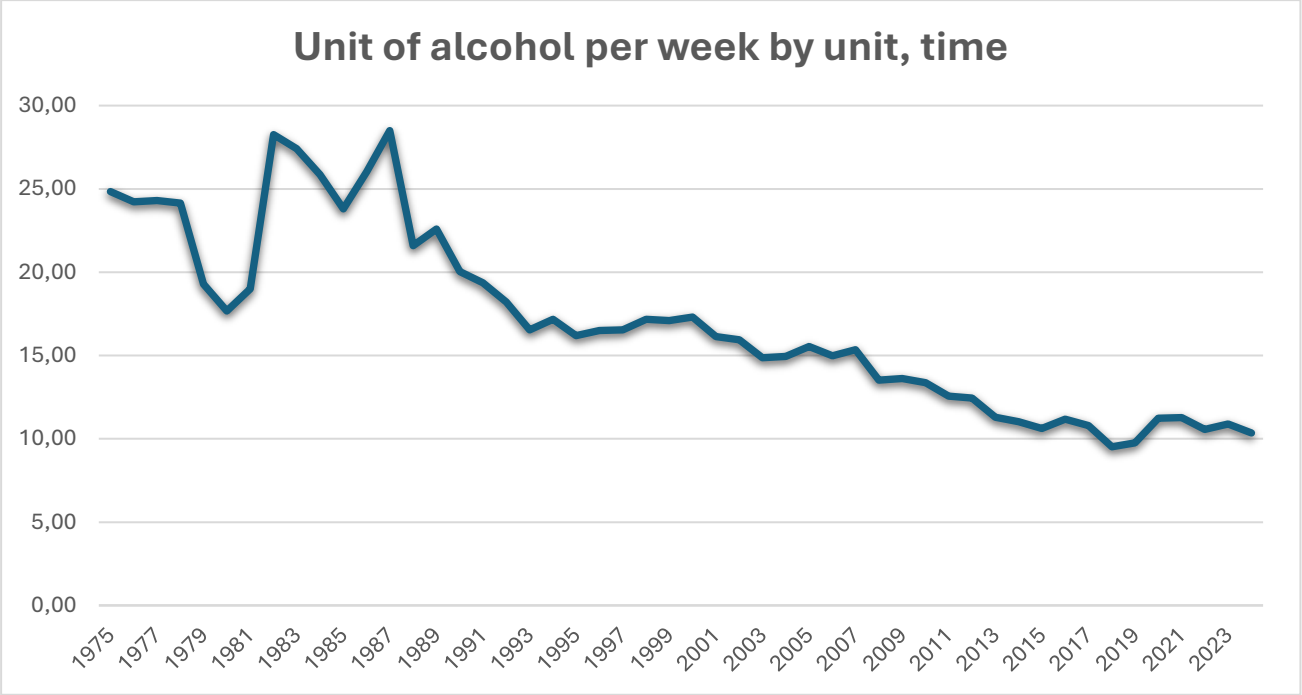
The figures clearly show that there is a significant and stable income gap between men born in and outside Greenland, and that this difference has been consistent across the years.

Health Behavior and Lifestyle

Alcohol plays a significant role in understanding suicidal behaviour, because consumption increases vulnerability both in the short and long term. Acute impact can weaken impulse control and amplify feelings of hopelessness, making it more likely that a crisis will develop into action. At the same time, alcohol is often linked to mental disorders and social problems such as unemployment, isolation and financial difficulties. Therefore, alcohol is a key background factor when analysing patterns and risks associated with suicide and should be considered in preventive efforts.

Alcohol consumption is linked to the risk of suicidal behaviour because it can both exacerbate existing mental health challenges and trigger acute crises. When people are intoxicated, impulse control decreases and they become more vulnerable to acting on destructive thoughts. At the same time, long-term consumption contributes to social and health problems such as isolation, unemployment and liver diseases, which in themselves increase the risk. In this way, alcohol plays a dual role as both a direct and indirect risk factor, which makes it a necessary perspective in analyses of suicidal conditions.

Alcohol



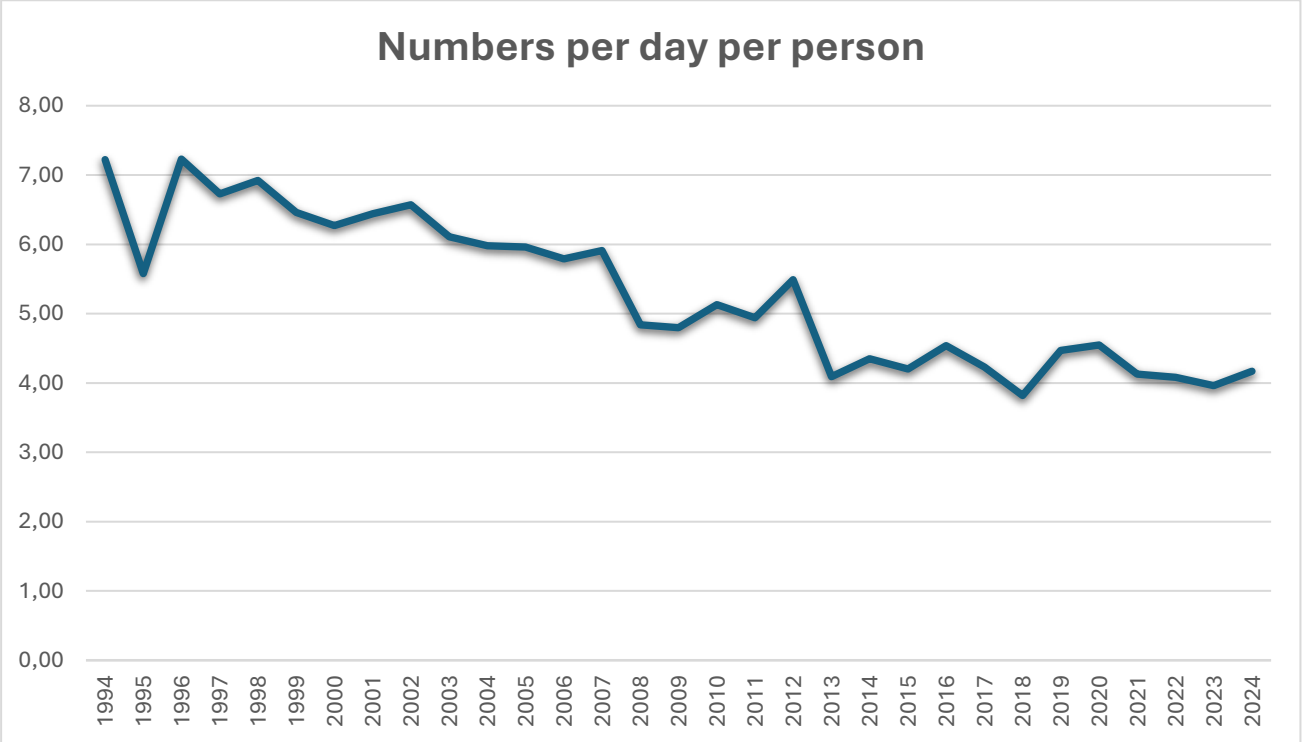
8Grønlands Statistik - ALXALK4

The graph shows the development in average weekly alcohol consumption from 1975 to 2023 measured in items. The level was high in the 1980s with several significant fluctuations, when consumption peaked at around 28 units per week. After this period, a clear decline is seen, first gradually through the 1990s and then more steadily downwards in the 2000s and 2010s. In recent years, consumption has been around 10–11 units per week. The development thus shows a significant decline over time, which indicates that the importance of alcohol as a general population risk has decreased, but at the same time the fluctuations in the previous periods underline that consumption has historically been a significant factor in relation to health and social problems.

Tobacco

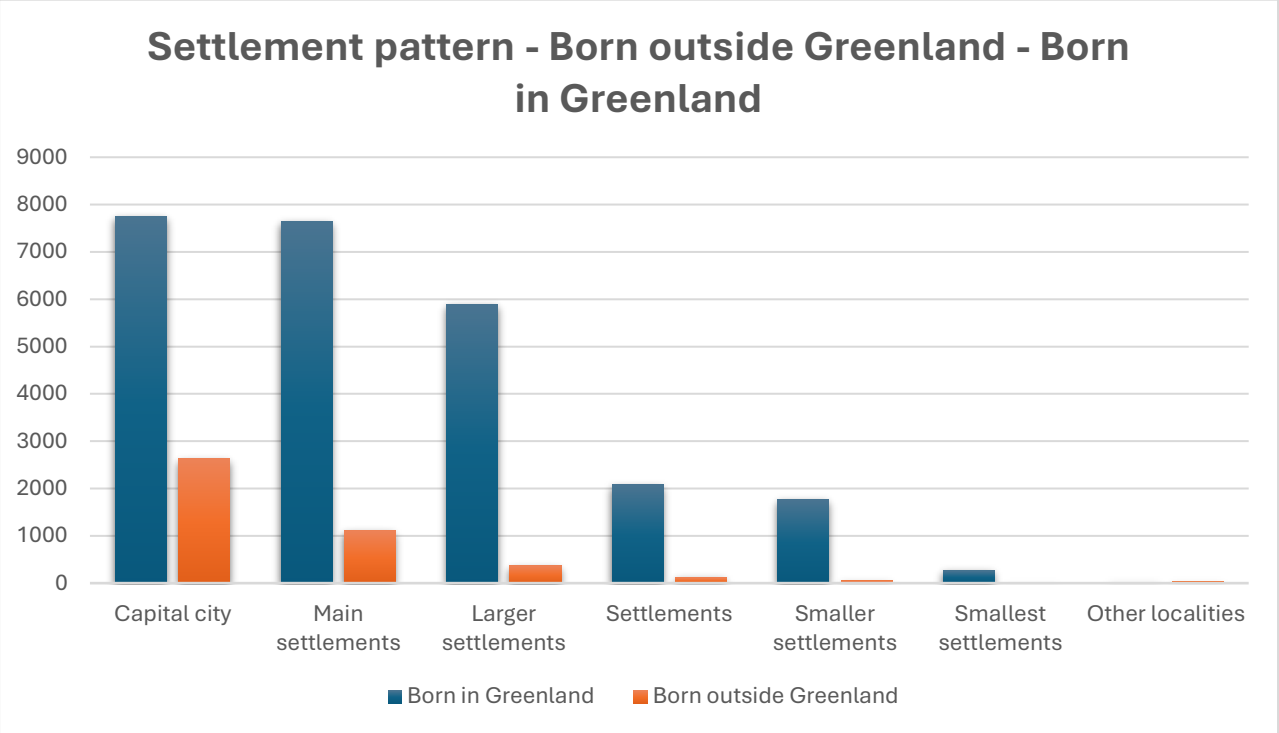
Tobacco, in line with alcohol, is an important factor in analyses of health and social vulnerability. High tobacco consumption increases the risk of serious diseases such as cancer, cardiovascular disease and lung diseases, which can lead to both health and social consequences. In addition, tobacco smoking is often linked to other risk behaviours and psychological strains, which can reinforce vulnerability and marginalisation. The development in tobacco consumption is therefore central to understanding broader patterns in the population's health status.

The graph below shows the average daily tobacco consumption per person in the period 1994–2024. At the beginning of the period, the consumption was around 7 units per day, but since then there has been a significant decrease. After 2007, there is a clear shift, where the level falls to about 4–5 units per day. Recent years show a stabilisation in this lower range, although with small fluctuations, including in the years around 2010 and 2020. Overall, the development shows a halving of the average tobacco consumption over three decades, which testifies to a significant change in the population's lifestyle and health habits.



9Grønlands Statistik - ALXTOB2

Geography and mobility



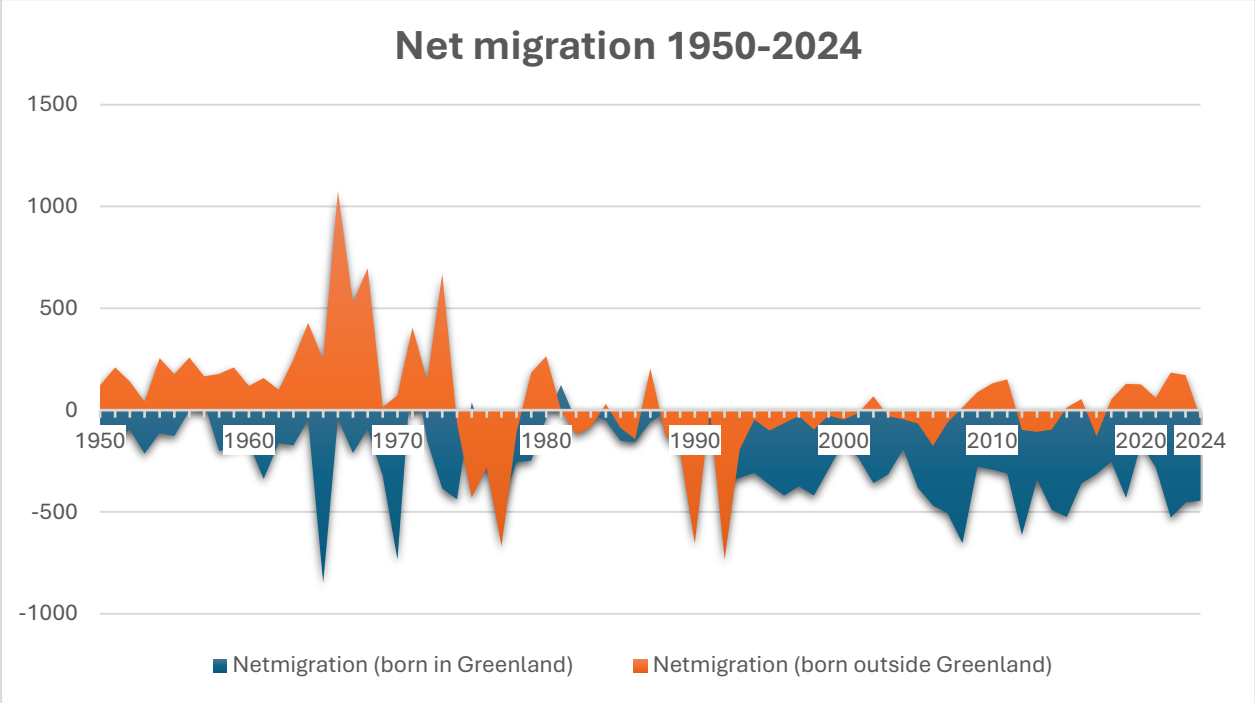
10Grønlans Statistik - BEXSTA

The graph above shows the distribution of men by place of birth (born in Greenland vs. outside Greenland) across settlement types. In total, the report includes 29,770 men, of whom 25,443 were born in Greenland and 4,327 outside Greenland (≈ 14.5%). The proportion born outside Greenland varies significantly with type of settlement: Capital City has by far the highest share (25.3%; 2,632 of 10,389), after which the share decreases gradually through Main settlements (12.7%), Larger settlements (5.9%), Settlements (5.6%), Smaller settlements (3.0%) and smallest settlements (2.9%). The category other localities has a high relative share (66%), but very small volume (50 people), and should therefore be interpreted with caution.

The pattern points to a clear urban-rural gradient among men: Men born outside Greenland are highly concentrated in the largest urban areas, while the smallest settlements are almost exclusively men born in Greenland. Analytically, this indicates that the influx (and retention) of male newcomers occurs primarily in urban environments with greater work and education opportunities, more differentiated housing markets, and broader service and network infrastructure. For labour market and integration policy, this means that initiatives targeted at men born outside Greenland should be placed in the capital and the

largest cities with the greatest effect (e.g. language, qualified job match, housing), while rural areas and small settlements should focus to a greater extent on retention and mobility among men born in Greenland. At the same time, the distribution underlines the need to distinguish sharply between level and structural challenges: large proportions in the city are due to both higher absolute volumes and selective settlement—not necessarily higher growth rates in all subgroups.

Net migration



11Grønlands Statistik - BEXSAT2

The graph of net migration 1950–2024 reveals a persistent structural pattern, where net emigration among Greenlandic-born people constitutes the most consistent component of population dynamics.

As early as the 1950s, a trend towards emigration is embedded, which intensifies in the 1960s and 1970s, and which – with short-term deviations – is reproduced over the following decades. This development can be understood as an expression of a combination of structural push factors (limited educational and vocational opportunities, regional inequality, changing lifestyle preferences) and pull factors abroad (especially Denmark), which creates a relatively stable outflow profile among locally born people.

The opposite movement among foreign-born people reflects socio-economic and political cycles to a greater extent. The significant net migration in the 1950s and 1960s is closely linked to the modernization process, industrialization and active recruitment of labour. From the 1990s, this flow is significantly reduced, and the pattern is instead characterized by temporary fluctuations around zero. This indicates that foreign migration is increasingly characterised by short-term or project-bound migration, while the long-term demographic challenges are to a much greater extent defined by the Greenlandic-born people's continued net emigration.

Overall, net emigration among Greenlandic-born people appears to be the primary driver of the demographic imbalance, which supports the need for a political and strategic orientation towards retention initiatives, re-recruitment and improvement of local living conditions rather than a one-sided dependence on foreign labour. Thus, the graph is central to the analysis of Greenland's population development, as it visualizes the tension between structural emigration and cyclical migration.

Counting Lives: Suicide Rates and Patterns in Greenland

Definition Box

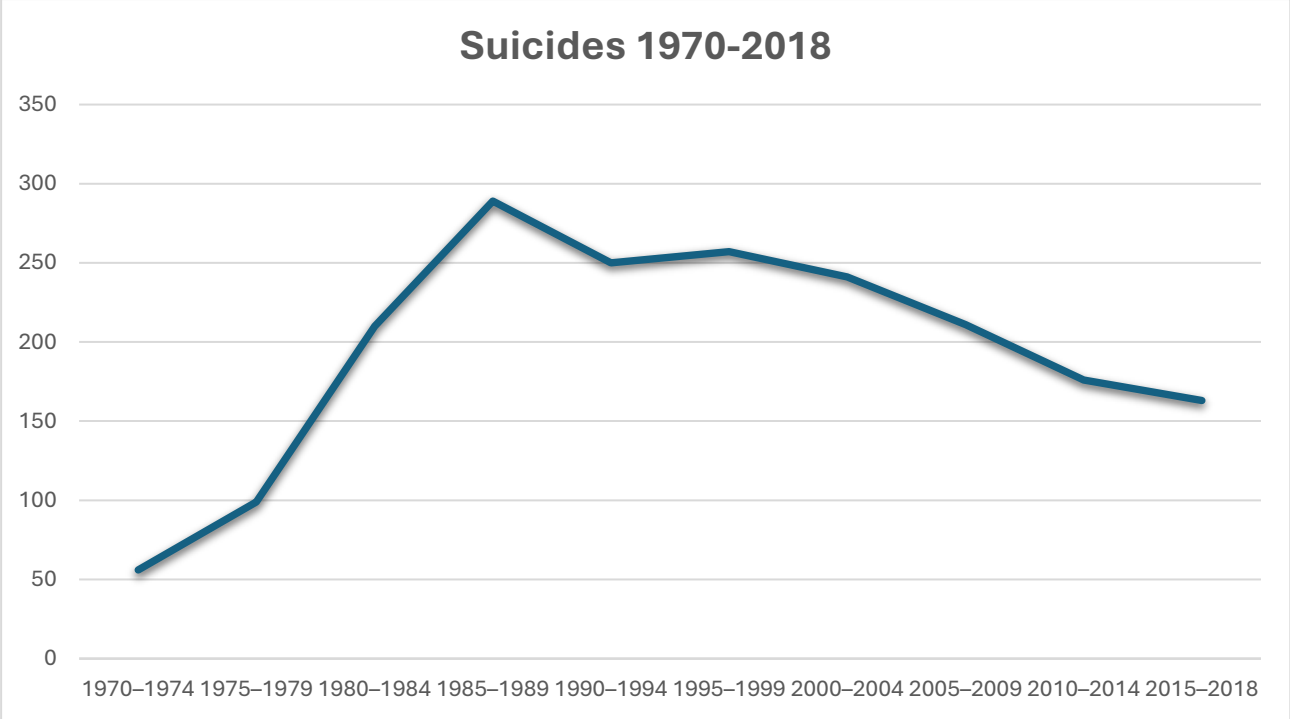
The World Health Organization defines **suicide** as an act with a fatal outcome that the deceased initiated and carried out with knowledge and expectation of a lethal result (WHO 1986, 7). **Suicide attempt** refers to a non-fatal act in which an individual deliberately tries to harm themselves with the intention of producing desired change through the anticipated physical consequences of the act (WHO 1986, 7).

WHO further uses the concept of **suicidal behaviour** as an umbrella term covering suicide, suicide attempts, and other self-injurious acts (WHO 1986, 8). Related to this are **suicidal thoughts**, which range from brief and passing considerations to persistent and distressing preoccupations with suicide (WHO 1986, 9).

Data & methods

The purpose of the analysis is to describe the extent and development of suicide in Greenland and to elucidate patterns in age, gender, geography, choice of methods and relation to previously registered suicidal behaviour. In addition, information on suicide attempts and threats is included in order to paint a more nuanced picture of the overall suicidal behaviour in the population.

The data basis is based on the Greenland Police's case registration system, which includes reports of suicide, suicide attempts and suicide threats. The time series make it possible to analyse the development in recent years and put it in a longer historical perspective with the inclusion of previous research. For geographical analyses, information on suicides is linked to population figures from Statistics Greenland, so that rates can be calculated in relation to the number of inhabitants. The population includes all registered cases of suicide in Greenland, and in the calculation of suicide rates, the common definition is used as the number of suicides per 100,000 inhabitants per year. No age standardisation has been carried out, but the results are divided into age categories, which makes it possible to compare the development between groups and years. A methodological delimitation is that registration of suicide attempts and threats does not exist until 2014, which means that the time series for these incidents are shorter than for suicides.



12(Seidler 2023, 2)

Historical Trends in Suicide in Greenland

The graph shows that suicide in Greenland was relatively rare in the early 1970s but rose sharply through the 1980s, peaking at historically high levels. This dramatic increase reflects the rapid modernization and social upheavals of the period, which created fractures in family life, community structures, and young men's social roles (Grove & Lynge 1979; Lynge 1985; Thorslund 1991).

From the 1990s onward, rates stabilized but remained high, consistent with research that links Inuit suicides to collective trauma and intergenerational disruption rather than individual pathology (Kral 2012, 2016). Since the mid-2000s, suicides have gradually declined, a trend associated with increased political attention and coordinated prevention strategies (Paarisa 2004; Departementet for Sundhed 2013).

Despite this decline, the levels remain among the highest globally, underlining that suicide in Greenland is not only a psychological issue but deeply tied to colonial history, inequality, and cultural marginalization (Seidler et al. 2023; Seidler 2024).

Period	Other	Shooting or use of explosives	Hanging, strangulation or suffocation	Poisoning
1970–1979	3	23,9	7,3	3,8
1980–1989	9,9	49,7	45,8	5,1
1990–1999	6,9	32,6	60,2	2,3
2000–2009	5,2	22,7	58,2	3
2010–2018	4,4	14,6	63	3,1

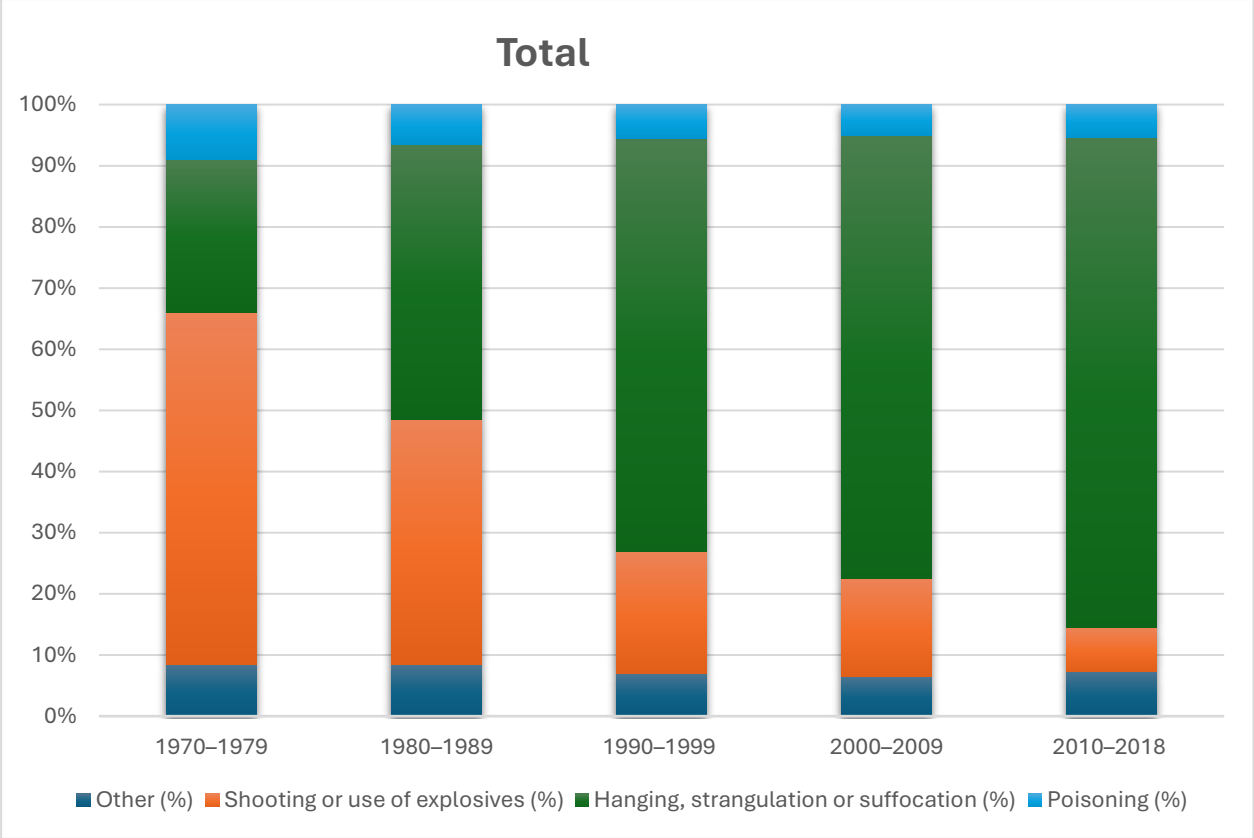
13(Seidler et al., 2023, 6)

Methods of Suicide in Greenland

The table shows a marked shift in suicide methods in Greenland over time. In the 1970s, firearms were the dominant method (23.9%), reflecting widespread access to hunting weapons. During the 1980s, this increased dramatically to almost half of all suicides (49.7%), while hanging accounted for less than half (45.8%).

From the 1990s onward, the pattern changed significantly: the use of firearms declined steadily, while hanging became increasingly dominant, reaching over 60% of cases in the 2000s and 2010s. Other methods, such as poisoning, remained relatively rare and stable.

This development suggests both cultural and structural shifts: tighter firearm regulations and changes in living conditions may have reduced access to guns, while hanging has emerged as the most prevalent and accessible method, particularly among young men (Lynge 1985; Bjerregaard 1997; Seidler et al. 2023).

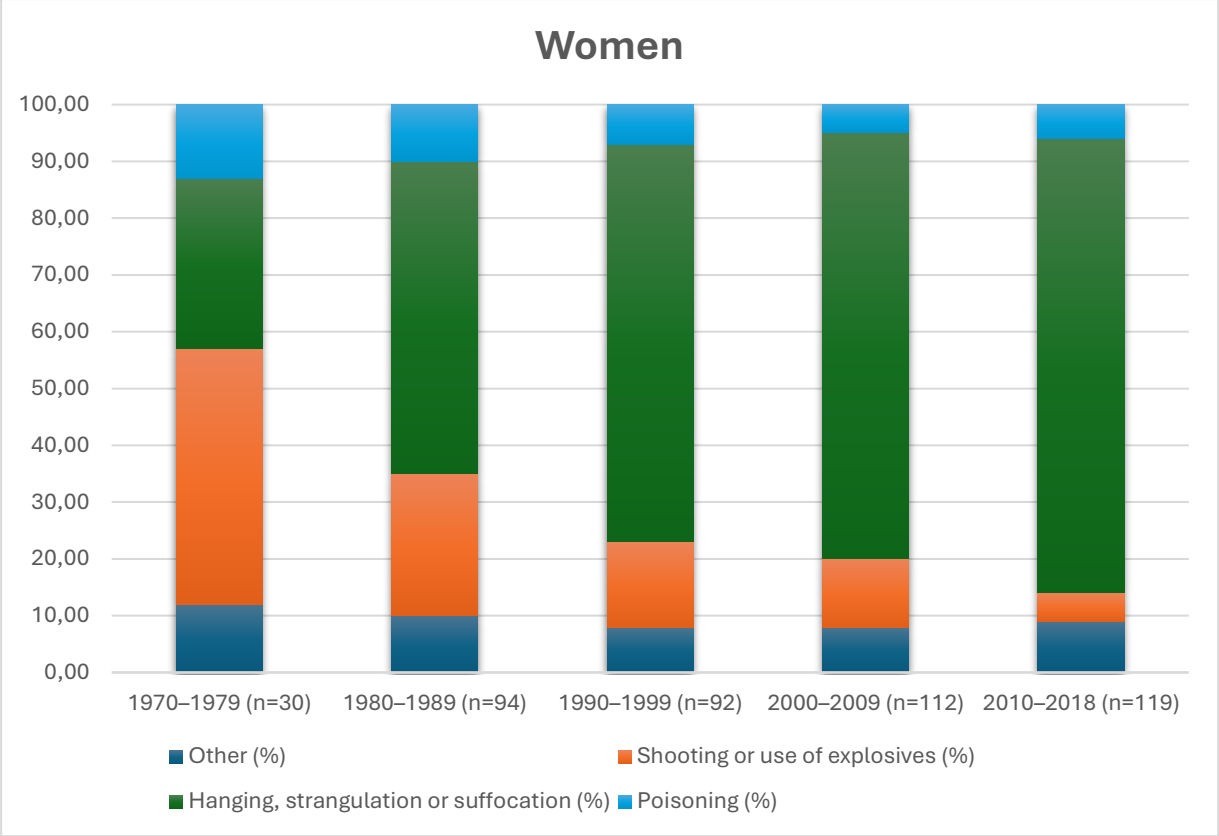


14(Seidler et al., 2023, 6)

The graph shows the distribution of suicide methods in Greenland from 1970 to 2018.

In the 1970s and 1980s, shooting and use of explosives were the most common methods, making up almost half or more of all cases. From the 1990s onward, however, there was a marked shift: hanging, strangulation or suffocation became the dominant method, steadily increasing to over 60% of suicides in the most recent period (2010–2018).

Other methods, such as poisoning and the mixed "other" category, remained relatively rare throughout the entire period, each accounting for only a few percent. Overall, the graph highlights a clear change in suicide methods over time, with a decline in firearm-related suicides and a corresponding rise in hanging as the main method used.



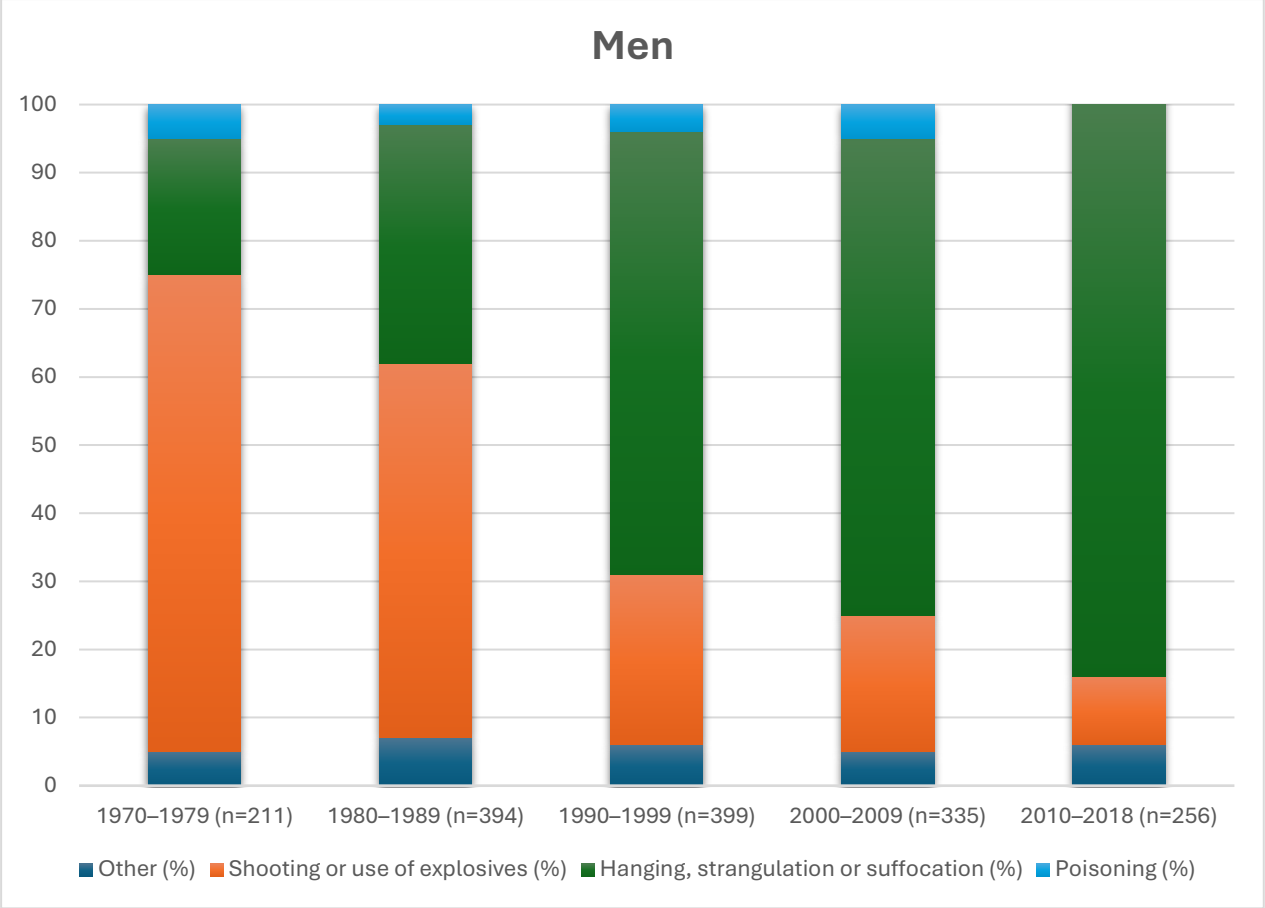
15(Seidler et al., 2023, 6)

The graph shows the methods of suicide among women in Greenland between 1970 and 2018.

In the 1970s and 1980s, there was a more mixed distribution of methods: shooting/explosives and hanging/strangulation/suffocation were both common, while poisoning was also more frequent compared to men. From the 1990s onwards, however, the picture changes significantly. Hanging/strangulation/suffocation becomes the overwhelmingly dominant method, accounting for the vast majority of suicides among women.

By the 2000s and 2010s, over 80–90% of female suicides are by hanging, while the use of firearms and poisoning declines sharply. The "other" category remains small throughout.

Overall, the graph demonstrates a clear trend: while suicide methods among women were varied in the earlier decades, hanging has increasingly become the predominant method since the 1990s.



16(Seidler et al., 2023, 6)

The graph shows the methods of suicide among men in Greenland between 1970 and 2018.

In the 1970s and 1980s, the most common method was shooting or use of explosives, accounting for the majority of male suicides. Hanging was less dominant in this period, though still present.

From the 1990s onwards, there is a clear shift: hanging/strangulation/suffocation steadily increases and becomes the predominant method, while firearm-related suicides decline significantly. By the 2010s, hanging accounts for the overwhelming majority of male suicides, with shooting reduced to a much smaller share.

The categories of poisoning and other methods remain minimal throughout the entire period.

Overall, the graph demonstrates a transition in male suicide methods: from a dominance of firearms in the 1970s–1980s to hanging being the primary method from the 1990s onwards.

The historical trajectory of suicide in Greenland

Resembles a sharp fracture line through modern history. In the 1970s, the numbers were relatively modest, but within a decade they soared to unprecedented heights. The rise of the 1980s was not just a statistical spike—it mirrored the disintegration of collective certainties and the collision between traditional lifeways and modern institutions. Suicide became a symptom of cultural rupture, of identities suspended between two worlds, where belonging was no longer guaranteed (Kral 2012, 307–309; Gaini 2017, 51–66).

By the 1990s, the wave had crested. The rates remained alarmingly high, yet they carried the mark of stabilization. It is in this period that suicide increasingly reflected what critical suicidology identifies as collective trauma: wounds not only of individuals but of communities, stretched across generations and carried in the silence between parents and children (Kral 2016, 689–690). Even the gradual decline since the 2000s, fuelled by political initiatives and national strategies, cannot mask the fact that Greenland continues to be one of the most affected regions worldwide (White, Marsh, Kral & Morris 2016, 688–690).

The methods of suicide reveal another dimension of this fracture. In the 1970s and 1980s, firearms dominated—an echo of the hunting culture where weapons were tools of survival but also of death. By the 1990s, this had changed dramatically: hanging became the prevailing method, climbing steadily to over 60% of cases in recent decades. Hanging is both stark and accessible—it requires no permit, no equipment, only a moment of despair and a rope. The decline of firearm suicides and the dominance of hanging reflect more than regulation; they symbolize the narrowing of options in young men's lives, where the "crack in the ice" between tradition and modernity left them precariously suspended without footing (Gaini 2017, 51–66).

Among women, the pattern is even sharper. In earlier decades, suicide was enacted through varied means: shooting, poisoning, and hanging. From the 1990s onward, however, hanging almost completely eclipsed other methods, becoming the overwhelmingly dominant form. By the 2010s, more than 90% of women who took their own lives did so by hanging. The narrowing of methods mirrors a broader constriction of possibilities, where social and cultural supports failed to provide alternative routes to dignity or resilience (Guemple 1986, 17–18, 21–23).

Men's trajectories follow a slightly different path. In the 1970s and 1980s, suicide was tied to the gun—the hunter's weapon turned inward. But as access waned and social worlds shifted, hanging took over. By the 2010s, it accounted for nearly all male suicides. This transition is not just about instruments—it tells a story of masculinity stripped of its anchors. Once embedded in hunting, provision, and community recognition, men's identities dissolved under modernization, leaving them vulnerable in ways that critical suicidology identifies as structurally produced rather than individually chosen (Kral 2013, 268–269, 276–278).

Taken together, these patterns reveal suicide not as an isolated act, but as a mirror of Greenland's historical transformations. They illuminate how colonial histories, fractured masculinities, and collective wounds continue to shape the most intimate decisions about life and death. Suicide here is not only an ending—it is also an expression of a world unsettled, a society caught in a prolonged liminality, and a community negotiating belonging in the shadow of rupture (Gaini 2017, 51–66; Olsen 2015, 37–39, 46–47).

Suicide in Greenland 2024

In 2024, 47 suicides were registered in Greenland. A review of the age distribution shows that the younger age groups are particularly vulnerable, with 25 of the cases (53%) involving people aged 30 or under. This overrepresentation among young people underlines a serious societal problem and indicates the need for preventive efforts that are more targeted at children, young people and young adults.

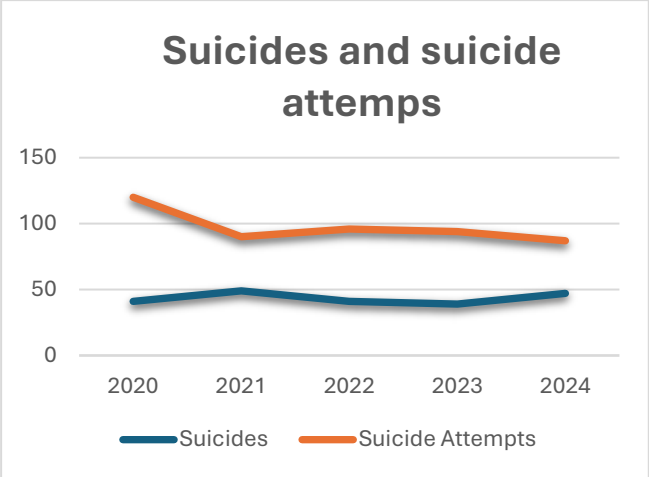
In terms of methodology, strangulation appears to be the most common approach, which is seen in 62% of cases. The fact that a single method dominates to such a significant extent can be seen both as an expression of accessibility and of culturally conditioned patterns in suicidal behaviour. This indicates that prevention strategies should include knowledge about the specific practices that characterise local practices.

There are also clear geographical differences. If the figures are adjusted in relation to population, Tasiilaq appears as an area with a particularly high incidence, as the town had a suicide rate of 4.1 per 1,000 inhabitants in 2024. This indicates that the suicide problem in Greenland is not evenly distributed, but instead is concentrated in certain local communities, which requires differentiated and locally anchored efforts.

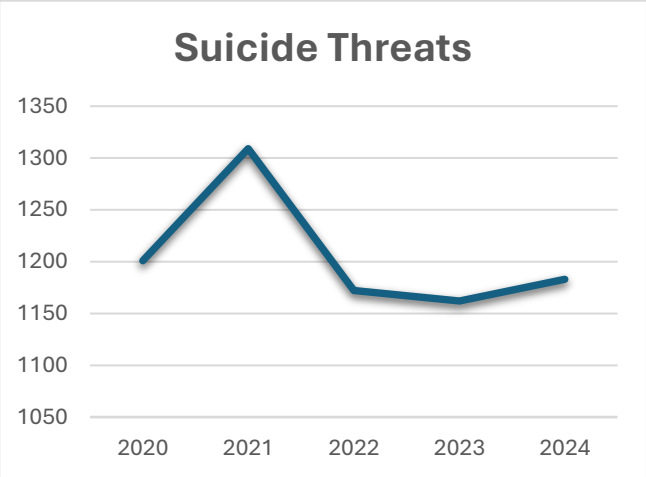
A significant finding is that 20 of the deceased (43%) have previously been registered with the police in connection with suicide threats or attempts. This shows that a significant proportion of the people who end up taking their own life have previously been identified as being at risk. There is a potential here to strengthen efforts in early prevention work, where cooperation between the police, health service and social authorities can be crucial to prevent fatal outcomes.

Overall, the analysis indicates that suicide in Greenland in 2024 is a complex problem area, where age, choice of method, geographical conditions and previous contact with authorities play significant roles. An effective effort therefore requires both structural measures, local strategies and interdisciplinary collaboration if the trend is to be reversed.

Suicides, suicide attempts and suicide threats 2020-2024



18Efterretning & Analyse [EAE], 2024, 4)



17Efterretning & Analyse [EAE], 2024, 4)

The development in suicides, suicide attempts and suicide threats in Greenland in the period 2020–2024 shows a complex and complex picture. The number of suicides is relatively stable during the period, but with fluctuations from 39 to 49 cases annually. In 2024, there will be a clear increase to 47 registered suicides compared to 39 the year before, marking the highest level since 2021. At the same time, the number of suicide attempts decreases significantly, from 120 in 2020 to 87 in 2024, corresponding to a decrease of almost 30 percent. Suicide threats follow a different pattern: they peak in 2021 with 1,309 registered cases, after which they stabilize around 1,160–1,180 cases annually.

This development can be interpreted in several ways. The increasing incidence of completed suicides in 2024, despite fewer registered attempts, may indicate a change in the lethality of the methods used, for example a higher proportion of strangulation, which traditionally has a higher mortality rate. It may also reflect a faster transition from suicidal thoughts or threats to action, where interventions do not have time to have an effect. At the same time, the decrease in trials may be an expression of an improved preventive effort, where fewer people reach the trial stage, or it may be due to changes in registration practices, where incidents are classified as threats rather than attempts.

The relatively stable, but high level of suicide threats testifies to a continued significant psychosocial burden in the population. The fact that so many threats are registered without a corresponding increase in completed suicides can be seen as an expression of the fact that several citizens achieve contact with the system, which holds potential for prevention. At the same time, however, it can also be emphasised that the overall burden is

constant, and that the variations in deaths are rather linked to differences in choice of method, demographic conditions or local access to help.

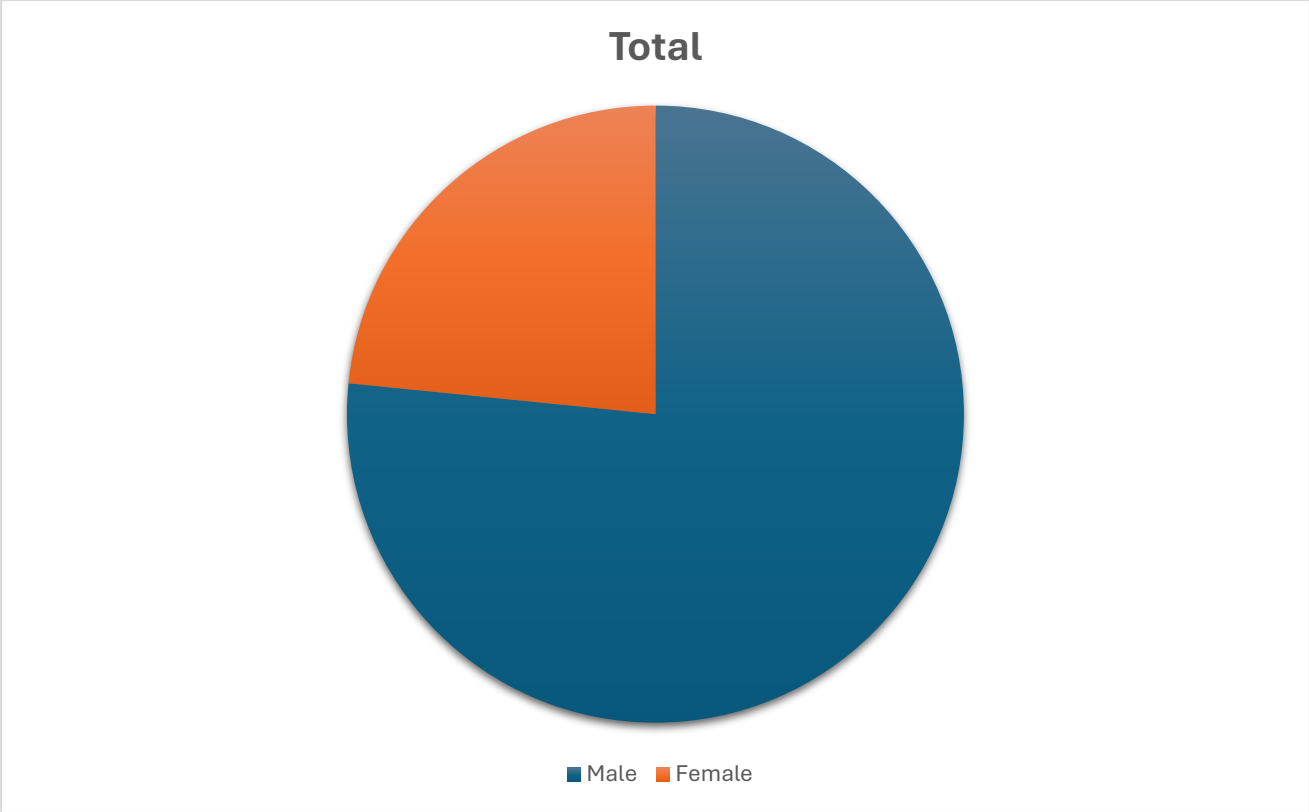
There are a few possible explanations for the development. International studies document a seasonal pattern where suicides occur more frequently in the spring and summer months, and this is also reflected in the Greenlandic figures. Geographical differences also play a central role: in towns like Tasiilaq, suicide rates are seen that are significantly higher than the national average. Finally, the age distribution, where a large proportion of the deceased are under 30 years of age, can contribute to greater fluctuations in the statistics, as smaller population cohorts can result in relatively large percentage changes.

Overall, the development points to a situation where suicide continues to constitute a serious social problem in Greenland. The combination of a stable high level of threats, a decrease in attempts and an increase in deaths in 2024 highlights the complexity that characterises the field and illustrates the necessity of understanding suicide in a broad context where psychosocial, geographical and methodological factors interact.

Year	Suicides	Suicide Attempts	Suicide Threats
2020	41	120	1201
2021	49	90	1309
2022	41	96	1172
2023	39	94	1162
2024	47	87	1183

19Efterretning & Analyse [EAE], 2024, 4)

Distribution by gender in 2024



20Efterretning & Analyse [EAE], 2024, 5)

The pie chart for 2024 draws a stark and almost brutal image: suicide in Greenland is overwhelmingly a male tragedy. The deep blue of the circle dominates, leaving only a small slice of orange to represent women. This gendered imbalance is not a statistical curiosity but a story of how masculinity itself has become a place of risk.

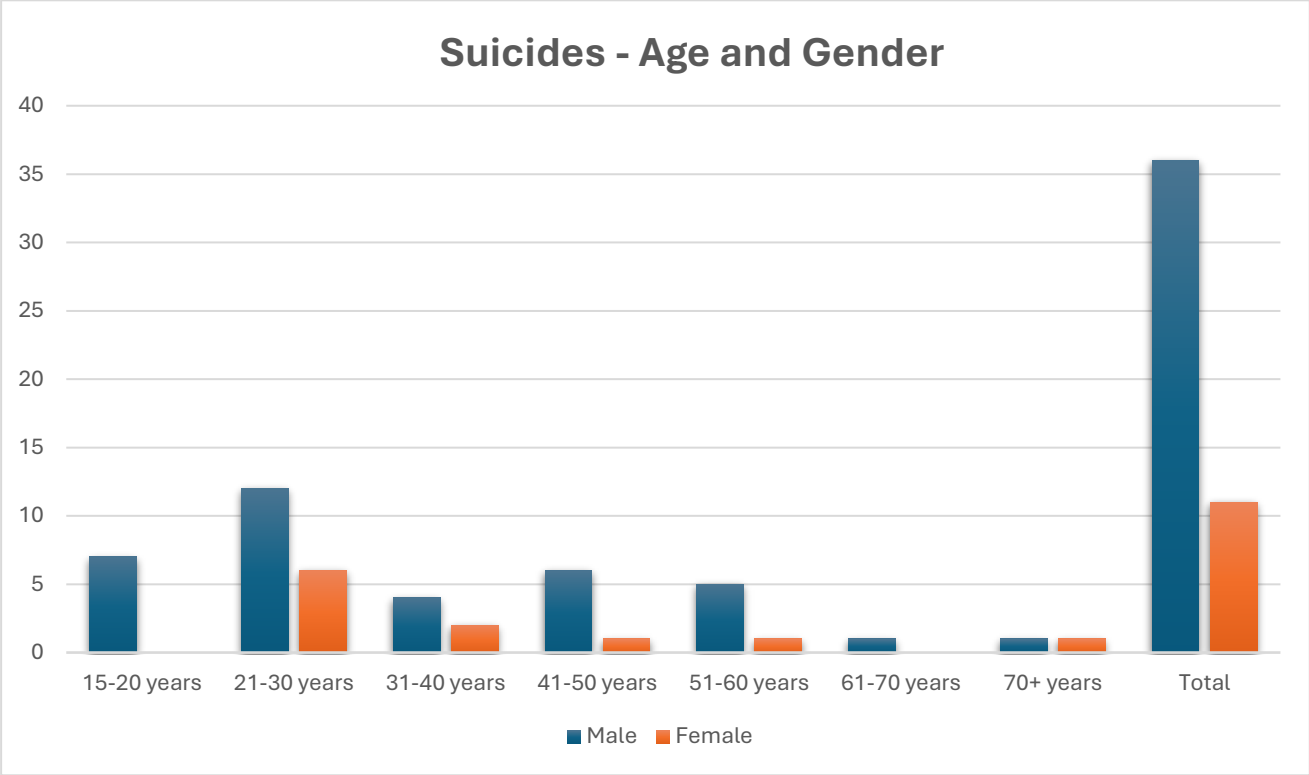
Where women's lives are shaped by other forms of vulnerability, men in Greenland face a double pressure. On the one hand, the traditional pathways to status and belonging—hunting, craftsmanship, the role of breadwinner—have been eroded by modernization and urbanisation. On the other hand, the new demands of wage labour, education, and institutional life often remain out of reach. In this void, young men find themselves caught in what Gaini calls a "crack in the ice," a space where neither old nor new identities offer stable ground (Gaini 2017, 51–66).

Suicide, then, becomes not just an individual act but a response to collective fractures. Kral shows how the loss of shared rituals and community action leaves young men adrift, their identities fragile and unanchored (Kral 2013, 276–278). Added to this is the weight of

masculine norms that prize control and silence over vulnerability, norms that discourage seeking help and instead channel despair inward.

The dominance of men in this 2024 distribution thus speaks volumes. It tells of a society where masculinity has been destabilised by colonial history and rapid change, and where the cost is written most painfully in young men's lives.

Distribution by gender and age



21Efterretning & Analyse [EAE], 2024, 5)

The bar chart shows the distribution of suicides in Greenland by both gender and age, and it makes the generational and gendered vulnerability clear. The blue bars, representing men, dominate almost every age group, while the orange bars for women remain consistently lower.

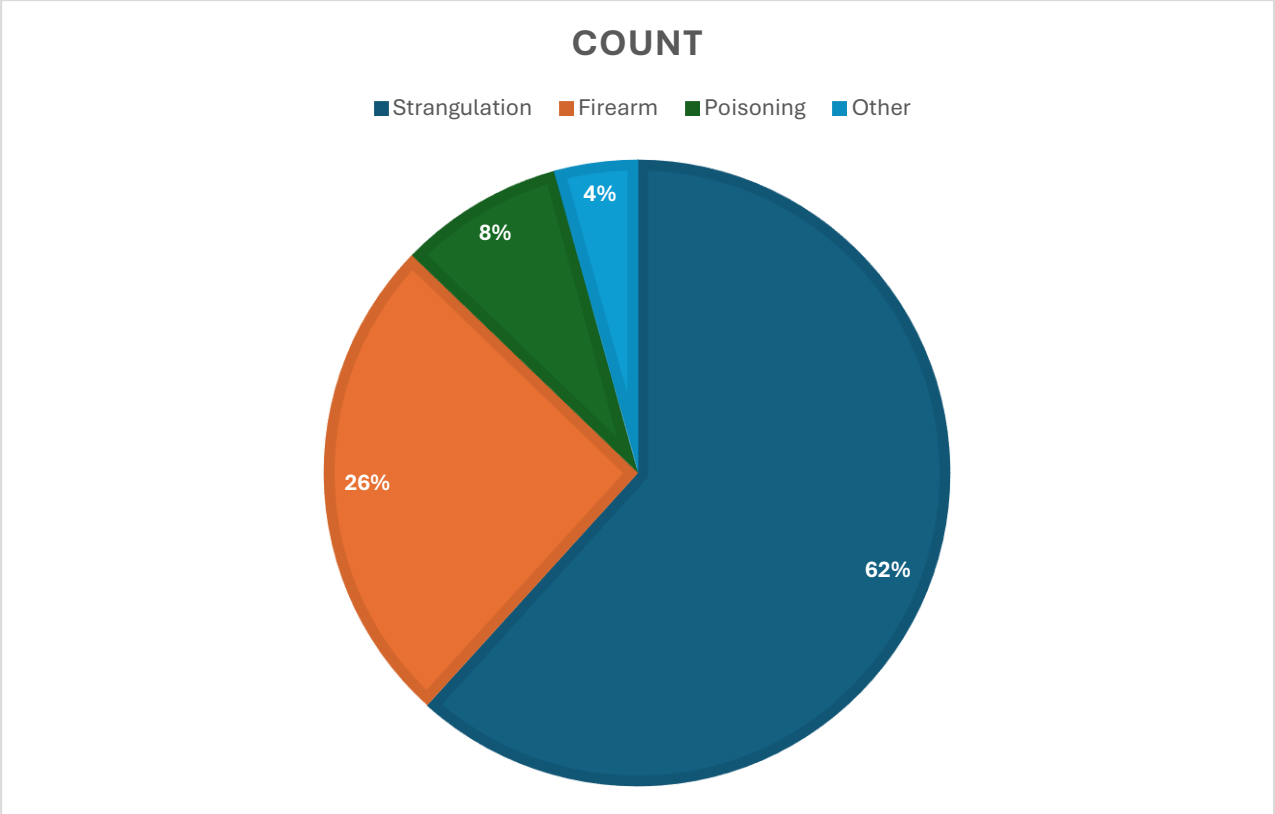
The most striking feature is the sharp peak among men aged 21–30. This is the life stage where the fractures of modern Greenland appear most acutely: the old roles of hunter and provider no longer guarantee recognition, while the new demands of education and wage work can be difficult to access. Young men find themselves in a space of liminality, what Gaini calls a "crack in the ice," where neither traditional nor modern identities provide stable belonging (Gaini 2017, 51–66).

For women, the distribution is more even across the age groups, but at much lower levels. This suggests that while women also face pressures linked to modernization and social change, they do not experience the same concentrated collapse of roles and expectations as young men do.

The near-absence of suicides in older age groups highlights another painful fact: suicide in Greenland is not primarily an issue of aging or chronic illness, as seen in some other societies, but one that overwhelmingly targets the young. As Kral has shown, suicide here must be understood not as an individual pathology but as a collective response to disrupted communities and broken social structures (Kral 2013, 276–278).

Altogether, the graph makes visible the demographic heart of the suicide crisis: it is young men, especially in their twenties, who stand at the most fragile intersection of historical trauma, rapid modernization, and shifting masculine roles.

Method and locality of suicide



22Efterretning & Analyse [EAE], 2024, 6)

3

This pie chart shows the overall distribution of suicide methods in Greenland. The majority of suicides—62%—are by strangulation, making it the overwhelmingly dominant method. Firearms account for 26%, while poisoning (8%) and "other" methods (4%) remain marginal.

When compared with the historical trends, a clear development emerges. In the 1970s and 1980s, firearms were the leading method, reflecting widespread access to hunting weapons and their centrality in daily life. At that time, strangulation was less dominant and firearm-related suicides could make up nearly half of all cases. From the 1990s onwards, however, the picture shifted dramatically: firearm use declined steadily, while

[3] 53% of suicides were committed in the person's own home, while 47% occurred in public places such as harbors, workplaces, or in nature

strangulation increased, becoming the single most prevalent method across both men and women.

This shift highlights both cultural and structural changes. Regulations and reduced availability of firearms may have contributed to the decline, while strangulation became the most accessible and immediate method, especially for younger generations. The pie chart thus captures the endpoint of this historical transformation, where hanging has moved from being one of several methods to becoming the overwhelmingly dominant form of suicide in Greenland.

Season and Geographical differences

City/Town	Suicides	Population	Per 1,000 inhabitants
Nanortalik	2	1462	1,4
Qaqortoq	3	3159	0,9
Narsaq	1	1524	0,7
Paamiut	1	1262	0,8
Nuuk	13	20091	0,6
Maniitsoq	3	3092	1,3
Kangerlussuaq	1	517	1,9
Sisimiut	1	5595	0,2
Aasiaat	2	4119	0,5
Qeqertarsuaq	1	827	1,2
Qasigiannguit	0	1092	0
Ilulissat	4	5299	0,8
Uummannaq	1	2169	0,5
Upernavik	2	2671	0,7
Pituffik	0	54	0
Tasiilaq	11	2665	4,1
Ittoqqortoormiit	0	364	0
Qaanaaq	0	707	0

23Efterretning & Analyse [EAE], 2024, 8)

The geographical distribution of suicides in Greenland reveals sharp contrasts between smaller and larger communities. Tasiilaq, with only 2,665 inhabitants, shows by far the highest rate at 4.1 per 1,000. In contrast, Nuuk, the capital and by far the largest settlement, has 13 suicides but a much lower rate (0.6 per 1,000). This pattern illustrates one of the key insights of Critical Suicidology: suicide cannot be understood as the outcome of

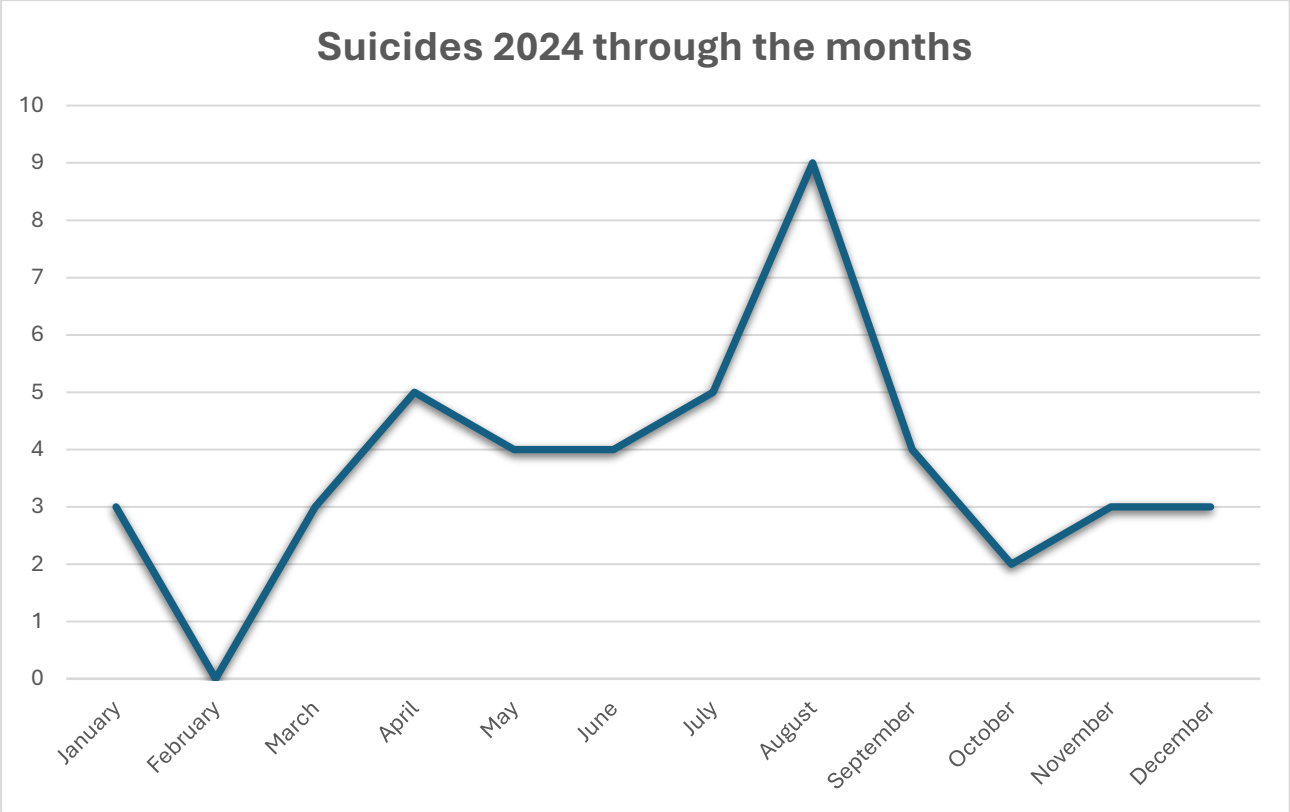
isolated individual pathology, but must be situated in wider structures of community, culture, and colonial history (White, Marsh, Kral & Morris 2016, 688–690).

Smaller and more remote settlements often carry the heaviest burden of historical and structural marginalisation. In places like Tasiilaq, intergenerational trauma, poverty, and limited access to education and health services compound vulnerability. The colonial disruption of traditional livelihoods has been felt more strongly in these smaller communities, where hunting and kinship ties once structured belonging and identity (Kral 2012, 306–307). The lack of alternative roles in modern labour markets has left many young men in particular without stable pathways to social recognition.

By contrast, larger towns such as Nuuk offer more diverse opportunities for employment, education, and participation in modern institutions. Following Michael Kral's work among Inuit communities in Canada, suicide here can be read as a symptom of collective breakups—a rupture of cultural continuity—rather than an individual disorder (Kral 2016, 689–690). The lower per capita rates in Nuuk suggest that broader opportunities and community infrastructures may provide partial protection, even if the problem remains acute.

In this way, Critical Suicidology helps explain why suicide rates are often highest in smaller settlements: the combination of cultural dislocation, weakened community resilience, and fewer institutional supports leaves individuals more exposed to risk. Suicide here becomes a mirror of structural inequality between Greenland's urban centres and its smaller, often more marginalised, communities.

Monthly distribution of suicides



24Efterretning & Analyse [EAE], 2024, 7)

The graph illustrates the monthly distribution of suicides in Greenland in 2024. The pattern shows notable fluctuations across the year, with very few cases in February, a steady increase through spring, and a pronounced peak in August, followed by a sharp decline in the autumn months.

This seasonal rhythm reflects a phenomenon documented in earlier studies: suicide rates in Greenland tend to rise during the summer months, particularly north of the Arctic Circle, where the midnight sun and prolonged daylight influence circadian rhythms and social life (Björkstén, Kripke & Bjerregaard 2009, 8–10). The August peak is consistent with findings that link increased exposure to light with disturbances in sleep cycles, which may exacerbate psychological vulnerability. However, as earlier research stresses, such biological explanations cannot stand alone. Social stressors—such as family conflicts, alcohol use, and intergenerational fractures—interact with environmental conditions, producing heightened risks (Pedersen, Dahl-Petersen & Bjerregaard 2005, 2–3; Curtis, Iburg & Bjerregaard 1997, 7–8).

The decline in autumn and winter months might be linked to the stabilising effect of routine and communal gatherings during darker times, but it may also reflect underreporting or different cultural meanings of suicide in relation to seasonal cycles, as noted in historical accounts (Thorslund 1990, 121). Overall, the graph underscores that suicide in Greenland is not only temporally patterned but shaped by a complex interplay between environmental, social, and cultural factors, reinforcing the need for prevention strategies attentive to seasonal and contextual vulnerabilities.

History in the police's case registration system

A review of the deceased's relationship to the police's case registration system shows that almost half of the people who died by suicide in 2024 had previously been in contact with the police in connection with suicide threats or attempts. Specifically, this applied to 43 percent (20 people). In addition, it appears that a significant proportion of the men – 42 per cent (15 persons) – and 27 per cent of the women (3 persons) had been charged or suspected in cases of violence. The relationship between suicide and cases of sexual offences shows a more gender-specific pattern: 31 per cent of the men (11 persons) had been charged or suspected in such cases, while this was not the case for any of the women. Conversely, 27 per cent of the women (3 persons) were registered as injured in cases of sexual offences, while this applied to only 6 per cent of the men (2 persons). These patterns underline that there is a clear correlation between earlier registrations in police systems and later suicides, and that this correlation varies considerably between men and women (Efterretning & Analyse [EAE], 2024, 9).

MAPPING MEANING AND OMISSION: A FAIRCLOUGHIAN ANALYSIS OF THE QAMANI STRATEGY

The purpose of the strategy is to ensure that all citizens in society know where to get help and that help is easily accessible. At the same time, it is a purpose to ensure qualified efforts and local cooperation that can prevent suicide. The strategy also emphasizes de-tabooing suicide and providing citizens with tools to be able to talk about the topic (Naalakkersuisut 2023, 12).

The main four objectives of the strategy are to:

- *create easily accessible means of enquiry.*
- *ensure citizen involvement.*
- *qualify the assistance,*
- *as well as articulating and destigmatization suicide (Naalakkersuisut 2023, 12).*

Since these objectives, four focus areas have been identified:

- *Contact: A central unit will structure the work on suicide prevention. This is to ensure easily accessible help for people at risk of suicide, relatives and survivors, as well as create knowledge in society about where to turn (Naalakkersuisut 2023, 27).*
- *Citizen involvement: Citizens must have methods and tools to support people with suicidal thoughts. Children and young people must know that they must always contact an adult or professional in the event of suicidal thoughts, threats, attempts or suicide (Naalakkersuisut 2023, 28).*
- *Safety and well-being in schools and youth education: Teachers, pedagogical staff and other caregivers must be able to detect dissatisfaction among children and young people in primary and secondary schools (Naalakkersuisut 2023, 30).*
- *Destigmatization: Guidelines must be created for the media's coverage of suicide issues with the aim of destigmatization and preventing suicide as a way out (Naalakkersuisut 2023, 31).*

The target group is all institutions and private individuals who are affected by suicidal thoughts, suicide attempts and suicide – especially children and young people. As the suicide problem affects the whole society, it is emphasized that all citizens have a shared responsibility in prevention. Citizens must therefore be involved in the development of the initiatives that follow from the strategy (Naalakkersuisut 2023, 13).

Questions to Be Addressed

At the text level, the analysis examines the implications of the strategy's lexical choices—terms such as *easily accessible*, *qualify*, and *articulate*—and asks what values and forms of action these words signal (e.g., commitments to openness and reachability, to competence-building and standard-setting, and to voice and the capacity to express needs). It also considers the effects of modality, specifically the preference for *must* rather than *can*, on how citizens' responsibility is construed: does the deontic framing shift participation from opportunity to obligation, thereby reconfiguring the moral and administrative expectations placed on citizens?

Turning to discursive practice, the analysis explores how the text positions citizens: as co-responsible subjects who are expected to act, as helpers who can contribute (for instance, by taking psychological first-aid courses), or as potentially vulnerable individuals who may themselves be at risk. It further investigates how the power relationship between professional actors and citizens is represented—whether as partnership, guided co-production, or expert-led hierarchy—and how the involvement of children and young people reshapes the target group. Are they primarily constructed as vulnerable populations in need of protection, or as active co-creators whose participation legitimates the strategy?

At the level of societal practice, the analysis asks what image of society is produced when the strategy states that *everyone* bears responsibility for suicide prevention: does this universalization foster collective care, or diffuse accountability? It also examines which broader social problems are linked to suicide prevention (e.g., poor well-being, alcohol, taboos) and how these linkages delimit the problem space and plausible solutions. Finally, it assesses whether the strategy should be read as part of a health discourse, a safety discourse, a care discourse, or a hybrid configuration, and what role the media are assigned—either as potential risk factors (e.g., through harmful representations) or as partners in de-tabooing and public engagement.

Empirical context: QAMANI in short form

QAMANI 2023–2028 identifies four focus areas:

- ***Enquiries*** *– easily accessible entrances, hotline, updated chains of action.*
- ***Citizen involvement*** *– volunteer corps, youth-to-youth, psychological first aid.*
- ***Safety and well-being in schools and education*** *– contingency plans, tracing, skills development.*
- ***Destigmatization*** *– media rules, stories of hope, WHO guidelines.*

The organisation takes place through a cross-sectoral steering committee and a central coordination in the National Board of Social Services/Paarisa. The evaluation requires indicators, annual progress reports and a final evaluation according to international standards. The strategy embeds both youth quotes (MIO), existing tools (Tusaannga, psychological first aid) and the WHO guidelines.

Discursive mapping with Fairclough

Text level: linguistic choices and representations

At text level, the strategy deploys a series of linguistic choices that construct a particular regime of truth around suicide prevention. Most notably, the pervasive use of deontic modality through repeated *must*-formulations (*"Naalakkersuisut must ensure…," "all sectors must take responsibility"*) produces a discourse of obligation that leaves little discursive space for voluntariness or alternative forms of agency. This linguistic modality resonates with what Foucault describes as *governmentality*—the subtle disciplining of both state institutions and citizens into self-regulating subjects bound by duty and responsibility.

Through nominalization, dynamic and contested processes are transformed into abstract entities such as *"implementation," "evaluation"* and *"destigmatization."* Such reification renders complex social struggles technical and ostensibly neutral, contributing to a depoliticization of the issue. In this sense, the text enacts what can be described as a *technocratic rationality*, where social suffering is translated into administrative categories, allowing it to be governed rather than debated.

The strategy also mobilizes specific lexical fields. It combines the warm semantics of *care and community* (e.g., *hope, well-being*) with the cold lexicon of *management and*

coordination (e.g., *indicators, action plans*) and the authority of *knowledge and evidence* (e.g., *statistics, standards*). The interdiscursive effect is what might be termed *technocratic humanism*. Affective and ethical values are consistently anchored in managerial logics, thereby legitimating governance as both humane and efficient. This dynamic can be understood through the lens of *biopolitics*, where the well-being of populations becomes an object of technical calculation and control.

Finally, the text is highly intertextual, weaving together young people's testimonies, national statistical data, and international frameworks such as WHO standards. This hybridization provides authenticity by foregrounding lived voices, conveys seriousness by anchoring claims in national datasets, and secures global legitimacy by aligning the strategy with international standards. Yet, by aligning the strategy with quantifiable and standardized solutions, intertextuality simultaneously narrows the horizon of possible responses, privileging measurable interventions as the only rational way forward. In this way, the strategy operates as part of a broader biopolitical apparatus, rendering life—its risks, vulnerabilities, and futures—governable through discourse.

Discursive practice: production, circulation, interpretation

Seen through the lens of Fairclough's critical discourse analysis, the strategy can be examined at the levels of production, circulation, and interpretation (Fairclough 1992).

At the level of production, the strategy performs participation by foregrounding youth workshops and consultative follow-up groups. This staging of inclusion projects an image of democratic involvement. However, actual decision-making authority remains centralized within the Social Agency and a national steering committee. The discursive openness of consultation thus coexists with a concentration of power, illustrating how participation can function symbolically to enhance legitimacy without redistributing control.

Regarding circulation, the strategy is written in an official political-administrative register. Its textual design makes it *"forvaltningsvenligt"*—amenable to bureaucratic uptake—while also enabling translation into derivative forms such as local action plans, pedagogical materials, and preparedness protocols. In Fairclough's terms, the document is marked by a high degree of interdiscursivity, drawing upon managerial, pedagogical, and community-oriented discourses.

This interdiscursive hybridity makes it flexible across institutional scales while still embedding the issue firmly within a technocratic governance frame.

Finally, in terms of interpretation, the strategy positions citizens in multiple, and at times contradictory, subject roles. They are addressed as responsible actors (*must act*), as helpers (*can take a psychological first aid course*), and as vulnerable subjects (*can themselves be at risk*). Children and young people are discursively constructed both as highly vulnerable and as co-creators, a dual positioning that strengthens legitimacy by embedding youth voices in the text. Yet, this also risks marginalizing other groups (e.g., men, the bereaved) who are relegated to peripheral positions within the discourse.

Taken together, these dynamics demonstrate how the strategy functions within what Fairclough describes as a hegemonic struggle: competing discourses of care, responsibility, and management are articulated into a seemingly coherent framework. The result is a text that secures legitimacy through staged participation and interdiscursive hybridity, while at the same time consolidating state authority and rendering suicide prevention governable in bureaucratic terms.

Viewed through Fairclough's three-dimensional model, the strategy can be analysed at the levels of text, discursive practice—understood as production, distribution or circulation, and consumption or interpretation—and social practice, with particular attention to interdiscursivity and the ordering of discourses.

At the level of production, the strategy stages participation through youth workshops and consultative follow-up groups, thereby mobilising the genre of public consultation to project openness and co-creation. Yet the control of production is centralized in the Social Agency and a national steering committee, which retain agenda-setting and decision-making authority. In Fairclough's terms, the strategy orchestrates a consultation genre within a policy-management order of discourse so that input is foregrounded while power remains backgrounded, enhancing legitimacy without dispersing institutional control.

With respect to circulation, the text is embedded in an official political-administrative register designed for bureaucratic uptake. Its discourse is crafted to travel along a genre chain—from strategic policy into local action plans, pedagogical materials, and preparedness protocols—through processes of recontextualization that preserve managerial logics while adapting form and audience. This high interdiscursivity—blending managerial,

pedagogical, and community registers—renders the document administratively portable, allowing it to circulate across institutional scales without loosening its technocratic rationality.

At the level of consumption and interpretation, the strategy positions social actors in multiple, partially contradictory subject roles. Citizens are construed as co-responsible agents who must act, as helpers who can contribute, for example by undertaking psychological first-aid training, and as vulnerable individuals who may themselves be at risk. Children and young people are doubly constructed—both as at-risk subjects and as co-creators—a dual positioning that heightens the text's legitimacy by aligning experiential voice with institutional aims. However, this distribution of salience risks marginalising other groups, such as men and the bereaved, who are discursively relegated to peripheral positions within the strategy's order of discourse.

Social Practice: Broader Societal and Ideological Frame

Read through Fairclough's lens of social practice, the strategy articulates a hegemonic discourse in which Qamani privileges a psychosocial–cultural understanding of suicide prevention. The problem is primarily recontextualized as solvable through relational support, timely access to help, school-based well-being initiatives, and cultural belonging. In this order of discourse, community care and cultural anchoring are foregrounded as normative routes to intervention, consolidating a commonsense ideology of prevention as proximity, inclusion, and belonging.

This hegemonic framing is sustained by a patterned distribution of salience that makes some dimensions visible while backgrounding others. Community, hope, accessibility, media engagement, and competence-building are brought to the textual surface, whereas socio-economic determinants—employment, housing, school dropout—and structural psychiatric reforms are acknowledged only peripherally and left un-operationalized. The effect is a selective problem framing in which administrative and pedagogical solutions enjoy textual prominence, while material and institutional restructuring recede into the shadowed domains of the discourse.

Spatially, the text constructs society as collectively responsible ("the whole of society must collaborate") yet scales responsibility unevenly. East Greenland is predominantly referenced as a problem zone, without a correspondingly explicit or weighted allocation of

resources. This spatialization of responsibility normalizes a narrative of universal obligation while leaving the distributional politics of support under-specified, thereby stabilizing the strategy's legitimacy without explicitly committing to redistributive mechanisms.

Finally, the media are discursively positioned as both risk and remedy. Through the invocation of guidelines, media practices are discursively regulated to avoid harmful representations, even as media actors are mobilized as partners in destigmatization. In Fairclough's terms, this double move extends the strategy's interdiscursivity—linking policy, public health, and journalistic genres—while simultaneously colonizing the communicative field with a governance-oriented rationale. The outcome is a social practice that secures coherence across institutional sites but does so by privileging administratively tractable solutions and by delimiting alternative imaginaries of structural change.

Case-Based Discussion

In critical discourse-analytic terms, QAMANI organizes subject positioning along a double axis: young people are constructed simultaneously as vulnerable individuals to be protected through institutional systems and as active co-creators of solutions through peer-to-peer programmes and quoted youth voices. This dual construction enhances the text's legitimacy by coupling experiential authenticity with institutional aims, yet it also generates exclusionary effects within the order of discourse. Men's help-seeking barriers are only indirectly problematized, and relatives are referenced but not accorded a distinct line of intervention. More broadly, the strategy exemplifies how media narratives are recontextualized along a genre chain from journalistic representation to policy discourse, where intertextual uptake sustains a participatory veneer while leaving certain constituencies backgrounded.

These configurations carry several negative consequences. The simultaneous framing of youth as vulnerable and co-creative easily slides into tokenistic participation, since voices that legitimise the strategy can be recontextualized into policy forms that flatten dissent and nuance.

The emphasis on deontic modality and peer-based action responsibilizes citizens and shifts accountability from institutions and structural determinants to families, peers, and communities, which may lack the resources and specialist backup required and which then bear moral pressure when outcomes fall short. The genre chain encourages a

technocratic drift in which interventions that are easy to codify into guidelines, training modules, and indicators are foregrounded, while long-horizon reforms in work, housing, service capacity, and psychiatric infrastructure are backgrounded, narrowing the solution space to what is measurable and administratively tractable.

The distribution of salience across target groups entrenches inequities when men's help-seeking barriers and the needs of relatives are acknowledged yet not operationalized as distinct programme lines, producing resource asymmetries and weaker outreach to populations that already face stigma or poor service fit. The regulation of media through guidelines, though intended to avoid harmful coverage, can chill public debate about structural causes and privilege safe narratives of individual resilience and community care, thus colonizing the communicative field with governance rationalities and limiting critical reflexivity.

The datafication that accompanies standardised indicators and early detection protocols risks diagnostic creep, surveillance-like practices in schools and communities, and erosion of trust among those whose participation is essential. Finally, the spatialization of responsibility without explicit redistribution mechanisms can stigmatize high-risk regions while failing to guarantee proportional resourcing, which stabilizes central steering yet leaves implementation gaps and undermines equity.

Synthesis and Implications

At the level of social practice, QAMANI articulates a hegemonic psychosocial–cultural discourse in which prevention is framed as relational, school-based, community-embedded, and mediated through public communication. This framing renders prevention visible and actionable by foregrounding practices that can be readily operationalised, while backgrounding socio-economic determinants and capacity-driven or structural reforms in psychiatric services. The strategy simultaneously constructs Greenland as a collective and caring society that "stands together," yet it does so under conditions of central steering and standardisation, which stabilise a managerial logic in which soft governance instruments such as courses, guidelines, and information campaigns dominate, and hard instruments including legislation, earmarked budgets, and organisational restructuring remain under-specified.

From this analysis follow several implications for policy design within the same order of discourse but with a rebalanced instrument mix. First, the strategy would benefit from supplementary indicators and early-warning systems to enable rapid responses to emerging trends. Second, regional weighting of resources is needed so that East Greenland and other high-risk areas are not merely named but prioritised through explicit allocation mechanisms. Third, gender-responsive interventions should be developed to address boys' and men's specific help-seeking barriers as an articulated programme line rather than an implicit concern. Finally, a blended instrumentarium is advisable, combining the existing soft instruments and interdiscursive outreach with binding legal, budgetary, and structural reforms so that the strategy's discursive commitments are matched by enforceable capacities for system-level change.

FROM DIAGNOSIS TO PROSPECTIVE GOVERNANCE—CRITICAL SUICIDOLOGY AS THE CORRECTIVE LENS

What Qamani gets right. Qamani coheres around a psychosocial–cultural prevention frame: relational support, easy-to-reach help, school-based preparedness, and responsible media practices—all centrally coordinated and tied to indicators. This "technocratic humanism" provides clarity, legitimacy, and implementability.

In Greenland, suicide cannot be reduced to individual pathology alone. Critical Suicidology insists on contextualisation and decolonisation: suicide among Indigenous peoples needs to be read through coloniality, cultural disconnection, and lost belonging; prevention must be co-defined and co-governed with communities (White, Marsh, Kral, & Morris, 2016, pp. 688–690; Kral, 2012, pp. 306–309). Chandler & Lalonde (1998) likewise show that cultural continuity (language, local governance, community control of institutions) is associated with lower suicide rates—i.e., resilience is collective, institutionally anchored, and culturally grounded. Current Greenlandic evidence is still skewed toward risk over protection, relies heavily on retrospective or administrative data, and often lacks operational bridges to policy (Seidler, Hansen, Bloch, & Larsen, 2023).

In short, Qamani's backbone is necessary—but not sufficient—unless it is complemented by co-governance, gender-specific pipelines, regional weighting, protective-factor measurement, and learning-oriented monitoring.

Consequences of not acting on the critical additions

Access & proximity

If access remains nominal rather than real—particularly in high-risk regions—latency to first contact will lengthen for boys and young men who live by "strength = silence," raising the risk of acute events. When services are linguistically or culturally misaligned, trust erodes and prevention becomes a foreign language, precisely the failure mode Critical Suicidology warns against. Without 24/7 availability, culturally safe materials ("Greenlandic-first"), and mobile teams, geographic inequality hardens into a self-reinforcing loop in outcomes, not just in indicators (Kral, 2012; White, Marsh, Kral, & Morris, 2016).

Co-governance & local knowledge leadership (beyond consultation)

Keeping participation at the level of "input" rather than shared decision-making strips local definitions of hope, belonging, and grief of status. The result is epistemic harm and community fatigue, thinning the very protective tissue—kinship, intergenerational support, school connectedness—that should be thickened through co-governed prevention infrastructures (Chandler & Lalonde, 1998).

Gender-specific pipeline for boys/young men

Absent masculinity-informed communication, peer-to-peer screening in male-dominated workplaces, and more instrumental clinical entry points, male help-seeking stays low, programme drop-out stays high, and alcohol continues to operate as a dysregulated "solution." A gender-neutral approach effectively misses the largest burden.

Schools/HE: from psychosocial preparedness to structural retention

If mentoring and economic supports (e.g., linkage to SU/housing) are not coupled to school preparedness, institutions will keep treating consequences (distress after dropout) rather than causes (financial strain, unstable pathways). What follows is reproduced marginalisation under a pastoral veneer, with preventable exits from education converting into long-term risk.

Media: from intention to enforceable practice

Without concrete MOUs with newsrooms and routine monitoring of tone, WHO-guideline adherence, and the share of hope/efficacy narratives, de-tabooing remains aspirational. Coverage will swing with events, inviting contagion effects, weakening trust, and

dampening help-seeking—precisely the avoidable harms flagged in critical perspectives on suicidology and media (White et al., 2016).

Indicators & early warning: from annual reports to learning governance

Broad, retrospective monitoring delays response and incentivises ad hoc, anecdote-driven politics. In the absence of a compact, prospective indicator set—latency, contact volume, drop-out, alcohol-related contacts, known threats/attempts follow-up, 24/7 coverage & linguistic safety, media-practice metrics—resources are misallocated and local surges are missed, perpetuating blind spots documented in the Greenlandic evidence base (Seidler, Hansen, Bloch, & Larsen, 2023).

Seasonality: avoid biological reductionism

If seasonal patterns are not modelled together with sleep, mental morbidity, acute stressors, alcohol, gender/age strata, and regional labour/housing contexts, photoperiod markers risk being mistaken for causes, leading to mistargeted packages rather than context-adapted prevention (Björkstén, Kripke, & Bjerregaard, 2009).

Protective factors & survivorship bias

When measurement remains harm-centric—and when we mainly hear from those who survived—deficit narratives are amplified, and protective ecologies are quietly erased. Prevention then underinvests in belonging, kinship, and continuity—the very buffers that should be scaled and monitored alongside risk (Seidler et al., 2023).

Let the central unit be the compass needle that sets the course for access: clear, national service standards as beacons—"first contact within a known framework". Put weights on the distribution bowl with earmarked, region-weighted funds, so that high risk is not only mentioned, but felt in the budgets. Make citizen involvement co-decision, not a backdrop: youth panels, senior citizens' councils and associations as co-authors of the lines. Publish short "decision rationales" where you can see how local knowledge has moved the funds—like tracks in the snow that no one can miss.

Let the doors light up around the clock: phone, chat and human meetings, where 24/7 is a promise, not a slogan. Send out mobile, multidisciplinary teams and tie them to continuity so that faces are repeated, even when the distance is long. Introduce a micro-intervention as the first sentence of every meeting—normalize vulnerability, make a concrete next appointment, follow up proactively. Make linguistic/cultural security the standard:

"Greenlandic first" in materials and messages, with local co-constitution. Lay clear bridges between police, health, social and civil society—so early warnings can slide smoothly from concern to action. Meet the men where the dust lies on the shop floor and the voice carries in the canteen: colleague-to-colleague screening and a rewriting of masculinity from silence to consideration—delivered by the most respected. In schools and in education, mentoring schemes and financial support bridges must be placed directly on top of preparedness and tracing, so that we not only alleviate after dropout, but prevent it in the bud. Give institutions that master it a single label: "belonging-safe environments"—prepared, outreaching, bridging.

Get editors and creators to play to the same score: MOUs on WHO-adapted publicity, and a quiet, persistent tuning fork of monitoring—tone, compliance, the share of hope and decisiveness. Provide feedback in short, actionable reports and co-produce stories of belonging and hope with local voices and influencers. This is how intention becomes handiwork.

Build a dashboard that can both blink and think: a simple green/yellow/red status per region, where hard numbers (help contacts, emergency incidents, school absenteeism) meet soft, locally curated signals (youth forums, pastors, associations). Each color is connected to pre-agreed handles—so the reaction is clever, not spasmodic. Share ownership: national overview, local dashboards. Then data becomes a common language—not a judgment. Draw a clear line for boys and young men: a language that gives courage without shame; points of contact where they actually are—in sheds, halls, chat rooms. Keep a separate eye on latency, churn, and contact volume so that the differences don't disappear on average. In the clinic: instrumental paths—concrete tasks, short path to action, and a grip on control that feels right in the hand. Invite municipalities into social investment programs where relationships, dropouts, and alcohol are not just problems, but places to make returns—fewer acute incidents, stronger retention. Provide simple business case templates to adopt, document, and scale evidence. These are contracts between the present and the future—and they must be readable, not just promised.

QAMANI's four focus areas through Fairclough—and aligning WHO solutions

Enquiries (central unit, clear entrances). The strategy's promise of "easily accessible entrances," a national hotline, and updated action-chains codifies access as the prime lever (Naalakkersuisut 2023, 27). To avoid access being nominal rather than real in remote, low-trust contexts, WHO LIVE LIFE recommends pairing such "front doors" with early identification, clinical follow-up, and capacity to act—i.e., not just signage but service (WHO, 2021, 55, 12–13). Linguistic and cultural safety should be treated as service standards, not aspirations, and resourced accordingly (WHO 2014, 48–50).

Citizen involvement (volunteer corps, youth-to-youth, psychological first aid). QAMANI locates agency in communities and young people (Naalakkersuisut 2023, 28). To convert participation from input to co-governance, WHO calls for multi-sectoral, "whole-of-society" collaboration structures with defined roles, shared indicators, and regularized learning cycles; these make local knowledge consequential in allocation and adaptation (WHO 2021, 13, 55). The evidence base with indigenous populations further shows that high levels of local control improve cultural fit and protective continuity (WHO 2014, 37–38).

Safety and well-being in schools and youth education. The text promises preparedness, detection, and skills development (Naalakkersuisut 2023, 30). WHO's LIVE LIFE specifies what "preparedness" entails: socio-emotional life-skills programmes, a safe school climate (anti-bullying, connectedness), clear referral protocols, support for return after attempts, and staff well-being (WHO 2021, 70–71; Executive Summary, p. xii). This aligns the discourse of "competence-building" with concrete, evidenced practice rather than generic training.

Destigmatization (media guidelines, narratives of hope). QAMANI's fourth pillar seeks to govern representations (Naalakkersuisut 2023, 31). WHO's guidance is precise: conclude MOUs with newsrooms; train editors and creators; and monitor practice (tone, WHO-adherence, proportion of hope/efficacy narratives) with feedback loops (WHO 2021, 65–66, 101–102). These steps shift "destigmatization" from intention to enforceable professional practice.

A transversal gap—means restriction. QAMANI's public-facing text highlights access, skills, and media, but less explicitly organizes means restriction as a national lever. LIVE LIFE treats means restriction as a core pillar with strong evidence (and shows that restricting one method does not inevitably produce substitution) (WHO 2021, Executive Summary, p. xii).

WHO (2014) provides concrete menus—hotspot interventions, pack-size limits, pesticide policy, firearms access controls—each to be tailored to local method profiles (WHO 2014, 45–47). Bringing a tailored means-restriction strand into QAMANI would rebalance the current psychosocial emphasis with a structural, population-level instrument.

Consequences of not tightening the text–practice–structure chain (and how WHO fills the gaps)

If access remains nominal rather than real—especially in regions where trust and proximity are thin—latency to first contact will lengthen among boys and young men who inhabit "strength = silence" repertoires; acute events will rise despite "visibility" campaigns. LIVE LIFE addresses this by linking entrances to early identification, assertive follow-up, and routine monitoring of latency, volume, and drop-out (WHO 2021, Executive Summary, p. xii; Monitoring & Evaluation, 55).

If participation is left at the level of input rather than shared decision-making, local definitions of hope, belonging, and grief lose status, community fatigue sets in. WHO's "whole-of-society" collaboration—spelled out with tasks, roles, and cadence—guards against this outcome by hard-wiring co-production and accountability between sectors and stakeholders (WHO 2021, 13).

If schools focus on preparedness without structural retention supports, institutions will keep treating consequences (distress after dropout) rather than causes (financial strain, unstable pathways). LIVE LIFE's school guidance explicitly couples skills and climate with referral protocols and support for students at risk or returning after attempts, thereby shifting trajectories rather than simply containing crises (WHO 2021, 70–71).

If "destigmatization" is not backed by MOUs and monitoring, coverage will continue to oscillate with events; contagion risks persist while help-seeking remains brittle. WHO specifies the institutional apparatus—agreements, training, monitoring systems—that

converts norms into reproducible practice with measurable improvements in reporting quality (WHO 2021, 65–66, 101–102; WHO 2014, 35–36).

If monitoring remains retrospective and broad, responses will be delayed and ad hoc. LIVE LIFE recommends compact, prospective indicator sets with regular feedback cycles—ideally quarterly—so that local surges trigger pre-agreed action rather than narrative-driven politics (WHO 2021, 55, 12–13). Finally, if a biological seasonal accent (well described in circumpolar work) is misread outside its social and clinical contexts, interventions will be mistargeted. WHO's framing—comprehensive, multi-determinant, culturally tailored—encourages multilevel modelling rather than reductionism, integrating sleep, morbidity, acute stressors, alcohol, gender/age, and labour/housing contexts into planning (WHO 2014, 48–50; WHO 2021, Executive Summary, p. xii).

From strategy text to learning governance: an implementation reading

A Faircloughian synthesis suggests three movements that translate QAMANI's discursive promises into robust practice.

- ***Tighten interdiscursivity with explicit structural levers.*** *Maintain psychosocial–cultural strengths (access, skills, media) but add a tailored* ***means-restriction*** *workstream and* ***capacity/financing*** *commitments, as WHO recommends for comprehensive national strategies (surveillance, means restriction, media guidelines, stigma reduction, training, crisis services, postvention), culturally adapted and regularly evaluated (WHO 2014, 48–50).*
- ***Reframe participation as co-governance.*** *Formalize youth panels, elders' councils, and civil society associations as co-deciders (not just consultees), with published "decision rationales" that show how local knowledge shaped allocations. This operationalizes LIVE LIFE's whole-of-society architecture and creates text-to-structure traction (WHO 2021, 13).*
- ***Build a minimal early-warning system.*** *Blend "hard counts" (help-line contacts, acute events, school absence) with locally curated "soft signals" (youth fora, clergy, associations); summarize monthly in a simple green/yellow/red status per region, each colour pre-linked to agreed actions. This is directly aligned with LIVE LIFE's monitoring playbook (WHO 2021, 55, 12–13).*

These moves keep QAMANI's language of care and community, but re-anchor it in a governance model that is co-owned, prospective, and structurally capable.

CONCLUDING REMARKS

Empirical patterns. Across statistics and reports, one pattern is unambiguous: young men carry the largest burden of suicide, with the highest rates in settlements and East Greenland, far exceeding urban centres like Nuuk. This spatial gradient aligns with entrenched inequalities in access to services and opportunity structures. Over time, methods have shifted from firearms toward hanging, now the dominant mode among men—an accessibility-driven pattern that underscores the importance of means restriction and context-specific prevention. Evidence also points to seasonal accentuation in summer, especially north of the Arctic Circle, suggesting an interplay between photoperiod and social stressors rather than a purely biological mechanism. These patterns are embedded in broader social facts: gendered educational under-attainment, labour-market vulnerability, income inequality by birthplace, and persistent out-migration, all of which shape men's exposure and resilience. Taken together, the data show suicide not as an isolated clinical endpoint but as the tip of a syndemic where coloniality, modernization, and shifting masculinities intersect.

Reading Qamani through theory. A Faircloughian discourse analysis shows that Qamani frames prevention through a psychosocial–cultural lens—access to help, de-stigmatisation, school preparedness, responsible media—and positions youth simultaneously as vulnerable and as co-creators (interdiscursivity of care and participation). This yields institutional clarity and implementability, but three blind spots remain: (1) gender neutrality that ignores men's specific help-seeking barriers and masculine norms (silence, stoicism, alcohol as a dysregulated coping strategy); (2) insufficient regional weighting, leaving high-risk areas like East Greenland without explicit prioritisation; and (3) monitoring that is broad and retrospective, lacking operational, real-time early-warning indicators and feedback loops for adaptive governance. From a decolonial vantage point, participation risks being consultation rather than co-governance, thereby reproducing epistemic hierarchies and underweighting cultural continuity as a protective factor. These findings crystallise when set against Critical Suicidology (contextualisation, decolonisation) and Arctic masculinities (liminality, role loss), revealing mismatches between the strategy's universalist syntax and the gendered, place-based realities of risk.

Toward systematic and dynamic monitoring. In line with the WHO public-health approach, surveillance must shift from counting to anticipating. A pragmatic–hermeneutic stance implies joining administrative registers (education, work, income, health, mobility) with community-defined meanings of belonging, hope, and care; and using those combined signals for timely action rather than retrospective description. Concretely, this means equity-sensitive, real-time monitoring with gender- and region-specific triggers (e.g., spikes in attempts, alcohol-related presentations, school dropout, sudden unemployment, migration shocks), and protective-factor metrics (language use, kinship and school connectedness, community governance) so that resilience becomes measurable and steerable.

What is new knowledge in this thesis

- *A synthesized, gendered causal reading across data silos.*
  The thesis aggregates dispersed indicators (education, labour market, income, mobility, method choice, seasonality) into a coherent, gender-specific vulnerability profile for men. Rather than treating suicide as a clinical anomaly, it demonstrates a structural patterning—where men's under-representation in higher education, greater exposure to unemployment, and birthplace-linked income gaps combine with geographic isolation to magnify risk. This integrated profile is absent from extant strategy texts and most prior epidemiology.
- *A Fairclough-based critique of Qamani that identifies operational gaps.*
  Prior discussions of Qamani focus on aims and activities; here, a three-level CDA exposes the strategy's gender-neutral discourse, limited regional prioritisation, and retrospective monitoring logic, translating discursive findings into implementable corrections (co-governance, gender-responsive pipelines, regional weighting, binding resource mechanisms). This bridges theory to design—showing not just that gaps exist, but how they can be closed.
- *An equity-centred, decolonial monitoring architecture.*
  The thesis proposes a participatory dashboard that operationalises WHO's surveillance guidance while advancing epistemic justice: standard indicators are paired with locally defined resilience markers (e.g., language use, kinship density, youth–elder ties, school connectedness), and decision rules are co-set with communities. This is novel in two ways: it (a) converts cultural continuity from narrative

backdrop into measured protection, and (b) embeds co-governance as a standing feature of data use rather than episodic consultation.

- *A concrete early-warning design that links seasonality to social context.*
  While summer peaks and latitude gradients are known, the thesis specifies multi-layered early-warning models that fuse photoperiod exposure with concurrent social signals (sleep disruption, alcohol-related incidents, relational crises, local job shocks), stratified by gender and region. This moves beyond ecological associations to a testable, time-series framework for targeted, context-adapted prevention.
- *A masculinity-informed implementation pathway.*
  Drawing on Arctic masculinities and Critical Suicidology, the thesis translates theory into practical entry points: male-dominated workplaces for peer screening, masculinity-sensitive communication ("strength = seeking help"), alcohol-pathway interception, and culturally safe first-contact options (Greenlandic-first material, mobile teams, 24/7 reachability). This programmatic pipeline is absent in current strategy and directly addresses the help-seeking gap.

Suicide among men in Greenland is structurally produced and gendered, intensified by regional inequality, modernization, and colonial legacies. Qamani advances important psychosocial–cultural steps, but it underperforms on men's specific vulnerabilities, regional allocation, and dynamic monitoring. The thesis' new contributions—a gendered, place-based synthesis of risk; a CDA-grounded redesign of Qamani; an equity-centred, decolonial dashboard; a seasonality-plus-social early-warning model; and a masculinity-informed implementation pathway—together offer a systematic and dynamic basis for decision-makers. Crucially, they convert suicide prevention from retrospective counting into proactive, co-governed care that measures and strengthens the very protective fabrics—kinship, language, belonging—that help Greenlandic boys and men choose life.

BIBLIOGRAPHY

ALLEA. (2017). The European code of conduct for research integrity (Revised ed.). All European Academies.

Biesta, G. (2010). Good education in an age of measurement: Ethics, politics, democracy. Paradigm.

Bjerregaard, P. (1997). Selvmord og selvmordstanker i Grønland. Nuuk: Statens Institut for Folkesundhed.

Bjerregaard, P., & Larsen, C. V. L. (2015). Time trend by region of suicides and suicidal thoughts among Greenland Inuit. International Journal of Circumpolar Health, 74(1), 26053. https://doi.org/10.3402/ijch.v74.26053

Björkstén, K. S., Kripke, D. F. & Bjerregaard, P. (2009). Accentuation of suicides but not homicides with rising latitudes of Greenland in the sunny months. BMC Psychiatry, 9:20. https://doi.org/10.1186/1471-244X-9-20

Carroll, S. R., Garba, I., Figueroa-Rodríguez, O. L., Holbrook, J., Lovett, R., Materechera, S., Parsons, M., Raseroka, K., Rodriguez-Lonebear, D., Rowe, R., Sara, R., Walker, J. D., Anderson, J., & Hudson, M. (2020). The CARE principles for Indigenous data governance. Data Science Journal, 19(1), 43. https://doi.org/10.5334/dsj-2020-043

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a protective factor against suicide in First Nations youth. Horizons, 10(1), 68–72.

Chilisa, B. (2012). Indigenous research methodologies. SAGE Publications.

Christiansen, I.-B. (1991). 'Isumaminik'-ideologi og de 'uforståelige' ungdomsselvmord i Grønland. Tidsskriftet Grønland, 39(1), 15–27. http://tidsskriftetgronland.dk/archive/1991-3-Artikel02.pdf

Curtis, T., Moesgaard Iburg, K., & Bjerregaard, P. (1997). Familier, børn og sundhed i Grønland. København: Statens Institut for Folkesundhed.

de Sousa Santos, B. (2014). Epistemologies of the South: Justice Against Epistemicide. Routledge.

Departementet for Sundhed, Grønlands Selvstyre. (2013). Strategi for selvmordsforebyggelse 2013–2019. Nuuk: Grønlands Selvstyre. https://peqqik.gl/~/media/Files/Publikationer/National_Strategi_selvmordsforebyggelse/Strategi_for_selvmordsforebyggelse_2013_2019.ashx?la=da-DK

Dewey, J. (1938). Logic: The theory of inquiry. Henry Holt. https://ia601500.us.archive.org/13/items/JohnDeweyLogicTheTheoryOfInquiry/[John_Dewey]_Logic_-_The_Theory_of_Inquiry.pdf

Direktoratet for Sociale Anliggender og Arbejdsmarked. (1995). Forebyggelse af selvmord. Nuuk: Grønlands Hjemmestyre.

DR. (2020). Når livet gør ondt: Selvmord i Grønland [Documentary series]. Danmarks Radio.

Efterretning & Analyse (EAE). (2024). *Selvmordsanalyse 2024*. Grønlands Politi.

Eikeland, A.-O. (2003). Til den yderste grind: Selvmord i et arktisk samfunn. Oslo: Universitetsforlaget.

Eikeland, A.-O. (2005). Selvmord i Arktis. Tromsø: Universitetet i Tromsø. https://journals.uio.no/suicidologi/article/view/1958/1818

Escobar, A. (2018). Designs for the Pluriverse: Radical Interdependence, Autonomy, and the Making of Worlds. Duke University Press.

Fairclough, N. (2010). Critical discourse analysis: The critical study of language (2nd ed.). Routledge.

Gadamer, H.-G. (2004). Truth and method (2nd rev. ed.; J. Weinsheimer & D. G. Marshall, Trans.). Continuum. https://web.mit.edu/kaclark/www/gadamer_truth_and_method.pdf

Gaini, F. (2017). 'Crack in the ice': Marginalization of young men in contemporary urban Greenland. In C. Haywood & T. Johansson (Eds.), Marginalized masculinities: Contexts, continuities and change (pp. 51–66). Routledge. https://doi.org/10.4324/9781315229300-4

Gardner, M. (1986). Fads and fallacies in the name of science (p. 303). New York: Dover Publications. https://doi.org/10.978-0-486-20394-2 (ISBN 9780486203942)

Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment. Transcultural Psychiatry, 50(5), 683–706. https://doi.org/10.1177/1363461513487669

Greenland Statistics. (2022). Suicides in Greenland 2021 – Statistical Report. Nuuk: Greenland Statistics.

Gregersen, C. (1998). Liv og død: Selvmord i Grønland. København: Gyldendal. https://da.uni.gl/media/2272866/liv-og-d%C3%B8d.pdf

Grove, O., & Lynge, J. (1979). Suicide and attempted suicide in Greenland: A CONTROLLED STUDY IN NUUK (GODTHAAB). Acta Psychiatrica Scandinavica, 60(4), 375–391. https://doi.org/10.1111/j.1600-0447.1979.tb00286.x

Guemple, L. (1986). The role of gender in traditional Inuit society. Études/Inuit/Studies, 10(1/2), 17–24. https://www.jstor.org/stable/42869538

James, W. (1907). Pragmatism: A new name for some old ways of thinking. Longmans, Green.

Karijord, C (2018) "Why Do Indigenous Boys Commit Suicide?" High North News, April https://www.highnorthnews.com/en/why-do-indigenous-boys-commit-suicide

Katajavaara Seidler, I. P. A.-M. (2024). Risk factors, protective factors, and risk patterns for suicide in Greenland: A systematic approach based on registers and existing knowledge (Ph.d.-afhandling, Syddansk Universitet). https://doi.org/10.21996/tpsw-v191

Kovach, M. (2009). Indigenous methodologies: Characteristics, conversations, and contexts. University of Toronto Press.

Kral, M. J. (2012). Postcolonial suicide among Inuit in Arctic Canada. Culture, Medicine and Psychiatry, 36(2), 306–325. https://doi.org/10.1007/s11013-012-9253-3

Kral, M. J. (2013). Suicide among Inuit male youth in Nunavut, Canada. Anthropology & Medicine, 20(3), 267–285. https://doi.org/10.1080/13648470.2013.812122

Kral, M. J. (2016). Suicide and suicide prevention among Inuit in Canada. Canadian Journal of Psychiatry, 61(11), 688–695.

Kukutai, T., & Taylor, J. (Eds.). (2016). Indigenous data sovereignty: Toward an agenda. ANU Press. https://doi.org/10.22459/IDS.04.2016

Lynge, I. (1985). Suicide in Greenland. Arctic Medical Research, 40(1), 7–13. https://pubmed.ncbi.nlm.nih.gov/3834935/

Lynge, I. (1992). Psykiske lidelser i det grønlandske samfund [Afhandling]. Afdeling for Psykiatrisk Demografi, Institut for Psykiatrisk Grundforskning, Psykiatrisk Hospital i Århus, Universitetshospital i Århus. Hentet fra GMS-net: https://www.gmsnet.dk/Dokumenter/IngeLyngeDisp_Full.pdf

Lynge, I. (1994). Vold og selvmord i Grønland – er der en fælles nævner? Tidsskriftet Grønland, 42(3), 109–118.

Lynge, I. (2000). Psykiske lidelser i det grønlandske samfund. Ugeskrift for Læger, 162(15), 2140–2145. https://www.gmsnet.dk/Dokumenter/IngeLyngeDisp_Full.pdf

Lynge, I. (2001). PSYKISKE LIDELSER I GRØNLAND – FØR OG NU. Psyke & Logos, 22(1), 16. https://doi.org/10.7146/pl.v22i1.8510

Maldonado-Torres, N. (2007). On the coloniality of being: Contributions to the development of a concept. Cultural Studies, 21(2–3), 240–270.

MIPI/Paarisa. (2009). Hope and resilience in suicide prevention. Nuuk: MIPI & Paarisa. https://peqqik.gl/-/media/Files/Publikationer/Rapporter_og_redegoerelser/2010/ConferenceReport_HopeResilience_2010.pdf?la=kl-GL

Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. Journal of Mixed Methods Research, 1(1), 48–76. https://doi.org/10.1177/2345678906292462

Naalakkersuisut. (2018). Inuuneritta II – Greenland's National Public Health Programme. Nuuk: Department of Health.

Naalakkersuisut. (2020). The Health Commission Report. Nuuk: Government of Greenland.

Naalakkersuisut. (2023). Qamani: Strategi for forebyggelse af selvmord 2023–2028. Nuuk: Grønlands Selvstyre, Socialstyrelsen, Paarisa. Retrieved from https://naalakkersuisut.gl

Olsen, T. A. (2015). "Masculinities" in Sámi studies. Journal of Northern Studies, 9(2), 37–53. https://journals.ub.umu.se/index.php/jns/article/view/804

Paarisa – Grønlands Hjemmestyre. (2004). Forslag til national strategi for selvmordsforebyggelse i Grønland. Nuuk: Paarisa.

Pedersen, C. P., Dahl-Petersen, I., & Bjerregaard, P. (2005). Notat om selvmordstanker og selvmordsforsøg blandt unge i Grønland. Nuuk: Statens Institut for Folkesundhed.

Peilmann, E. (1997A). Forebyggelse af selvmord ved Dronning Ingrids hospital. Nuuk: Grønlands Hjemmestyre.

Peilmann, E. (1997B). Qanilaassuseq (Nærhed). Nuuk: Grønlands Hjemmestyre

Peirce, C. S. (1878). How to make our ideas clear. Popular Science Monthly, 12, 286–302.

Politiken. (2019, March 5). The youth of Tasiilaq: "There is no future here". Politiken.

Quijano, A. (2000). Coloniality of power and Eurocentrism in Latin America. International Sociology, 15(2), 215–232.

Ricoeur, P. (1992). Oneself as another (K. Blamey, Trans.). University of Chicago Press. https://www.eleqta.org/documentation/en/Paul_Ricoeur_Time_and_Narrative.pdf

Seidler, I. K. (2023). *Faktaark: Tidstrends i selvmord*. Center for Folkesundhed i Grønland. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-023-04675-2

Seidler, I. K., Hansen, N. L., Bloch, A. P., & Larsen, C. V. L. (2023). A systematic review on risk and protective factors for suicide and suicidal behaviour among Greenland Inuit. International journal of circumpolar health, 82(1), 2226284. https://doi.org/10.1080/22423982.2023.2226284

Seidler, I. K., Tolstrup, J. S., Bjerregaard, P., Crawford, A., & Larsen, C. V. L. (2023). Time trends and geographical patterns in suicide among Greenland Inuit. *BMC Psychiatry, 23*(187). https://doi.org/10.1186/s12888-023-04675-2

Seidler, I. P. A.-M. K. (2024). Risk factors, protective factors, and risk patterns for suicide in Greenland: A systematic approach based on registers and existing knowledge [Ph.d.-afhandling, Syddansk Universitet]. Syddansk Universitet. https://findresearcher.sdu.dk/ws/portalfiles/portal/269615639/PhD_Thesis_Ivalu_Katajavaara_Seidler.pdf

Sermitsiaq. (2021, October 10). Lack of psychologists creates crises in settlements. Sermitsiaq.

Smith, L. T. (2012). Decolonizing Methodologies: Research and Indigenous Peoples (2nd ed.). London: Zed Books.

Smith, L. T. (2012). Decolonizing methodologies: Research and Indigenous peoples (2nd ed.). Zed Books.

Thorslund, J. (1989). Ungdomsselvmord i Grønland: En socialpsykologisk undersøgelse. Tidsskriftet Grønland, 38(3), 109–121.

Thorslund, J. (1990). Meningen med selvmord i det gamle Grønland? Tidsskriftet Grønland, 4, 131–143. https://tidsskriftetgronland.dk/archive/1990-4-Artikel03.pdf

Thorslund, J. (1991). Om ungdomsselvmord blandt Inuit. Nordisk Psykologi, 43(4), 268–281.

Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. Decolonization: Indigeneity, Education & Society, 1(1), 1–40. https://clas.osu.edu/sites/clas.osu.edu/files/Tuck%20and%20Yang%202012%20Decolonization%20is%20not%20a%20metaphor.pdf

Tuhiwai Smith, L. (2012). Decolonizing methodologies: Research and Indigenous peoples (2nd ed.). Zed Books.

van Leeuwen, T. (2008). Discourse and practice: New tools for critical discourse analysis. Oxford University Press.

Walter, M., & Andersen, C. (2013). Indigenous Statistics: A Quantitative Research Methodology. Left Coast Press.

Walter, M., & Andersen, C. (2013). Indigenous statistics: A quantitative research methodology. Left Coast Press. https://doi.org/10.4324/9781315426570

Wexler, L., & Gone, J. P. (2012). Culturally responsive suicide prevention in Indigenous communities: Unexamined assumptions and new possibilities. American Journal of Public Health, 102(5), 800–806. https://doi.org/10.2105/AJPH.2011.300432

White, J., Marsh, I., Kral, M., & Morris, J. (Eds.). (2016). Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century. UBC Press.

Wilson, S. (2008). Research is ceremony: Indigenous research methods. Fernwood Publishing.

Wodak, R., & Meyer, M. (2016). Methods of Critical Discourse Studies (3rd ed.). SAGE.

World Health Organization. (2014). Preventing suicide: A global imperative. World Health Organization. https://www.who.int/publications/i/item/9789241564779

World Health Organization. (2014). Preventing suicide: A global imperative. WHO.

World Health Organization. (2016). Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm. World Health Organization. https://www.who.int/publications/i/item/practice-manual-for-establishing-and-maintaining-surveillance-systems-for-suicide-attempts-and-self-harm

World Health Organization. (2017). Preventing suicide: A resource for media professionals (Update 2017). World Health Organization. https://www.who.int/publications/i/item/WHO-MSD-MER-17.5

World Health Organization. (2021a). LIVE LIFE: An implementation guide for suicide prevention in countries. World Health Organization. https://www.who.int/publications/i/item/9789240026629

World Health Organization. (2021b). Suicide worldwide in 2019: Global health estimates. World Health Organization. https://www.who.int/publications/i/item/9789240026643