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SUICIDE IN MICRONESIA: THE 1920s AND 1930s

Cover Page Footnote

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SUICIDE IN MICRONESIA: THE 1920s AND 1930s

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In recent years several studies on suicide in Micronesia from 1960 to the early 1980s have been published.¹ What follows is an attempt to broaden the perspective on suicide in Micronesia by presenting data on this phenomenon from the 1920s and 1930s when the area was governed by Japan under the auspices of the League of Nations.

Shortly after World War I began in Europe, Japan capitalized on being a signatory to the Anglo-Japanese Alliance of 1911 by joining the Allied powers in the war against Germany. During 3-14 October 1914 the Japanese navy occupied the main islands in the Marianas, Marshalls, and Carolines--at the time under German control--and maintained a physical presence in them for the next seven years. In 1922 the islands were officially placed under Tokyo's jurisdiction as a Class C mandate. For administrative purposes the mandate was divided into six districts. The districts (and the principal islands and atolls in each) were Saipan (Saipan, Tinian, Rota); Yap (Yap, Fais); Palau (Babelthuap, Koror, Peleliu, Angaur); Truk (Truk, Hall Islands, Nama, Losap atoll, Namoluk atoll, Lower Mortlocks, Puluwat, Tamatan, Ulul); Ponape (Ponape, Kusaie); and Jaluit (Jaluit, Majuro).

The sources of the data presented here are the annual reports of the South Seas Bureau, the agency responsible for governing the islands. The first of these reports, which appeared in October 1927, covered the combined years 1922-1927.² Subsequent reports were annual and covered the years 1928 through 1939. It should be noted that these data have some significant limitations.

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In the first place, it seems reasonable to surmise that some suicides went unreported, particularly with respect to the islanders. The sheer size of the mandate made information gathering of any sort a formidable task. This was exacerbated by the fact that beyond the major administrative centers and their immediate environs, interaction between South Seas Bureau officials and the population was limited. Moreover, suicide was, in all probability, a sensitive matter for islanders and Japanese alike, and therefore not a subject about which individuals would be inclined to volunteer information.

Secondly, there is no information currently available that can be used to corroborate the suicide data in the bureau's annual reports. For example, while the bureau issued more than fifty reports on medical and public health matters, not one of them deals with suicide.³ One searches in vain for information, written or oral, about suicide from the islander perspective.

Thirdly, evaluating the data from the 1920s and 1930s with reference to the post-1960 studies is problematical for three reasons: (1) the data base for the 1920s and 1930s is small relative to that for the years since 1960; (2) the age categories utilized by the Japanese authorities to aggregate data on suicide differ from those used in post-1960 studies; and (3) in the Japanese records no distinction was made between suicides and attempted suicides when these were recorded with reference to age and sex.

Finally, the various diagnostic categories to which the causes of suicide were attributed in the Japanese records must be viewed with caution, due to the following considerations. The diagnosticians and record keepers were the Japanese medical personnel in the dispensaries located on the islands of Saipan, Yap, Koror, Angaur, Dublon, Kusaie, and Jaluit. They were classified as head physician (*ichō*), medical officer (*ikan*), and medical staff (*i-in*). From 1922 through 1939 there were only four head physician posts, located on Saipan, Yap, Koror, and Kusaie. The number of medical officers remained at five from 1922 to 1938, one each on Saipan, Koror, Angaur, Dublon, and Jaluit. In 1938 their number was increased to seven and the two additional ones were sent to Koror. Medical staff positions remained at fifteen from 1922 through 1939: Saipan and Koror had three each; Dublon, Kusaie, Jaluit, and Yap had two each; Angaur had one. The dispensaries also had pharmacists, midwives, female nurses, clerks, and people identified simply as general employees. According to the official history of the South Seas Bureau, "All of the doctors [*ishi*], pharmacists, midwives, and female nurses employed in the dispensaries were hired from among

people licensed to practice in Japan proper.”⁴ Beyond that, there is no information about the nature of their education or training. Even if a medical degree or clinical training is assumed for the people who did the diagnoses, problems remain. Psychiatry was in its infancy in Japan during the 1920s and 1930s, and thus any knowledge about it that the medical personnel might have had would have been rudimentary.

Japanese records reflect 241 suicides from 1922 through 1939 (171 Japanese and 70 islanders), as well as 113 attempted suicides (106 Japanese and 7 islanders) (Tables 6 and 11). The principal cause of suicide among islanders was melancholy (*yūutsu*) or weariness with life (*ensei*) (29 %), followed by delirium (*seishin sakuran*; 23 %), and suffering from illness (*byōku*; 13 %). Two of the islanders who attempted suicide did so in a double love suicide, while each of the other attempts involved different causes.⁵

Table 1 reflects suicides and attempted suicides for islanders by age and sex for the years 1928 to 1939. While the 21-30 age bracket accounts for the highest percentage (37%) of islander suicides and attempted suicides, the 31-40 and 41-50 categories account for 18% each. While age-specific data on suicide among the islanders are available for the years 1928 through 1939, detailed population data for them are limited to the years 1931 through 1939. Because the data base is so small, suicides and attempted suicides for the entire period are aggregated and weighted means per 100,000 population are presented by age group in Tables 2 and 3.

As noted earlier, comparison of the data from the Japanese records with those found in recent studies of suicide in Micronesia is less than a perfect science. Nevertheless, a comparative analysis is suggestive.

Hanging was the preferred method for 84% of the islander suicides from 1929 to 1939 and for 85% of them from 1960 to 1983. The twenties and thirties data, then, clearly support Rubinstein’s observation that hanging as a method of suicide “is culturally patterned to a high degree.”⁶ From 1960 to 1983 suicide among Micronesians was more of a male than a female phenomenon;⁷ the data in Table 1 indicate that this was also the case when Japan controlled the islands. From 1922 to 1939 suicides and attempted suicides among islanders were the highest in the Truk district (Table 6); Truk has also figured prominently in Francis X. Hezel’s recent studies on suicide in Micronesia.⁸

On the other hand, the Japanese period appears to differ from the post-1960 years in certain respects, even allowing for the fact that Tables 1 and 4 include suicides and attempted suicides. From 1960 to 1983 the highest rate of suicide among Micronesian males was in the 15-

TABLE 1. **Islanders: Recorded Suicides and Attempted Suicides by Age and Sex, 1928-1939**

	16-20	21-30	31-40	41-50	51-60	61-70	Total
1928							
M	0	1	0	1	2	1	5
F	0	1	1	0	0	0	2
1929							
M	0	0	0	0	0	0	0
F	0	1	0	0	0	0	1
1930							
M	0	1	0	0	1	0	2
F	0	0	0	1	0	1	2
1931							
M	0	2	0	3	0	1	6
F	0	0	0	0	0	0	0
1932							
M	1	1	0	2	1	0	5
F	0	0	0	1	0	0	1
1933							
M	1	0	0	1	0	0	2
F	0	0	0	0	0	0	0
1934							
M	0	1	2	0	0	0	3
F	0	0	0	0	0	0	0
1935							
M	0	0	0	1	0	0	1
F	1	2	0	0	0	0	3
1936							
M	0	4	1	0	0	0	5
F	1	0	2	0	0	0	3
1937							
M	0	1	2	0	0	1	4
F	0	0	0	0	0	1	1
1938							
M	0	1	2	0	0	1	4
F	1	2	0	0	0	0	3
1939							
M	0	2	0	0	0	1	3
F	0	1	0	0	0	0	1
Subtotal							
M	2	14	7	8	4	5	40
F	3	7	3	2	0	2	17
Total	5	21	10	10	4	7	57

Sources: *Second Annual Yearbook*, 124-125; *Seventh Annual Yearbook*, 30-31; *Ninth Annual Yearbook*, 26-27.

TABLE 2. Islander Males: Recorded Suicides and Attempted Suicides per 100,000 Population by Age for the Period 1931-1939

Age Group	Average Population	Suicides & Attempted Suicides	Weighted Mean (Per 100,000/Yr.)
16-20	2,810	2	8
21-30	4,405	12	30
31-40	3,602	7	24
41-50	2,969	7	29
51-60	2,072	1	5
61-70	1,149	4	38

Sources: Suicide data from Table 1. Population data compiled from Nan'yō-chō Chōkan Kanbō Bunshōka, *Dai Gokai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Fifth Annual Statistical Yearbook] (Tokyo: Nan'yō-chō, 1935), 12-13 (hereafter cited as *Fifth Annual Yearbook*); *Ninth Annual Yearbook*, 10-11.

TABLE 3. Islander Females: Recorded Suicides and Attempted Suicides per 100,000 Population by Age for the Period 1931-1939

Age Group	Average Population	Suicides & Attempted Suicides	Weighted Mean (Per 100,000/Yr.)
16-20	2,483	3	13
21-30	3,987	3	8
31-40	3,658	3	9
41-50	2,834	0	0
51-60	1,824	0	0
61-70	1,028	1	11

Sources: See Table 2.

24 age range,⁹ while it appears that in the twenties and thirties islander males committed or attempted suicide at a slightly older age. The male suicide rate increased from 10 per 100,000 annually (1964-1967) to close to 50 per 100,000 in 1983,¹⁰ but the suicide/attempted suicide rate for islander males never exceeded 23.2 per 100,000 annually from 1928 to 1939. Finally, the suicide rate for the islander population as a whole never exceeded 15.8 per 100,000 per year from 1922 to 1939. By the early 1980s the annual suicide rate for Micronesians peaked at 28.2 per 100,000.¹¹

TABLE 4. **Islander Males: Recorded Suicides and Attempted Suicides per 100,000 Population by Year, 1928-1939**

	Male Islander Population	Suicides & Attempted Suicides	Per 100,000/Yr.
1928	24,951	5	20.0
1929	25,116	0	0
1930	25,596	2	7.8
1931	25,817	6	23.2
1932	25,862	5	19.3
1933	25,766	2	7.7
1934	25,966	3	11.5
1935	26,107	1	3.8
1936	26,081	5	19.1
1937	26,144	4	15.2
1938	26,375	4	15.1
1939	26,861	3	11.1

Sources: Suicide data from Table 1. Population figures from *Nan'yō-chō, Dai Ikkai Nan'yō-chō Tōkei Nempō* [South Seas Bureau First Annual Statistical Report] (Tōkyō: Nan'yō-chō, 1933), 17 (hereafter cited as *First Annual Report*); *Fifth Annual Yearbook*, 5; *Ninth Annual Yearbook*, 3.

TABLE 5. **Islanders: Recorded Suicides per 100,000 Total Population by Year, 1922-1939**

	Islander Population	Suicides	Per 100,000/Yr.
1922	47,713	1	2.0
1923	49,090	3	6.1
1924	49,576	1	0.0
1925	48,798	3	6.1
1926	48,994	3	6.1
1927	48,761	7	14.3
1928	48,545	6	12.3
1929	48,716	0	0.0
1930	49,695	4	8.0
1931	60,038	5	8.3
1932	50,069	5	9.9
1933	49,936	2	4.0
1934	50,336	3	5.9
1935	50,573	3	5.9
1936	50,524	8	15.8
1937	50,849	5	9.8
1938	50,998	7	13.7
1939	51,723	4	7.7

Sources: Suicide data from Table 1. Population figures from *First Annual Report*, 16-17; *Fifth Annual Yearbook*, 4-6; *Ninth Annual Yearbook*, 3-4.

TABLE 6. **Islanders: Recorded Suicides and Attempted Suicides by District, 1922-1939**

	Saipan	Yap	Palau	Truk	Ponape	Jaluit	Total
1922	0	0	1	0	0	0	1
1923	0	0	1 (1)	2	0	0	3 (1)
1924	0	1	0	0	0	0	1
1925	0	0 (1)	2	1	0	0	3 (1)
1926	0	1	0	2	0	0	3
1927	2	3	1	1	0	0	7
1928	0	1	0	2 (1)	2	1	6 (1)
1929	0	0	0 (1)	0	0	0	0 (1)
1930	0	1	1	2	0	0	4
1931	2	0	1 (1)	0	1	1	5 (1)
1932	1	0	1 (1)	1	0	2	5 (1)
1933	0	0	1	1	0	0	2
1934	0	0	1	1	1	0	3
1935	0	2 (1)	1	0	0	0	3 (1)
1936	0	3	0	2	0	3	8
1937	0	1	0	2	0	2	5
1938	2	0	1	1	2	1	7
1939	0	1	1	2	0	0	4
Total	7	14 (2)	13 (4)	20 (1)	6	10	70 (7)

Sources: *Second Annual Yearbook*, 116-121; Nan'yō-chō, *Dai Sankai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Third Annual Statistical Yearbook] (Tōkyō: 1935), 42-43; *Fifth Annual Yearbook*, 30-31; Nan'yō-chō, *Chōkan Kanbō Chōsaka, Dai Rokkai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Sixth Annual Statistical Yearbook] (Tōkyō: Nan'yō-chō, 1938), 28-29; Nan'yō-chō, *Chōkan Kambō Chōsaka, Dai Hachikai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Eighth Annual Statistical Yearbook] (Tokyo: Nan'yō-chō, 1940), 24-25; *Ninth Annual Yearbook*, 26-27.

Note: Figures in parentheses are attempted suicides.

For the Japanese 40% of the suicides were attributed to melancholy or weariness with life, followed by delirium (19%), suffering from illness (9%), succumbing to life's hardships (6%), disgrace (5%), and domestic discord (4%). Melancholy or weariness with life was also the principal cause of the attempted suicides among the Japanese (24%), followed by a number of other factors that were fairly evenly distributed. These were blind love and jealousy (12%), delirium (11%), suffering from illness (9%), domestic discord (9%), disgrace (8%), and double love suicides (7%). Ten percent of these attempted suicides were simply attributed to "other causes."¹² The principal method of both committing and attempting suicide by the Japanese was ingestion of

TABLE 7. **Japanese: Recorded Suicides and Attempted Suicides by Age and Sex, 1928-1939**

	16-20	21-30	31-40	41-50	51-60	61-70	Total
1928							
M	0	4	2	1	0	1	8
F	1	3	0	1	0	0	5
1929							
M	0	3	2	2	1	0	8
F	0	4	0	0	0	0	4
1930							
M	0	3	3	2	0	0	8
F	0	3	1	0	0	0	4
1931							
M	0	2	4	1	1	0	8
F	0	5	3	0	0	0	8
1932							
M	0	2	3	1	0	0	6
F	0	2	2	0	0	0	4
1933							
M	3	7	6	2	1	0	19
F	4	5	2	0	0	0	11
1934							
M	4	12	6	2	2	0	26
F	1	4	2	2	0	0	9
1935							
M	1	7	5	1	0	0	14
F	4	3	2	0	1	1	11
1936							
M	0	4	0	4	0	1	9
F	0	5	1	0	0	0	6
1937							
M	0	6	2	2	0	0	10
F	0	5	1	1	0	0	7
1938							
M	0	9	9	2	1	2	23
F	1	10	4	1	0	0	16
1939 ^a							
M	0	10	5	2	1	0	18
F	1	3	2	0	0	0	6
Subtotal							
M	8	69	47	22	7	4	157
F	12	52	20	5	1	1	91
Total	20	121	67	27	8	5	248

poisonous food (35% and 71% respectively). Other methods of committing suicide by the Japanese were hanging (31%), drowning (13%), and suicide by the sword (*jijin*; 13%).¹³

Table 7 reflects suicides and attempted suicides for the Japanese by age and sex. For the Japanese the 21-30 and 31-40 age brackets account for 49% and 27% respectively of the suicides and attempted suicides. As in the case of the islander data, while age-specific data on suicides and attempted suicides for the Japanese is also available for the years 1928 through 1939, again detailed data on the Japanese population are limited to the years 1931 through 1939.

The suicide rate for the Japanese population in Micronesia fluctuated between a low of 12.8 per 100,000 population in 1937 and a high of 60.2 in 1926 (Table 10). In Japan the suicide rate ranged from 16 to 19 per 100,000 from 1902 to 1912 and fluctuated between 17 and 20 per 100,000 from 1912 to 1926. This suicide rate slowly increased to 20-22 per 100,000 between 1926 and 1935, then began a steady decline in 1936 to reach an all-time low of 12 per 100,000 in 1943.¹⁴

The annual reports of the South Seas Bureau also contain information about individuals whom the Japanese authorities perceived as afflicted with mental illness (*seishinbyō*). The records reflect five diagnostic categories: imbecility (*chihō*), idiocy (*hakuchi*), melancholy (*chin'utsu*), extreme irritability (*kōfun*), and delusions (*mōjō bōsō*).¹⁵ Table 12 reflects cases by district for both islanders and Japanese.

The same sources indicate mental illness appeared predominantly among the islander population, and idiocy consistently accounted for 35% of the cases. It was followed by melancholy (28%), extreme irritability (21%), delusions (8%), and imbecility (8%). The relative consistency in both the number of cases and their diagnostic categories from 1928 to 1939 suggests the same individuals are being tallied rather than new cases each year, although this cannot be determined beyond doubt. It should also be noted that the Japanese records make no mention

Sources: *Second Annual Yearbook*, 124-125; *Seventh Annual Yearbook*, 30-31; *Ninth Annual Yearbook*, 26-27.

^a There is an inconsistency in the Japanese data regarding 1939 totals as recorded in the *Ninth Annual Yearbook*, 26-27. Even though the table that reflects data by age and sex has a notation that all figures given include both suicides *and* attempted suicides, comparison with the following table, which contains data by method, makes it appear that for 1939 attempted suicides were in fact *not* included (cf. Table 11, below). Data for other years are consistent.

TABLE 8. Japanese Males: Recorded Suicides and Attempted Suicides per 100,000 Population by Age for the Period 1931-1939

Age Group	Average Population	Suicides & Attempted Suicides	Weighted Mean (Per 100,000/Yr.)
16-20	2,472	8	36
21-30	8,192	59	80
31-40	6,364	40	70
41-50	3,147	16	56
51-60	917	6	73
61-70	219	3	152

Sources: Suicide data from Table 7. Population data compiled from *Fifth Annual Yearbook*, 12-13; *Ninth Annual Yearbook*, 10-11.

TABLE 9. Japanese Females: Reported Suicides and Attempted Suicides per 100,000 Population by Age for the Period 1931-1939

Age Group	Average Population	Suicides & Attempted Suicides	Weighted Mean (Per 100,000/Yr.)
16-20	1,536	11	80
21-30	5,065	42	100
31-40	3,522	19	60
41-50	1,325	5	34
51-60	394	1	28
61-70	135	1	82

Sources: See Table 8.

about a possible causal relation between mental illness and suicide or attempted suicide. Because melancholy or weariness with life figures so prominently in suicide and attempted suicide among both Japanese and islanders, one would hope to be able to identify the cause(s) of it. While the records of the South Seas Bureau do not offer any clues in this regard, a number of factors are worth considering.

In the first place, the Japanese who immigrated to Micronesia might have been predisposed to melancholy or weariness with life. After 1925 Okinawans comprised the largest block within the immigrant population, numbering 45,000 by 1939--60% of the total Japanese population. Because of population pressure and economic problems, life in the

TABLE 10. **Japanese: Recorded Suicides per 100,000 Total Population by Year, 1922-1939**

	Japanese Population	Suicides	Per 100,000/Yr.
1922	3,161	1	31.6
1923	5,121	2	39.0
1924	5,457	1	18.3
1925	7,330	1	13.6
1926	8,298	5	60.2
1927	9,831	4	40.6
1928	12,281	7	57.0
1929	16,018	9	56.0
1930	19,538	8	40.9
1931	22,889	9	39.3
1932	28,291	9	31.8
1933	32,214	14	43.4
1934	40,215	22	54.7
1935	51,861	14	26.9
1936	56,496	9	15.9
1937	62,305	8	12.8
1938	71,847	24	33.4
1939	77,257	24	31.1

Sources: Suicide data from Table 7. Population figures from *First Annual Report*, 16-17; *Fifth Annual Yearbook*, 4-6; *Ninth Annual Yearbook*, 3-4.

Ryukyus was extremely harsh by 1900 and remained that way in the 1920s and the 1930s.¹⁶ In Japan proper joblessness in Tokyo followed the great Kanto earthquake of 1923. Major sectors of the Japanese economy deteriorated or stagnated when the world economy plunged into a crisis in the late 1920s. In addition, northern Japan experienced a series of ruinous crop failures. “By decade’s end, there were large numbers of landless, jobless, and discouraged men and women, largely from rural Japan, crowded together with too little land or opportunity; many of them welcomed a chance to start over anywhere.”¹⁷

Suicide and attempted suicide among the Japanese occurred primarily in the Saipan and Palau districts (Table 11). Saipan and Palau accounted for 65% and 19% of the suicides respectively, and for 66% and 30% of the attempted suicides. By 1939 there were 43,860 Japanese (26,299 Okinawans) in the Saipan district; since the mid-1920s the majority of them were employed in the sugar industry.¹⁸ There are indications that the working conditions in this industry were difficult and it is not unreasonable to suggest that these conditions might have contrib-

TABLE 11. Japanese: Recorded Suicides and Attempted Suicides by District, 1922-1939

	Saipan	Yap	Palau	Truk	Ponape	Jaluit	Total
1922	0	0	1	0	0	0	1
1923	2	0	0 (1)	0	0	0	2 (1)
1924	1	0	0	0	0	0	1
1925	1 (2)	0	0	0	0	0	1 (2)
1926	4	0	0	1	0	0	5
1927	3 (1)	0	1	0	0	0	4 (1)
1928	5 (6)	0	1	1	0	0	7 (6)
1929	6 (1)	0	2	1 (2)	0	0	9 (3)
1930	7 (3)	0	1 (1)	0	0	0	8 (4)
1931	5 (6)	1	2 (1)	1	0	0	9 (7)
1932	6 (1)	0	3	0	0	0	9 (1)
1933	11 (6)	0	1 (10)	2	0	0	14 (16)
1934	16 (10)	0	4 (3)	0	2	0	22 (13)
1935	11 (8)	0 (1)	1 (2)	1	1	0	14 (11)
1936	5 (6)	0	1	0	3	0	9 (6)
1937	5 (4)	0	1 (4)	1	1 (1)	0	8 (9)
1938	9 (10)	4	9 (5)	1	1	0	24 (15)
1939	14 (6)	2	5 (5)	0	3	0	24 (11)
Total	111 (70)	7 (1)	33 (32)	9 (2)	11(1)	0	171 (106)

Sources: See Table 6.

Note: Figures in parentheses are attempted suicides.

uted to the melancholy or weariness with life, particularly among people who might have been predisposed to those mental states.¹⁹

It is also worth noting that Japan's militarization of Micronesia, which began in 1934, was in high gear by the beginning of 1939. Among other things, this militarization involved the construction of two airfields on Tinian. From 1934 to 1939 the South Seas Development Company, which had exclusive control of the sugar industry in the Saipan district and which for many years had enjoyed a cozy relationship with the South Seas Bureau, supplied construction laborers for this construction. When the labor force proved insufficient, about 1,200 convicts from the Yokohama Central Prison were sent to Tinian. Building airfields required backbreaking labor in intense heat, and, in the case of the prisoners, the brutality of their civilian guards.²⁰

As far as the Palau district is concerned, there was a pronounced increase in suicides and attempted suicides in 1938 and 1939. These coincided with a dramatic increase to 340 from 40 in the number of Jap-

It should also be noted that health conditions among the islanders, particularly in the Yap and Jaluit districts, were deplorable in the 1920s and the 1930s. In both districts venereal disease and tuberculosis were rampant, and this could have contributed to the melancholy and weariness with life.

To summarize briefly, some patterns present among islander suicides in the 1920s and 1930s are also evident since 1960. These include the predominant method of committing suicide, a larger number of male than female suicides, and the relatively high suicide rate among Trukese. On the other hand, during the twenties and thirties, the islander male suicide rate was significantly lower than it was by 1983, and the islander males who committed suicide were slightly older than the male suicides since 1960. Finally, the suicide rate for the islander population as a whole was lower during the Japanese period than for most of the post-1960 years.

For the Japanese, those who committed or attempted suicide were generally older than their islander counterparts. The male/female suicide ratio among Japanese was about 2/1. Thirdly, from 1922 to 1939 the suicide rate for the Japanese in Micronesia was consistently, and sometimes dramatically, higher than it was in Japan. Moreover, there is nothing to suggest that suicide and suicide attempts by the Japanese in terms of either frequency or method had any influence in determining the frequency or methods of islander suicides and attempted suicides.

NOTES

1. Francis X. Hezel, S. J., Donald H. Rubinstein, and Geoffrey M. White, eds., *Culture, Youth, and Suicide in the Pacific: Papers from an East-West Center Conference*, Working Paper Series (Honolulu: Pacific Islands Studies Program, Center for Pacific and Asian Studies, University of Hawaii at Manoa, in collaboration with the Institute of Culture and Communication, East-West Center, 1985). Hereafter cited as *Culture, Youth, and Suicide*. Francis X. Hezel, S. J., "Suicide Epidemic among Micronesian Youth," *South Pacific Bulletin* 27, no. 2 (1977): 5-10. Fr. Hezel also makes brief references to suicide in "The Anthropologist and Social Problems in Micronesia," which appears in *Reflections on Micronesia: Collected Papers of Father Francis X. Hezel, S.J.*, Working Paper Series (Honolulu: Pacific Islands Studies Program, Center for Pacific and Asian Studies, in collaboration with the Social Science Research Institute, University of Hawaii at Manoa, 1986), 101-111. Hereafter cited as *Reflections on Micronesia*. "Suicide Epidemic among Micronesian Youth" appears in this same publication under the title "Micronesia's Hanging Spree."

2. Nan'yō-chō, *Taishō Jū Yon Nen Nan'yō Guntō To Sei Chōsa Hōkoku* [A Report on Conditions in the South Sea Islands in 1925] (Tokyo: Nan'yō-chō, 1927). Multivolume

studies with similar titles were issued in 1930 and 1935. The annual reports included, among other things, extensive statistical information, some of which is cited below.

3. For a listing of these publications see Sachiko Hatanaka, comp., *A Bibliography of Micronesia Compiled from Japanese Publication* [sic], 1915-1945 (Tokyo: Research Institute for Oriental Cultures, Gakushin University, 1977), 106-125.

4. Nan'yō-chō, ed., *Nan'yō-chō Jūnen Shisei Shi* [A Ten-Year History of the South Seas Government] (Tōkyō: Nan'yō-chō Chōkan Kanbō, 1932), 235-236. Hereafter cited as *A Ten-Year History*. Nan'yō-chō, *Dai Yonkai Nan'yō-chō Tōkei Nempō* [South Seas Bureau Fourth Annual Statistical Report] (Tōkyō: Nan'yō-chō, 1936), 52-53. Nan'yō-chō, Naimubu, Kikakuka, *Dai Kyūkai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Ninth Annual Statistical Yearbook] (Tōkyō: Nan'yō-chō, 1941), 35. Hereafter cited as *Ninth Annual Yearbook*.

5. Nan'yō-chō, *Dai Nikkai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Second Annual Statistical Yearbook] (Tōkyō: Nan'yō-chō, 1934), 116-119. Hereafter cited as *Second Annual Yearbook*. Nan'yō-chō, Chōkan Kanbō Chōsaka, *Nanakai Nan'yō-chō Tōkei Nenkan* [South Seas Bureau Seventh Annual Statistical Yearbook] (Tokyo: Nan'yō-chō, 1939), 28-29. Hereafter cited as *Seventh Annual Yearbook*. *Ninth Annual Statistical Yearbook*, 24-25. From the perspective of a Japanese diagnostician in the 1920s and the 1930s, the term *yūutsu* was applied to a person who was perceived to be gloomy, withdrawn, and distrustful of others. *Ensei* was used for a person who tended to dwell on only the bad things in life and had such a pessimistic view of the world that he or she felt that life was not worth living. *Seishin sakuran* referred to a person with incoherent speech or ranting, lack of memory, and, sometimes, hallucinations. These characteristics could be either temporary or permanent. The meanings of these diagnostic terms, as well as those in n. 15 were verified through discussions with Professor Tazuko Ajiro Monane, director of the Japanese language program at Harvard University.

6. *Culture, Youth, and Suicide*, 94.

7. *Ibid.*, 89.

8. For example, see *Reflections on Micronesia*, 86.

9. *Culture, Youth, and Suicide*, 90.

10. *Ibid.*, 89, 105.

11. Francis X. Hezel, "Suicide and the Micronesian Family," *The Contemporary Pacific* 1, nos. 1/2 (1989): 45.

12. *Second Annual Yearbook*, 116-117; *Seventh Annual Yearbook*, 30-31; *Ninth Annual Yearbook*, 24-25.

13. *Second Annual Yearbook*, 118-119; *Seventh Annual Yearbook*, 30-31; *Ninth Annual Yearbook*, 26-27.

14. *Kodansha Encyclopedia of Japan*, vol. 7 (Tōkyō: Kodansha, Ltd., 1983), 261.

15. From the perspective of a Japanese diagnostician in the 1920s and the 1930s, the term *chiho* was used to describe a person whose mental capacity had been permanently diminished by illness or accident rather than being born mentally retarded. The word *hakuchi* was used to describe a person who exhibited extreme mental retardation: inability to speak

and not being able to feed and clothe oneself without assistance. *Chin'utsu* referred to a person who exhibited the outward appearance of being more gloomy and withdrawn than a person labeled as *yūutsu*. *Kōfun* was used with reference to a person whose emotions could be easily and quickly heightened.

16. Mark R. Peattie, *Nan'yō: The Rise and Fall of the Japanese in Micronesia, 1885-1945* (Honolulu: University of Hawaii Press, 1988), 158; 335, n. 8. Hereafter cited as *Nan'yō: The Rise and Fall*.

17. *Ibid.*, 155. Peattie points out that when selecting immigrants the South Seas Development Company "seems to have worked with the Japanese government in identifying those prefectures where population and economic pressures seemed greatest: Okinawa, Kagoshima, Miyazaki, Kumamoto, Tottori, Tokyo (particularly Hachijojima), Fukushima, and Yamagata" (*ibid.*, 334, n. 6).

18. *Ninth Annual Yearbook*, 2-8.

19. *A Ten-Year History* says that around 1925 there was a dispute between management and labor over land-leasing fees and labor regulations, and in January and February 1927 about 4,000 Okinawans employed by the South Seas Development Company went on strike. The situation became so serious that in July 1929 the company proclaimed a peace preservation law that went into effect on September 1.

20. *Nan'yō: The Rise and Fall*, 252.

21. David C. Purcell, Jr., "The Economics of Exploitation: The Japanese in the Mariana, Marshall, and Caroline Islands, 1915-1940," *The Journal of Pacific History* 11 (1976): 189-201.

22. For Japan's efforts at assimilation see *Nan'yō: The Rise and Fall*, 103-111.

23. *Ibid.*, 71-80, 100, 111-112.