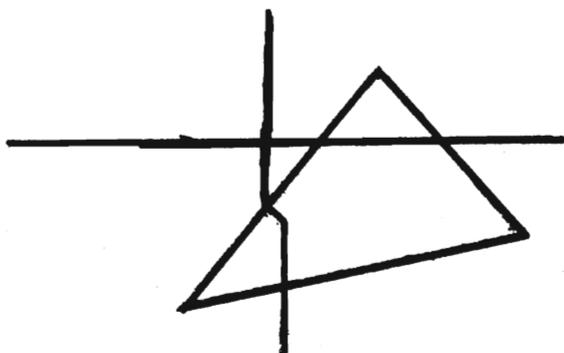# CULTURE, YOUTH AND SUICIDE IN THE PACIFIC: PAPERS FROM AN EAST-WEST CENTER CONFERENCE

Edited by   Francis X. Hezel, S.J.

Donald H. Rubinstein, Ph.D.

Geoffrey M. White, Ph.D.

The papers which comprised this volume were originally prepared for a conference at the East-West Center in September, 1984. The papers are concerned with important issues which confront young people in the Pacific region today, and the editors felt it imperative to bring them to publication as soon as possible. Fortunately, relatively quick production is possible with the Pacific Islands Studies Program's working papers series, and the decision was made to publish in this format. Copies of the working papers are distributed without charge to all interested parties. All island governments and libraries automatically receive copies, and a mailing list of other institutions and individuals is maintained.

This working paper is the first to be published as a joint venture with the East-West Center. Editors Donald H. Rubinstein and Geoffrey White are anthropologists with the East-West Center's Institute of Culture and Communication. Father Francis X. Hezel is the Director, Micronesian Seminar, Truk, Federated States of Micronesia. Father Hezel's Reflections on Micronesia appeared as an earlier working paper, and his The First Taint of Civilization: A History of the Caroline and Marshall Islands in Pre-Colonial Days, 1521-1885 was the first volume in the Pacific Islands Monograph Series which is also published by the Pacific Islands Studies Program.

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CULTURE, YOUTH AND SUICIDE IN THE PACIFIC:

PAPERS FROM AN EAST-WEST CENTER CONFERENCE

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PREFACE

In recent years there has been increasing recognition that health in all its aspects is linked intricately with "lifestyle," that general rubric for the social, cultural and economic realities that bear on individual behavior and well-being. By contrast, mental health research, and suicide studies in particular, have recognized the importance of these broad social influences for at least a century. Yet only in the past few years has the study of suicide gained high priority among public health officials in the United States, and remains little recognized in less developed countries. However, recent sharp increases in youth suicide in certain parts of the Pacific have drawn public attention to suicide as an important societal problem. This volume, then, presents a unique and timely look at suicide in all its social and cultural aspects, seen in the context of major changes affecting Pacific societies today.

The papers in this volume were first prepared for a conference on "Culture, Youth and Suicide in the Pacific" held at the East-West Center, September 10-14, 1984. The conference was organized to provide a comparative, regional assessment of suicide in selected Pacific Island societies — particularly in light of recent epidemic increases in parts of Micronesia and Western Samoa. These papers, drawn from such diverse perspectives as anthropology and sociology, psychiatry and medicine, and community development, demonstrate the need for complementary multi-disciplinary approaches to problems as complex as suicide.

The Pacific is a culturally diverse region of small, rapidly changing societies, and these papers reflect that diversity. In parts of the Pacific, notably Western Samoa and some Micronesian areas, suicide recently has increased in an unusual, epidemic-like fashion, as documented in the chapters by Bowles and Rubinstein. Suicide has even become the primary cause of mortality among some age groups. Among other Pacific cultures, such as the Melanesian societies discussed by Akin and Poole, high suicide rates appear mortality among some age groups. Among other Pacific cultures, such as the Melanesian societies discussed by Akin and Poole, high suicide rates appear traditionally endemic.

The objectives of the conference were, first of all, to assemble and assess available information on suicide in the Pacific; secondly, to discuss the social meanings and cultural patterns of Pacific suicide, particularly in the context of social change; and thirdly, to explore prevention strategies for

reducing the burden of suicide. The main orientation of the papers in this volume is towards research rather than prevention, with the notable exception of Oliver's chapter. Yet these three objectives clearly build upon each other. The papers included here present convincing evidence that effective prevention efforts must be grounded in an understanding of the social and cultural context of suicide within particular communities.

The chapters are organized in three sections according to cultural area: Western Samoa (Polynesia), Micronesia and Melanesia. The introductory chapter by White presents a rationale for research on suicide as a cultural phenomenon. Following this, three chapters by Bowles, the Macphersons and Oliver deal with Western Samoa. The next section includes three chapters focusing on different parts of Micronesia. Rubinstein gives an overview of the region as a whole while Hezel and Polloi deal with Truk and Palau, respectively. Because both Micronesia and Western Samoa have undergone epidemic increases of adolescent suicide (which now appear to be abating), the reigons present some fruitful points of comparison that were given attention at the conference. The last four chapters are on Melanesian suicide. Gegeo and Watson-Gegeo, and Akin describe neighboring societies on the island of Malaita, Solomon Islands; while Pataki-Schweizer presents an overview for Papua New Guinea, and Pool discusses a remote Highlands society in that country. This last set contrasts with the other two in that the authors deal with traditional patterns of suicide in Melanesian societies which have experienced little of the rapid and extensive social changes of Western Samoa and Micronesia. Hezel writes a final chapter summarizing conference discussions on the practical issues of problems in the collection of data on suicide and approaches to prevention.

perspectives to conference discussions. Daniel Lord, Psychologist at the Dr. Torres Hospital in Saipan, also made a presentation at the conference which was not written up for inclusion with this report. We would also like to thank the Hawaii Geographic Society for permission to use their maps; Joanne Harper for editorial assistance; and Carolyn Isono and Louise Ishibashi for their patient help with manuscript typing.

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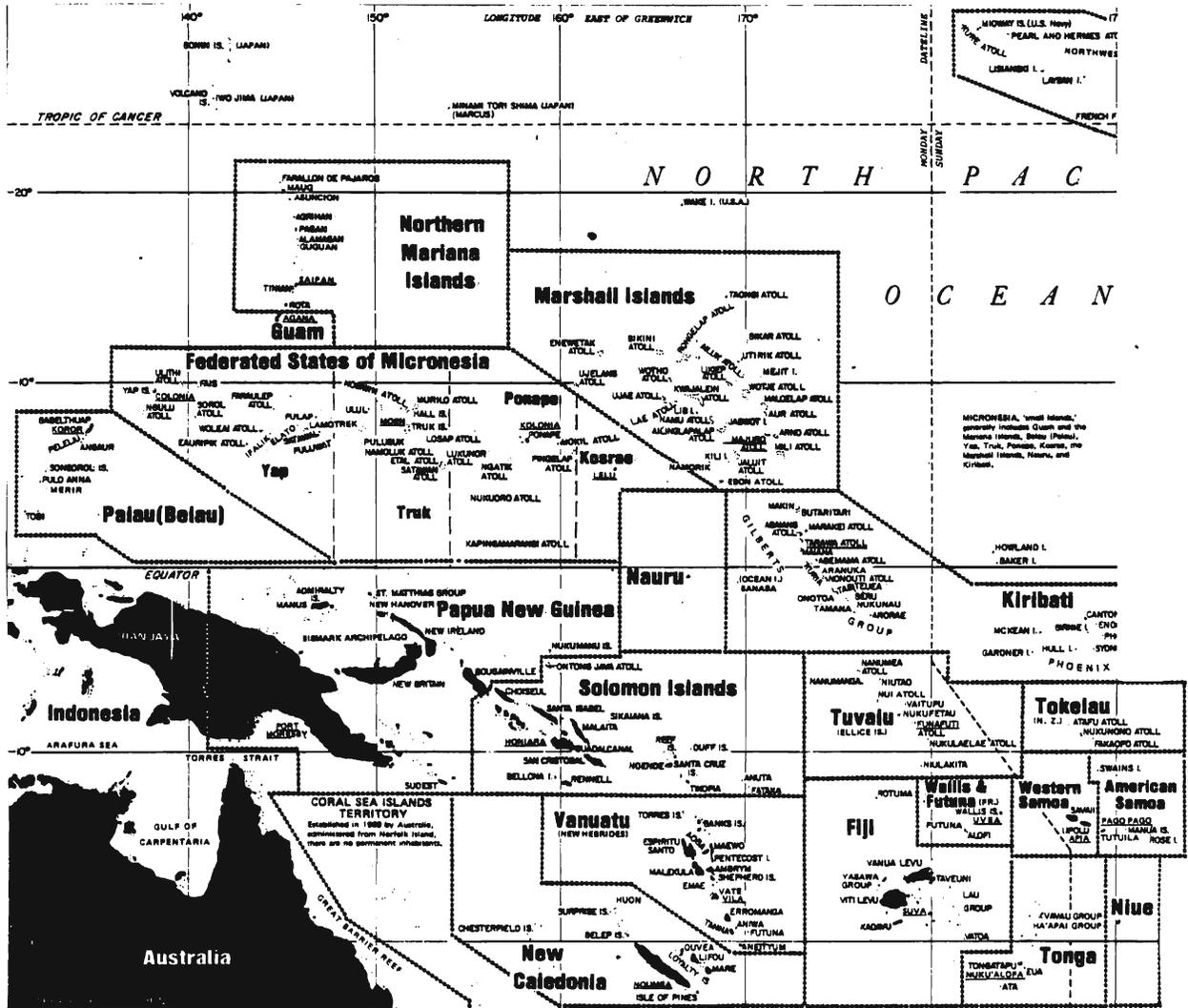
Chapter 1

SUICIDE AND CULTURE: ISLAND VIEWS

Geoffrey M. White

Introduction

This volume spans a range of perspectives on the problem of suicide and related mental health issues in the Pacific Islands. The approaches included here range from basic research to the work of the clinician treating suicidal patients or the community activist organizing prevention programs. However, all of these various approaches draw from a perspective which emphasizes the significance of local meanings, the ways people themselves perceive and deal with problems such as suicide. It is this perspective which is outlined briefly in this chapter.

I hope to suggest a view of suicide as a social event which is shaped in complex ways by culture, that is, by shared beliefs and practices which give meaning to social life. As many of the chapters in this volume make clear, suicide cross-culturally can only be understood through the lenses of the cultures where it occurs. However, I would like to turn this link between suicide and culture around and point out that suicide may provide an important vantage point from which to understand cultural worlds of emotion and social experience (see, for example, Black 1985). In other words, research on suicide may go beyond the explanation of a pattern of mortality to a concern with the cultural fabric of social life and some of the most critical points at which that fabric may be torn by conflict and change. If so, suicide research may produce insights which will also prove useful in understanding other social problems such as alcohol abuse, violence or mental disorder.

Increases in suicide are only one part of a broad change which is occurring in patterns of mortality and morbidity in the Pacific and the developing world generally. As small Pacific societies are swept up in the currents of modernization and development, changes in lifestyle associated with developing world generally. As small Pacific societies are swept up in the currents of modernization and development, changes in lifestyle associated with education, urbanization and wage labor are having systematic effects on the health and well-being of Pacific Islanders. The specter of infectious disease as the most serious threat to health is rapidly being replaced by lifestyle-related disorders such as diabetes, hypertension, malnutrition,

alcoholism and death or injury resulting from violence. As is well-recognized in behavioral medicine, effective responses to these types of problems must be appropriate to the social context in which they occur. Thus, attempts to deal with many of the maladies of social change should begin within the frame of reference or culture of the people affected. Otherwise they run the risk of being ineffective because they are disconnected from the meanings and values which people use to organize their lives and respond to problems stemming from culture contact and rapid change.

By taking a cross-cultural, comparative perspective, this volume shows that suicide in different societies is not a unitary phenomenon which can be understood as a simple act of a person killing him or herself. Since the time of Durkheim, suicide has been widely viewed as a symptom of societal disruption, of "anomie." It has thus taken its place alongside an array of social indicators as an index of social disintegration or personal malaise on a societal scale. The international literature is full of studies which have compared suicide rates of different nations or social groups, as if this was a more or less straightforward way of taking a society's pulse. I think we may learn more from the cross-cultural perspective by stepping back and asking just what is being compared in such studies.

One thing which can safely be said about suicide in all societies is that it is an event which does not pass unnoticed. Suicide inevitably evokes attempts at explanation which specify its meanings in terms of local beliefs and values. It is in this making sense of suicide, what Bohannan (1960) refers to as "folk explanation," that we may see cultural assumptions at work, cultural assumptions which function widely in the society but are frequently "invisible."

Among the types of cultural understanding which figure importantly in folk theories of suicide are concepts of emotion and social conflict. Despite the considerable amount of social and psychological research which has been done in the Pacific, we have only just begun to come to understand the culturally distinct ways in which Pacific Islanders themselves perceive, talk about and the Pacific, we have only just begun to come to understand the culturally distinct ways in which Pacific Islanders themselves perceive, talk about and experience emotion (White and Kirkpatrick 1985). In the absence of such understanding, there is always the potential for misinterpreting suicide by applying Western psychological concepts. For example, the Western-trained clinician might be expected to look for, and possibly find, depression among suicidal clients (White and Marsella 1982). Suicide, then, is an important

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example of the need for cultural translation to precede attempts at explanation or treatment.

Research on suicide in Truk being carried out by Rubinstein (1983, this volume) and Hezel (1984, this volume) provides examples of the way in which attempts to understand suicide have produced insight into the cultural patterning of emotion and interaction in the Trukese family. Although the chapters by Rubinstein and Hezel give a more detailed account of their own research, I would like to draw some general parallels and contrasts between the Trukese material and the case of Samoan suicide, as discussed by the Macphersons as well as Bowles and Oliver.

Trukese AMWUNUMWUN and Samoan MUSU

The epidemiology of suicide in Micronesia clearly illustrates the importance of social context in the recent rise of suicide rates there. The data compiled by Rubinstein and presented in his chapter show that this rise is a male adolescent phenomenon. These findings immediately raise the question: What is it about the social situation of young men between the ages of 15 and 25 which makes this population so much at risk in suicide? And, secondarily: What has changed during the course of a generation which has produced such a rapid increase?

The first occasion on which researchers and Micronesians gathered to discuss questions such as these was a conference convened in Truk in 1981 by Francis Hezel under the auspices of the Micronesian Seminar. This meeting was attended by Trukese educators, youth workers, church leaders and researchers. Their discussions focused largely on the problem of interpretation by asking what, from the Trukese point of view, was happening in the events preceding many of the suicides (Hezel 1981). In the process of searching for patterns in the cases compiled by Rubinstein, this group produced an important breakthrough in understanding the social dynamics of Trukese suicide. The manner in which this new understanding was reached is also worth noting.

As those present sought to specify the sorts of incidents which precipitate suicide, it became apparent that conflict among family members is this new understanding was reached is also worth noting.

As those present sought to specify the sorts of incidents which precipitate suicide, it became apparent that conflict among family members is the major context for Trukese suicide. As participants began to speculate about feelings and motives common to many of the suicides, discussion turned to the sorts of emotions aroused in family quarrels which might lead to suicide. Anger seemed an important element, as it is in the U.S. and other European

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cultures. Based on his knowledge of an important distinction in the Fais language (Western Carolines) between two distinct types of anger (song, a more general term for active anger directed toward others, and sig, a more inward feeling which signals an appeal to others), Rubinstein asked the Trukese participants if they could clarify the specific emotions implicated in Trukese suicide. A Trukese participant responded by introducing a Trukese term: amwunumwun.

Although amwunumwun is not an emotion term per se, it describes a pattern of social behavior which strongly implicates certain emotions. The Trukese at the conference saw that it was important to draw a distinction between "anger" (ssong) in general and the kind of anger, frustration or resentment felt towards higher status family members. Without this more specific social context, defined in terms of Trukese understandings of conflict in the family, it was at best misleading to talk about anger (especially about vengeful or vindictive anger) as a motive in Trukese suicide. By examining carefully the meanings of amwunumwun, it has been possible to identify much more precisely the sorts of social and emotional experience which figure in family conflict in general and youth suicide in particular.

Without attempting to capture all the subtleties of the notion of amwunumwun, let me quote briefly from a recent paper by Hezel (1984), who gives a more adequate account in his chapter for this volume. Hezel writes that:

> Amwunumwun ...is a strategy of withdrawal or self-abasement used to show those one must both love and obey that one is hurt by them. The act of amwunumwun is intended not principally to inflict revenge—although it would be naive to maintain that there is nothing of this in the act—but to dramatize one's anger, frustration and sorrow in the hope that the present unhappy situation will soon be remedied. (1984: 14).

Amwunumwun, then, involves an entire cluster of understandings about conflict, emotion and conflict resolution, primarily in families. Because Trukese share these understandings as part of their culture, the kinds of behavior and emotions which are recognized as amwunumwun make up a kind of cultural code, a way of communicating in appropriate ways about troublesome feelings and events.
these understandings as part of their culture, the kinds of behavior and emotions which are recognized as amwunumwun make up a kind of cultural code, a way of communicating in appropriate ways about troublesome feelings and events. Anyone who wished to communicate with Trukese about suicide would need to have both understanding and empathy for this cultural code.

The concept of amwunumwun is, of course, only a piece of the suicide puzzle. For example, it doesn't tell us about the sources of family conflict

or why this conflict primarily involves young men rather than young women. It only informs us about culturally appropriate ways of dealing with conflict when it arises. It also doesn't tell us why ordinary amwunumwun, which ends in the offended person being drawn back into the family group, sometimes leads to suicide.

However, more than any other single insight, the clarification of amwunumwun at the 1981 Truk conference served to focus subsequent interpretations of suicide. The concept crystallizes a number of Trukese understandings about feelings and behaviors associated with family conflict. It represents an entire scenario or sequence of events which follow from conflict between a young person and a parent or older sibling. In the typical scenario a child experiences some combination of sadness and resentment at having been unjustly wronged, but rather than expressing that resentment directly (which would be contrary to Trukese values of respect due older family members), the child withdraws from further interaction. This scenario may then precipitate a further sequence in which the offended person is approached by a family member who attempts to soothe him or her and repair the damaged relation. The entire amwunumwun sequence functions as a culturally recognized mode of conflict resolution, as a way for young people to make an appeal to parents or elder kin without violating norms of respect. Thus, the attempt to understand the social dynamics of suicide has led to a process of cultural translation concerned broadly with Trukese ways of dealing with problematic emotions and social conflict in general.

I raise this particular example because of parallels with cultural factors in suicide in Western Samoa. The occurrence of a quite similar epidemic increase of suicide in Western Samoa in the mid to late 1970s, peaking in 1981, is documented in the chapters by Bowles and the Macphersons. At about the same time that the Truk conference was convening, a Suicide Study Group was formed to look into the Samoan suicides (see Oliver chapter). They found that, as in Micronesia, the increase in suicides occurred primarily among young men. The data presented graphically by Bowles show that well over half of all suicides during the period of increase were committed by young men from 15 to 24 years old. This distinct social patterning of suicide in Western Samoa raises some of the same questions about the situation of young men which we have asked about Micronesians.

At this point, the parallel becomes even more intriguing. The data

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compiled by the Suicide Study Group show that "...in 40 percent of all cases, the apparent triggering event was a scolding by the victim's parents..." (Oliver 1984: 59). So, in Western Samoa, as in Truk, it is frequently conflict between parents and children which precedes adolescent suicide. In his recent book attacking Margaret Mead, Derek Freeman lends further support to the view that parent-child conflict is a major context for youthful Samoan suicide. He reports 22 cases (16 male, 6 female) of suicide in Western Samoa from 1925 to 1967. "Fourteen of these twenty-two persons (64 percent) had committed suicide in a state of anger at having been scolded or punished by a parent or some other elder" (Freeman 1983: 220). Furthermore, Freeman points out the antiquity of this pattern, observed by someone who lived in Samoa between 1839 and 1879 and commented that Samoan suicide is "mostly caused by anger with family." (ibid.)

Thus, while Western Samoa suicides have increased in number, probably reflecting the pressures of change, they appear to follow established social patterns deeply rooted in Samoan culture. To the extent that many of the suicides take on a similar form, we might expect that certain basic, shared understandings about social conflict are at work. Here Derek Freeman and others, including the Macphersons in their chapter, offer an important clue by noting that many of the episodes of youthful suicide follow a pattern referred to with the Samoan term musu. According to Freeman, most of the 14 cases of suicide in his sample which resulted from parental punishment had "been musu toward a parent during the emotion crisis that immediately preceded their suicides" (1983: 221). He describes several cases which illustrate his point.

Like the notion of amwunumwun, musu represents a culturally defined way of feeling and acting in response to conflict with someone in authority, especially parents, toward whom one owes love and respect and should not express anger. Its primary meaning pertains to just that context which is implicated in the suicide data: relations between parents and children. In a recent paper on Samoan emotions, Eleanor Gerber has described the meaning of musu as follows:

> According to Samoan values, it is very bad to express anger towards parents, and the performance of work and service for one's kin is considered a primary expression of love. Nevertheless, a certain amount of resistance is shown to the more onerous demands of authority. One possible label for this resistance is the term musu, which expresses a person's

reluctance to do what is required of him or her (Gerber 1985: 192).

Although it is always risky to draw parallels between such distinctly different types of society as Truk and Samoa, both musu and amwunumwun represent ways of dealing with anger or resentment in parental relations which require love and respect. Like amwunumwun, the notion of musu specifies a culturally appropriate way for children to demonstrate dissatisfaction vis-a-vis parents. It is a stereotypic form of withdrawal which signals displeasure with someone in a position of authority. Shared knowledge of musu and its social-emotional implications provides Samoans with a standard "script" for communicating about and, possibly, resolving conflict. Gerber (1985: 240) gives examples of the way in which labeling a child musu may lead a parent to lessen demands or criticism, thus keeping the level of conflict low. According to Freeman, Samoans themselves recognize that suicide is a potential outcome of extreme musu, which is another reason that the attribution of serious musu may evoke attempts at minimizing or resolving the conflict:

> A person in this state...may become violent or even commit
> suicide; therefore, when an individual does become seriously musu
> he is usually left to his own devices until his dangerous mood
> has passed (Freeman 1983: 219).

Freeman's characterization of the usual responses to serious musu, which is affirmed by the Macphersons, indicates that the culture appears to formulate a known sequence of events typically leading to a minimization or resolution of the problem. As in the case of amwunumwun, the shared "script" provides the actors with a way of communicating and possibly of resolving the conflict. The existence of such cultural codes would seem to have clear implications for attempts at prevention: they would be most effective if carried out by those who have a thorough understanding of the culture in question; those who are able to perceive the subtle cues which signal social-psychological distress and anticipate the possible outcomes of conflict situations.

Of course, just understanding Samoan ways of responding to conflict in parent-child relations does not reveal the sources of that conflict, nor does anticipate the possible outcomes of conflict situations.

Of course, just understanding Samoan ways of responding to conflict in parent-child relations does not reveal the sources of that conflict, nor does it indicate why there would be a rapid increase in adolescent suicide. The Macphersons detail many of the structural sources of conflict, showing how musu is related to the demands of an authority structure which extends throughout traditional Samoan society (see also Freeman 1983). Along these lines, Dennis

Oliver (this volume) notes that the four villages with the highest rate of suicide also had a much higher ratio of chiefs, _matai_, to untitled persons than the national average.

The Trukese and Samoan suicides described in this volume illustrate the role of culture in defining what suicide is all about. In both cases, epidemic increases in suicide have been situated in a particular segment of the population (young males), and have involved particular social relations (parent-child) and specific cultural routines for communicating about conflict in those relationships. Bowles offers the revealing insight that, in Western countries, these socially patterned aspects of suicide tend to be associated with _attempted_ suicide, in contrast with completed suicides. Thus, we frequently think of attempted suicides as a plea for help in response to acute emotional upset, aimed at communicating with significant others. When suicide is seen in this way, the scope of efforts at explanation and prevention broadens out from the individual to include sets of significant relationships. It is especially obvious in Pacific societies that suicide is a social action which usually involves not just a single individual, but an entire family or community. The Micronesian and Samoan data indicate that it is the family group, and specifically the parent-child relation, that is the context for many of the recent suicides in those places. In order to underscore this point about the collective nature of suicide, I turn briefly to the Melanesian cases described in this volume in light of typical patterns described in other published works on suicide in Melanesian societies.

Women, Power and Suicide in Melanesia

In turning to Melanesia, it is necessary first to note the tremendous cultural diversity of a region which almost defies generalization. Just the four societies represented in this volume, two in Papua New Guinea and two in the Solomon Islands, will bear this out. So, without attempting to typify "Melanesian suicide," I would like to comment briefly on a number of themes that emerge in studies of suicide in Melanesia and that contrast with the

"Melanesian suicide," I would like to comment briefly on a number of themes that emerge in studies of suicide in Melanesia and that contrast with the Samoan and Trukese material.

Just as the Trukese and Samoan suicides are socially patterned, with adolescent males the group most at risk, several Melanesian societies also show a distinct social patterning of suicide, with young women (of marriageable age or recently married) most frequently attempting suicide. Among the societies

where this pattern has been documented are the Melpa (Strathern 1972), Kuma (Reay 1959), Maring (Healey 1979) and Gainj (Johnson 1981) of the New Guinea Highlands, and the Kaliai (Counts 1980) of New Britain. (But note that Poole's chapter, which describes a dramatic reversal of this pattern, indicates the range of diversity in the region.) In other Melanesian societies, where the male/female ratio of suicide is more balanced, there is a clear _ideology_ of female suicide. Jorgensen (1983-84) notes that the Telefomin regard women as more likely to commit suicide, although available rates show just the opposite. In their chapter for this volume Watson-Gegeo and Gegeo find a similar situation among the Solomons Kwara'ae, as does David Akin for the Kwaio. In addition, the Kwaio and Kwara'ae ideologies of female suicide are reflected in mythology where only females are depicted as suicide victims. [Interestingly, Counts (1980: 340) also finds a reflection of the female suicide pattern in Kaliai legends.] However, Akin points out the important fact that Kwaio women probably in fact _attempt_ suicide more often.

And, as in Micronesia and Samoa, we also find a critical relationship implicated in many of these Melanesian suicides. Where it is parent-child conflict which precedes the typical Samoan or Trukese suicide, it is marital conflict which appears to precipitate many of the Melanesian suicides. For unmarried women, this frequently involves problems encountered prior to marriage; whereas, for married women, the conflict is usually with the husband.

It is, however, important to realize that the focus on this particular dyadic relationship (husband and wife) by no means implies that the conflict is confined to two people. In fact, just the opposite is the case. It may be that this relationship plays a significant role in Melanesian suicides precisely because marriage in those societies is as much or more a relation between kin groups as between two persons. Thus, any action which severely disrupts or terminates that relationship is inevitably of concern to relatives of both husband and wife. For this reason, the Melanesian cases tend to have social repercussions which reverberate widely throughout the society.

In his discussion of female suicide in New Guinea, Healey (1979) makes the point that the classic European theories of suicide tend to see the act as social repercussions which reverberate widely throughout the society.

In his discussion of female suicide in New Guinea, Healey (1979) makes the point that the classic European theories of suicide tend to see the act as final, focusing primarily on antecedents or motives rather than consequences. Along this same line, I would argue that an understanding of the social consequences of suicide may also be essential to understanding motives. The person who attempts suicide may do so on the basis of knowledge about how

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others will respond. In other words, the cultural "script" for suicide extends beyond the suicide itself to those consequences or responses which are prescribed or expected in the culture.

A major theme in women's suicide described in the New Guinea societies cited above and in several prominent cases described by David Akin (this volume) is the use of suicide to achieve revenge (a type of suicide frequently termed "Samsonic" suicide, see Jeffreys 1952; Panoff 1977). In the typical scenario for one of these suicides, a woman is wronged in some way, perhaps by her husband, and finds no recourse through support from other relatives. If, for whatever reason, a woman sees herself to have few options available for chastising or punishing her offender, suicide may be a vehicle for gaining revenge. To the extent that this is so, the Melanesian pattern differs sharply from the typical Trukese scenario. Whereas anger directed at an offender and the desire for retribution may be key elements in the Melanesian cases, Trukese specifically deny any vindictiveness toward parents in youth suicide.

Underneath the generalization that revenge is a common motive for female suicide in Melanesia, there are a wide range of specific cultural mechanisms by which a suicide may in fact harm the targeted offender. Most of these are based on the assumption that suicide is not an individual act, but in fact is the responsibility of others who may have angered or intensely shamed the suicide victim. In other words, Melanesian explanations of suicide frequently assign culpability to those seen as precipitating the act. Indeed, notions of culpability in suicide may go so far as to blur distinctions between suicide and homicide. Similar to homicide in many Melanesian societies, a suicide is symptomatic of a breakdown in relations between ancestral spirits and descendents, indicating that an entire group may be vulnerable to misfortune until proper relations with the ancestors are restored. A suicide represents a collective loss for relatives of the deceased and may place upon them an obligation to right the imbalance, either by seeking violent revenge or demanding compensation payment from those blamed for the death. Traditionally in many societies, a suicide victim's descent group would be justified in demanding compensation payment from those blamed for the death. Traditionally in many societies, a suicide victim's descent group would be justified in demanding compensation payment from the culpable party (who might in turn have to call in debts from his own descent group). In some parts of Melanesia, laws have been enacted which create legal penalties for the instigation of suicide. For example, Counts (1980: 347-48) mentions an anti-suicide bill passed by a local council in Vanuatu which established a fine to be assessed against anyone

who attempted suicide as well as against anyone who gave that person reason to attempt suicide.

Once a person is deemed culpable for a suicide, there are a variety of sanctions which may come into play. In addition to legal penalties and compensation payment, ridicule, gossip and supernatural retribution (either by the spirit of the deceased or other, ancestral spirits of her descent group) may all exert pressure against the responsible party. This latter sanction, the possibility of supernatural retribution, may be particularly onerous because it may affect an entire descent group. Akin's discussion of Kwaio beliefs illustrates the manner in which Melanesian suicide may be a matter of grave collective concern, with potentially serious consequences for many people in the society. It is no wonder that in such a society one finds traditional means for mobilizing entire communities in suicide prevention.

The existence of some or all of this array of sanctions in a particular Melanesian culture sets up certain known expectations about the consequences of suicide. Where it is shared knowledge that these sanctions may be applied against anyone who causes a suicide, the act of killing oneself becomes a culturally constituted mode of managing conflict. For a woman without the support of her own family, who might otherwise not be able to take a man to court or demand compensation payment, suicide may be the only way of accomplishing certain social ends, a last-resort source of power.

Summary

Many writers have commented on this female pattern of suicide in Melanesia and noted its importance as a reflection of gender ideologies and the position of women in male-dominated social structures. Seen in this way, we may find some of the social reasons for the distinct differences between Melanesian suicides and suicide in Western Samoa and Truk. However, if we step back a bit further, it is possible to see certain general patterns at work throughout the Pacific.

First of all, in each of these regions, there are reasonably coherent explanations of suicide based in traditional patterns of culture, that is in Pacific.

First of all, in each of these regions, there are reasonably coherent explanations of suicide based in traditional patterns of culture, that is in basic understandings about emotion, conflict and conflict resolution. Whereas rates of suicide may change abruptly under the pressures and strains of modernization, the social events and emotions which precipitate suicide frequently follow a traditional "script" which specifies likely causes and

consequences of suicide.   Trukese _amwunumwun_, Samoan _musu_, and Melanesian notions of power, culpability and compensation all illustrate various ways in which cultural concepts shape suicide as a meaningful social action.   In different ways, all of these cultural conceptions are concerned with the dilemmas of anger and other intense emotions felt by persons in low status positions who have limited avenues for expressing those emotions and promoting moral claims.

I have tried in this brief introduction to outline some of the ways in which suicide in Pacific societies is thoroughly shaped by traditional cultural understandings and social practices.   My purpose in doing so has been to look at the relation of suicide and culture from two sides.   On the one hand, I have argued that there are important social and cultural insights to be gained from an attempt to understand suicide from Pacific perspectives.   Secondly, and perhaps more relevant to the practical objectives of this volume, I have tried to show that a concern with cultural meaning is not separate from medical or public health concerns with suicide prevention.   Other than the quick gains to be made from short term measures (such as restricting the availability of paraquat in Western Samoa), neither research nor prevention measures are likely to make much headway without an understanding of local conceptions which shape suicide attempts and responses to them.   It is doubtful whether anyone who lacked a detailed knowledge of cultural interpretations of suicide would be able to deal effectively with the complexities of either suicide counseling or prevention.

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Chapter 2

SUICIDE AND ATTEMPTED SUICIDE IN CONTEMPORARY WESTERN SAMOA

John R. Bowles

This chapter presents a discussion of suicide in contemporary Western Samoa. It is based on information set forth in a series of tables and graphs. The account was prepared at the end of the East-West Center conference and relies on an understanding gained from participants discussion of these data and from the chapters by the Macphersons and Oliver.

The Data

The information presented was gathered during my appointment in Western Samoa with the Health Department over the interval August, 1981 to January, 1984[1]. The survey was not made on the basis of a well-planned or separately funded research project, but rather as a part-time endeavor partly in conjunction with the locally formed Suicide Study Group (see the chapter by Oliver) for which I was the Health Department representative. The motivation for data collection was derived from a sense of alarm and urgency felt by some people in Western Samoa at that time since we were losing young people at the rate of about one per week in a small population of about 160,000. And for each death there was another who survived an event of deliberate self-harm. Thus in the years 1981 to 1983 there were at least 106 suicidal deaths and 108 who survived that which could be described as attempted suicide, parasuicide or deliberate self-harm.

The terms "parasuicide" or "deliberate self-harm" can be interpreted as conveying meaning somewhere along the continuum of failed suicide to self-harm of considerable potential lethality but with some doubts about the absolute intent of death by the person at the time of the event. This latter group are sometimes regarded as presenting a desperate form of communication to significant others, the "cry for help," or statement of desperation, reactive sometimes regarded as presenting a desperate form of communication to significant others, the "cry for help," or statement of desperation, reactive depression and failure to otherwise cope with the personal circumstances of the time. Obvious and suspicious cases of accident were excluded from the data set. A further group judged by the non-medical community to be trivial and thus not presented to the hospital were not available to me.

The death figures were collected, cross checked and combined from three interrelated but non-congruent sources: namely, Justice Department Coroners' records, Police records and Health Department records; the latter being case notes from the National Hospital of Western Samoa (N.H.W.S.) plus reports from District Hospitals situated on both Upolu and Savaii. Only the Health Department records gave access to those cases of non-fatal outcome. Cases from the National Hospital were able to be sampled for more pertinent personal and circumstantial details gained by examination of case notes and personal interviews. Figure 1 shows the questionnaire used to collect basic data for cases presented to the hospital. The back of this sheet was used to record whatever other pertinent data could be obtained for available cases. In general, information was gleaned from whatever source was available and expedient.

Discrepancies between the three principal sources mentioned above were due to time delays for processing coroners' cases, defects in communication between the three systems, delays in getting death certificates signed, late reports from rural sources and a variety of other lesser causes. A consequence of this non-congruence of data sources was that no one source was comprehensive and each alone accounted some figure less than the actual. The data presented here are a careful summation but are at best minimal figures since it is possible other cases may have missed each of the recording systems. The possibility of over-recording was also considered, given that the different reports may identify a case with different names. Similarly age and address data are not always precisely reliable, but the date of the event or admission to hospital and whatever other co-lateral data were considered to eliminate these elements of uncertainty.

Thus in summary: (1) Data collected prospectively from 1981 to 1983 are presented with reasonable confidence. (2) Retrospective data for 1976 to 1981 were gathered from three sources and cross-checked to the limit of available data reliability. (3) Figures for 1956 to 1976 were taken from coroners' case records only.

Findings

The initial accumulated data first presented within Western Samoa essentially confirmed the view of popular opinion that suicide was increasing rapidly among young males, with paraquat poisoning the most usual method.

Suicide, although present in previous times, was at a low rate, and there had been an apparent dramatic escalation since the mid 1970's. Young people accounted for the significant majority of cases, with males represented more frequently than females, and suicide and attempted suicide among people beyond age 40 remained a comparative rarity. Paraquat poisoning accounted for much of the apparent increase, and, as discussed below, over the next two years the decline in total cases was essentially due to the decline of paraquat cases.

The rapid increase in the numbers of suicide in Western Samoa over the past decade is depicted in Figure 2 which plots the actual numbers of suicide as well as the increase in population for the period 1956 to 1983. It can be seen from this diagram that the rate of suicide remained more or less constant until 1976 when there was a marked jump in suicides, increasing rapidly thereafter, reaching a peak in 1981.

Analysis of the age and sex distribution of the suicides during the interval for which we have the most complete data (1981-1983) reveals a clear concentration in the younger age groups. Table 1 gives the average yearly rates (per 100,000) during this time period for both males and females in the 15-24 and 25-34 age ranges, showing the male rate to be two to three times that of the female rate in these categories. The suicide rate for males in the 25-34 age group reached 167/100,000 during the peak year. The 1981 suicide rates for specific age groups, broken down into 10-year cohorts are given in Figure 3 (males) and Figure 4 (females). These diagrams show clearly the concentration of suicides in the younger ages (especially 25-34 for males and 15-24 for females). In order to highlight the contrast of this pattern of youthful suicide with that found in most European countries, Figures 3 and 4 also show the age-specific rates for four Western countries, illustrating the typical pattern of suicide rates increasing with age.

The principal data for 1981-1983 showing the totals for suicide (106 deaths) and attempted suicide (108 survivors) by year and sex appear in Table 2. The corresponding proportions of the populations for the relevant age groups appear in Table 3. From these figures an index was calculated for each group. Hence, for the 20-24 age group there were 34 deaths in 3 years, 2. The corresponding proportions of the populations for the relevant age groups appear in Table 3. From these figures an index was calculated for each group. Hence, for the 20-24 age group there were 34 deaths in 3 years, accounting for 32.1 percent of the total of 106. The population proportion for this group is 9.6 percent and the corresponding index figure (32.1/9.6) comes to 3.34, which means this group has a suicide death rate 3.34 times the national norm. These are of course simply rate data in another guise,

normalized against local figures. The national average rate for the whole population averaged over these 3 years was 22.6 per 100,000 (see Table 1) and the rate for all 20-24 year olds was 75.7 (22.6 x 3.34). The index data show those age groups significantly above the norm index value of 1.0. (The index adjusts the suicide rate for the greater numbers in the younger age groups in the youth weighted population pyramid.)

The data displayed in Table 2 also allow us to compare the rates for completed suicides with those for suicide attempts (insofar as data for attempts were available to us). Figure 5 shows a close parallel in the rates for suicide deaths and those for suicide attempts across all age groups. The similarity in these profiles suggests a high degree of similarity in the social context for both suicide attempts and suicide deaths. This finding differs significantly from the pattern in many European countries where attempted suicides have a distinctly different social and psychological profile than completed suicides.

In contrast with data from many developed countries, the Western Samoan suicides are more closely aligned with what has been described as parasuicide (attempted suicide) and has shown a dramatic increase in incidence in the 1970s (Kreitman:1977). Parasuicide, as distinct from completed suicide, is characterized by distinctive demographic, social-psychological and situational features. Parasuicides occur predominantly among young persons (teens and 20's) with no history of mental illness, more often female than male, and of lower socio-economic strata. These attempts are typically a response to acute emotional upset, apparently impulsive as distinct from being well planned, with the psychiatric diagnosis more likely to be judged as situational stress, reactive depression, substance (alcohol) abuse and personality disorder (or some combination of these) rather than major affective disorder (endogenous depression) or psychosis. The suicide attempt is frequently recounted by the person as a flight or escape from an intense and intolerable situation, with death not always the well-formulated goal. There is an element of ambivalence, risk-taking, a surrender to fatalism and chance in many such cases. They often

death not always the well-formulated goal. There is an element of ambivalence, risk-taking, a surrender to fatalism and chance in many such cases. They often involve a communication component apparently directed at significant others; with an operant quality which puts pressure on this complementary person or group to respond in some way.

These attributes and others are measures of difference between parasuicide and completed suicide with a fatal outcome. The degree of similarity between

the population of Samoan cases under consideration and the typical features of parasuicide (with certain exceptions, such as the male/female reversal) is clinically impressive. Furthermore, the resemblance of this profile to the typical pattern of Trukese suicides reported by Hezel and Rubinstein in this volume indicates that the features of parasuicide may merit comparative, cross-cultural study.

Another feature of parasuicide which coincides with the Western Samoan data is the method of suicide, with self-poisoning the predominant mode. A major factor in the epidemic increase of Western Samoan suicides was the dramatic increase in death from paraquat ingestion. Figure 6 shows the proportion of suicide deaths which resulted from paraquat poisoning for the period of rapid increase from 1973 to 1983. As can be seen from the diagram, nearly four-fifths of the deaths from suicide in the peak year of 1981 resulted from paraquat. The numeric basis for this graph for the years 1981 - 1983 is given in Tables 4, 5 and 6 which show the chosen method for both deaths and survivors, across the various age groups. Note that other poisons were generally not fatal and that hanging and gunshot injury were almost exclusively a male choice, both with significant lethality.

Paraquat was first introduced in Western Samoa in 1972 by a private company and became progressively more available to the general population. Details on paraquat importation, sales to the public and paraquat poisoning cases and the subset which had a fatal outcome are shown graphically for the interval 1972-1983 in Figure 7.[2] Parallels of rise and fall (with about a one year lag time) invite explanations for the apparent association. Data is available on the Government importation of paraquat dating from 1974. The 1972-1973 amounts are no longer available on record but are said to be small by comparison with that which was to follow (personal communication, company manager). Importation and sales increased to the maxima shown in 1980 (import) and 1982 (sales to the public) respectively. The decline in import after 1980 was essentially due to a problem of availability of funds for overseas payment rather than a deliberate decision to reduce availability. Another factor which added to the potential for paraquat poisoning among the population at risk was was essentially due to a problem of availability of funds for overseas payment rather than a deliberate decision to reduce availability. Another factor which added to the potential for paraquat poisoning among the population at risk was the widespread practice of decanting the concentrate into empty beer bottles which in many instances were not locked in a safe storage container.

Summary

In this chapter I have briefly summarized data on suicide in contemporary Western Samoa which, with additional information not included here, were presented at the East-West Center conference. The picture which emerges is that of a rapid increase in suicide by paraquat poisoning among young people, especially young males, for the period 1973 to 1981, with some abatement after that date. Given the problems in obtaining adequate data on suicide and attempted suicide, it is difficult or impossible to track the incidence of suicide after 1983 when the efforts of the Suicide Study Group to systematically collect data ceased.

A hypothesis which emerges from this set of data is that there are emergent psychosocial factors present in contemporary Western Samoa which have differentially affected younger people to increase their risk of deliberate self-harm. The resemblance between the rates of suicide deaths and suicide attempts across age groups suggests that these deaths by suicide among young people have social and psychological features often characteristic of suicide attempts as a patterned means of responding to conflict situations. The vehicle chosen, amplified by its growing notoriety, has an inherent lethality not present in the various medications used to "overdose" in developed countries. Paraquat poisoning, accounting for the large majority of cases during the years of increase, could be an especially significant factor.

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NOTES

1. I acknowledge permission from the Director General of that department to release such data, some of which is at variance with other published figures.

2. These data (imports and sales) were made available to me by representatives of the supply company and a Peace Corps worker in the Western Samoa Government Agriculture Department. I am grateful for her considerable and cooperative effort without which these data would not have been exposed for examination.

Table 1

Suicide Rates:
1981-1983 Average per 100,000

	Population	Deaths	Rate
Total Population	156349	106/3	22.6
Total Males	81027	76/3	31.3
Males 15-24	18787	40/3	71.0
Males 25-34	8380	19/3	75.6
Total Females	75322	30/3	13.3
Females 15-24	19570	21/3	35.8
Females 25-34	8155	5/3	20.4

Table 2

Suicide and Attempted Suicide by Age Group and Sex:
1981-1983

DEATHS

	0-14 81	0-14 82	0-14 83	15-19 81	15-19 82	15-19 83	20-24 81	20-24 82	20-24 83	25-29 81	25-29 82	25-29 83	30-34 81	30-34 82	30-34 83	35-39 81	35-39 82	35-39 83	40-44 81	40-44 82	40-44 83	45+ 81	45+ 82	45+ 83	Unknown 81	Unknown 82	Unknown 83	Total 81	Total 82	Total 83	3-Year Total
Males:	1	0	0	5	9	5	7	9	5	8	2	3	6	0	0	3	2	2	0	1	0	3	1	1	0	1	2	33	25	18	76
Females:	2	0	0	3	4	1	9	3	1	1	2	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	16	10	4	30
Total:	3	0	0	8	13	6	16	12	6	9	4	3	6	1	1	3	2	3	1	1	0	3	1	1	0	1	2	49	35	22	106

	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown	Total
3 Year Total	3	27	34	16	8	8	2	5	3	106
% of Deaths	2.8	25.5	32.1	15.1	7.5	7.5	1.9	4.7	2.8	99.9
Index = % Deaths / % Population	0.06	1.90	3.34	2.44	1.70	1.92	0.50	0.34	N.A.	1

ATTEMPTS

	0-14 81	0-14 82	0-14 83	15-19 81	15-19 82	15-19 83	20-24 81	20-24 82	20-24 83	25-29 81	25-29 82	25-29 83	30-34 81	30-34 82	30-34 83	35-39 81	35-39 82	35-39 83	40-44 81	40-44 82	40-44 83	45+ 81	45+ 82	45+ 83	Unknown 81	Unknown 82	Unknown 83	Total 81	Total 82	Total 83	3-Year Total
Males:	4	0	1	6	6	3	6	5	8	6	3	7	5	2	0	0	1	0	1	0	0	2	2	0	0	0	0	30	19	19	68
Females:	2	1	0	3	8	7	9	4	4	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	15	14	11	40
Total:	6	1	1	9	14	10	15	9	12	7	3	7	5	3	0	0	1	0	1	0	0	2	2	0	0	0	0	45	33	30	108

	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown	Total
3 Year Total	8	33	36	17	8	1	1	4	0	108
% of Attempts	7.4	30.6	33.3	15.7	7.4	0.9	0.9	3.7	0	99.9
Index = % Attempts / % Population	0.17	2.28	3.47	2.53	1.82	0.23	0.23	0.27	N.A.	1

Table 3

Population by Age Group and Sex:
(1981 Census)

Age Group:	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown	Total
Males:	36524	10919	7868	4968	3412	3043	2986	10813	494	81027
Females:	32715	9977	7132	4705	3450	3122	3014	10811	396	75322
Total:	69239	20896	15000	9673	6862	6165	6000	21624	890	156349
% of Population	44.4	13.4	9.6	5.2	4.4	3.9	3.8	13.8	0.5	
Cumulative %	44.4	57.8	67.4	73.6	78.0	81.9	85.7	99.5	100.0	

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Table 4

1981 Suicide & Attempted Suicide by Age Group & Method

Age Groups

DEATHS

	Sex	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Totals	
Paraquat	M	1	4	5	6	5	3		2	26	(40)
	F	1	2	9	1			1		14	
Hanging	M			1		1				2	
Gunshot	M		1	1	1				1	4	
Other Poison	F	1	1							2	
Other Method	M				1					1	
Totals	M	1 (3)	5 (8)	7 (16)	8 (9)	6 (6)	3 (3)	0 (1)	3 (3)	33	(49)
	F	2	3	9·	1	0	0	1	0	16	

ATTEMPTS

	Sex	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Totals	
Paraquat	M	4	3	4	6	3		1	2	23	(34)
	F	1	2	7	1					11	
Hanging	M		1							1	
Gunshot	M		1			1				2	
	F			1						1	
Other Poison	M		1	2		1				4	(7)
	F	1	1	1						3	
Totals	M	4 (6)	6 (9)	6 (15)	6 (7)	5 (5)		1 (1)	2 (2)	30	(45)
	F	2	3	9	1	0		0	0	15	

Table 5

1983 Suicide & Attempted Suicide by Age Group & Method

DEATHS — Age Groups

Method	Sex	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age Unknown	Totals
Paraquat	M		6	5			1	1	1	1	15
	F		3	3	2						8
Hanging	M		2	2			1				5
Gunshot	M		1	2	2						5
Other Method	F		1			1					2
Totals	M	0	9 (13)	9 (12)	2 (4)	0 (1)	2 (2)	1 (1)	1 (1)	1 (2)	25 (35)
	F	0	4	3	2	1	0	0	0	0	10

ATTEMPTS

Method	Sex	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age Unknown	Totals
Paraquat	M		4	2	3	1			1		11
	F	1	6	1		1					9
Hanging	M			2							2
Other Poison	M		1			1			1		3
	F		2	3							5
Other Method	M		1	1		1					3
Totals	M	0 (1)	6 (14)	5 (9)	3 (3)	2 (3)	1 (1)		2 (2)		19 (33)
	F	1	8	4	0	1	0		0		14

Table 6

1983 Suicide & Attempted Suicide by Age Group & Method

DEATHS

	Sex	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age Unknown	Totals
Paraquat	M		3	4	2		1			1	11
	F		1			1	1				3 (14)
Hanging	M		2	1			1			1	5
	F			1							1
Gunshot	M							1			1
Other Method	M				1						1
Totals	M	0	5	5	3	0	2	0	1	2	18
		(0)	(6)	(6)	(3)	(1)	(3)	0	(1)	(2)	(22)
	F	0	1	1	0	1	1	0	0	0	4

SURVIVORS

	Sex	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age Unknown	Totals
Paraquat	M	1	2	4	5						12
	F		3	3							6 (18)
Hanging & Gunshot											
Other Poison	M		1	3	2						6
	F		4	1							5 (11)
Other Method	M			1							1
Totals	M	1	3	8	7	0	0	0	0	0	19
		(1)	(10)	(12)	(7)	(0)	(0)	(0)	(0)	(0)	(30)
	F	0	7	4	0						11

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Figure 1

Questionnaire Used for Data Collection at National Hospital

GOVERNMENT OF WESTERN SAMOA
Health Department
Psychiatric Department

SELF INFLICTED INJURY AND/OR SUICIDE (Attempted, completed or suspected).

Revised report form. Tick boxes as required. Write further details overleaf -

NAME:......................... Sex M ☐ F ☐ ..... Age (or d.o.b.)..............,

ADDRESS: .... Upolu ☐ Savaii ☐ Other ☐

Date of Incident .... Date of Admission............. H.R.No.................

Day of the week of incident - M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su ☐

Condition on arrival at hospital. Alive ☐ Dead ☐ Ward location ....

Outcome   Alive ☐   Dead ☐   Not admitted ☐

Method of injury   Paraquat ☐ Other Poison ☐ Gun Shot ☐ Hanging ☐ Other ☐

If Poison .... Where was it obtained? ....,

What was the container? ....Applicator...............,

Who was responsible for safe storage? ....

Where was it stored? ....

Approximately how much consumed .... was it diluted?.................

Was the incident considered accidental ☐ Deliberate ☐

Was first aid administered before arrival? No ☐ Yes ☐ Specify....................

Did the person vomit? No ☐ Yes ☐ Spontaneously ☐ Forced ☐

Other personal details:

Married ☐ Single ☐ Separated or Divorced ☐ Number of children ....

Who does the person normally live with?......................................

Employment ....

Does this person have a title? No ☐ Yes ☐ ....

For women: Pregnant No ☐ Yes ☐ Possible ☐ Unknown ☐

Has there been a previous attempt? No ☐ Yes ☐ Details ....

Known previous medical illness ....

Known previous psychiatric illness ....

Had the person been drinking alcohol? No ☐ Yes ☐ ....

Educational level ....

Has this person lived away from Western Samoa? No ☐ Yes ☐ ....

Is there a previous police record? No ☐ Yes ☐ ....
Religion
Circumstances:

   Record overleaf any relevant details about the incident. Were there known
Is there a previous police record? No ☐ Yes ☐ ....
Religion
Circumstances:

   Record overleaf any relevant details about the incident. Were there known
precipitating factors? Has there been recent or chronic conflict with other
people? Was the person's behaviour abnormal in the preceding hours or days?
Did the person warn anyone about the impending incident, was a "suicide note"
written. Record if/when possible the person's own account of the incident.

Name of the informant .... Relation to patient ....
Who else could give information? ....
                              Contact Address

Figure 2

Population and Suicide Rates:
1961-1983

Figure 3

Male Suicide Rates by Age Group:
Comparison with Four Other Countries
(W.H.O. Statistics 1980)
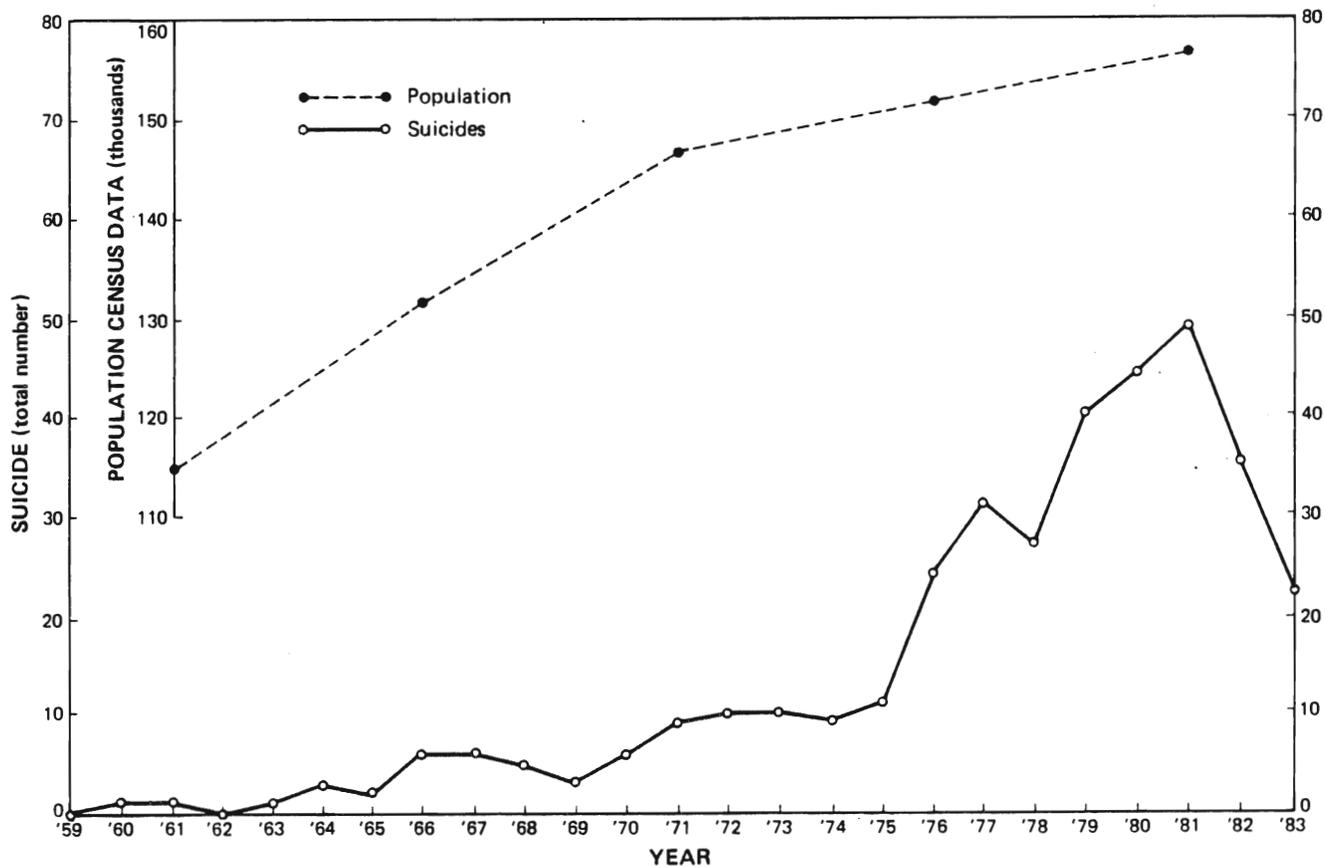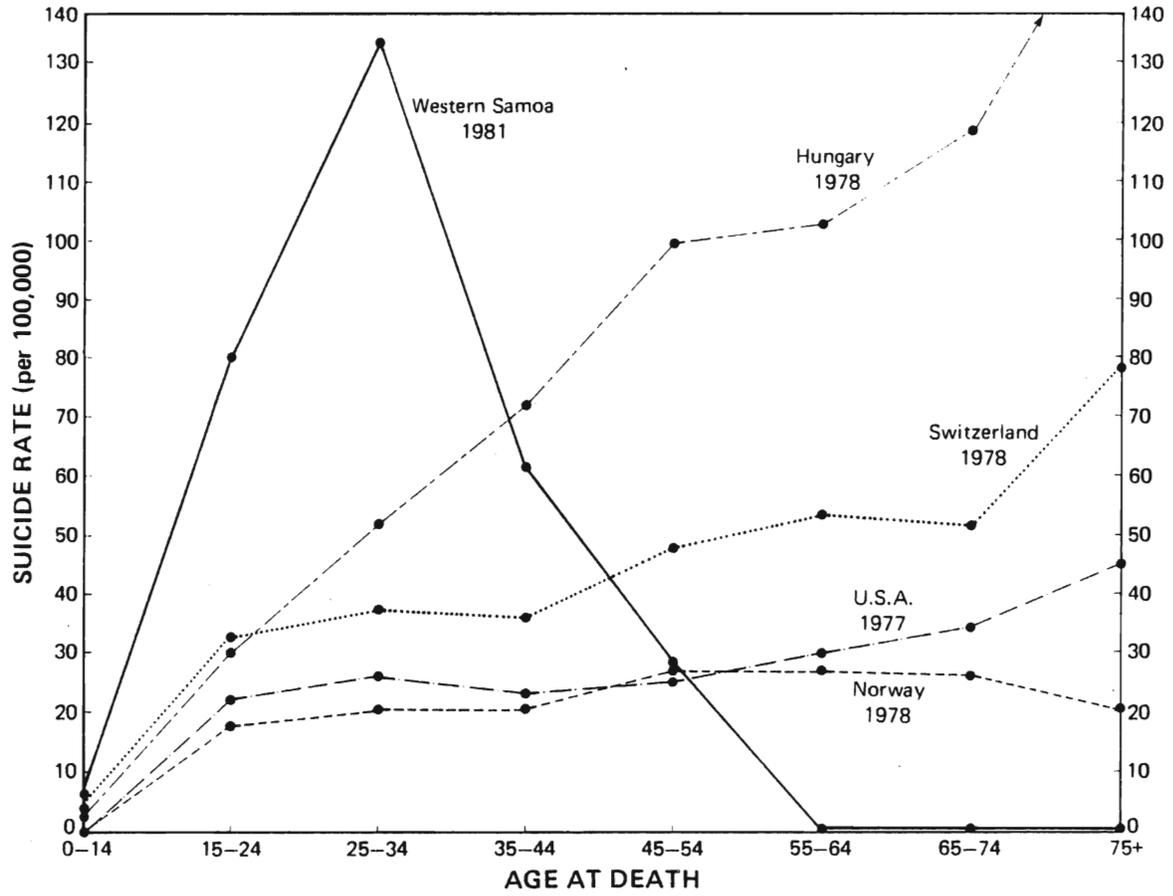
Figure 4

Female Suicide Rates by Age Group:
Comparison with Four Other Countries
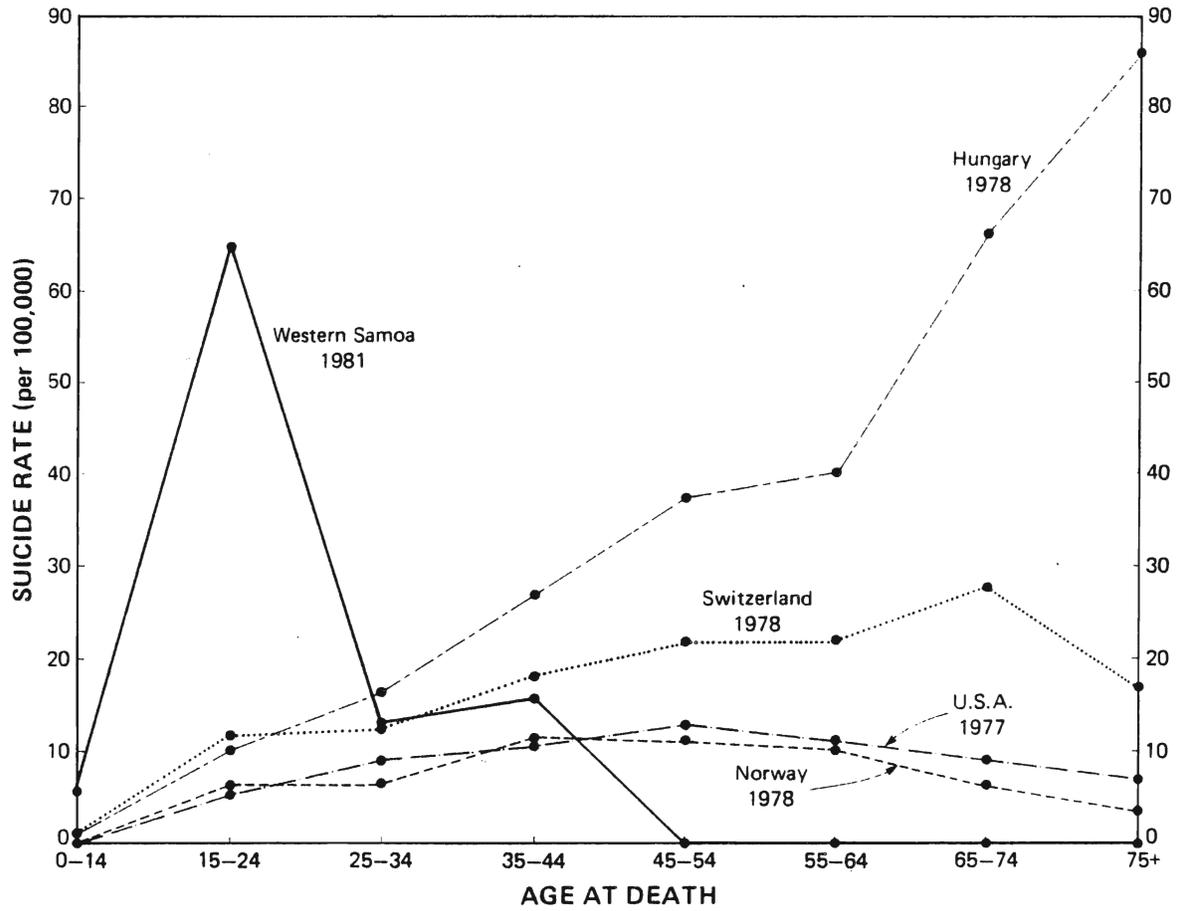(W.H.O. Statistics 1980)

Figure 5

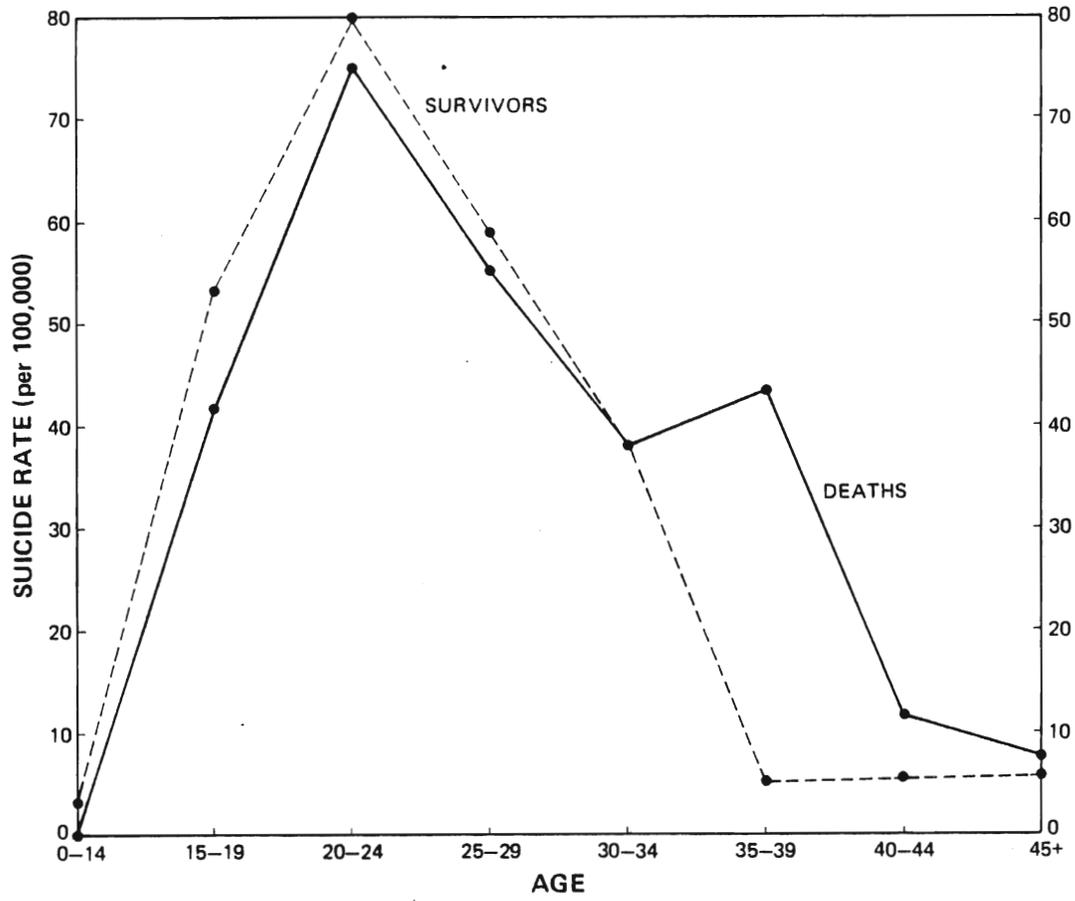Suicide and Attempted Suicide Rates by Age Group

Figure 6

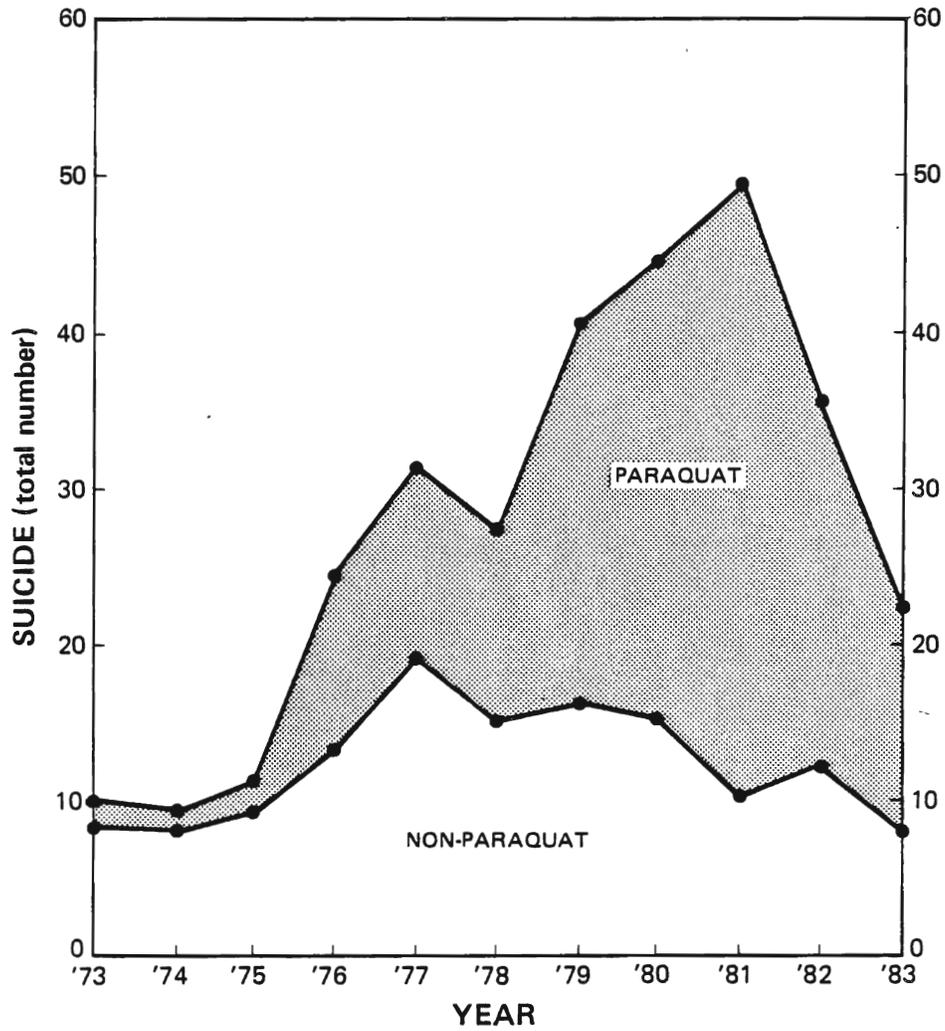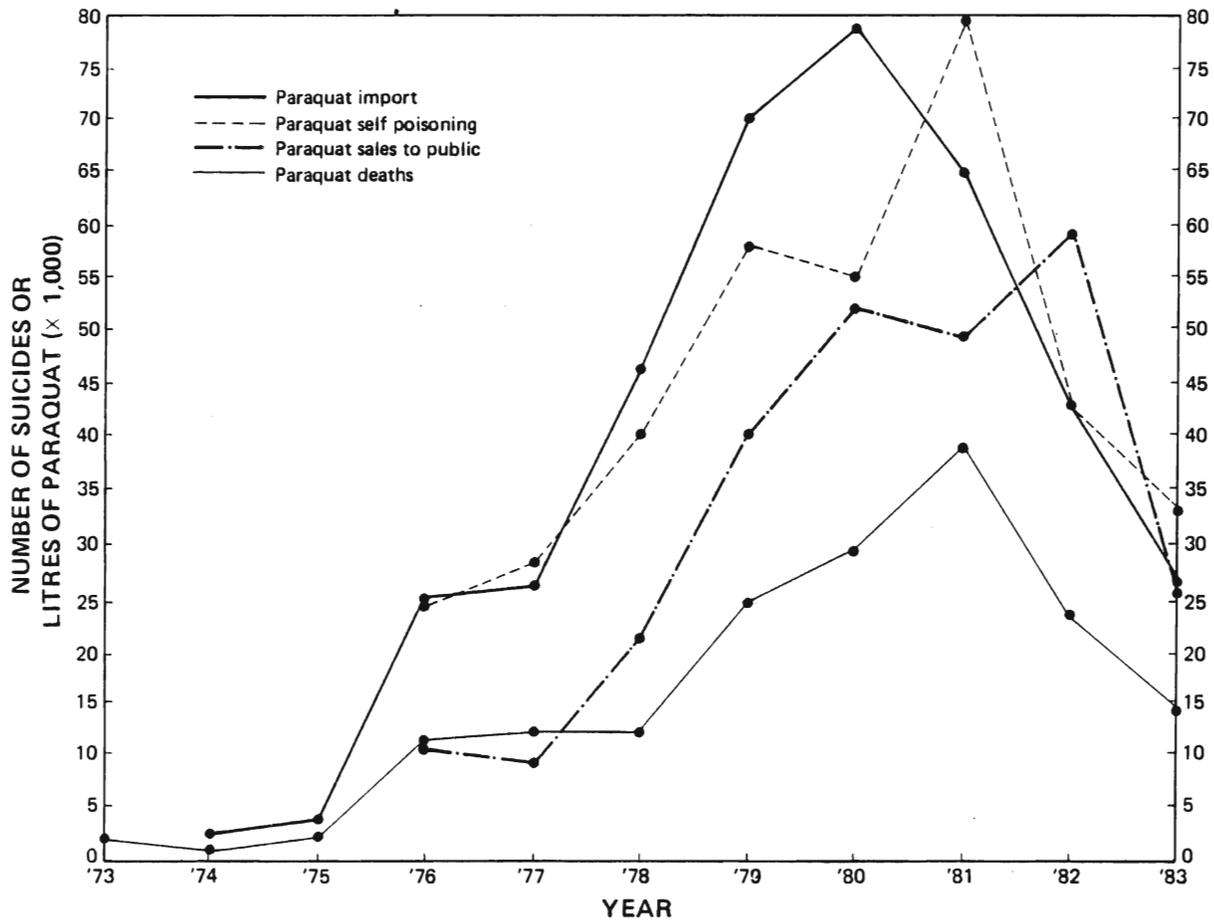## Suicide Rates and Proportion of Paraquat Deaths: 1973–1983

Figure 7

Paraquat Imports, Sales, Poisonings and Deaths:
1973–1983

Chapter 3

SUICIDE IN WESTERN SAMOA:
A SOCIOLOGICAL PERSPECTIVE

Cluny Macpherson and La'avasa Macpherson

Suicide in Samoa in Perspective

Suicide is not a new phenomenon in Samoan society. George Pratt, a missionary and lexicographer who lived in Samoa between 1839 and 1879, recorded a term for suicide, toa'i, in the first edition of his dictionary of the Samoan language (Pratt 1862).[1] In a letter to another missionary, George Brown, he explained that suicide is "mostly caused by anger within the family" (Freeman 1983: 220, 346). Margaret Mead reported the phenomenon after her 1926 studies but was inclined to the opinion that the incidence was low and that suicide was neither the result of humiliation, nor popular among adolescents for whom life was largely free of the stresses which might give rise to suicide. Lowell Holmes, in a re-study of Manu'a, reported cases of suicide in that area in 1957 (Holmes 1957). Derek Freeman contends that the myth which developed as a result of the dissemination of Margaret Mead's account of Samoa diverted attention from such contradictory evidence as suicide. This in turn led to an underestimate of the real extent of suicide in anthropological writings which Freeman attempted to correct by detailing 22 cases which occurred since 1925 for which he has information.

The fact that other missionaries, anthropologists and administrators lived in and studied Samoa during the same period and did not report suicide should not pass without note. Missionaries like George Turner (1861; 1884), and J. B. Stair (1897), provided careful, detailed accounts of much of Samoan life in the belief that they were recording a changing aboriginal culture for posterity. They took great care to record details of customs for which they had little sympathy and there is no good reason to believe that, had suicide been known to them, they would have overlooked it in their accounts. Lexicographers such as Neffgen (1918) collected vocabulary but recorded no term for suicide. Anthropologists such as Bradd Shore (1982) have provided conscientious accounts of contemporary Samoan society which were informed by theoretical perspectives closer to those of Freeman than those of Mead. In none of these accounts was suicide the subject of extensive discussion which one might have expected had

it been an institutionalized response demanded by Samoan society for particular acts and/or by specific persons. In short, suicide has existed but does not seem to have been an institutionalized response. Suicide, while apparently always present in Samoa, has been characterized by a level which has fluctuated in ways, and for reasons, which cannot be established. What can be established is that the rate has recently increased dramatically and it is this increase, and not suicide itself, which demands our attention. The problem which we now address is not a new problem but an old problem of new dimensions and exhibiting new characteristics.

Early warning of the growing importance of suicide appeared in an article in the _Fiji Medical Journal_ in 1974 on paraquat poisoning in Samoa. In 1982 the government newspaper _Savali_ published a report based on a police survey which suggested a high rate of suicide in Western Samoa. In 1982 Felise Va'a, a Samoan journalist, published an article in _Pacific Islands Monthly_ on the growing rate in Samoa and later in the same year Dennis Oliver published another article on the same subject. One of the most interesting articles appeared in _Islands Business_ in May 1983 and contained material on both the problem and the intervention which had been attempted in Western Samoa (Keith-Reid 1983). In the intervening period studies of the rate of suicide elsewhere in the Pacific had suggested that, while suicide occurred throughout the region, rapid increases in rate were peculiar to Western Samoa and parts of Micronesia. As a result, attention has been focussed on these two areas which appear to have a very high, and rapidly increasing, adolescent suicide rate. But the rate, or more correctly the incidence, of suicide in Western Samoa is itself a case for study. In view of the importance of this issue it is addressed here before problems of explanation.

The Rate as a Problem

Several aspects of the rate, specifically the estimation of the rate of suicide over time, and the relationships between published, official and "true" rates of suicide seem problematical.

Several aspects of the rate, specifically the estimation of the rate of suicide over time, and the relationships between published, official and "true" rates of suicide seem problematical.

The first problem stems from the relatively recent inclusion of suicide as a cause of death in the published figures. Until 1967 a category for suicide was not included as a category in the tables containing causes of death. It is therefore difficult to establish with any precision, trends in the incidence of suicide over time against which to consider the recent increase. A further

problem with the available longitudinal data stems from periodic reorganization of the international code used to classify causes of death.

A second problem stems from the accuracy with which causes of death are classified and is reflected in the published figures. These problems have been overcome to some extent by the more detailed analysis of the source data which is available for the Western Samoan case. This has produced a more accurate indication from national official data. This evidence is contained in data collected by Dr. John Bowles, a psychiatrist, who, at the request of the Health Department, examined inquest records dating back to 1956 to establish the incidence of suicide, and Dennis Oliver who examined Coroner's reports as part of the Suicide Study Group. Their evidence, set out elsewhere in this volume, suggests that, contrary to the pattern suggested by the official data, the incidence was low until around 1976 when it began to climb suddenly.

The official data are set out in Table 1, followed by data from the Bowles' analysis in Table 2. Table 1 suggests a decline, rather than an increase, in the rate of suicide and would suggest that the problem is something of an illusion. The picture which emerges from World Health Organization data is similar and appears to have been derived from the same source data.

In contrast, the material shown in Table 2, based on official data, reflects the rate more accurately and suggests a much higher incidence than the published official data. Discrepancies of this order must be of concern to statisticians and indeed anyone who is interested in understanding the problem. For the purposes of this paper we have assumed that privileged access to official data will have resulted in a more accurate indication of the incidence than published data. This impression is confirmed by Samoans themselves who will agree that there has always been suicide in Samoa but that it has become more frequent in recent times. It may be however that the impression of increase is a product of the extensive publicity given to the phenomenon during the intervention activity in Samoa, and of the continuing coverage of suicide in the newspapers.

There are however deaths which are not the subject of inquests and for which causes are reported by medically untrained persons and which are not the subject of questioning and cultural factors which we contend may lead to a significant underreporting of suicide from deaths which fall into this category. It is almost certain therefore that even the figures derived from

inquest reports understate the true rate for reasons connected with the collection of statistics and the culture within which they are collected. Since both of these matters are significant in understanding the extent of adolescent suicide they are examined briefly below.

It is widely known that the accuracy of health statistics for any given year in Samoa varies. The health statistics, which include statistics for causes for death, carry at the bottom of every table the warning "figures refer to reported cases only." Given the amount of illness which is not presented at hospitals and is not therefore recorded it is difficult to estimate the true extent of any illness. The accuracy of statistics for causes of death is similarly problematical because of the large number of deaths for which the cause is not known or is ill-defined. This figure runs at between 25 and 35% of all cases over time. This derives from the fact that autopsies and coroner's inquests are not mandatory and while deaths must be reported there is no legal obligation to establish cause of death by inquest. The causes of deaths which occur in hospitals, or where patients are under medical supervision, are probably accurately established but those deaths which occur in villages are not necessarily established with the same degree of accuracy.[2]

Suicides which occur in the village, in the bush, or at sea may not necessarily be reported as suicide. It is likely that a number of deaths resulting from the ingestion of paraquat and other herbicides are in fact reported, not as suicide, but as deaths resulting from poisoning. Some deaths which result from hanging, gunshot wounds, and jumping from trees and over waterfalls in the bush may well be reported as accidental deaths. It may be instructive to consider trends in these figures to establish the possible upper limits of suicide rates in Western Samoa. These figures are included as Appendix 1, for this purpose.

There are also cultural reasons why such cases might not be reported. The appearance of family and village solidarity and unity is zealously guarded and considerable efforts are made to resolve conflicts before they become the subject of public discussion. Where suicide is the outcome of a family or appearance of family and village solidarity and unity is zealously guarded and considerable efforts are made to resolve conflicts before they become the subject of public discussion. Where suicide is the outcome of a family or inter-family dispute in which traditional conflict resolution processes have failed those involved may seek to contain that fact. Failure to do so might lead to the family and/or village becoming the subject of gossip and joking about the quality of leadership both of which are sources of shame and embarrassment and are to be avoided. In such cases a suicide can be concealed

because the responsibility for reporting deaths, and their causes where known, falls to the village pulenu'u, or mayor. It is possible that people withhold the fact of suicide from the pulenu'u or that the pulenu'u, in concert with others, withholds the fact from the registrar.

There is another possibility, which would have a similar effect on the rate which stems from cultural devices for understanding the otherwise inexplicable. This involves supernatural agencies which are held to have a significant influence on the activities of human communities. The activities of supernatural agencies are discussed regularly in conversation and are invoked to explain sets of events which are otherwise inexplicable. Some accidents and resultant deaths are explained in terms of the activities of aitu (spirits), which lured people into the bush until they were lost; which lured people to the edge of waterfalls and then pushed them; which caused people to lose their footing and fall from trees and so on. Such explanations are canvassed seriously in cases in which an event is considered unusual or out of character. Where a person had concealed their shame or dissatisfaction and subsequently took their life in a private situation it is highly unlikely that the activities of the aitu would be considered in the search for an explanation (Goodman 1971). Since supernatural agency serves as an accepted residual explanation it is likely that other explanations would not be sought. It is conceivable that suicide would not be considered and that death would be reported as accidental rather than self inflicted. If this is the case, and it seems plausible, it would have the effect of deflating the "true" rate. The explanation was suggested by a person who claimed to know of this type of incident. If any of this is true, and there is good reason to suppose that it may be in some cases, the reported rates which have become the basis of concern and the ensuing debate are probably under-estimates of the actual rate.

Another factor which complicates attempts to calculate the extent of the phenomenon is that unsuccessful suicides are not always recorded as such. While knowledge of the incidence of unsuccessful attempts may add significantly to our understanding of the phenomenon it seems for the moment that this factor

While knowledge of the incidence of unsuccessful attempts may add significantly to our understanding of the phenomenon it seems for the moment that this factor cannot be estimated.

Some Hypotheses

While suicide is clearly a personal matter, and while specific cases can only be understood within specific contexts, variations in the rate of suicide

may be usefully understood within cultural and structural contexts. There is nothing original in this argument which derives from the work of the French sociologist Emile Durkheim who discovered connections between patterns of social structure and rates of suicide (Durkheim 1951). Two hypotheses, both of which were suggested by case data collected in the first phase of this project, are examined in this paper. Each attempts to relate these personal events to the cultural and structural contexts within which they occur. In each case the emphasis differs: in one the importance of cultural factors is examined; in the other the importance of structures and changes in these structures. The first hypothesis is that in a society as rigidly structured and as authoritarian as Samoa, some altruistic suicides are to be expected. Altruistic suicides are committed by individuals discovered, or threatened with discovery, in violation of certain moral norms, or legal proscriptions. In these cases the individual may be led, out of shame and concern for the consequences of their conduct for their kin group, to commit suicide. In some cases the decisions may be taken when an individual believes that he/she will become the object of public ridicule or contempt as a result of the discovery. As Samoans say, sili le oti i lo le ma: 'death is better than shame.' Evidence suggests that this type of altruistic suicide has occurred in Samoa over time and accounts for what might be called the residual rate. However the recent increase appears to have emerged in somewhat different circumstances and cannot be explained as a simple increase in the rate of altruistic suicides.

The second hypothesis is that changes in the demographic, social and economic structures in contemporary Western Samoa have limited opportunities for upward mobility in Western Samoa which has generated a measure of frustration among youth. In gerontocratic societies, such as Western Samoa, youth are not entitled to challenge the existing distribution of power and this may heighten a sense of disillusion with their society and their place in it. Where disillusion leads to declining commitment to a society's norms and institutions the incidence of anomic suicide would be expected to increase.

Where disillusion leads to declining commitment to a society's norms and institutions the incidence of anomic suicide would be expected to increase. This hypothesis, suggested by the coincidence of a series of structural changes and an increase in the rate of youth suicide in Western Samoa, is examined below.[3]

Altruistic Suicide

The nature of the relationship which typically develops between

individuals and their kin group or 'aiga is central to an understanding of suicide in Western Samoa. Samoan culture defines the kin group as o e uma e tau ile suafa ma le fanua: all those who are bound to the title and the land by reference to which a kin group ('aiga) is defined. The definition is apt because the bond between the individual and his/her kin group is an immensely powerful one and is forged early in life. The power and prestige which a kin group enjoys at a given time is the product of past and present leadership and direction of its chiefs and orators (ali'i and tulafale) in economic, political and social activities. The maintenance of its prestige depends on their ability to mobilize the group's resources when economic, political and social events dictate. This depends in turn on members developing a sense of commitment and obligation to their kin group.

The kin group sets out to "persuade" children during their socialization that a particular relationship is appropriate. The group, however, has a powerful set of sanctions available in this process: it can very clearly illustrate the nature and extent of people's dependence on their 'aiga or kin group. The individual derives from the kin group rights to a house site, agricultural land, and practical assistance from kin in a wide range of economic tasks. Thus while below we will talk about "teaching" and "learning" it must be seen in the context of marked dependence on the part of the learner.

Samoan children are taught that their personal identity and status is intimately connected with that of their kin group or 'aiga. The cultural validations of the relationship are drawn from the pre-Christian Samoan culture and from Christian scripture. The dependence of the individual on the kin group is also reflected in the proverbs and scripture involved to illustrate the relationship.4 They are taught that members of powerful and united kin groups are entitled respect, and enjoy prestige within the village. Conversely, members of weak or disunited kin groups enjoy less respect and prestige within the village. The desirability of a united kin group is similarly reflected in proverbs and scripture invoked to justify the precedence of its needs over those of its members.5

Children are taught that their conduct can enhance or detract from their 'aiga's prestige and power, and there is strong pressure on individuals to consider the consequences of their conduct for their kin group. They are taught that they can enhance their kin group's prestige and power by acting in ways which reflect well on the 'aiga and its leaders. This typically involves

accepting the precedence of the kin group's needs over one's own, placing one's resources at the group's disposal at different times, and accepting the authority (pule) and direction of the group's leaders. The person who submits to these conditions contributes to the enhancement or maintenance of their group's prestige and is entitled in return to a sense of pride and satisfaction. As a kin group's prestige is enhanced through a person's acts, so too is the person's prestige by association with the group.

Children are shown that they can as easily detract from their kin group's prestige and power by acting in ways which reflect badly on the 'aiga and its leadership. A person who acts without concern for the consequences for their group's status within the village is obliged to feel ashamed (ma, masiasi) and guilty for having brought the family into disrepute. The term for such acts, fa'ato'ilalo le 'aiga, means, literally, to 'cause the family to sink down', and the more colloquial term, toso i lalo le 'aiga, means, literally, to 'pull down the family' and leaves no doubt about agency.

Children are shown that acts which detract from the group's status also reflect on innocent members because of the way in which Samoans explain causes of deviant behavior.[6] Samoan culture depends heavily on notions of externalized control of individuals' conduct and tends to explain much deviance in terms of inadequate teaching and/or supervision of the deviant. Thus, when deviance is discovered attention is focussed on both the individual and the group to which he or she belongs. In the process, responsibility may be apportioned among chiefs, whose weakness and lack of control permitted a situation to develop; parents, whose weakness and inadequate teaching produced a person apparently unable to distinguish between right and wrong; and siblings whose lack of concern meant that they were left unsupervised in circumstances in which opportunities for deviance were present. There is a clear implication that a lack of suitable role models within a person's kin group has also contributed to the situation which again reflects on one's innocent relatives. The individual is shown that while none of these things is necessarily true they will nevertheless be the basis of explanations arrived at by others. Thus contributed to the situation which again reflects on one's innocent relatives. The individual is shown that while none of these things is necessarily true they will nevertheless be the basis of explanations arrived at by others. Thus a person's act may well rebound on many innocent relatives including those to whom one has the strongest affective bonds, and the most strongly developed sense of responsibility.

Worse still, the appearance of a particular trait in one member of a group, may give rise to the suspicion that it is present in others.[7] This

suspicion leads to consideration of the group's past conduct for evidence of this possibility, and in the process the group's past misconduct becomes the subject of protracted public discussion.

Children are reminded that all acts of any significance will be remembered long after the act itself. As the proverb suggests, e sola le fai, 'ae tu'u le foto, 'the stingray escapes but leaves behind its barb.' Both the good and the bad which one does is remembered within the kin group and village and becomes a source of continuing pride or shame to their descendents. Again, as the proverb suggests, 'e pala le ma'a 'ae le pala le upu, 'stones may be reduced to sand but words never decay'. These "messages" are broadcast regularly in religious and secular contexts, and become a central feature of the disciplining of children and young people.[8]

While this process is persuasive, it does not in and of itself, ensure unquestioning compliance to moral norms. As Shore notes,

> No boundary is, however, intended to provide an absolute limit on behavior. All boundaries are assumed to include opportunities for testing and occasional trespassing. "Getting away" from time to time with officially proscribed behavior is a matter of personal pride for many Samoans, and they admit this in intimate conversation. Such pride in overstepping official and social limits on personal behavior provides life with a vitality that Samoans cherish, and is in no sense inconsistent with a professed reverence for the very laws and regulations that are being tested. Only a respected law is worth making a great effort to test.... For Samoans, respecting laws means finding ways worthy of testing them and, when they assert themselves in their full authority, when one has pushed too far, it means demonstrating public deference to them.... For boundaries to be dignified they must be asserted strongly from time to time. (1982:119)

Samoans do violate norms and commit offenses against law. The commission of an offense may call forth various responses in the individual ranging from determined attempts to conceal the offense, through admission, to suicide. Their responses will be influenced by several things; the seriousness with which the offense is regarded; the probability of its discovery; and the likely consequences for the family of its public disclosure.

The seriousness of the offense is relatively easily established because which the offense is regarded; the probability of its discovery; and the likely consequences for the family of its public disclosure.

The seriousness of the offense is relatively easily established because much law is dispensed in public contexts. Many matters are discussed and disposed of within the family. Matters which cannot be resolved within the family, either because they involved another family or are offenses against the village, are discussed within the village council (fono) which is in effect a

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public forum. The _fono_ is empowered to make extensive public enquiries and to levy heavy fines on offenders, but because its authority rests on moral coercion, it is likely to go to considerable length to establish culturally appropriate connections between offenses and punishments. Certain significant events may prompt village ministers to preach on the theological status of particular offenses in church which is probably the most public of all fora. Matters which cannot be resolved in the village are tried in government courts which are again frequently open to all. National print media and radio also regularly provide coverage and editorial comment on moral and criminal matters. It is not difficult for most offenders to establish the seriousness of their offense.

The probability of discovery of the offense is not so easily established. Although there may be no reason to believe that an offense was witnessed, there are cultural factors which may lead an offender to believe that the offense will emerge. Firstly, the belief in the omnipresence of the Christian God may lead an offender to believe that although there may have been no human witness the offense is known to God which is potentially more serious. In the context of these discussions a passage from Luke 8,17, is frequently invoked:

> _Aua e leai se mea lilo e le fa'aalia; e leai foi se mea natia e le fa'ailoa 'a e iu ina fa'aalia._ 'For nothing is secret that shall not be made manifest; neither anything hid, that shall not be known and come abroad.'

Secondly, the belief that there are supernatural agencies, or _'aitu_, who may have witnessed the act and may eventually reveal the act to others, possibly through illness, may give the offender cause for anxiety. In our work on Samoan indigenous medical belief and practice we found that much attention is paid to the patient's relatives' conduct where an illness is thought to involve supernatural agency. It is hoped that the cause of the supernatural agency's anger may be discovered in a relative's conduct if it cannot be identified in the patient's.

Thirdly, any anxiety which is produced by these beliefs is likely to be agency's anger may be discovered in a relative's conduct if it cannot be identified in the patient's.

Thirdly, any anxiety which is produced by these beliefs is likely to be made more acute by a belief that one's offense may cause others to suffer in the form of illness visited on one's relations and in particular one's children. On this point tradition and scripture are shown to "agree" in discussions of _'aitu_ who punished offenders by visiting their close relatives, mixed with references to passages from Ezekiel 18,2:

ua 'aina e tama o vine moto, a e magiagia ai nifo o le fanau. "The fathers have eaten the sour grapes but the childrens' teeth are set on edge."

Fourthly, proverbs which suggest that offenses will be revealed in due course abound and are often connected with incidents in which the attempt to conceal the offense made it the more serious. Among the most popular of these is the proverb which pulls together biblical and traditional wisdom in the saying e leai se mea lilo i lalo o le la, 'nothing can be hidden under the sun'. It seems likely that those most committed to traditional and Christian belief systems would be most likely to believe that their offenses will inevitably become known and might be most prone to acute anxiety or guilt.

The consequences of any given offense is theoretically the same for any kin group. The same terms are used by all to refer to situations in which members' conduct reflects badly on their 'aiga. Their kin group may be ta'u valea (referred to by others as stupid); ta'u leaga (referred to by others as bad) and so on. In fact, however, in a highly stratified village society certain families' reputations will suffer more from such an accusation than others. Those who have been expected to, or have claimed a right to, set standards of conduct will suffer more than those who have not. The families of prominent titleholders, pastors, mayors (pulenu'u), teachers and police personnel will be more seriously damaged by their members' misconduct.

The kin group suffers in several ways. Firstly, the "prosecution" of any offense will involve disclosure of the facts and give rise to public conjecture about the past conduct of members of the family concerned. The "facts" become incorporated in a "file" on the family which is re-opened periodically in similar circumstances and become a permanent source of shame. Secondly, the status of a matai or chief who accepts responsibility for the conduct of individual members of the kin group may be lowered where the offense is a serious one. This in turn affects all whose status is connected with that title and its holder. Thirdly, where a fine is levied on the offender, all or part of it may have to be paid by innocent members of the kin group and, depending on the seriousness of the offense, this may cause considerable

part of it may have to be paid by innocent members of the kin group and, depending on the seriousness of the offense, this may cause considerable economic hardship.

Again these consequences must be most serious for those of highest status within the village, for, as Samoans point out, it is the prosecution of offenses by such people which demonstrates to others the importance of the norm or law concerned. In the case of banishment, which is less common now, the

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entire family was required to leave its land and houses which for many people represented a devastating loss. For members of such families the expectation of the discovery of the offense, and knowledge of its consequences for the kin group might be expected to produce feelings of acute anxiety. In some cases such individuals simply prepare themselves for the social and physical ordeal that they will face at the hands of the family and village. In others the individual may try to spare the family the protracted public prosecution by taking their lives. Where they do so in such circumstances their act may be regarded sympathetically by others who are spared the consequences of the public trial. But suicide is not promoted as an "appropriate resolution" of the situation in ways which might lead an offender to regard it as obligatory. The term for suicide in Samoa is _pule i le ola_ or _taupule i le ola_ which means to 'control the right to life.' The scriptures specifically accord this right, to create and to take life, to God. As a consequence Samoan culture is unable to promote any form of conduct which usurps such rights. This does not, however, prevent it from promoting other values and beliefs which may make suicide seem curiously appropriate to one who finds oneself in certain situations.

It is no coincidence that suicide is frequently associated with the shame which Samoan society holds to be appropriate where a person's conduct has caused serious and lasting damage to their kin group. Discovery, or threat of discovery, of offenses against sexual morality are prominent as causes and include cases of lost prenuptial virginity, adultery in prominent families, incest, elopement of the village virgin (_taupou_), and an 'inappropriate marriage' contracted without consent. Case 1, in Appendix 2, is an example of the sorts of circumstances which seem to typify this category. Still others result from unrequited love, termination of love affairs by one party, and the revelation of love affairs by third parties figure prominently as causes. Case 2, in Appendix 2, is an example of the sorts of circumstances which seem to typify this category. Discovery, or the threat of discovery of dishonesty, theft and crimes against property also emerged as causes in cases which we typify this category. Discovery, or the threat of discovery of dishonesty, theft and crimes against property also emerged as causes in cases which we recorded. Case 3, in Appendix 2, is an example of the sort of circumstances which seem to typify this category. In these cases the people involved believe that they have become, or will become, objects of ridicule and take their lives before the "facts" become public. In each case this may be compounded by concern at the consequences of their acts for their kin group and its

reputation within the village.

Altruistic suicide, frequently associated with shame, appears to be distributed over a range of age groups and has probably always been a feature of Samoan society. In those cases which we documented those involved were people who were apparently committed to Samoan culture and showed no marked bias to a particular sex. The trend to suicide by growing numbers of primarily adolescent males cannot be readily explained within this framework. This new phenomenon seems to be associated with another powerful emotion, rage, which has been identified by Gerber (1985), Shore (1982), and Freeman (1983). In the next section we set out some of the factors which might collectively contribute to a greater degree of frustration on the part of adolescent males, and reasons why this might surface in a form which might lead to suicide.

Youth Suicide: an anomic form?

Changes in a society's social, political and economic structures influence individuals' perceptions of their life chances and of themselves. In certain circumstances the changes lead to increased optimism about life chances and more positive perception of self. Conversely, changes may lead to increased pessimism about life chances and a less positive perception of self. While self perception and perception of life chances may vary independently of one another there is frequently a connection between the two. Where the situation is produced and perpetuated by agencies and structures over which they have little or no control they experience a sense of powerlessness. Our thesis is that increases in the rate of suicide reported in Western Samoa take place against a background of change which has limited opportunities available to Samoan adolescents. Opportunities for upward mobility in Samoan society are limited by factors set out below, and opportunities for migration are similarly limited. In circumstances where a gap opens between expectations and opportunities, a buildup of frustration may lead to declining commitment to norms and structures which appear unable to meet their aspirations and which is typically associated with anomic suicide.

norms and structures which appear unable to meet their aspirations and which is typically associated with anomic suicide.

Demographic Factors

Population Density. Population growth may place increased pressure on resources where it occurs in a stagnant economy (Western Samoan Government 1982:2) and is associated with decreases in available per capita resource

levels. Increased population density leads to a reduction in the available land resource when all other things are equal. This may be significant in understanding the situation of youth in Western Samoa for reasons set out below.

There has been a small increase in population density in Western Samoa: in the period from 1971 to 1981 population density rose by only 1.3 persons/square kilometer from 52.7 to 54 persons/square kilometer. But the national figure masks significant regional variations: between 1971 and 1976 urban area population densities increased from 501 to 531 persons/square kilometer, and in the Northwest Upolu from 141 to 146 persons/square kilometer (6% and 3.5% respectively).

But Western Samoa has sustained higher rates of increase in population density in the past: between 1961 and 1966 density increased by 14.8% over the whole country, and 17.4% and 17.0% in Apia and Northwest Upolu respectively, apparently without increases in the rate of suicide. This argument is not without problems for an increase in one or more areas, with consequent pressure on resources, is typically offset by a decline in density in other areas and easier access to resources. If density does contribute to the rate, increases in some areas and decreases in others might be expected to offset one another.

Population density influences the life chances of youth who are primarily dependent on village agriculture by placing constraints on available land and other resources. Slow growth in the wage/salary sector of the Western Samoan economy in the recent past has meant that more school leavers have been unable to find jobs in that sector and have had to remain on the land. In some villages around Apia, and in Northwest Upolu, their situation would appear to have deteriorated as pressure on the arable land resource has increased in those areas. A reduction in the volume of emigration in the period since 1978 may have increased the density and accentuated any effect resulting from pressure on available resources. In villages elsewhere in Upolu and on Savai'i the situation of youth solely dependent on agriculture may in fact have improved as people have left the regions. This improvement may have been
the situation of youth solely dependent on agriculture may in fact have improved as people have left the regions. This improvement may have been temporary: the increase in the population since 1976, coupled with the reduction in opportunities for emigration, may lead to increasing pressure on resources in these areas. Case 4, in Appendix 2, shows how resource shortage may lead to suicide. In villages where there is pressure on resources, and particularly land, the opportunities to improve income through increasing

production has therefore been limited. This situation is made worse because as land becomes more scarce land disputes tend to increase and security of tenure becomes a problem. This difficulty is acknowledged by the Western Samoan Government which pointed to the difficulties facing all who seek to improve their lifestyle in plantation agriculture: "the consumer goods to which the farmer aspires are not within reach without a quantum leap in income, something which he rarely sees as possible in agriculture....A major constraint is thus that village agriculture as practiced now is not economically competitive with the wage sector." (1982:32)

Population density alone does not tell us a lot about the situation of youth in Western Samoa. Coupled with another demographic indicator, dependency ratio, it may contribute more to the picture.

Dependency Ratio. A further impression of the situation of Western Samoan youth may be gained by considering their role in economic activity over time. The dependency ratio, which relates the productive and non-productive sectors of a population, is a useful index for this purpose. Observation of the dependency ratio over time can give an indication of the shifts in the load on economically productive members of a society.

Growth in the dependency ratio in a stagnant economy typically leads to a decline in the living standards of the economically productive population. In the absence of economic growth and/or increased opportunities for out-migration, this group may well become disillusioned. This is significant in Western Samoa because youth play a very significant part in the production of food and assets, typically taking the heaviest and most monotonous parts in both plantation agriculture and capital projects. As the aumaga, the body of untitled, they are at the "bottom end" of the one way chain of command.9 In the following section we consider some features of Samoan dependency ratios and their possible significance for youth suicide.

As shown in Table 3, the national dependency ratio has actually declined in the 10 years between 1971 and 1981 which means that, on the surface at least, the situation of the economically active seems to have improved over the

in the 10 years between 1971 and 1981 which means that, on the surface at least, the situation of the economically active seems to have improved over the period. But Western Samoa still has one of the highest dependency ratios in the South Pacific behind only the Cook Islands and Niue. But economically active Samoans face more difficulties because most work is in village agriculture with unstable returns on effort, whereas Cook Island and Niuean economies have extensive wage sectors. But national figures mask the very

considerable range of regional variations as Table 4 shows. And these figures alone are also misleading because they mask significant variations within the regions.

The dependency ratios, calculated in this way, are of limited value because responsibility for production does not fall equally on all in the 15-59 year age group. In village society production falls more heavily on younger people and on young untitled men in particular. A dependency ratio calculated on a smaller population base gives a more accurate impression of the burden on the youth, which for the purposes of this paper, may be more significant. Table 5 gives the dependency ratios broken down by age group as well as region.

What one regards as the best indication of the "real" dependency ratio will determine which set of figures is used but if one accepts that most food production and heavy work falls to those between 15-39 years of age the dependency ratios, while varying regionally, will be very much higher than the official figure. The lot of those in the Apia Urban Area supporting 2.3 persons would seem easier than the lot of those in rural villages in the rest of Upolu where each person supports 3.1 persons.[10]

Several points follow from this analysis. Samoa has experienced a high birth rate for some time but the rate of population growth was artificially depressed by the high rate of emigration in the 1960's and 70's. The imposition of limits on out-migration to American Samoa, New Zealand and Australia has almost certainly led to an increased population growth rate in Western Samoa. In many villages already high dependency ratios, produced by substantial out-migration in the 60's and 70's, will be forced higher still as the economically inactive component grows faster than the productive one.

Villages which experience high levels of out-migration may have gained in terms of the potential resources available to them through migrants who settled overseas. But it is not clear that these gains are offset against the effort required of the untitled who remain. In fact increases in potential resources available through migration seem to be simply regarded as net increases and do not lead to significant reductions in effort required of those who remain. If required of the untitled who remain. In fact increases in potential resources available through migration seem to be simply regarded as net increases and do not lead to significant reductions in effort required of those who remain. If this is the case, increases in the dependency ratio may signal more work for those who remain as the numbers of persons whom they must work to maintain increases. This situation has been made worse by the instability of prices for all commodities except taro (Western Samoan Government 1982:102) and by the increased cost of imported goods.

In villages in which high out-migration during the 1970's produced high dependency ratios, disillusion with the increased effort required of those who remain may be more acute because they compare their lifestyle and life chances with that of their peers who migrated. They might be expected to experience a rather stronger sense of relative deprivation than those in villages from which fewer people migrated when opportunities existed.[11] Where dependency ratios and pressure on land resources are high or growing, young peoples' disillusion with their lifestyle and life opportunities might be expected to be more acute than those in villages where these are lower. If disillusion is connected with the propensity to suicide and if the dependency ratio influences this sense of deprivation, the rate of suicide would be expected to vary by region and village, as suggested by data collected by Bowles and Oliver.

However, as Graves and Graves (1976) have shown in the Cook Islands, it is not the actual demographic facts which are significant but the perception of those facts. It is likely that the publicity given to the population growth in the media and in birth control programs over the past few years has heightened the impression of growth rather than the actual rate. The rate of growth may appear most significant to those young literate Samoans who, in growing numbers, seek jobs which do not appear to exist and who, coincidentally, show a tendency to suicide.

While the demographic phenomena lead to an erosion of economic prospects for many youth, the same group is exposed through formal education and the media to visions of lifestyles in which economic prosperity is associated with high degrees of personal freedom. We turn now to a brief examination of the influences of education and the media in shaping aspirations of youth.

Social Factors

Education. Education has been stressed in successive development plans and has received significant shares of both the domestic product and aid income over a long period of time. The emphasis on education has seen increases in a number of indices, shown in Table 6. The most significant features of the
over a long period of time. The emphasis on education has seen increases in a number of indices, shown in Table 6. The most significant features of the figures in Table 6 lie in the increases in those receiving secondary education of 205%, and tertiary education of 325%. These people are increasingly exposed to alternatives to Samoan society and lifestyle, through education. They also develop high expectations of wage employment, and of a lifestyle which wage employment makes possible, which are unlikely to be realized in the stagnant

Samoan economy (Western Samoan Census 1976, vol 2:103).

Recent reductions in opportunities for advanced studies overseas, and particularly in New Zealand, as a result of budgetary constraints in Samoa and immigration regulations in New Zealand, have intensified competition for those places, and produced disappointment among those who might have expected to study overseas. Furthermore this situation is unlikely to improve. But the numbers at these levels of education are small within the total population. If the impact of education on young peoples' expectations is limited, the impact of other factors is not so constrained.

The Media. Various development plans have attempted to improve Western Samoa's communication infrastructure. Government initiatives have resulted in dramatic growth in the number of radios in Samoan homes. Because the government retained control of program content, these initiatives have not been a major source of alternative visions of life. But, the unforeseen consequence was that the same radios receive programs from American Samoa in which a "pseudo-American" lifestyle is presented as normal.

Control of the print media is largely in private hands and has seen an increase in both the numbers of newspapers (from 3 to 6) and in their circulation from 15,000 to 32,000 between 1971 and 1979 (latest data available). Newspapers regularly contain material on alternative lifestyles and Samoana, a Samoan language newspaper published weekly for Samoans in New Zealand and Western Samoa, regularly contains telling comparisons of the lifestyles outside Samoa. Situations vacant columns contain advertisements for comparable positions in New Zealand and Western Samoa which highlight salary differentials very graphically.

The growth in numbers of television sets in Western Samoa reflects the availability of television transmission from PagoPago in American Samoa. More and more Samoans are able to watch a world peopled by the stars of "Days of Our Lives," and "Falcon Crest" interspersed with advertisements portraying an affluent, liberated lifestyle supplied by KRON4 San Francisco.

The growth in the numbers of fixed and mobile cinemas and in attendances is harder to chart accurately but they are significant because film contains some of the most explicit and visually persuasive alternatives to life in Samoa. The images in films offer alternative visions of specific relationships, some of which explicitly challenge Samoan conceptions of those relationships.

The impact of the growth of media born alternatives is easy to underestimate and difficult to establish, but as a source of dissatisfaction with life in Samoan society and a source of challenge it deserves closer scrutiny. A situation emerges in which the aspiration of young Samoans are being raised as their opportunities are eroded. This generates considerable pressure on social structures for changes which will lead to improved economic prospects and increased personal freedom. The prospects for both increased upward mobility and personal freedom seem limited by a series of factors which have become more significant in recent times and to which we now turn.

Social Mobility: the blockages. Several routes have traditionally been available to youth who aspired to power in Samoa: becoming a chief; a pastor; a wage earner/entrepreneur; or emigrating. These remain but, for reasons set out below, are less available and, where before those who aspired to power could reasonably expect to attain it, it is now increasingly clear to many that these avenues are blocked. In the following section the various avenues and the blockages within them are set out.

In Samoa there are some 14,000 matai or chiefs who are normally selected by members of the extended kin group which they head. Matais control access to both house sites and agricultural land vested in their matai title and derive considerable power from this fact. Those who require access to land for subsistence must accept the matai's power over their activities and indeed their income. The attainment of matai titles is competitive and open to all who demonstrate competence in certain prescribed activities. A relatively small number of Samoans have the resources necessary to live without access to land and some 96.8% of the population live, according to the census, "under a matai." A matai's power is limited by the necessity of retaining the kin group's support and the possibility of their removal by the kin group where their performance is considered unsatisfactory.

Shortly after independence, a large number of new titles were created in an attempt to alter the balance of power within districts since only matais are enfranchised. (Meleisea and Schoeffel 1983:100) The prospect of access to

Shortly after independence, a large number of new titles were created in an attempt to alter the balance of power within districts since only matais are enfranchised. (Meleisea and Schoeffel 1983:100) The prospect of access to power seemed for the young to expand very rapidly but government moved to limit the creation of new titles and closed off this avenue. The number of titles available is now more or less fixed and while more than one person may hold a given title at the same time, holders have vested interest in discouraging this

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trend.[12]   Thus, young men have unlimited opportunities to demonstrate competence, but more limited opportunities for access to power. These are further limited by the steadily increasing life expectancy of incumbents which means that for many young people the period during which they will serve (tautua) the matai is increasing and that during which they can expect to exercise power is decreasing.

Pastors also enjoy power and a privileged lifestyle and derive authority from their religious office. They too can be removed for unsatisfactory performance and can be controlled in certain subtle ways by the village in which they work. This group is small and while entry is technically open to all, in fact the prospects of entry to theological college, and to the lifestyle beyond, is limited by a stable demand; the steadily increasing life expectancy of incumbents; and the absence of a compulsory retirement age.

For those committed to mobility within the traditional sector avenues are closing off at a time when there is pressure for their opening up. These are not, however, the only avenues for social mobility and it is to the others that we now turn.

Wage employment and entreprenuerial activity have always been avenues to power within the village for the young. Opportunities have existed for people to leave, enter the wage economy for a period, return and invest their stake in entrepreneurial ventures. The preferred destinations for accumulating capital were the United States and New Zealand, but a period of employment in Apia was considered better than nothing and many looked to wage employment in Western Samoa as an opportunity to accumulate some money and enjoy a measure of independence. The Western Samoan economy has grown slowly and new jobs are not being created in sufficient numbers to absorb school leavers. Nor, because of their scarcity, are they being vacated by incumbents who might have gone to New Zealand after a period of employment in Apia. Those who might in other circumstances have been "cooled out" by a period of wage employment no longer have as ready access to this possibility. Furthermore the over-supply of labor has resulted in a depressed wage structure so that even those who do secure circumstances have been "cooled out" by a period of wage employment no longer have as ready access to this possibility. Furthermore the over-supply of labor has resulted in a depressed wage structure so that even those who do secure employment may find that the gap between income and expectations is continually widening. The other avenues to the capital needed to enter entrepreneurial activities are loans but the agencies empowered to make loans tend, for reasons connected with the cost of administration, to make these to larger ventures (Macphersons 1981). The only other alternative is borrowing through the

village development scheme but these are cooperative ventures, are typically controlled by those whose authority is recognized by the government, and offer little opportunity for mobility for untitled adolescents.

Migration. The high rates of out-migration over a long period may have led to an expectation that many Samoans would leave Samoa for varying periods at some time in their life. It has become, in effect, part of the Samoan life cycle. Even those who expected to spend most of their lives in Samoa, often left to put together financial and or socio-political capital which could set them up. The high rates of movement between Samoa and New Zealand and American Samoa which occurred through the 1960's and 1970's were evidence of this expectation. Over a period of 201 years this trend became established as a rite of passage (Bedford 1982). The rapid decline in the opportunities for this movement occurred as the economies of New Zealand slowed, and the American Samoans moved to limit illegal movements from Western Samoa to American Samoa and the U.S.A. For those who came to consider that a period outside of Samoa was a reasonable expectation this decline was a blow. The fact that many believe that it is likely to be permanent may have an impact on national morale. It is significant that the decline coincides with the increase in the rate of suicide among those who under normal circumstances might have been offered opportunities to live and work outside of Western Samoa.

These factors alone do not constitute a satisfactory explanation. Most Pacific nations experience various combinations of these demographic and social phenomena. There is no suggestion in the literature that these lead to high rates of suicide elsewhere in the Pacific and specifically in American Samoa or Tonga, with which national comparisons seem most appropriate. It is useful to look beyond these factors for those things which seem peculiar to Samoan society and might explain the unusually high rate which Samoa exhibits.

The Situation of Youth in Samoan Society. Western Samoa is a gerontocracy and power is formally concentrated in the hands of its chiefs (matai) and clerics (faife'au). Both groups claim to exercise legitimate authority and each group tends to support the other in, what might seem to outsiders, a ~~powerful and conservative alliance. The alliance's power, derived from secular~~
clerics (faife'au). Both groups claim to exercise legitimate authority and each group tends to support the other in, what might seem to outsiders, a powerful and conservative alliance. The alliance's power, derived from secular and religious traditions, is not widely challenged.

Samoan culture prescribes for adolescents a period in which they are expected to serve (tautua), not challenge, those who hold power over them. Adolescents are told that service is the path to power: o le ala ile pule ole

tautua. Since this is almost invariably true for those who presently hold power over adolescents, they frequently have some difficulty in understanding challenges to that belief.

Their responses to challenges to their authority as chiefs (matai), pastors (faife'au), and parents (matua) are usually severe and punitive. Some adolescents may experience a degree of frustration over the opportunities for mobility, which may be made more acute by the limited opportunities which their culture provides to challenge the existing distribution of power, as Case 5 in Appendix 2 suggests.

Culture allows youth to raise sources of dissatisfaction in the family provided that appropriate deference is shown to the person with whom the matter is raised. A young person must make it clear that he or she is grateful for the opportunity to raise a matter which it is not their right to do. By implication he or she accepts that any outcome is final since the opportunity to raise the matter is a privilege accorded them and not a matter of right. The semantic and linguistic structure of such enquiries reflects the asymmetry of the relationship and excludes any real challenge. But failure to resolve a matter this way does not exhaust the possibilities.

A person who wishes to express continuing dissatisfaction with an outcome may become musu, in which state he or she becomes sullen and withdrawn; says very little to those around them; does no more than what they are told; and shows little interest in social life. In most cases one who is musu will treat a particular person with special disinterest to underscore the supposed source of their discontent. The Samoan concern with relationships and their maintenance leads those around the person concerned to attend to the source of the discontent. Where the matter is soluble gentle pressure is applied to both parties to move toward a compromise. Where an adult makes concessions care is taken to ensure that this is portrayed as generosity and not retreat. If a "reasonable" compromise is negotiated, but is not accepted by the young person, the sympathy for him or her is likely to wane quickly and is likely to be replaced with accusations of childishness (fia pepe), and immaturity (le mafaufau). The difficulty is that what mediators consider a "reasonable" compromise may not meet the expectations of the young person. In this situation the young person has three options, and their choice will be determined, at least to some extent, by their sense of injustice.

Where the matter involved is not a source of major annoyance the person may simply accept the suggestion that he or she forget the matter and be patient in the knowledge that his/her turn will come. Such advice is powerful because it is drawn again from secular and religious traditions which tend to coincide. In such cases the attention which has been paid to one's situation may alone persuade a person that he or she is considered important to their family and may prove therapeutic.

Where a matter is of more significance a young person may demonstrate his/her intensity of feeling by running away to another village. This is a symbolic rejection of the legitimacy of the authority of those in power. It provides an opportunity for both parties to cool and the young person may eventually decide to accept the inevitable and return to apologize. If the more senior party admits responsibility they may eventually visit the other village, ostensibly on an unrelated mission, and make some peace. Running away does not necessarily solve problems because the situation to which one flees is likely to be very similar to that from which one has fled. While young children might expect to find a more indulgent grandparent, a youth who is supposed to be mature can not expect to find very much sympathy if the matter reflects a lack of maturity (le mafaufau) on his or her part. Furthermore, the situation to which one returns may not have changed and if the source of dissatisfaction is structural it can be expected to emerge again.

If a person feels that a matter is of major importance and experiences an intense sense of dissatisfaction and injustice, he or she may be moved to an intense rage which both Gerber (1985) and Shore (1982) highlight in their accounts of Samoan emotion. The rage is said to 'leap up' inside the person and take control. In that state people typically lash out, usually at inanimate objects with fists, knives, paddles and so on. They are watched and eventually the rage is expected to subside. But people will say that often in a rage, a situation can be seen very clearly. A number of cases of suicide which we documented occurred during or shortly after a display of rage. While one can only speculate at the connection between the rage and the suicide it which we documented occurred during or shortly after a display of rage. While one can only speculate at the connection between the rage and the suicide it seems possible that a sense of despair about solving a problem is involved in some way. It does seem that the public consumption of herbicides and the possibility of protracted death in a public context might be intended to bring public attention to their grievance and create a sense of remorse in those whose actions gave rise to the grievance.

Summary

The culture which stresses the subservience of the individual to the collectivity is embedded in scripture and tradition. This cultural context, which Durkheim found was connected with high degrees of altruistic suicide, seems unlikely to change rapidly. Thus one would expect that this type of suicide will occur in Samoa for as long as secular and religious traditions continue to exert the same types of pressure in Samoan society. But adolescent suicide is a different problem.

The young untitled person is offered progressively more education, and visions of alternative lifestyles. Samoan society, dominated by older people and traditions, is unable and unwilling to accept some of these expectations or to move to make these attainable. In the event they become alienated from central values but are forced to continue to live by them, the young untitled people, sensing their powerlessness to produce change, become dissatisfied with society and seek opportunities to leave. In the past, some found it possible to demonstrate commitment to traditional values and persuade their families that they were the sorts of people whose migration should be sponsored: they were committed to Samoan custom and would contribute to the family and village. These opportunities are no longer readily available which increases their sense of frustration. This frustration would not be as serious as it is if there were opportunities for attaining at least some of their aspirations within Samoan society. But, confronted with an apparently immovable tradition reflected in councils dominated by those committed to the tradition, attaining those aspirations seems increasingly unlikely. Under these circumstances the things which have masked a growing alienation on the part of this group of young Samoans are removed and we see more clearly a disaffection which has been growing for some time.

This blocked opportunity model is only one of a number which can be introduced to explain the incidence of youth suicide in Samoa. It is most useful in explaining a general disaffection and a marked increase which happens to coincide with particular structural trends in Western Samoa and the closing introduced to explain the incidence of youth suicide in Samoa. It is most useful in explaining a general disaffection and a marked increase which happens to coincide with particular structural trends in Western Samoa and the closing off of opportunities for emigration. It is however instructive and provides a backdrop against which particular cases may usefully be seen.

The prospects for redistribution of power within Samoa seem remote, and the prospect of increased emigration, which is related to the state of the international economy, seems equally remote. If the structural context is

significant in producing a general pessimism among Western Samoan adolescents, one would predict an increase in the rate as growing numbers of adolescents encounter blockages in the opportunity structure for which no solutions appear imminent. The combination of structural and cultural factors outlined in this paper would seem to point to a continuing and high rate of adolescent suicide. However, while the structural factors may prove somewhat intractable for reasons connected with economic linkages between Samoa and the global economy, cultural factors can be altered where people choose to take decisions. People are most likely to take those decisions when they are able to establish linkages between cause and effect and it is hoped that this paper will go some way to making some of those connections.

1. Toa'i also meant to do something reluctantly, against one's will, meanings which the word retains to the present. We are not linguists but the connection between the act of suicide and a sense of duty does seem interesting particularly in view of the connection between altruistic suicide and highly disciplined societies such as Samoa.

2. The World Health Organization cautions against calculation of rates where fewer than 1000 deaths are recorded in a given year; where more than 25% of deaths are coded as having ill-defined causes; and where significant numbers of deaths are reported by witnesses without the benefit of medical advice or questioning. All three of these conditions coincide in Western Samoa.

3. Further evidence for this hypothesis comes from the fact that American Samoa, which has a similar culture but has been subject to a different set of structural changes has apparently had a significantly lower rate of suicide. (Freeman 1983:346)

4. The proverb, ua gase ile vao le tagata o Tupuivao, 'Tupuivao's man perished in the forest,' is used to emphasize the loss of a person who in a fit of anger leaves home and severs relationships with his kin group. This gloss is from Schultz (1965:106).

5. The proverb e leai se manu e olo, 'where no pigeon call is heard,' likens the kin group in which no strife is found to the perfect peace. Conversely the proverb, ua fa'aselu gaugau, 'a comb with broken teeth', likens the family which is always quarrelling to the broken comb which is both ugly and useless. Both of these proverbs can be found in Schultz (1965:83).

6. Shore (1982:175-176) provides an extended account of the reasoning behind this and is recommended to those seeking an accurate and comprehensive account of Samoan models of deviance.

7. Some of the proverbs used in the context of such discussions carry the
    account of Samoan models of deviance.

7. Some of the proverbs used in the context of such discussions carry the implication that such traits are genetically transmitted. Perhaps the clearest statement is found in the proverb, e so'a le moasope ile moasope, which means, literally, 'the crested hen resembles the crested hen': that one's characteristics will be found in one's parents.

8. Samoan parents, pointing to defects in their children's behavior, ask

children to consider what other people will think of their parents and/or family if they were to see them behaving in this way. In fact a central concern in shaping childrens' behavior is getting a child to see the consequences of his/her behavior for those around him/her.

9. Space does not permit elaboration of this argument but Lockwood's (1970) studies of Samoan village economies provide a comprehensive account and analysis of the division and disposal of labor in village agricultures.

10. This is based on the assumption that a person who marries by age 20 has children who are able to contribute to his work load by age 40 and is able to reduce their physical contribution in agriculture; and that those in rural districts must derive their income from village agriculture while those in the urban area will derive at least part of theirs in the less physically demanding and more stable wage sector.

11. This is not to suggest that all who remain in Samoa experience acute dissatisfaction and/or wish to leave. Many in fact regard their life as satisfying and have no wish to leave.

12. This stems from the belief that beyond a certain point splitting of titles weakens their status and authority and increases probability of dissension within the family over succession and ranking (Meleisea and Schoeffel 1983:105).

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APPENDIX 1

The figures in Tables 7 and 8 contain causes of death where these might conceivably contain cases of suicide which have been reported as death by other causes. The value of these tables lies not in the actual numbers involved but in the trends and the extent to which these coincide with the trends in suicide incidence. There are of course other categories in which suicide deaths might appear and it is certainly not clear from the figures that the problem is either new, or that its dimensions are immediately evident.

Case 1.
A pastor's daughter who had become pregnant by one man shortly before she was due to marry another, apparently believed that her pregnancy would be discovered and is believed to have decided to take her life to avoid the disclosure of the fact.

Case 2.
A boy who had been told by his girlfriend that she wished to terminate their relationship, returned to his home and borrowed a rifle with which he then shot the sleeping girl before announcing his grief and turning the rifle on himself.

Case 3.
A policeman who had been responsible for collection of fines had stolen some money and had been suspended pending an enquiry. No one in the village was aware of the fact until, on the day after he was supposed to have appeared in court, he pretended to leave the village but returned, borrowed a friend's rifle and went inland to a plantation where he shot himself.

Case 4.
Population density causes pressure on resources such as stones suitable for house-building and may lead indirectly to suicide, as this case shows. In a village where people started dismantling stone wall pig enclosures to make a house foundation, a pig escaped and ruined a nearby plantation. The owner made various public threats against the owners of the pig and eventually shot the pig. When his family refused to support him in a dispute with the pig's owners he hung himself.

Case 5.

Case 5.
Two brothers worked very hard to extend and improve their plantation. They hoped that their father, a _matai_, might permit them to retain some of the proceeds of the sale of their crop. When he showed no sign of allowing them to keep some of their income they approached him directly and explained a plan in which they would have retained a small proportion of the income. He refused

outright and the older brother returned to the plantation and drank paraquat and died. The younger brother again approached the father and asked him to reconsider the plan. The father again refused and the younger son also returned to the plantation and drank paraquat from which he later died.

Table 1

Suicide in Western Samoa
(by sex for selected years)

	Males	Females	Total
1967	4	3	7
1968	15	6	21
1971	10	1	11
1976	5	0	5
1980	2	0	2
1981	1	0	1
1982	1	0	1

Source: Western Samoan Statistical Abstracts

Table 2

Incidence of Suicide from Inquest Records

Year	Number
1970	6
1971	9
1972	10
1973	10
1974	11
1975	11
1976	25
1977	31
1978	28
1979	37
1980	38
1981	49
1982	35

Source: Bowles J.,
(in Keith-Reid 1983)

Table 3

Dependency Ratio for Western Samoa, 1971 1981

	1971	1981
Population <15	73840	69239
Population >55	8981	11571
Dependent total	82821	80810
Active total	63806	75539
Population total	146627	156349
Dependents/100 active	129.8	106.9

Source: Western Samoa Statistical Abstract

Table 4

Dependency Ratios by Region (1976)

<15 yrs + >60 yrs/100 (15-59 yrs)	
Apia Urban Area	86
Northwest Upolu	126
Rest of Upolu	125
Savai'i	122
Rest of Upolu	125
Savai'i	122

Source: W S Census of Population (1976)

Table 5

Recalculated Dependency Ratios for Age Groups (1976)

Region	Apia Urban	NW Upolu	R Upolu	Savai'i
Economically Productive Age Groups				
15-19	506.7	626.0	781.8	827.8
15-24	379.8	456.9	537.0	564.0
15-29	307.9	373.0	429.0	436.4
15-34	270.0	322.2	365.6	361.2
15-39	228.4	282.6	316.8	309.0
15-44	222.4	256.1	281.0	275.9

Source: W S Census of Population (1976) vol 1.

Table 6

Selected Educational Statistics for Western Samoa

People in:	1971	1981
Primary institutions	29443	32206
Intermediate	6244	8707
Secondary	3514	10731
Tertiary	152	497
Total (all institutions)	39201	51644
Tertiary	152	497
Total (all institutions)	39201	51644
Total population	146635	156349
T1/T2*100	27.0	32.9

Source: Western Samoa Statistical Abstracts

Table 7

Deaths from Accidental Causes and Other External Causes

	All Accidental Causes			Other External Causes		
Year	males	females	total	males	females	total
1967	19	4	23	—	—	—
1968	4	5	9	—	—	—
1971	9	2	11	3	0	3
1976	2	1	3	14	4	18
Source: Western Samoan Statistical Abstracts						

Table 8

Deaths from Poisoning and Injury Poisoning

	Poisoning			Injury and Poisoning		
Year	male	female	total	male	female	total
1980	6	3	9	3	2	5
1981	15	12	27	8	1	9
1982	16	6	22	5	1	6
Source: Western Samoan Statistical Abstracts						

Source: Western Samoan Statistical Abstracts

Chapter 4

REDUCING SUICIDE IN WESTERN SAMOA

Dennis Oliver

Introduction

I first learned of the suicide problem in Western Samoa when I attended
Aggie Grey's birthday party in Apia in 1978. My wife and I happened to share a
table with another New Zealand couple and during the course of conversation I
mentioned that David didn't appear to be in a party mood. Whereupon he told me
that as Magistrate and Coroner there were parts of his job that made him sad.
There had been three suicides committed by young people over the previous three
weeks and he had felt the sorrow of the parents. As we talked he shared with
me his concern. He had written a report of the recent increase in suicides and
had sent it "upstairs" but it had met zero response. My job was to establish
the work of the YMCA in Western Samoa and I was too busy to become involved in
tackling such a difficult problem as suicide but I tucked the information into
the back of my mind. Over the next twelve months I kept in touch with David
while suicides continued to increase. There was rarely any mention of the
cases in the newspapers. Then David finished his term of contract in Samoa as
Coroner and Barry, another New Zealander, took his place. My interest in the
suicide problem had been passed on to Barry and he contacted me to share the
new information. He sent messages to superiors and wrote to Professor H.B.M.
Murphy of McGill University, Montreal, who confirmed that "The international
statistics of suicides during the 1970s do not show any other country to have a
suicide rate in males 15 - 24 which is as high as the Western Samoan one."

Getting Started

Three years had elapsed since I had first learned of the problem and I
decided that as no one else seemed to be taking responsibility to tackle the
problem, I was now in a position to give it a go. The work of the YMCA had
developed to the point where a staff of 30 Samoans were working in 35 villages
with about 6,000 people on community development projects. In all cases the
village people defined the problem they wished to tackle and it was our
organizational role to help them develop the management skills to set goals,

design strategies and implement programs. We insisted on two YMCA value positions before any village was permitted to form a YMCA club. Firstly there would be no "Father Christmas" handouts (although occasionally we offered small subsidies to buy garden tools); and, secondly, within each club all people were to be regarded as equals. Men were equal with women, the old were equal with the young, and the titled were equal to the untitled.

Because our clubs were paying out $14 for a case of taro compared to the government's payout of $7 we had more requests from villages than we could handle. A high level of trust had developed between the villages and the YMCA. In addition to the village clubs we operated a carpentry school, a motor mechanic school, a small engine mobile school, and courses for young unemployed school leavers in Apia and Samoans preparing to migrate to New Zealand. I mention these things, not as some sort of sideline information to the suicide story, but because the methods of work and the value positions on which they were based were the foundations on which the suicide program was built.

In May 1981, I introduced the suicide problem onto the agenda of the YMCA Board of Directors which recommended that a special group be set up including the Health Department, the Justice Department, the Fellowship of Churches and the YMCA. The Suicide Study Group had its first meeting in Aggie Grey's conference room in June 1981 (see Appendix A for the minutes of the inaugural meeting). It was agreed that the group would be autonomous but would keep its constituent groups informed. The group wished to avoid becoming trapped within the restrictions of one or another government department.

The first problem to be tackled was the state of the official records. The Coroner's court had scratchy records prior to 1976; the police records were incomplete and were sharply at variance with others; and the Health Department had virtually no records at all. So we decided to focus on the Coroner's court records and to dig and persevere until we had accurate information back to 1970 and preferably earlier. Through the overtures of the Chief Justice, who was a member of the Study Group, a senior probation officer was seconded to assist me in her spare time to search the records and get them into working order. It and preferably earlier. Through the overtures of the Chief Justice, who was a member of the Study Group, a senior probation officer was seconded to assist me in her spare time to search the records and get them into working order. It took almost ten months to complete this job. On one occasion when I insisted that we go back to 1960 I was shown an old store room with about three cubic metres of old rotting records dumped against a wall. We had two prisoners seconded to the work and every rotting file was read through and the suicide cases set to one side. That job took one month and the only thing we learned

was that there were from four to six suicide cases each year from 1960 to 1970.

The Bare Facts

By April 1982 we had studied 237 suicide cases from 1970 to 1981 and had gleaned from them sufficient data on which to begin action.

In summary the basic facts which were revealed are as follows. The number of suicides per year had increased from 6 to 11 from 1970 to 1975. They had then jumped to 23 in 1976 and continued to rise to a high of 42 in 1981. (This was later corrected to 49 when the Health Department records were organized.) Since 1975 young men aged 15 to 24 had comprised 50% of all suicides. In 1980 the suicide rate for young men in this age cohort was 94.8 per 100,000. From 1976 onwards the weedicide paraquat was the major vehicle for suicide, reaching a high of 83% of all cases in 1981. The precipitating event in half of the cases was a scolding or rebuke; and in 55% of the cases the triggering agent was one of the parents of the victim. Of the 360 villages in Samoa, 261 had not had a single suicide since 1966, and 19 accounted for half of the total of suicides since that date. These particularly highly suicide prone villages were scattered widely on both islands of Western Samoa. (Although further examination of geographic distribution at the East-West Center conference indicated that there may be more clustering in the Apia environs than was initially realized.)

I later added my own finding that the ratio of matai to commoners was particularly high (1:1.6) in the four hottest suicide villages compared to the national average (1:12 in 1981 and 1:24 in 1961). The rest of the Study Group wouldn't own this bit of information so I tacked it on at the end of public forums and accepted the responsibility to take any criticism it generated. I actually did calculations for the 100 villages that had experienced suicides looking for positive correlation between suicide rate and the ratio of matai to commoners and while there was a high correlation there were some villages with a high suicide rate and a low matai : commoner ration. In one of the villages with a high suicide rate and a high matai to commoner ratio (about 1:8) I asked
a high suicide rate and a low matai : commoner ration. In one of the villages with a high suicide rate and a high matai to commoner ratio (about 1:8) I asked some of the people what the reputation was like of their matai and one person replied that most of them were trying to "imitate Hitler," and that there was continual friction and conflict between the top matai.

However, I didn't publicly pursue this line, as I considered it might develop into an unproductive distraction from the main problem. It was pretty

obvious that even if the information was given a small focus by me it would be
seized upon by some powerholders and used to discredit the remainder of the
work we were doing. The Study Group certainly didn't have the power to make
changes in the matai to commoner ratio so I let the issue fade away.

The National Awareness Campaign

Up to this point only a handful of people knew that a special group had
been set up to study the suicide problem and few knew that the suicide rate in
Samoa was by world standards exceedingly high. It became obvious to us that we
had to place the facts before the people because (a) only the people could cure
the problem, and (b) the people wouldn't take action until they knew they had a
problem. We had been gathering opinions about how to go about setting the
facts before the people and had learned from overseas sources that in some
instances publicity about suicide produced a "fascination effect," increasing
the suicide rate. There were also some local authorities who had learned of
our intentions and were angry that we were planning to publicly expose the
"shameful" facts to the world. Avoidance behavior is a characteristic trait in
Samoa. It is fortunate that we were not controlled by a government department
or we would have been silenced at this point.

The information from overseas about the potential dangers of the
"fascination effect" was faced by the group and we agreed that even if in the
short term suicides increased, for a long term solution we had no option but to
place the facts before the people. We deliberately withheld two pieces of
information from the public because of the potential dangers they held in
triggering an increase in suicides.

Firstly, in spite of persistent questioning we refused to state what a
lethal dose of paraquat was. Our reasoning was that if people knew how much a
lethal dose was for the normal healthy person, it could excite in some the
gambling instinct. Some might try a little less than the lethal dose to see
what response it might induce from parents and to test the questions "Does God
love me, yes or no? Do my parents love me, yes or no?" Raymond Firth (1967)
gambling instinct. Some might try a little less than the lethal dose to see
what response it might induce from parents and to test the questions "Does God
love me, yes or no? Do my parents love me, yes or no?" Raymond Firth (1967)
writes of the gambling urge in suicide cases in Tikopia.

Secondly, we deliberately withheld information about the extremely painful
effects of taking paraquat as there was the possibility that it might excite in
some their sadistic instincts. If punishment of parents or other powerholders
was part of the motive for committing suicide, then the more painful the

suffering the more effective the punishment.

Perhaps the most important decision the Study Group made was to refuse to offer explanations of the causes of the significant rate of suicides in Western Samoa. For one thing most of the active members of the Study Group were European expatriates on term contracts and it would have been presumptuous for us to have given explanations for Samoan behavior. Secondly, the potential causes were complex and there was not a sufficiently large enough population of cases with detailed evidence on which to develop comparisons and contrasts. Some of the impressionistic data were interesting (such as the fact that several times in the coroner's court parents had stated that their son was a quiet lad who never answered back) but there was insufficient hard evidence on which to base working hypotheses.

But more importantly, and this is really the crucial issue, _we believed that only the people in the villages could solve the problem and it was therefore their right and responsibility to dig for causes and remedies_. It was their young people who were losing their lives; it was their community members who were triggering the events; it was their conflicts and tensions that were producing the dramas; and only they had access to the basic understandings that could lead to remedial action.

Put another way, if we had appeared masterful with theories of causation, then the next logical step would be for us to recommend a solution. But apart from such lawful measures as getting government to restrict paraquat, we really had no power over the people's lives. Their tensions and conflicts, their loves and hates were strictly of their own making and it was only by their thinking-the-thing-through that any healing could be worked.

The objective of the Suicide Study Group from the outset had always been "to reduce the incidence of suicide in Samoa." There were no secondary objectives and therefore no confusion with hierarchies of goals. That being the objective all strategies moved towards it with purpose and vigor.

With our data as ready as it would ever be, and with our methods and values firmly sorted out we now planned the National Awareness Campaign. We the objective all strategies moved towards it with purpose and vigor.

With our data as ready as it would ever be, and with our methods and values firmly sorted out we now planned the National Awareness Campaign. We had to avoid a "one-big-shot" approach or, at the other extreme, a "dribbling-on-forever" campaign.

With maximum use of the radio and newspapers we divided the data into three major categories and spread the campaign over three weeks (see Appendix B for a summary of major campaign events). As it was covered in both Samoan and

English languages we had spokespersons for both languages. The campaign opened with a national radio address by the Rev. Mila Sapolu from the Fellowship of Churches. From May 12th to 24th there were five radio programs, eight newspaper articles with a total of 182 column inches, and two public meetings. We prepared drafts of all scripts and press handouts, always careful not to appear to place the blame on any group. Many church ministers took up the message from their pulpits and several groups took our data-sheets for discussion between their own members.

We then sat back to review the effects and to plan our next move. Members of the Study Group almost avoided each other for three weeks while we listened with some apprehension for news of what was happening in the villages. Would the pundits from overseas be proven right and were we in fact triggering a rash of suicides?

Immediate Effects and Aftermath

Prior to the National Awareness Campaign, Samoa had been experiencing suicides at the following rates (see chapter by Bowles for complete suicide statistics):

First four months	1981:	14 suicides
Second four months	1981:	19 suicides
Third four months	1981:	16 suicides
Fourth four months	1982:	14 suicides

And now we were into the second four months of 1982, May, June, July and August. In May prior to the campaign two suicides had been committed. One other case hung on life's edge, and then slipped away. And we waited through July and by the end of August we were able to record the following:

Second four months 1982: 6 suicides

My contract with the YMCA of Western Samoa concluded at the end of July, 1982 but I left the Suicide Study Group in the good hands of, among others, Sister Patricia Stowers as coordinator and John Bowles as main resource person. The YMCA was beginning plans to appoint an adult education officer to travel Sister Patricia Stowers as coordinator and John Bowles as main resource person. The YMCA was beginning plans to appoint an adult education officer to travel around the villages to stimulate people to talk about their suicide history and about changes they could make in the future. Some of the "hottest" villages did not invite the YMCA adult education officer but near neighbors did and some of the "fairly hot" villages did. The instructions to the adult education officer were:

- Focus on facts, don't let feelings distort the realities of the past.

- Don't let some groups blame others.

- Don't let them get away with simplistic avoidance excuses (such as "This is God's way of controlling the population growth," "This is the Western influences on our Samoan culture").

- The main items on the agenda must be to get the people to talk through "What can we do to stop suicides in the future?".

I kept in touch through correspondence and returned in October 1983 for an evaluation of the work of the YMCA. I learned that the final four months of 1982 had seen the occurrence of 15 suicides. It appeared that the effect of the campaign had worn off. A second campaign was planned by the Study Group for May, 1983, since the suicide rate had dropped from the high periods in 1981 but had not returned to the low period of the 1982 campaign. However, by May the YMCA adult education officer had visited several villages and had about 20 more invitations to follow through.

And the suicide rate started to reduce again. The figures for 1983 for the three four-month time blocks were:

First four months   1983: 10 suicides

Second four months 1983: 9 suicides

Third four months   1983: 3 suicides

I don't have data for 1984. My only reliable contacts have been refused information from the Health Department records. They think the suicide rate is down to the level of maybe ten or eleven a year, but without systematic efforts to uncover the data, one can't be sure.

Summary

I want now to offer my opinion on the dynamics of why the suicide rate appears to have been effectively reduced by the work of the Suicide Study Group and the YMCA adult education officer.

The role of the Study Group was to _inform_ the people that they had a problem. educate them of the facts of the problem. create a vacuum for them to

and the YMCA adult education officer.

The role of the Study Group was to _inform_ the people that they had a problem, _educate_ them of the facts of the problem, create a vacuum for them to move on the problem, and _facilitate and encourage_ their action on the problem. I think these are the key words if you wish to help people change. Inform, educate, create a vacuum, facilitate and encourage. The strategy in refusing to offer explanations of causes created a vacuum for the people to move into.

Without that they would have been spectators at their own eulogy. What we did with the Awareness Campaign was to create disequilibrium, which produced energy for movement, and then locate the power and responsibilities for remedial action with the people.

There were a couple of significant points during the Awareness Campaign when new power was generated. The first was when the Suicide Study Group got its act together and went public. Each of the partners had a complementary role. The churches had the spiritual roots in every village. The Health Department and Justice Department brought the official expertise and weight of the government. And the YMCA was the bridge between the various churches, between the government and the people, providing the "cement" with sufficient credibility to stick it together. The group represented an independent political power that would have been difficult to snuff out.

The second new power source was created when the YMCA adult education officer stimulated discussions with the village chiefs, the women, and the young adults. Sometimes he had to carry messages from one to the other, as traditionally the communication would be directed from the top down.

And here's the point: <u>nothing happens in human affairs without the creation of new power or the redistribution of old power</u>. Before the new power was generated, the old power block had made small incremental shifts to accommodate the change in the rate of suicide and so maintain the status quo. And look how strong the status quo was. After four months (when the number of suicides dropped to an amazingly low six), the status quo recovered from the shock of exposure and came right out as strong as ever and so the number of suicides returned to its previous level.

Let's have another look at the work of the adult education officer. I regard the act of suicide as a cry from the powerless to the powerful. It is the strongest possible language asking to renegotiate the contract. And that was the role the adult education officer played, that of the bridge, message carrier and advocate. He ensured that each of the parties spoke their piece in a way that moved towards a new and more acceptable contract between the

carrier and advocate. He ensured that each of the parties spoke their piece in a way that moved towards a new and more acceptable contract between the powerless and the powerful. Most often the powerless could not speak in the presence of the powerful, so that bridge had to be built. (Incidentally, I believe that renegotiating the contract between the powerless and the powerful is the key issue in all change and development. It is not roads, and bridges and GNP that start lasting development; its the redistribution of power. And

it is not the powerful who will initiate the negotiations.)

Most modern management theories emphasize the effectiveness of including all sectors of the work force in the planning, problem solving, and action process. Most modern education theories emphasize the centrality of the learner as the main actor in the learning process. In fact, in some circles, the word "teacher" is suspect. In my recent book about development strategies (1983) three of the values listed in a chapter titled "Values of Development" have direct relevance to the suicide-solution process:

> We believe that the community people know their problems and the solutions that will work, better than others know them. (77)

> We believe that the main actors that make the plan and work the action should be the people with problem. (78)

> We believe that the energy put into actions will be about the same strength as the involvement of the community in the making of the plan. (79)

This is not to overlook the fact that a stimulus was needed first to help them face up to the fact that they had a problem. There is a dynamic role for the helping agent in enabling and encouraging the people to make changes. But the bottom line of the contract between the "helper" and the "helped" is:

> I cannot learn for you
>   You can only learn for yourself

> I cannot grow for you
>   You can only grow for yourself

> I cannot develop for you
>   You can only develop yourself

> I cannot give power to you
>   You can only take power for yourself

And it is only on the basis of that contract that the relationship can be fruitful.

And it is only on the basis of that contract that the relationship can be fruitful.

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APPENDIX A

RECORD OF INAUGURAL MEETING OF A GROUP CALLED
TO STUDY THE PROBLEM OF SUICIDE IN SAMOA,
HELD IN AGGIE'S CONFERENCE ROOM
ON MONDAY 22ND JUNE 1981.

PRESENT   Fr. Louis Beauchman (Fellowship of Churches),
                 Eteuati Salesa (Fellowship of Churches),
                 Latu Amani (Fellowship of Churches),
                 Dr. Keith Ridings (Health Department),
                 Dr. Viopapa Annandale (Health Department),
                 Andy Forsgren (YMCA),
                 Dennis Oliver (YMCA)

APOLOGIES   were received from Mr. R.J.B. St. John (Chief Justice), and Sr.
                 Patricia Stowers (YMCA) who were both in Savaii.
                 Keith Ridings reported that a psychiatrist would begin work in
                 Samoa in August.

BACKGROUND   A letter of invitation had previously been sent from the YMCA to
                 the Chairman of the Fellowship of Churches, the Director General of
                 Health, and the Chief Justice, identifying the incidence of suicide
                 particular among young male Samoans as being sufficiently serious
                 to warrant community actions. The letter quoted extracts of a
                 communication from Professor Murphy of McGill University, Montreal,
                 who is conducting studies of suicide in fifty countries, and in
                 which the figure for young male Samoans is the highest rate per
                 100,000 of population.
                 Several papers from Prof. Murphy had been photo copied and were
                 distributed to those present. A general discussion took place on
                 the "unknowns" of the issue. Why is the incidence of suicide among
                 young male Samoans so high? How many years has this been so? Were
                 there traditional ways to release aggression that are now not
                 available? How can the trend be reversed? What are the figures
                 for Samoans resident in New Zealand, Hawaii, and Pago? Following
                 the general discussion, the group worked through a series of
                 questions prepared by Dennis Oliver.

Q1.   Does the problem warrant attention?
                 There was unanimous agreement that the problem warranted attention.

Q2.   What sort of people should be involved in the study group?
                 The group felt that the representation invited to the meeting
                 covered the spectrum of sources of information and potential

Q2.   What sort of people should be involved in the study group?
                 The group felt that the representation invited to the meeting
                 covered the spectrum of sources of information and potential
                 action. There may be a need to consult statistics department, but
                 there was not a need to include them in the regular group. Health,
                 Justice, religion, and youth, seemed to be elements of the problem.
Q3.   What type of structure would serve the group best?
                 The group considered, that the sections involved at present
                 (including Justice), had appropriate roles and functions, as
                 follows:

<u>Health</u>	Psychiatric guidance on data collection questions (what do we look for?). Psychiatric diagnoses (what does this mean?). Relating suicide within the whole area of mental health. Incidence of attempted suicides (how are some saved?).
<u>Justice</u>	Legal records (coroner's reports, letters before suicide). Tracking the incidence (how far back did this start?).
<u>Church</u>	Data collection from the field (interviewing close friends about the precipitating events). Traditional ways (what evidence is there that there were other ways to release aggression in the "old days"). How can the community help reverse the trend.
<u>YMCA</u>	Coordination of the group's work (calling meetings, keeping records). Information collectors from Prof. Murphy, New Zealand, and other overseas sources.

Q4.   <u>What is the desired outcome of the study?</u>
It was considered that the desired outcome would be to reduce the incidence of suicide in Samoa. The first phase was to develop an understanding of the causes of the problem.
The second phase would be to design and implement remedial actions.

Q5.   <u>To whom does the group report?</u>
Each representative sub-group would keep its superiors/constituency informed, and in this respect the network of the Fellowship of Churches was particularly important as its potential influence was present in every village in Samoa, and was held in high respect.
In due time, the Health Department planned to create a National Committee on Mental Disorders to which this group would make a major contribution. The National Committee would report through the Minister to Parliament. It was however recognized that reports were not as important as "lives saved," and only became meaningful as they contributed to a reversal of the present trend.

Q6.   <u>What is the likely tenure of the group?</u>
The group felt that the course of action would take many years, and that the draft goal schedule be:

July 1981	Design and operate the data collection process
July 1981	Design and operate the data collection process
August 1981 - March 1982	Assimilation of data
April 1982	Initial diagnoses
May - July 1982	Design and test remedial action alternatives

These actions would overlap and data collection and analysis would
be continuous

Q7.   <u>What are the first steps to take?</u>
             Each group had various areas to study (as suggested under Question
             3), and were urged to initiate action, so that a second meeting of
             the group could be called in five or six weeks time.

SUICIDE IN WESTERN SAMOA: National Awareness Campaign

Objective: to present the facts of suicide and attempted suicide in Western
             Samoa (without emphasis on attempting to explain reasons, causes,
             or motives) so that the problem is recognized and "owned," in order
             that problem/resolution can be worked on.

Date (May)	Media/Meeting	Content	Leaders/Speakers
Wed 12th	radio	national address	Fellowship of Churches Vice Chairman
Thurs 13th	newspapers	press conference with prepared statement: the rapid increase; the groups at risk a comparison with other countries	Committee & reporters
Thurs 13th	radio	news views; O oe ma lou malo	
Sun 16th	radio	repeats of above	
Tues 18th	newspapers	press conference: paraquat as a major vehicle, its use, misuse, legislation; death by paraquat	Agr. Department medical practitioner. Attorney Gen. Of.
Wed 19th	meeting	public meeting and panel	Rev. Sapolu Nofoa Papalii Faauu Mamea Dr. Bowles
wed 19th	meeting	public meeting and panel	Rev. Sapolu Nofoa Papalii Dr. Bowles
Thurs 20th	radio	panel discussion	Rev. Sapolu Nofoa Papalii Faauu Mamea Dr. Bowles
Mon 24th	newspapers	press conference: precipitating events; some villages hotter than others	Faauu Mamea

Chapter 5

SUICIDE IN MICRONESIA

Donald H. Rubinstein

Introduction

This chapter presents a general picture of suicide in Micronesia, a
geographic area that includes the Republic of Belau in the west; the four
states of Yap, Truk, Ponape and Kosrae that now make up the Federated States of
Micronesia; and to the east the Republic of the Marshall Islands (see Map).
These six island areas have been part of the Trust Territory of the Pacific
islands, along with Saipan and the northern Mariana Islands, since the end of
World War II. As a Trust Territory under American administration, all these
areas have experienced roughly the same postwar course of development.
Especially since 1960, Micronesia has received rapidly increasing amounts of
financial support form the U.S., and these funds have provided the Micronesian
states with education systems, health services, and government bureaucracies,
that are organized quite similarly from one place to another. An economy based
upon wage employment and cash has grown rapidly since 1960 throughout the
different areas of Micronesia, and has replaced perhaps 50% of the traditional
economy based upon subsistence activities and exchange (Smit van Waesberghe and
Litjens 1981).

The population has also grown rapidly. For the first half of this century
the Micronesian population was stationary or perhaps declining.   Then soon
after the war population growth took off, and at a growth rate of 3% per year
it has more than doubled since then. So today's population, totalling about
120,000, is unusually young, with a median age of 16.5 (U.S. Dept. of Commerce
1983).

Notwithstanding this shared course of rapid change and similar development
over the past 25 years, these six areas are culturally distinct from each

Notwithstanding this shared course of rapid change and similar development
over the past 25 years, these six areas are culturally distinct from each
other, and they all speak different languages. From one part of Micronesia to
another, there are significant differences in the social organization of
families and the pattern of personal relations, and many of these cultural
differences are relevant to the question of suicide. For the purpose of this
overview of suicide in Micronesia this chapter will gloss rather lightly over

the regional distinctions, but it should be noted that this is an area of considerable cultural differences and geographic size, although a rather small population. The chapters in this volume by Hezel on Truk, and by Polloi on Palau, should put into better perspective the extent of cultural differences in suicide within Micronesia.

The suicides under discussion here number slightly over 400 cases that have occurred in this area (excluding Saipan and the northern Marianas) since 1960. In order to identify and collect information on these cases, we started by culling all the official statistics and records for data on suicides. These included all the death certificates, police reports, hospital records, mission records, and similar available material. Nearly all these officially noted cases have been followed up by interviews with relatives or acquaintances of the suicide victim, and we have made a point of asking if other suicides were known from that village or island. Since 1979 case data were gathered both systematically on several occasions of travel through Micronesia by Fr. Hezel or myself, and have been gathered informally on a nearly continuous basis. In the past three years we have participated in several Micronesian community workshops and discussion groups on suicide, and this widening network of involved people have contributed to the survey efforts. Hence the numerical data in this chapter is presented with a good degree of confidence in their reliability.

Suicide Rates

Since 1960, the male suicide rate for the overall Micronesian population has increased sixfold, from a rate of 8 in 1960-1963, to a recent rate of 48 in 1980-1983 (see Figure 1). The female rate has also increased in the last half of this time period, but has remained very low in comparison to the male rate. Male suicides outnumber female suicides by about 12 to 1. (The data in Figure 1 are aggregated by four-year intervals to smooth out the year-to-year fluctuations of small numbers.) Among males, the increase in suicide rates was most rapid from the mid-1960s to the late 1970s. During the years 1964-1967,

the male suicide rate was 10 per 100,000 annually. Four years later the suicide rate had doubled to 20, and it again doubled to 40 in the next four-year interval 1972-1975. Although the overall male suicide rate has continued to increase through 1983, the rate of increase has slowed significantly. Figure 2 shows age-specific rates, based on all the suicides

from 1960 through 1983. The highest rates are among the males aged 15-24, or roughly from the age of sexual maturity to the age of marriage. Above the age of 24, the male suicide rate falls off as age increases except for a small rise in the suicide rate among the elderly males. The female age-specific rates follow roughly a similar pattern, although at only 10% of the male rate. For males overall in Micronesia, the median age of suicide is 21.

Given that suicides increased most rapidly in the ten years time between the mid-1960s and the mid-1970s, and given that the ages of highest risk for suicide are within the ten year period from 15 to 24 years, these two graphs likely represent the same underlying phenomenon. They suggest that the rising curve of Micronesian suicides is attributable in a large part to the cohort effect of the first postwar generation passing through the critical period of high risk, from mid-teens to mid-twenties. Figure 3 portrays an idealized model of this cohort effect, assuming a duration of 20 years per birth cohort. That is, the older generation of parents in Micronesia who came of age before the war began having children around 1950, and their child-bearing years lasted until about 1970. This 20-year cohort is shown by the cross-hatched bar in Figure 3. The first children of this cohort, born about 1950, would have entered their period of high suicide risk 15 years later, about 1965. Indeed this is when suicide rates began to increase most rapidly in Micronesia. Following this idealized model, the cohort effect should continue until the last children of this cohort, born about 1970, reach the age of about 24, which is the end of their ten-year risk period. If the suicide phenomenon in Micronesia is largely a single generation phenomenon, it should follow a 30-year curve, rising quickly after 1965, leveling off around 1980, and then falling rapidly after 1985 or so.

The actual rate of increase for Micronesian suicides under 30 is shown in Figure 4. These suicides under age 30 represent 75% of the total cases (shown in Figure 1, above). For males under 30, the actual curve closely follows the form of the idealized cohort-effect curve, during the first 15 years of a 30-year cycle. If there is a strong generation-cohort effect influencing the Micronesian suicide rates, as there appears to be, then in the next ten years the actual rates should begin to fall, especially for those under 30 in age. Later in this chapter and in the following one by Hezel, the discussion of changes in family and authority relations and the types of situations that commonly lead to suicide should suggest clearly why the Micronesian suicides

may be largely a one-generation phenomenon (see also Hezel 1984, Rubinstein 1983).

When these same statistical data are broken down by ethnic area within Micronesia, rather than presented for the overall population, some clear differences in rates and patterns of suicides are evident from one cultural group to another in Micronesia. Figure 5 shows the increase in suicides rates within the six different areas. Palau is unusual in having had a high suicide rate in the early 1960s. From the beginning to the end of this 24-year period illustrated in Figure 5, Palau has had little overall increase in suicide rate. Some of these odd fluctuations are simply an effect of the small numbers involved, especially with a small population like Kosrae which has had only six suicides during this time period. But the rapid increase in suicide rates from the mid-1960s to the mid-1970s is characteristic broadly across Yap, Truk, the Marshall Islands, and Ponape. During the past four years (1979-1983), suicide rates have fallen in the Marshalls and Ponape, although they continue to rise in Yap, Truk, and Palau. The curves for these rates of increase are partly reflections of the underlying age distributions of suicides. This may explain in part why rates in Yap, Truk and Palau have continued to increase in the past four years while rates in the Marshalls and Ponape have already turned downward.

In comparing age-specific rates (see Figure 6), it is evident that Yap, Palau, and Truk have higher rates in the age range over 25, than do Ponape, Marshall Islands and Kosrae. This indicates that Yap, Palau, and Truk have either an older median age of suicide than the other three areas, or they have a wider age distribution among the suicides. Either condition would prolong the sort of generation-cohort effect proposed above. These points are offered mainly to show that within the general pattern or trend of suicide rates across Micronesia, there are significant regional variations that are distinctive of the separate Micronesian cultures. However, these regional variations remain largely unexplained.

Throughout Micronesia, the highest rates are among the 15 to 24 year-old

males (see Figure 7). During the past ten years the rates for this age group have reached extraordinarily high levels, and suicide has come to be recognized within Micronesia as a major youth problem, with some alarming implications about adolescent development and changes in family relations. In most of Micronesia the suicide rate for young men is 100 or more per 100,000 annually,

and in Truk the rate has reached 200 per 100,000. This means that one out of every 50 young Trukese males die by suicide between their 15th and 25th birthdays. By contrast, the suicide rate for American males age 15 to 24 is about 20 per 100,000, and this rate which is only 14% of the overall Micronesian young male rate, is considered now as a youth suicide epidemic by U.S. public health officials (Rosenberg et al 1984; Mercy et al 1984).

Cultural Patterns In Suicide Characteristics

In addition to being male, and typically aged 15 to 24, Micronesian suicide victims share a number of other personal and situational characteristics. First of all, let us consider the degree of urbanization or westernization of the youths who are taking their lives. Although we have no direct measure of this, some indirect measures are suggestive, such as where the people lived in relation to the developed town centers, and their level of educational and occupational attainment.

Across Micronesia, the highest suicide rates geographically do not appear among the town-dwellers, but among the people in the peri-urban areas somewhat removed from the town centers. In Palau for example, the commercial and government center is Koror, an urbanized Pacific port town with a population density of over 2,000 people per square mile. The suicide rate in Koror is lower than on the large, rural island of Babeldaob to the north, with a population density of 25 people per square mile. In Yap, the suicide rate among the 40% or so of the population who live within 20 minutes walking distance to the state capital of Colonia, is less than the suicide rate among the peripheral villages towards the northern and southern ends of the island. The same pattern holds in Ponape, where lower suicide rates occur in the developed and urbanized port-town capital of Kolonia and nearby Sokehs, than in the rural municipalities in the southern half of the island. In Truk, the suicide rate in the state center island of Moen is less than on the more rural lagoon islands of Fefan, Uman, and Toloas, that are five to ten miles from Moen.

suicide rate in the state center island of Moen is less than on the more rural lagoon islands of Fefan, Uman, and Toloas, that are five to ten miles from Moen.

This geographic pattern indicates that there is no simple linear relationship between urbanization or modernization and increasing suicide rates in Micronesia. The developed Micronesian port-towns and urbanizing state capitals have intermediate rates of suicide, while the higher rates appear in the more rural villages that lie a few miles distance from the urban or town

centers. Geographically, the lowest suicide rates are found among the most remote populations, living on the small outer islands that are served only occasionally by government ship. So on a rough scale of modernization measured by distance from town, the most modernized areas are not where highest suicide rates occur, but rather, the highest rates appear in the intermediate areas.

Educational and occupational status are also rough measures of degree of modernization. In level of education, slightly over half the suicides were by people who had finished elementary or junior high school. About a quarter had never finished elementary, and somewhat less than a fifth had graduated from high school. Less than 3% had graduated from college. This puts them roughly on par with or perhaps slightly below the average educational attainment levels in Micronesia. Much the same pattern appears in level of employment. A third of the people who committed suicide were not involved in wage employment, but supported themselves through subsistence activities. The remaining two-thirds were rather equally divided among students and various skilled or semi-skilled trades. Ten percent of the individuals held office or clerical jobs. Compared with the Micronesian population as a whole, then, the suicide victims are not very distinguishable on measures of modernization. They are certainly not the ones who have moved farthest towards an urban or western lifestyle, yet they are also not the people who have remained closest to a traditional Micronesian lifestyle. The effect of postwar changes and modernization on increasing suicide rates in Micronesia needs to be understood in the context of recent shifts in family relations and authority patterns. This topic will be considered later in this chapter. First, let us consider more closely the characteristics of the suicides.

The typical suicide victim is a young man, not yet married, who lives at home with his parents, and is still in school or is doing some sort of manual semi-skilled work. The suicide almost always occurs near or inside the person's house, usually at night. In perhaps half the cases the person had been drinking earlier, and often had a history of moderately heavy drinking. In many cases the alcohol was probably used to facilitate a course of action

that had already been partly decided upon. For example, a young man returned to his home island on parole, after spending several months in jail for attacking and maiming someone else in a machete fight. One of his parole conditions was that he not drink. Soon after his return, he and his parents came to an angry impasse when they refused to approve of the girlfriend he

wanted to marry. The young man confided to several friends that the next time he got drunk would be on the day he died. Several days later he brewed up a supply of fermented yeast, got drunk, and hanged himself. Yet only a very small number of cases, perhaps between 5% and 10%, show any signs of alcoholism or dependency, or any other symptoms of depression, personality disorder or other psychiatric illness. Palau is the only area where this statement would need to be qualified, because a significantly higher prevalence of mental illness occurs among the Palauan suicides (see chapter by Polloi in this volume).

The method of suicide in Micronesia is overwhelmingly by hanging. This accounts for 85% of the cases, with guns and poison ranking a very distant second and third. Often people hang themselves by slipping the noose over their head and simply leaning forward from a standing position, or even while kneeling or sitting. This method of suicide is culturally patterned to a high degree.

The types of situations that lead to suicide in Micronesia also follow several characteristic patterns. The predominant pattern is that a young suicide victim is scolded by a parent or older brother or sister, or perhaps is refused some minor request made to the parents, and then the young person withdraws in anger and hangs himself. Often the specific incident that triggers the anger and subsequent suicide seems very minor. It is common to hear accounts that a young man hanged himself after he asked his parents for $5 and they refused, or that a boy committed suicide after his father scolded him for not helping with family chores. The suicides seem totally out of proportion with the triviality of the incident. Yet the emotional reaction to these incidents needs to be understood within the context of relations between the adolescent and the parent. A seemingly trivial incident may take on major symbolic importance to the person. This point is well illustrated by the case of one young man who hanged himself, but survived and later talked at length about his suicide attempt. I'll call this young man Peter.

Peter was 18 years old, and lived at home with his parents, in a small

Peter was 18 years old, and lived at home with his parents, in a small rural village several miles from the town center. He was an unusually bright student, who placed near the top of the state when he took the entrance test for high school. However, he had been suspended from 9th grade a year earlier, mainly on account of his frequent absences. Peter's father was disabled with a back injury and could not walk. There was one older brother, who was already

married and lived with his wife's family. So, nearly all of the responsibilities for maintaining the family's gardens and preparing food fell upon Peter. As he sees it, this was the reason why his school attendance was so poor that he was suspended, although at the mission school Peter attended, he also had a reputation as an unruly, restless, and occasionally rebellious young student.

After quitting school, Peter recalls that his relations grew worse with his parents, and especially with his father. He felt very keenly a sense of lost opportunity that school had represented. But mostly, he felt overburdened by family obligations and he felt that his invalid father was too demanding, and did not recognize and appreciate the work Peter was doing for the family. During those months he began asking his father for things. His wish-list included many of the accoutrements of American adolescence, items such as a cassette recorder, a guitar, a pair of workboots, a polaroid camera, sunglasses, and a new pair of Levis. These were all turned down, one after another. In Peter's mind, money was not at issue here, because his father had just received $5,000 from the government, as part of the Micronesian War Claims that belatedly were settled around 1975.

Around that time, there was a Catholic youth group that had formed in the village and Peter had taken an active role. When the group collected $1 donations from each member, Peter decided to donate $5, and went to ask his father one morning for the money. His father again refused, and the two of them exchanged angry words, Peter complaining that his father never gave him anything he wanted and his father scolding him for always wanting to run off with his friends and not spending enough time helping the family. With that, Peter went off angrily and spent the day away from his house.

By evening, his anger had cooled somewhat and he returned home. When his mother saw him, she mentioned that his older brother had stopped by during the day. Peter asked why, and she told him that the older brother needed $10, and their father had given it to him when he asked for it. With that, as Peter recounted, he realized that the measure of his father's love for him was less day. Peter asked why, and she told him that the older brother needed $10, and their father had given it to him when he asked for it. With that, as Peter recounted, he realized that the measure of his father's love for him was less than the $5 he had been refused. He told his mother that he was being treated as if he was worthless, and that if she never saw him again it would be because he had hanged himself. She began to cry, and told him, ineffectually, not to talk in such a bad way to her. Peter picked up a rope from inside the house, wound it quickly around his arm, threw a sheet over his shoulder to conceal the

rope, and ran off down the path.

He stopped a few hundred yards away, and tied a noose to a low branch of a tree. By this time he was crying uncontrollably. For a minute or two he hesitated, standing in front of the noose, thinking about all of his friends and his church youth group. He tried to stop crying but could not. And then he said to himself, "So, what?" and thrust his head in the noose and swung forward to hang himself.

The rope broke, and the next moment Peter found himself laying on the ground, a bit dazed, still crying, and suddenly frightened that some mysterious power had snapped the rope and thrown him on the ground to foil the suicide. Peter picked himself up and thought about trying a second time, but then, in his words, "I thought about my mother crying when I left the house, and I loved her for that, so I decided to just go back home." When Peter reached his house, his mother had already told his father that Peter had angrily dashed off to hang himself. The father was quietly apologetic when he spoke later with Peter.

The succession of events in this case conveys some of the poignancy of the private feelings of rejection, helplessness, and hurt anger that precede many of the seemingly trivial incidents that lead to suicide among young Micronesians. Had Peter grabbed a stronger rope as he ran out of the house, the story would have ended quite differently. Yet it is likely that, had he died, the only explanation to be told then would be the brief public interpretation that Peter hanged himself after being refused $5 by his father.

Many aspects of this scenario are culturally quite patterned: the hurt anger towards his parents, the feelings of rejection and unfair treatment and lack of recognition, the impulsivity of the act, as well the fact of Peter being young, male, and unmarried; that his parents were rather traditional elderly Micronesians; and that the family lived a fairly rural lifestyle. Perhaps 60% of the Micronesian suicides follow this pattern. In these situations, the primary family relationship that has become problematic is between young men and their parents. This suggests that if we are to

understand how social changes have brought about an increase in Micronesian suicides, it is important to focus attention on adolescent-parent relations. At this point, it is useful to step back from the suicide case material discussed above and look at adolescent-parent relations in Micronesia from a historical perspective.

Adolescent-Parent Relations

Certainly there are important cultural differences from one place to another in Micronesia, and there is no single cultural pattern that characterizes family relations throughout the area. But to a greater or lesser degree, male adolescence was marked traditionally by a pattern of social distance from their primary family. In parts of Micronesia, such as Truk, this social distance took the explicit form of avoidance practices between young men and their sisters. At sexual maturity a young man would move out of his family's house and for about ten years, from the time of sexual maturity to marriage, he would live and sleep with the other young men in the lineage meeting house, or perhaps in an adolescent clubhouse. At marriage he would move into his wife's household, and again take up a close relationship with a domestic family. These sorts of clubhouse or lineage-house institutions existed until World War II in most parts of Truk, the Yap outer islands, and Palau.

While female roles were located mostly within family-centered routines such as childcare, house-cleaning, and food preparation, male roles were more associated with the wider social sphere of the lineage or clan or village. Large communal property such as meeting houses and sailing canoes were constructed and maintained by the men. The heaviest agricultural labor, such as clearing land or digging out taro swamps, was done by communal male work groups, under the direction of the senior lineage men. As young men reached maturity, their family routines, their social identity, and in some places even their physical residence became very much bound up with these lineage-based social activities and social relations. As their social distance from their own parents increased, they became absorbed into a system of authority that was much more diffuse, where authority was embodied by the senior leaders of the lineage or village. Social control was also rather diffuse yet highly redundant, for an adolescent was not so much under the authority of his parents, as under the authority of the whole community of adults.

Yet the stage of life from sexual maturity to marriage may have been redundant, for an adolescent was not so much under the authority of his parents, as under the authority of the whole community of adults.

Yet the stage of life from sexual maturity to marriage may have been uncomfortable for young Micronesian men, even during an earlier, more traditional and more regulated era. For example, one study of Truk done in the 1940s commented on the "social and psychological insecurity" that young men experienced during the 10 years or so when they were socially separated from their families (Gladwin and Sarason 1953). However, a young man's

incorporation into the wider circle of lineage men and age-mates compensated somewhat for his distance or actual detachment from a domestic household.

The social system of lineage and clan organization in Micronesia is grounded in an economic system of shared subsistence activities, kinship exchange, and kin-group control of land, labor, and large valuables. As a western economy based on wage labor and cash has recently come to replace much of the traditional subsistence and exchange economy, there have been related changes in the social system. On the main islands throughout Micronesia, large scale lineage labor is no longer commonly practiced, of the sort that previously went towards building and maintaining meeting houses, sailing canoes, or clearing lineage land. At the clan and lineage level, kinship cooperation and exchanges have attenuated. Lineage meeting houses where young men slept have all but disappeared.

For adolescent males, disinvolved as they traditionally were from close family relations, the disintegration at the wider village level or lineage level of the social system has changed considerably their own social position. For one, they are much more directly dependent upon and responsible to their parents than they were traditionally. Yet there does not seem to be a cultural script for close, easy relations between young men and their parents. In Truk for example, one often hears the complaint from parents that the young men of today don't want to live with their own families. In this respect, it is likely that today's young men are not too different from earlier generations, although in earlier times when lineage houses were still maintained, young men had someplace else to live.

With the disappearance of large, public, lineage activities such as fishing expeditions, feast preparations, and so forth, young men have also lost an important social arena for recognition. If avenues to social recognition are lost, then self-esteem may be disturbed in important ways that relate to suicide risk. Thus there is reason to believe that the recent historical changes in Micronesia have also weakened the social supports and options for male adolescent self-esteem.

These recent historical changes have narrowed considerably the comfortable distance that young Micronesian men traditionally could maintain from their parents. Today, postwar adolescents and their pre-war parents relate to each other across a generational line marked by enormous change in the postwar American period. These cross-generational relations are not easy, to judge by

the frequency of parent-adolescent conflicts in the scenarios of Micronesian suicides. However, to the extent that Micronesia's suicide epidemic is an outcome of this specific inter-generational conflict, then the high rates should be a single generation effect, as proposed above. As today's postwar generation passes out of adolescence, settles into marriage, and begins raising their own children, can they expect easier and closer relations with their children, then they themselves experienced with their parents? If the answer is yes, then the suicide rates should soon begin to curve downward. But from where we stand today, the question is still very much open.

Suicide Influence

The last issue to be discussed here is the question of suicide suggestion or influence. How does one suicide influence another? To return briefly to the case of Peter, there is one other fact that may be significant that was omitted from the account above. When Peter was 10, his older sister committed suicide by drinking Clorox. In an earlier interview, Peter had told me about her suicide, and the parents' grief and anger at losing their only daughter. Yet in Peter's recounting of his own suicide attempt and the thoughts going through his mind at the time, he made no mention of his sister. I asked him specifically about this at the end of his long account. He reflected for a minute and then said no, that he does not recall any conscious thought of his sister's suicide, during the heat of his own anger and suicide attempt. Perhaps in Peter's case, his sister's suicide really did have no conscious or unconscious influence on his decision. However, among the Micronesian suicides, in at least 20% of the cases there was a previous suicide of a close relative or a good friend. There are a number of instances where two or even three suicides have occurred within the same family or household. Even more common is a cluster of suicide attempts within families where a suicide death has occurred.

One possible explanation is that certain families are unusually suicidogenic. due to some extreme disturbance within family relations. Yet has occurred.

One possible explanation is that certain families are unusually suicidogenic, due to some extreme disturbance within family relations. Yet that explanation is difficult to support, because in the families with multiple suicides we have looked at, we have not found any severe family pathology. They seem, on the whole, to be normally functioning families. A more likely explanation, judging from what we know now, is that the multiple suicides within families are a special case of the more general phenomenon, that the

suicides appear to cluster, at certain times and in certain places. Throughout Micronesia there is widespread recognition of this pattern. For example, one medical officer interviewed recently about a suicide that had just occurred in one of the villages on his island, said that the recent suicide "haunted" him, because he knew that others would follow. This was the fifth suicide to occur in recent years in the small village, yet outside of that village there were virtually no suicides on the island. After the most recent suicide, the island magistrate, hoping to prevent further cases in the village, spoke angrily at a special public meeting, and scolded the assembled adults for the shame they were bringing on their village.

The influence of one suicide upon another may be very direct, as in some cases where a young man hanged himself on the grave of his friend, shortly after the first young man committed suicide, or in a case where a boy hanged himself from the same tree, using the same rope, that a friend of his had used several days earlier. Local notions about the sort of sympathetic love and close identification that exists between bond friends may provide some cultural rationale for these paired suicides.

In other instances, one dramatic suicide becomes a cultural model for successive suicides. For example, on one heavily populated island, no suicides occurred during the 12-year period 1955 through 1966. In 1967 a 21-year old man from a well-known, important family hanged himself. The story was that he had two girlfriends, he had an infant by each girlfriend, and he could not make up his mind between the two. His suicide was given heightened drama by the two women, who both wept and fainted over his grave. Three days later another suicide occurred on this island. The second suicide was not a close friend of the first, but the story was quite similar, also a case of a lover's dilemma. In the following 12-year period there were about 20 suicides on this island, mostly young men whose suicide followed the lover's dilemma model. One high school student painted a sign on the wall where he hanged himself. It read, "Farewell to A and B (his two girlfriends). It's been nice being with both of you!" In this sort of sequence, the act of suicide acquires a highly localized cultural meaning. It is seen as the course of action one may take to escape or resolve a particular kind of problem. Individuals may then draw upon these cultural meanings in choosing their own course of action, and in giving this course of action some public legitimacy.

The influence of one suicide upon another may also work through local

belief systems about communication from dead relatives and the effects of contagious magic. This is a topic that has been raised frequently by Micronesian mental health counselors in interviews and workshops concerning suicide. There are specific beliefs about how the body of the suicide victim should be handled, and how the rope should be unloosened or massaged, in order to prevent the risk of suicide from spreading to others. There are notions that the spirits of former suicide victims may beckon to potential victims, during dreams or spirit appearances. Some people report dreaming about or seeing a canoe or pickup truck filled with former suicide victims, who pass by and call out to potential followers (Alexander 1978). If the former suicide is one's relative, the call to follow is supposed to be especially difficult to resist.

Perhaps these Micronesian beliefs in magical and supernatural effects should be viewed as folk metaphors for a process of psychological influence that is not well-articulated in western terms either. Regardless of the epistemological status given these beliefs, if someone experiences their friend's or relative's suicide from the perspective of this belief system, it will influence their own sense of vulnerability and risk for suicide.

In Micronesia today, the epidemic frequency of suicide, in and of itself, probably has the effect of influencing further suicides simply because the act has become so common. In one community that I have surveyed for suicide attempts, there were about 100 attempts revealed among a population that numbers about 1500 people above the age of ten. This same island has had 16 completed suicides since 1960. If this is a representative sample and community, then there may be an approximate ratio of six or seven attempts for each completed suicide in Micronesia. Many of these attempts were serious, nearly lethal acts, such as people who survived an attempted hanging because the rope or branch broke, or they survived an attempted shooting or poisoning because of emergency medical intervention. Other attempts were much less serious, such as someone who swallowed a dozen aspirin, not with the intent to die, but with the intent, as she later explained, to make herself sick and to make her parents feel sorry for her and give her what she had asked for.

The survey finding of 100 suicide attempters in a population of 1500 adults and teenagers may prove to be a considerable underestimate. When I reviewed this finding with a young Micronesian priest, who had been the pastor on this island for three years, and also with the local mental health counselor, they

thought the figure much too low. They guessed the actual figure would be close to half the adult population having had at least one significant suicide attempt. At either the level of my survey count, or at the much higher projection by the local priest and counselor, it is evident that suicide acts occur at a frequency that makes them a rather anticipated occurrence in many Micronesian communities. As one Micronesian medic explained, "It used to be that suicide was a rare event, and when one occurred, we'd talk and talk about it. Now they occur every month, and we hardly take notice."

As suicides and suicide attempts have become so frequent, they are seen less as unique unexpected events that require special explanation. More and more they appear as somewhat routine and commonplace acts. The idea of suicide becomes more familiar, more accessible, and more acceptable to potential actors.

Summary

This chapter has presented four main points of discussion. First, since 1960 the suicide rate for young Micronesian males has been increasing in epidemic fashion. During the past four years the rate has leveled, suggesting a one-generation cohort effect that should bring a decline in rates during the next few years, as this present adolescent generation grows out of the high-risk age period. Secondly, the suicides are highly patterned culturally, in terms of the characteristics of the actors, the method, and the situations. The predominant relationship involved is between adolescent and parent, and the usual situation is an adolescent's conflict with parental authority, support, and recognition.

Thirdly, the recent historical changes in Micronesia have weakened the social position of young men at the lineage and village level of the social system. These changes have also narrowed the social distance that adolescents traditionally maintained from their parents. This is further reason why the suicide epidemic may be largely an outcome of intergenerational conflict specifically between pre-war parents and postwar adolescents. Fourth and ~~traditionally maintained from their parents. This is further reason why the~~ suicide epidemic may be largely an outcome of intergenerational conflict specifically between pre-war parents and postwar adolescents. Fourth and finally, there are different ways that one suicide seems able to influence others. Some of these are quite direct, as through the link between bond-friends or among family members. Other influences are more diffuse, as when a single suicide becomes a locally recognized model for successive acts. Or, the public perception of suicide as a commonplace act may encourage a readier acceptance of suicide by potential actors.

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Map

Micronesia (<u>Source</u>: Hawaii Geographic Society)

TROPIC OF CANCER

140°   150°   LONGITUDE 160° EAST OF GREENWICH   170°

MONDAY

20°

N O R T H

FARALLON DE PAJAROS
MAUG
ASUNCION

WAKE I (U.S.A.)

O

AGRIHAN
PAGAN
ALAMAGAN
GUGUAN

Commonwealth of the Northern Mariana Islands
(17,000)
184.5 sq. mi. / 480 sq. km

Marshall Islands
(32,000)
70 sq. mi. / 182 sq. km

TAONGI ATOLL

TINIAN
SAIPAN
ROTA

RONGELAP ATOLL
AILUK ATOLL

BIKAR ATOLL

UTIRIK ATOLL

AGANA
Guam (110,000)
209 sq. mi. / 543 sq. km

ENEWETAK ATOLL
BIKINI ATOLL
WOTHO ATOLL

MEJIT I.

Federated States of Micronesia

UJELANG ATOLL
LIKIEP ATOLL
WOTJE ATOLL

10°

ULITHI ATOLL
YAP IS
FAIS
NOMWIN ATOLL
MURILO ATOLL

Ponape
(22,500)
146 sq. mi. / 380 sq. km

UJAE ATOLL
KWAJALEIN ATOLL
MALOELAP ATOLL

COLONIA
FARAULEP ATOLL
ULUL
HALL IS
LIB I.
NAMU ATOLL
AUR ATOLL

NGULU ATOLL
SOROL ATOLL
PULAP
LAMOTREK
MOEN
TRUK IS.
KOLONIA
PONAPE
LAE ATOLL
AILINGLAPALAP ATOLL
JABWOT I.
ARNO ATOLL

BABELTHUAP
KOROR
WOLEAI ATOLL
SATAWAL
LOSAP
MOKIL
MAJURO ATOLL
MILI ATOLL

PELELIU
ANGAUR
EAURIPIK ATOLL
IFALIK
ELATO
PULUWAT
PULUSUK
NAMOLUK ATOLL
LUKUNOR ATOLL
Kosrae
(5,600)
42 sq. mi. / 110 sq. km
KILI I.
JALUIT ATOLL

SONSOROL IS
PULO ANNA
Yap
(8,200)
46 sq. mi. / 120 sq. km
ETAL ATOLL
SATAWAN ATOLL
NGATIK ATOLL
PINGELAP ATOLL
LELU
NAMORIK ATOLL
EBON ATOLL

TOBI
Republic of Palau
(12,200)
180 sq. mi. / 486 sq. km

Truk
(38,000)
46 sq. mi. / 120 sq. km

NUKUORO

KAPINGAMARANGI

MAKIN
BUTARITARI

ABAIANG ATOLL
MARAKEI

MONDAY

EQUATOR

ADMIRALTY IS
MANUS
ST MATTHIAS GROUP

Nauru
(8,000)
9.5 sq. mi. / 22 sq. km

TARAWA
MAIANA
ABEMAMA
ARANUKA
NONOUTI

G
I
L
B
E
R
T
S

(OCEAN I.)
BANABA
KURIA
TABITEUEA
ONOTOA
BERU
NUKUNAU
TAMANA
ARORAE
G R O U P

IRIAN JAYA

NEW HANOVER
NEW IRELAND
Papua New Guinea
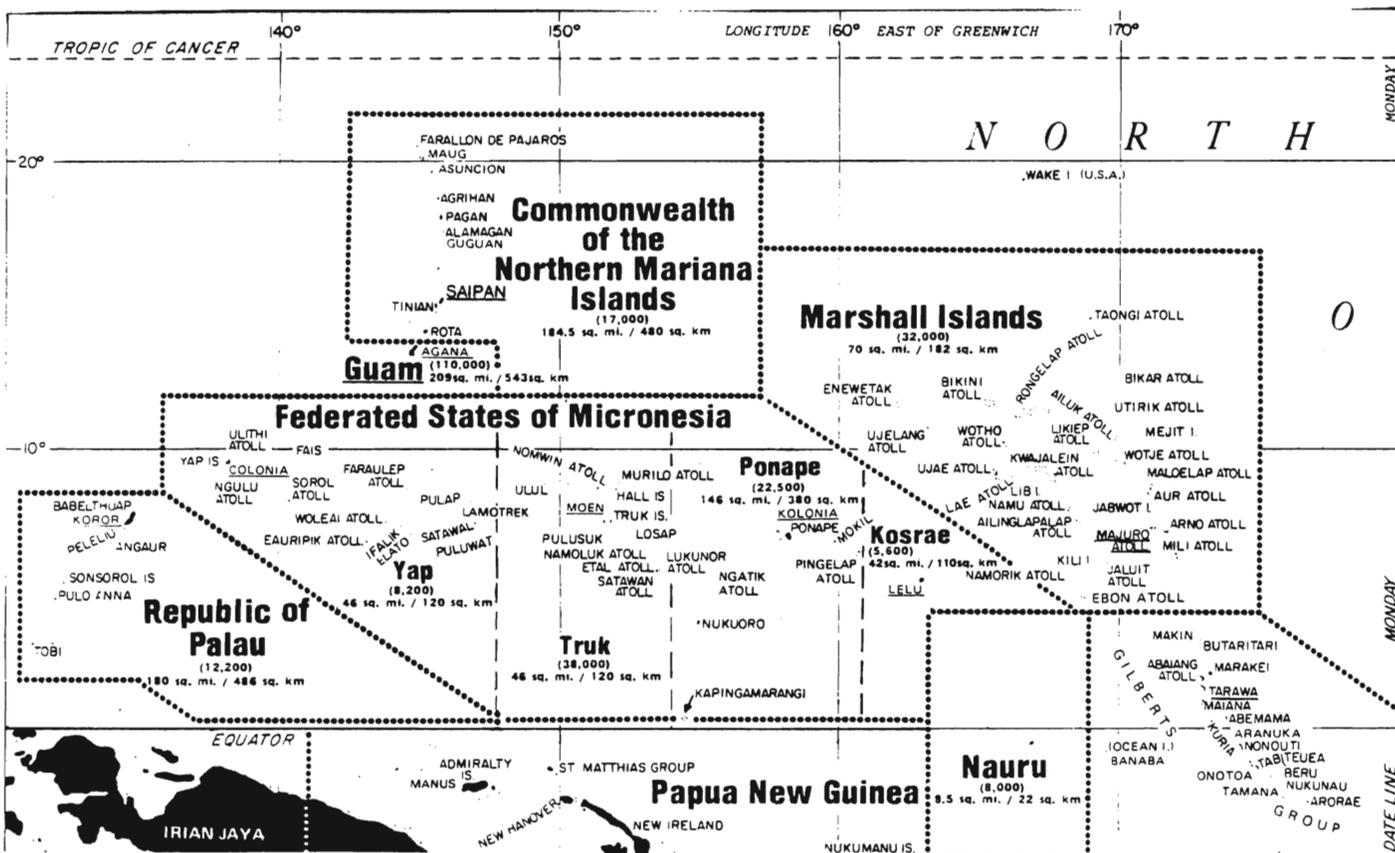
NUKUMANU IS.

DATE LINE

Figure 1

Micronesian Suicide Rate by Sex:
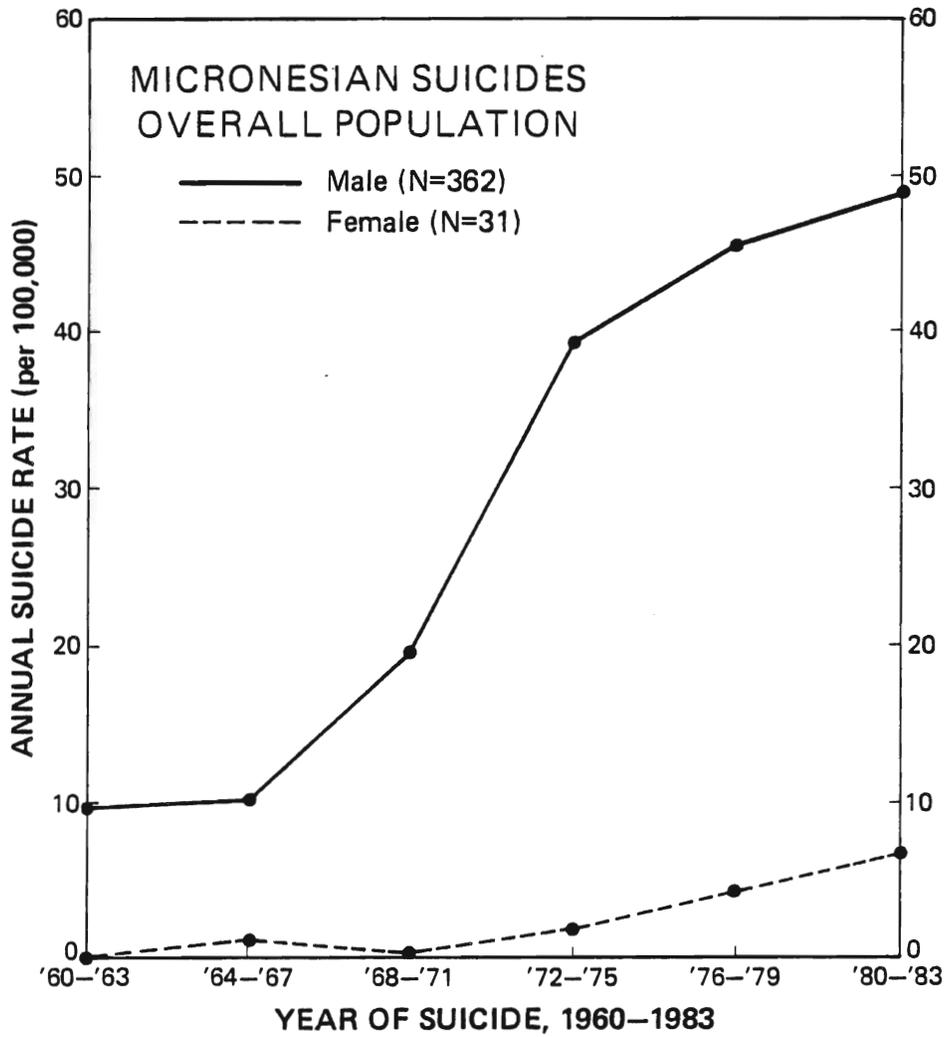1960-1983

Figure 2

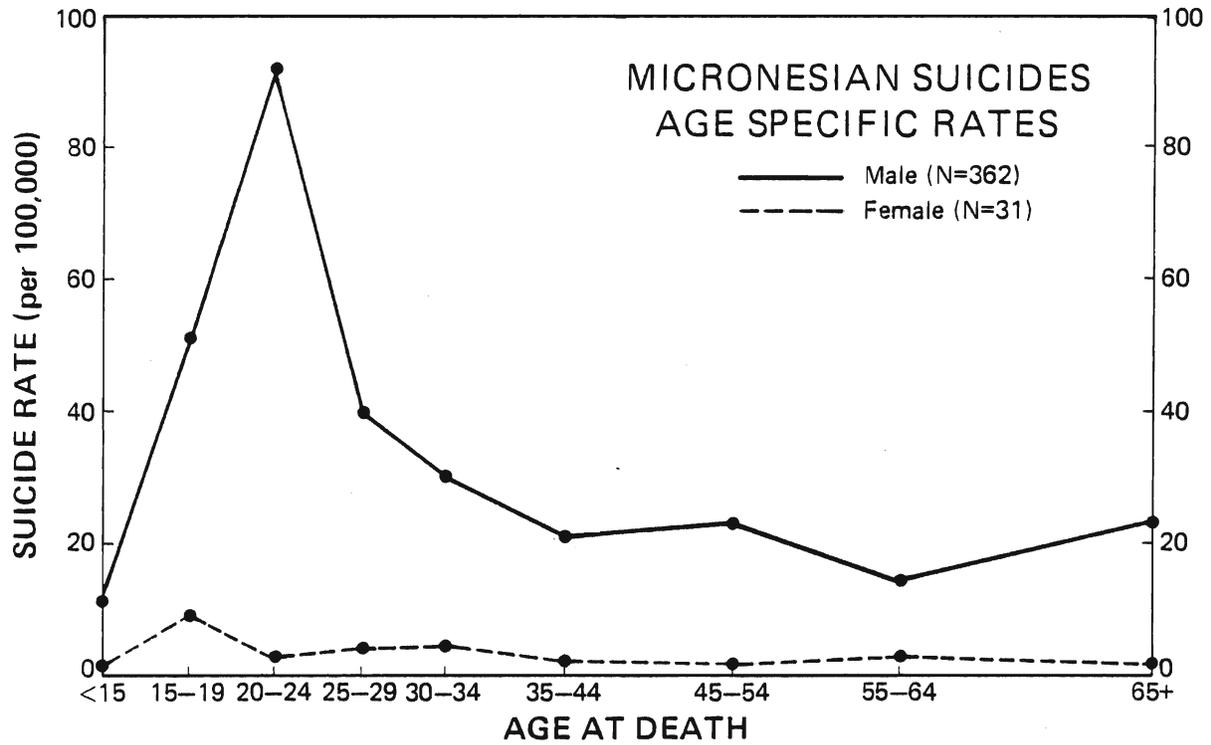Age Specific Rates of Suicide by Sex:
1960-1983

Figure 3

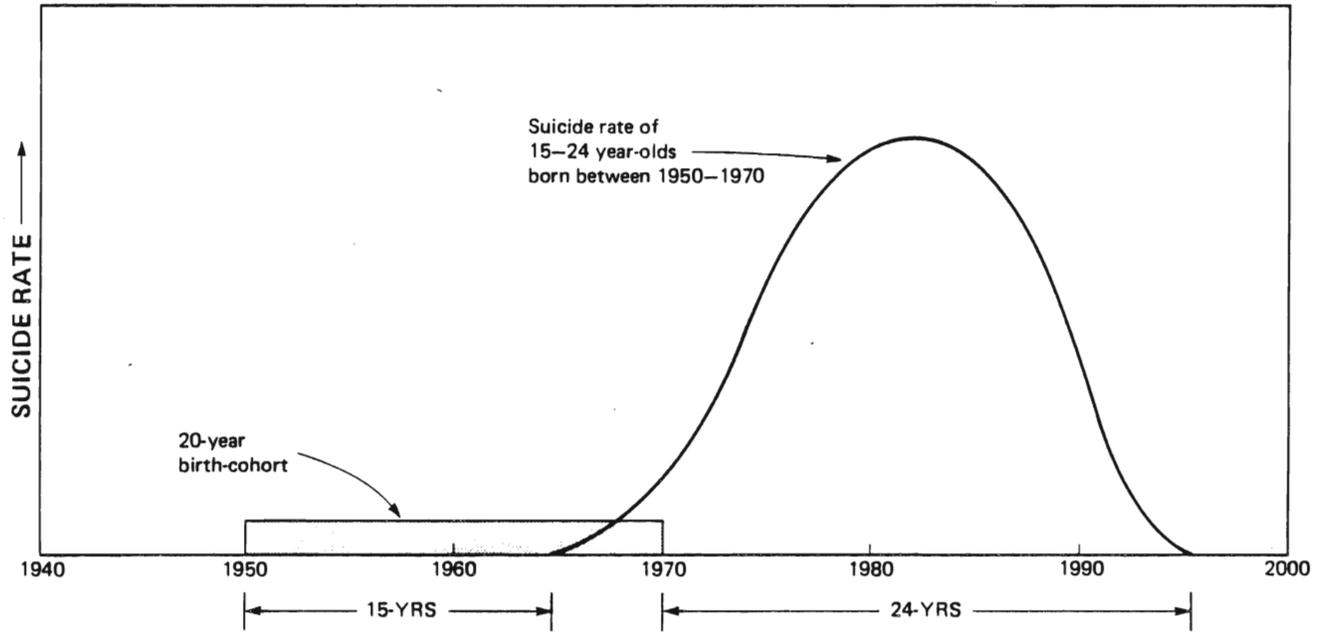## Model of Postwar Generation Suicide Trends

Figure 4

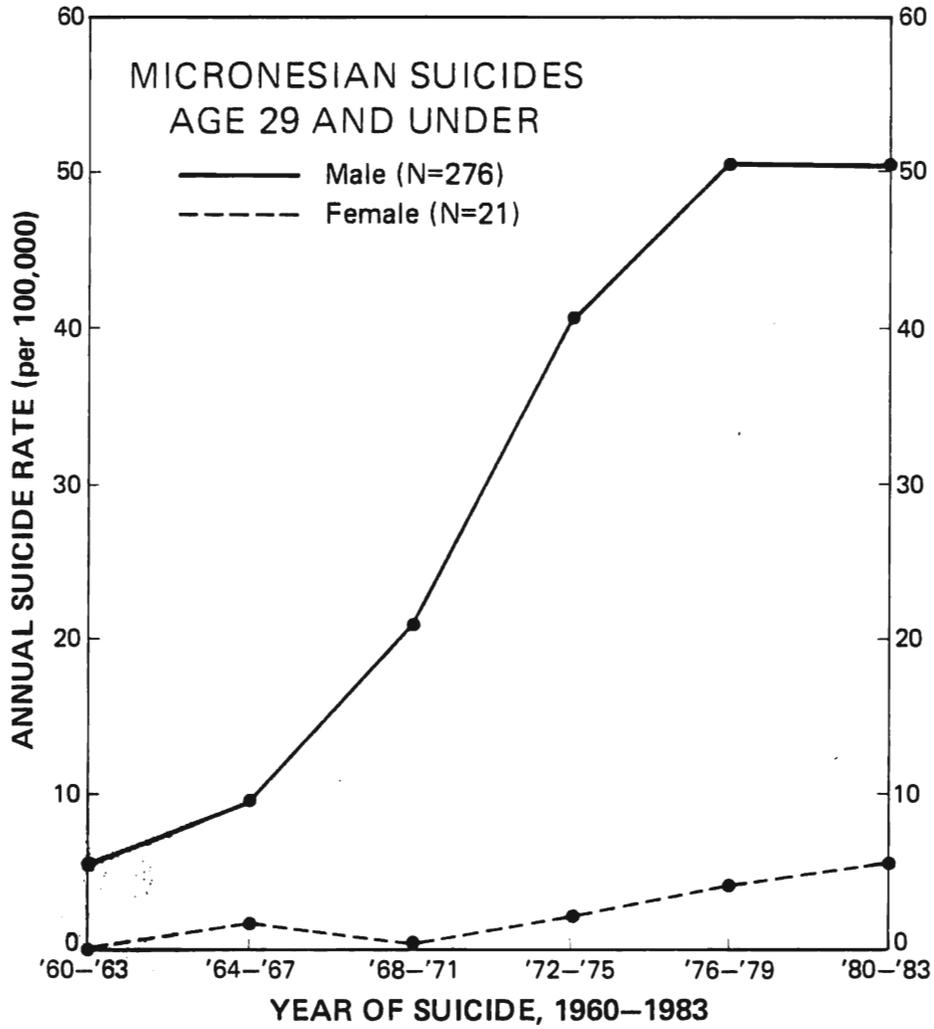Micronesian Suicide Rates Under 30 Years of Age by Sex:
1960-1983

MICRONESIAN SUICIDES AGE 29 AND UNDER

Male (N=276)
Female (N=21)

Figure 5

Male Suicide Rates for Six Different Areas: 1960-1983

MICRONESIAN SUICIDE BY ETHNIC AREA (males only)

- - - - - Yap (N=34)
— · — Palau (N=56)
——— Truk (N=137)
············ Marshall (N=8)
— — — Ponape (N=43)
——— Kosrae (N=6)

ANNUAL SUICIDE RATE (per 100,000)

YEAR OF SUICIDE, 1960-1983
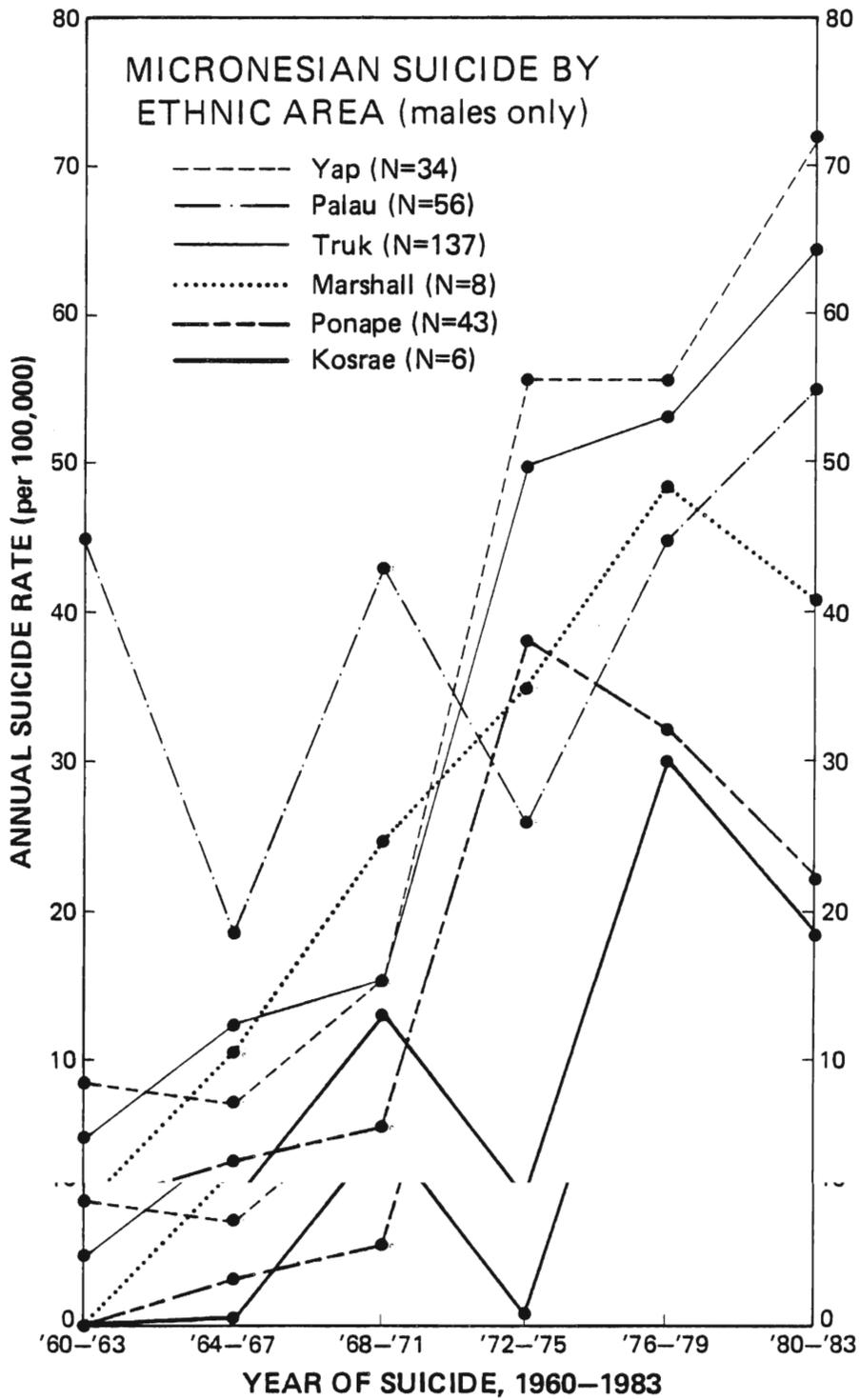
Figure 6

Male Age Specific Suicide Rates for Six Different Areas

AGE SPECIFIC SUICIDE RATES
BY ETHNIC AREA (males only)

- - - - - - Yap
- · - · - · - Palau
———— Truk
· · · · · · · · Marshall
- · - · - · Ponape
———— Kosrae
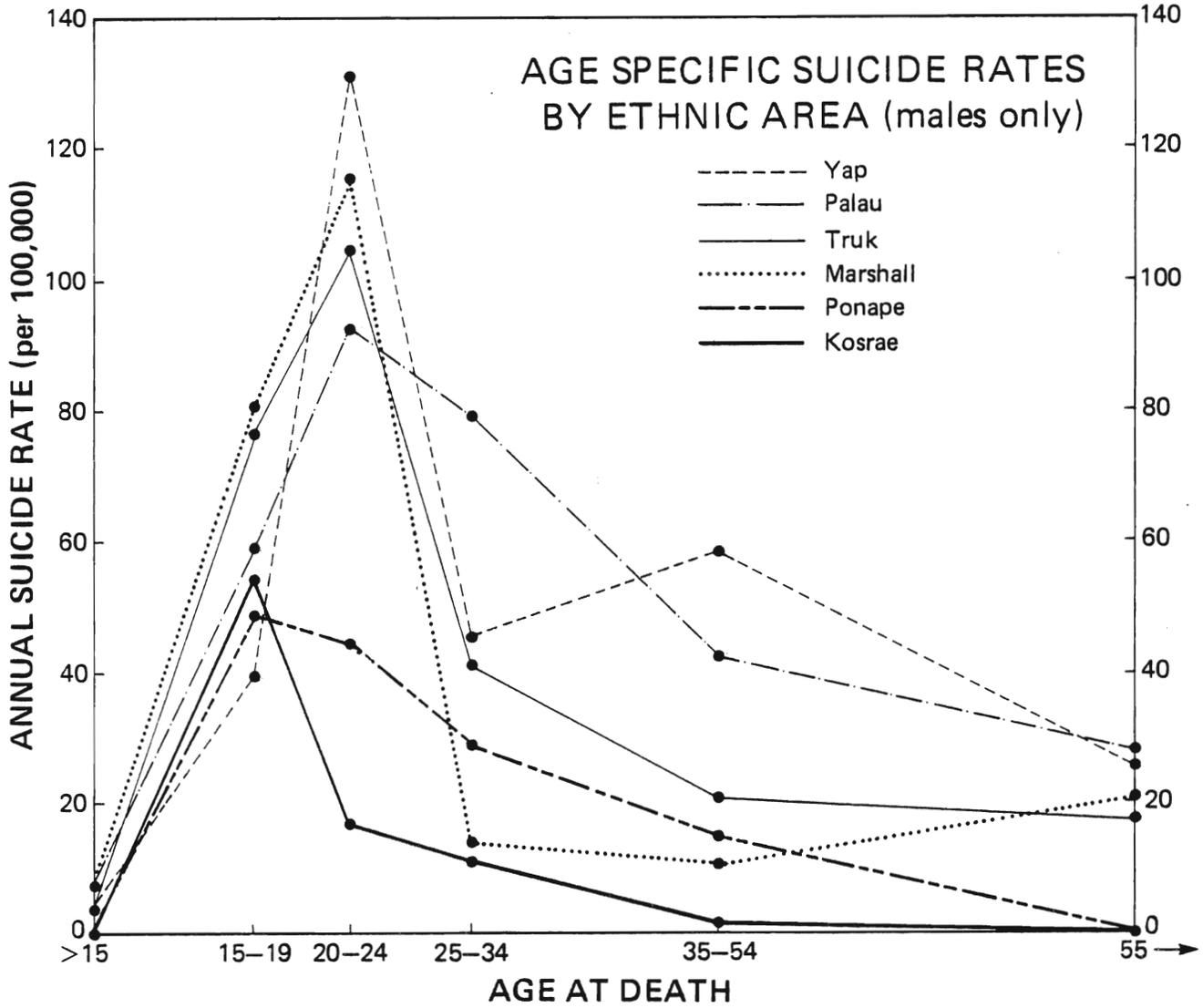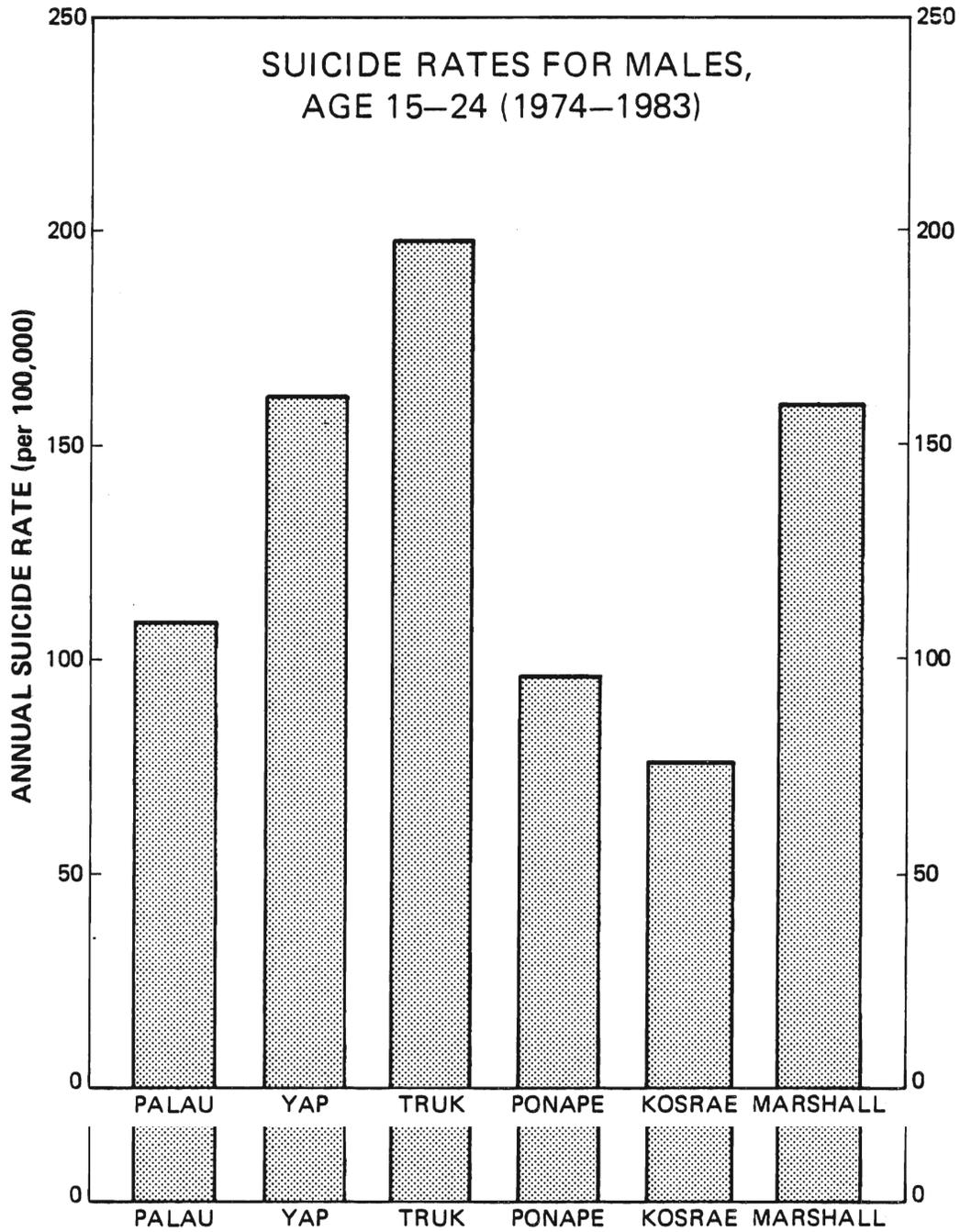
Figure 7

Suicide Rates for Males, Age 15-14:
1974-1983

SUICIDE RATES FOR MALES,
AGE 15—24 (1974—1983)

Chapter 6

TRUKESE SUICIDE

Francis X. Hezel, S.J.

Truk, an island group with a population of 40,000 and situated in the geographical center of the Trust Territory of the Pacific Islands, has been experiencing what may be called an epidemic of suicide since the early 1970s (Rubinstein 1981, 1982, 1983; Hezel, 1977).

Suicide is no new phenomenon in Trukese culture, to be sure. At the turn of the century Protestant missionaries recorded several hangings, two of them by wives of their own native teachers who were thought to be "homesick," and two others by students at the mission boarding school (ABCFM Logan, 3 & 10 Mar 1899). There were a handful of suicides reported during the Japanese administration of the islands between the world wars, and even more during the American administration that followed. During the 1960s there were 13 recorded suicides in all. All of which suggests that suicide is endemic to Truk, as it is to the rest of Micronesia.

In the last decade or so, however, the suicide rate has jumped enormously. From 1971 through 1983 there have been 129 recorded suicides in Truk, for an average of 10 a year. This yields a rate of about 30 per 100,000 — three times the world rate estimated by WHO. The Truk suicide rate has risen again between 1979 and 1982 to an average of over 15 suicides a year.

These suicides occur predominantly among young males between the ages of 15 and 30. Ninety-three percent of the victims are males. About 70 percent of the successful suicides fall within the 15-30 age bracket, with a median age of 20 for victims. The rate for Trukese males of this age group is a shocking 200 per 100,000, about ten times the suicide rate for American youths of the same age (Rubinstein 1983).

Circumstances of Death
age (Rubinstein 1983).

Circumstances of Death

The method of suicide used in the overwhelming majority of cases is hanging but there are a few cases of death by poison or drug overdose, and a growing number of suicides by firearms or explosives in recent years.

Suicide is frequently accompanied by heavy consumption of alcohol: about

half of the victims were drinking just before their death. Yet, it can be argued that the victim drinks in order to die at least as often as he dies because he drinks. Heavy alcohol consumption is often used by Trukese as a means of expressing sentiments and performing actions that they would otherwise find it difficult to do. I might add that increasingly in the last few years marijuana use occurs before the suicide.

Suicides in Truk generally are triggered by an apparently trivial disagreement or quarrel, as when a young man is scolded or refused some minor request by his parents or older sibling. One 16-year old boy hanged himself when his parents refused to buy him a new shirt for Christmas; another young man of 23 killed himself after his older sister would not give him the yeast he demanded for a drinking party; a 17-year old boy active in church groups left and hanged himself after being scolded by his older brother for singing too loudly in the house. Most often the suicide is precipitated by conflict with a parent or older relative, but in a few cases a spouse has been the cause of a suicide, as when a 60-year old man hanged himself after complaining that his wife was neglecting to care for him.

Trukese suicides are occasioned by what is seen to be a disruption in a significant interpersonal relationship, generally with a family member with some authority over the victim. They are never brought on by failure in business or school, sudden loss of a job or social position, or other blows to one's sense of achievement, as is commonly the case in Western and some Asian societies. Furthermore, there is almost none of the clinical depression that so often precedes suicide in Western countries and psychosis plays a part in no more than a handful of suicides.

Is the typical Trukese suicide an impulsive gesture with little regard for social reality, or is it a response to what might be called, at least from the victim's perspective, an unhappy and perhaps even oppressive family situation? The trivial nature of the precipitating incident — denial of money or food, or a scolding by a parent — at first sight appeared so disproportionate to the act that followed it that suicide seemed attributable to impulsivity. But The trivial nature of the precipitating incident — denial of money or food, or a scolding by a parent — at first sight appeared so disproportionate to the act that followed it that suicide seemed attributable to impulsivity. But further research revealed that behind most of those single trivial incidents that immediately preceded suicides lay a tale of longstanding family tensions and conflicts.

It appears that many of the suicide victims have, in fact, experienced

stormy relations with their family for months or even years. One young boy hanged himself after his father ordered him to do something that he did not want to do, but the father had provoked growing resentment in his son through his insults and beatings. An 18-year old girl took an overdose of Darvon after being scolded by her older sister, but she had also been hurt by the separation of her parents and the remarriage of her mother some months before. Another victim, an 18-year old boy who wrote a letter just before his death stating that he was tired of living, had been unhappy for some time at his mother's new spouse and the man's treatment of him and his brothers. In all these cases the final rebuff simply provides the occasion for the victim's angry outburst against all the misunderstandings and reproofs directed at him.

This is not to deny, however, that an element of impulsivity exists in all suicides, and that in some this element looms quite large. Impulsive suicides do happen, especially in the case of young people in their early or middle teens, but they are not as frequent as a quick survey of the case data might lead one to think.

Angry Suicides: Amwunumwun

There is a strong pattern that emerges in 74 out of 96 cases of Trukese suicides with sufficient detail to form conclusions on the reason for suicide. This pattern follows these lines: the victim, usually a young man and often intoxicated, hangs himself after he is scolded, refused a request, or otherwise rebuffed by parents or an older sibling. The motive that is almost universally attributed to the victim by family and friends, as well as by those who have survived suicide attempts themselves, is anger rather than shame or any other emotion. This pattern is so common and so recognizable by local people that it can be regarded as the folk explanation of suicide.

The anger that is expressed through the suicide is what American mental health personnel in Micronesia rightly have termed "retroflective anger" — anger turned inward by the victims upon themselves. Where they may have erred, however, was in assuming that this was a pathological mode of expression
health personnel in Micronesia rightly have termed "retroflective anger" — anger turned inward by the victims upon themselves. Where they may have erred, however, was in assuming that this was a pathological mode of expression instead of an exigency of a culture that prohibits the venting of strong negative feelings towards parents and older kin. In Truk, one does not display such feelings towards one who is superior in terms of age and social status, particularly towards one with a special claim to love and respect.

Cultural restrictions on the expression of anger are extremely important in

understanding Trukese suicide and its motives. For a young man to commit suicide because of a quarrel with a younger brother is virtually unheard of in Truk, because the young man could deal with the problem much more directly by simply thrashing his younger brother or verbally abusing him. Men would normally deal with recalcitrant wives in the same way, although there are a few exceptional cases in which the husband has reputedly killed himself following an argument with a wife. A common enough cause of suicide is the refusal of the victim's parents to approve his choice of a marriage partner; but this is motivated by anger at his parents rather than the thought of a life apart from the young lady in question. A young man would never entertain the thought of suicide if his marriage plans were frustrated by the girl's family; he would adopt less introverted means of displaying his displeasure.

In the eyes of Trukese, there are very few "significant others" whose rejection, real or imagined, would prompt a person to commit suicide. For the young man they would include classificatory older brothers and parents in his direct line or perhaps once removed. Other distant members of the family normally could not precipitate a suicide by scolding or rebuking him. This is all the more true of those not related by blood or affinal ties, even though they hold a high status in the community. Hence, the school teacher, pastor, village chief, or mayor could not impel a young man to suicide no matter how severely they chastised him.

When a Trukese is hurt and angered by someone he loves and respects, he commonly uses a strategy that is called amwunumwun. The refusal of a boy to eat when his parents have offended him is an example of amwunumwun; another is the openly promiscuous conduct of a girl who, in anger at her parents' conduct, "goes to the beach" to signal her feelings. A young man who wishes to protest some demand of his father — such as, in one actual case, his request to enjoy sexual relations with his son's wife — may stab himself in the arm or inflict other injury upon himself.

Amwunumwun, therefore, is a strategy of withdrawal or self-abasement used to show to those one must both love and obey that one is hurt by them. The act
other injury upon himself.

Amwunumwun, therefore, is a strategy of withdrawal or self-abasement used to show to those one must both love and obey that one is hurt by them. The act of amwunumwun is intended not principally to inflict revenge — although it would be naive to maintain that there is nothing of this in the act — but to dramatize one's anger, frustration and sorrow in the hope that the present unhappy situation will soon be remedied. If the one who employs amwunumwun is trying to shame the one who has offended him it is always with the intention of

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showing the offending party the sad state into which their relationship has fallen so that he will take steps to restore it to what it once was or should have been.

Suicide, in the overwhelming majority of Trukese cases, must be understood as a kind of amwunumwun. Indeed, it is the extreme form of amwunumwun since it means inflicting the ultimate harm upon oneself in order to compel the parents or others to recognize the damage they have done and to repair it. This type of suicide can be, paradoxically, a gesture of both despair and hope at one and the same time. To the extent that the suicide represents a considered judgment rather than simply an impulsive act, it is a sign of despair at the possibility of retrieving a central relationship here and now. On the other hand, the suicide also exhibits some optimism that the relationship, even if doomed as long as the victim lives, might be salvaged on the other side of the grave. We might note in passing that this strategy does not imply a belief in the after-life (although virtually all Trukese are at least nominally Christian); it merely rests upon the survival of one's memory among the living. The victim's life may have been a constant struggle with his family while he was with them, but his removal from the family through death will change everything and guarantee that he is restored to his former rightful place in their eyes. Far from being a vindictive act in which the victim takes his last revenge, suicide presupposes a continuing regard for the family and an acknowledgement of the preciousness of family bonds.

Young suicide victims, often manifest what might appear to be a surprising concern for their place in the family after their death. One young man, a few hours before he went out to hang himself, made an imprint of his foot in wet cement and wrote his name above the footprint with the remark, "They will remember me by this always." Another young man, without any trace of facetiousness, told his grandmother before his suicide to remember him the next day as the family ate sardines at the funeral feast. Two boys, on different occasions and for different reasons, hanged themselves in such a way as to pay tribute to their respective bond brothers, each of whom was himself a victim of day as the family ate sardines at the funeral feast. Two boys, on different occasions and for different reasons, hanged themselves in such a way as to pay tribute to their respective bond brothers, each of whom was himself a victim of suicide. Each of the two was virtually assured of winning a permanent place in the affection of his adoptive family by advertising his love for the dead son and by timing this display for maximum effect.

While focusing on the positive elements of suicidal amwunumwun, we should not forget that this is essentially an act of anger. Although it may imply

devotion and love in the best traditional sense, it is also an act of self-destruction. As such, it should be the last desperate recourse in the repertoire of the young man who is hurt by his family. Yet, other milder forms of amwunumwun seem to be increasingly ignored by today's youth in favor of immediate recourse to suicide.

Shame Suicides: Reverse "Amwunumwun"

A secondary pattern of suicide, that appears in 15 of the 96 cases, represents the obverse side of the amwunumwun type. Here again the etiology can be traced to the perception, whether well founded or not, that a critical relationship is threatened. In this pattern however the victim does not see himself as the offended party, as in the amwunumwun form of suicide, but as the offender. His suicide, which is motivated principally by fear or shame rather than anger, is a response to the realization that he has done something that will have driven a wedge between himself and his family. The victim's strategy, in keeping with the common tendency throughout Micronesia and Polynesia, is to withdraw from a conflict-laden situation. This means of resolution is especially favored when the conflict occurs between members of the same family.

A striking example of this pattern occurred some years ago when a young man in his mid-20s shot himself in the presence of his older brother because he suspected that a crime he had committed some months before had been discovered by his older brother. Another young man, who beat up his wife and mother-in-law when they embarrassed him by telling him in public that they did not have enough money for their movie tickets, hanged himself soon afterwards in shame at what he had done. Another young man, this one in his late teens, was so ashamed of the foul language he had shouted out on the road the night before while he was drunk that he instructed his mother to apologize to anyone he may have offended and hanged himself.

Perhaps the clearest illustrations, however, are those that involve unacceptable sexual conduct. There are four persons, all of them in their late

Perhaps the clearest illustrations, however, are those that involve unacceptable sexual conduct. There are four persons, all of them in their late teens or early twenties, who hanged themselves shortly after their incestuous love affairs came to light. Each of them was involved in a sexual relationship with a first cousin, and each was presumably ashamed at the public disgrace for them and their families that would follow the disclosure of their relationship. Some years ago, a married woman who had fallen in love and run off with her

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daughter's fiance committed suicide rather than face the shame of confronting the daughter that she had injured. In a more recent case that followed the same lines a young man who had been having sexual relations with his older brother's wife killed himself as soon as he had reason to suspect that his brother knew about the affair.

To attribute these suicides to a sense of personal shame is far too broad an explanation. What is at issue here is not the disapproval that the victims can expect from the community for their wrongdoing, but the effect of this disapproval on their family. The young man who is known to have been having a sexual relationship with a woman classified as his "sister" has to contend with the damage that he has done to his family's reputation in the eyes of the community, apart from the friction within family circles that his liaison might have touched off. But beyond this, he has reason to fear that he will not be trusted again by the family and that his relationship with one or several of his close relatives will be seriously harmed by the episode.

Under these circumstances, the offender might well choose to remove himself from the scene of the disgrace as a means of repairing to some extent the damage he has done to his family. This is a common theme in the interpretations that Trukese place on such suicides as these. The victim probably sees his suicide less as an atonement for his sins than as a way of ridding the family of a presence that, in his judgment, would be a constant irritant. With his death he can hope that relations within the family would again become tranquil and that outsiders would have far less reason to continue deriding the family for his misdeed.

Psychotic Suicides

There is one last group of Trukese suicide victims — those who are mentally disturbed. In recent years there have been seven suicides by young people who have been certified as psychotic, most of them schizophrenic. Each of these victims was recognized by the community as mentally aberrant, and their suicides were attributed to their mental condition. Most of them had

previous suicide attempts, some of them several. Their problems were, in most cases, compounded by paranoia, which interfered with family relationships and put increasing strain on everyone in the family.

Clustering and Contagion

These patterns of suicide, pronounced as they are, can provide us with a better understanding of the cultural context in which Trukese suicide occurs and the social meanings that it bears. Still, we must be wary of investing suicide with an overly rational explanation, and positing too conscious a link between means and end. There will always remain an irrational, even an anti-rational, element in all suicide, whatever the culture in which it occurs. Any attempt to explore the etiology of Trukese suicide, therefore, must take into account modeling: the influence of suicides on the decision of subsequent victims.

Clustering, both geographical and chronological, is a significant feature of Trukese suicide and suggests a "contagion" effect. In the ten-month period between April 1982 and February 1983, for example, there were six suicides on Fefan, an island that until recently has had a surprisingly low rate of suicide. Yet these six suicides represent almost half of the total for Truk during this period. The clustering was especially tight in the case of a single village on Toloas Island in December 1975 when two suicides and one unsuccessful attempt occurred within five days. Much the same thing happened four years later when another spate of two suicides and a suicide attempt occurred in the same village within four days, with the attempter hanging himself at the grave of a friend who had taken his life the day before. On Tol a few months later a suicide was followed by the attempts of two other members of the family to kill themselves, although these attempts can be traced to a family quarrel that broke out shortly after the funeral. The frequent clustering found in Trukese suicides underlines the importance of modeling in precipitating suicide.

The conclusion that we may draw from our brief survey of the cultural context of suicide in Truk is that suicide is strongly related to the threat, whether real or merely perceived, of rejection by the family. Furthermore, there is strong evidence that the same holds true for Ponape, Kosrae, the atolls of the west-central Carolines, the Marshalls and the Gilberts. Hence, there is strong evidence that the same holds true for Ponape, Kosrae, the atolls of the west-central Carolines, the Marshalls and the Gilberts. Hence, what we have described appears to be, in fact, a "nuclear Micronesian" pattern of suicide.

Having considered the cultural significance of the suicide act and the social context in which it occurs we may go on to examine Trukese suicides briefly from three other perspectives:

1) social environment, especially among the young with emphasis on those factors that might incline them toward suicide;

2) personal profile of victims, including both life history and personality traits;

3) familial relationships, as they have changed in recent years.

Social Environment

Beyond the cultural factors already discussed, there are several features in the social environment that may have the effect of facilitating suicide.

First, there is a sense of resignation about death that proceeds in part from the fatalism that is so deeply embedded in the mindset of Trukese. On top of this, there is the cultivated indifference to death and personal danger that young men particularly are expected to show as an indication of bravery. To be a real Trukese youth is to accept high-risk situations and even to search them out, thereby showing that one does not shrink from a brush with death. This is manifest in drinking behavior and fighting as well as in suicide.

Second, there is a strong cultural emphasis among Trukese youth of advertising their sufferings. The woes and sorrows of young people are scrawled on their shirts and on public walls for all to see. To suffer, for young Trukese, is a proud part of life.

Third, suicide is legitimated as an option for Trukese since so many others have already taken this course. There is something acceptable about suicide, if only because it is a road well traveled. Suicide has become a favorite theme in conversation and local love songs; it represents an option that is a very real one for Trukese youth today.

Fourth, suicide furnishes a form of recognition for the young, one of the very few that exist. The mourning and grief at the funeral perhaps provides the young man with more attention in death than he received in life. The comment of one Trukese boy as he watched women crying for a suicide victim and friend of his was: "How nice it would be to have all those people crying and making a fuss over me. Maybe I should hang myself."

Personal Profile

The personal profile of Trukese suicide victims is of a young man who is traditional in many respects. Certainly he is not among the most acculturated young men of his society. The victim is typically from an outlying area rather

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than the district center, although not from one of the outer islands. He certainly has no more by way of educational and occupational achievements than the average Trukese, and possibly somewhat less. Sixty percent of Trukese suicide victims never had more than an elementary education, and two-thirds had no full-time occupation.

The average victim is a young man whose attainments have been modest by western standards. He is often enough a dutiful son, but without high interest or involvement in church and community affairs. About 75% of the Trukese victims are unmarried. We might describe the average victim as a person whose arenas of competence outside of the family are rather few. He is not a successful business entrepreneur, a well-placed government official, or a standout student. His is the profile of a person who may generally lack the kind of satisfactions that might afford support and act as a buffer when he runs into family difficulties. By the same token, since he is without these other satisfactions, he may invest even more of himself in his relationship with his family. Thus interpersonal problems with his family find him all the more vulnerable (Hezel 1981).

Although there is no single personality type that can be called suicidal, two personality configurations show up with some frequency in the data. The first is what may be called the "spoiled kid" syndrome. This young man has a privileged position in his family. He is often either the eldest or youngest, has been treated with special favor by his parents, and is used to having things very much his way. When this kind of person is snubbed by his family or denied a request, the rebuff is especially hard for him to accept. The second is the "quiet kid" syndrome, in which the young man is withdrawn and uncommunicative. This kind of person tends to be highly controlled and ordinarily keeps a tight check on his emotions. Nonetheless, when he is sufficiently provoked, he can explode in sudden violent rage. Both syndromes are well represented among suicide victims in Truk.

Familial Relationships

While we have tried to situate Trukese suicide in its socio-cultural setting, perhaps the most critical question remains unanswered. Why the enormous increase in suicides in recent years? The blame is usually put on rapid modernization and the social change that it brings, but this reply is so vague as to be practically useless. Furthermore, as both Don Rubinstein and I

have noted, there is no simple one-to-one correlation between exposure to cultural change and the risk of suicide. Surely the term "cultural change" must be unpacked and more specificity must be sought.

Some locate the problem in the increase in pathogenic personality types brought on by social change. H.B.M Murphy, the noted authority on transcultural psychology, argues that the suicides are the product of a narcissistic personality, a pathological type that has proliferated in the islands because of detrimental child-rearing techniques among some women (Murphy 1982:167-8, and personal communication). Others ascribe the increase in suicide to changes in the reward and role system in the community. Rubinstein and I look elsewhere to explain the suicide epidemic, however. We look to the changing values, roles and structures of the Trukese family itself.

Certain value changes, and a concomitant change of expectations on the part of both youth and their parents, has undoubtedly added to the tensions between them. Adults today often expect their sons to be wage-earners and to support them by a share of their salary as well as by participating in traditional food-preparation chores. The judgment of adults on the personal success of their sons is increasingly influenced by these new expectations, however unrealistic young Trukese may judge such expectations.

On the other hand, Trukese youth have new and higher expectations of their own. They have come to expect of their parents a show of affection and love that is modeled after western expectations even if it is manifested by quite different forms. Trukese youth set great stock in receiving gifts of food, money and clothing from their parents as assurance of this love and support. Moreover, Trukese young people today have to come to feel that they have certain "rights" — a right to leisure, a right to choose their own spouse, a right to come and go as they wish. In the eyes of many youth, parents' denial of these rights is a sign of callous disregard for their happiness.

The difference in values between old and young simply multiplies the occasions of clashes within the family, just as it impedes attempts to resolve these clashes.

Changes in the role of the young Trukese male have also left him more vulnerable than formerly. The increased family size has lightened his responsibilities in the area of traditional food preparation since there are more brothers to share in the task. The growing dependence on store-bought goods only tends to reduce these responsibilities still further. As the young

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man sees his own contribution to the welfare of his family becoming more and more limited, he will tend to regard himself as useless.

Finally, the structure of the family has changed in ways that increase tensions between parents and children and between older and younger siblings. Relationships such as these, which were always seen as fraught with dangers, were carefully controlled in the past. Traditional family structures, utilizing different avoidance mechanisms, permitted what we might call a "comfortable distance" between parents and children as well as between siblings. Much of the responsibility for socializing young males after adolescence fell to lineage mates in a clubhouse-type process. Authority over the young man was diffused to his maternal uncle and others.

Recent changes have had the cumulative effect of narrowing kinship control. The influence of the maternal uncles has decreased as the parents themselves assume more direct authority over their children. The informal lineage-managed education system has disappeared years ago. All of this has led to the reduction of the comfortable distance between father and son and the increased face-to-face contact between them, with greater opportunities than ever for the sort of misunderstanding and antagonism that precipitates suicide.

In summary, then, recent cultural change has made family relationships more problematic in the following ways. Value shifts, as they have changed perceptions, have made communication within the family more difficult and open to misunderstanding. At the same time, altered family structures have made this communication more frequent. Meanwhile, because of role changes, the young man's importance in and to the family has become more problematic.

Summary

Suicide, embedded as it is in Trukese culture, will no doubt remain as endemic to Truk as cholera. Yet the epidemic proportions of suicide in recent years are one measure, among others, of the upheaval that has been visited on the islands by rapid social change in recent years. Suicide stands, at least in my mind, as the single greatest social problem in Truk. There may be little we can do to change the cultural elements that invest suicide with its meaning, but we can work to reduce its frequency in Truk.

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Chapter 7

SUICIDE IN PALAU

Anthony H. Polloi

Palau, a group of islands in the Caroline archipelago, is the westernmost part of the Micronesian Islands. Formerly, Palau was a district of the Trust Territory of the Pacific Islands (TTPI), which was created by the United Nations and entrusted to the United States in an agreement signed in San Francisco in 1947. After adopting its Constitution in 1979, Palau District became the Republic of Palau. The TTPI official census estimated Palau's population at 15,870 in 1982. (The Palau Office of Planning and Statistics enumerated a population of 12,129 in 1982.) Ethnically, Palauans act and behave much like their neighboring Malayans, Melanesians, and Polynesians. Having visited some of the places and some of the people from the areas, the author finds a lot of similarities to Palau. For example, we send our young men to the abai (men's house) for initiation. It is from the men's house experience that young men learn our practices of fishing, fighting and sex.

Although reports of a few rare suicides appear in 19th century accounts of Palau (Kubary 1888), today Palauans generally believe that there was no suicide traditionally in Palau. The Palauan language has no single term meaning "suicide." Currently, suicide is almost synonymous with hanging, and is thought to be a learned behavior. The "first suicide" in Palau is widely believed to be a man named Walter Gibbons, who was a half-Palauan, half-English educated male. He was about 25 years old when he hanged himself in the hills just above Melekeok village on Babeldaob. He hanged himself with a rope made from a piece of cloth, a portion of which he tied around his head to cover his eyes.

Because Gibbons hanged himself away from the village, it took some time for the people to find him. The reason given for his suicide was that his parents prohibited him from marrying a woman whom he loved. He married the woman, anyway, but she committed adultery and he lost face. The woman was Ngedikes, from Wuds, a high-ranking clan in northern Palau. This hanging became big news in Palau at the time. Most older people who were in Palau at that time remember the details.

Sometime afterwards there was a second case of hanging by a Palauan male named Odasi, about 14 years old, also from Melekeok village. He was scolded and whipped by his uncle. My informant, an 88 year-old woman, lived in the same village. She said, "After these two, hangings were not that exciting news anymore, and besides, most of the acts were committed by the Japanese nationals."

Because of the work on suicide in Micronesia by Hezel, Rubinstein and others, we in Palau joined in the effort and began to look into suicide in Palau. We were able to record 63 Palauan suicides, of which we were able to study 39, or 60 percent of them. Our informants were parents, siblings, cousins, spouses, and other relatives. We tried to cross-check our results with anyone who was present in the locality and was old enough to remember what occurred at the time.

Table 1 shows the reported cases of suicide in Palau during the various foreign administrations and the estimated annual rate per 100,000. Table 2 shows the number of cases from 1914 to 1984 that were available for study. The increase in suicide rate is evident. Table 3 shows numbers of reported suicides and suicide rates from 1980 to 1984. Table 4 shows tabulated results of 39 suicide cases available for study. (These 39 cases studied were a non-random sample of the urban-dwelling cases.)

The findings show that all but one suicide were by males. Most of the suicides occurred in the District Center (Koror), where half of the population resides. Most of the victims were Roman Catholic, a group that comprises 50% of the population (personal communication, Rev. Smith, Jesuit Superior of the Palau Catholic Mission). The majority (75%) were single, divorced or separated. Frequently they were the eldest son in the family, and came from crowded homes or families with a household density greater than six, the average size of Palauan families. Many of them had dropped out of school. Many of them had lived at home with parents or spouse, and had not traveled outside of Palau. The parents of the suicide victims were mostly Japanese-educated who grew up during the Japanese period, and whose children grew up during the American period. Family income did not seem to be a factor. Suicidal ideation and previous suicidal gestures were present among some of the victims and many of them had left some sort of note or memento. Most hanged themselves inside or nearby their home, suggesting an intent that others should find them. The typical method of suicide was hanging by rope.

Our study did not examine the contents of the notes or the mementos, or consider the frame of mind of the victims, if anyone knew. We asked only one question regarding motive for committing suicide. Many of the informants were unsure of their information and could not answer some questions. Our findings, although somewhat incomplete, will be a useful guide for further research. The author feels that we can understand more about suicide in Palau if we focus on how Palauans react to different forms of stress i.e., political, economic, social and inter-personal.

Future studies should also focus on the frame of mind of the suicidal person and attempt to reconstruct the frame of mind of the successful suicide, from the notes, mementos and last communications. The author suggests this because the present study revealed that some Palauan words are commonly used in describing feelings attributed to suicidal persons. These words, I think, describe culturally recognized defense mechanisms Palauans use when stressed. These terms are listed below (definitions from McManus 1977).

<div style="margin-left:2em;">

Bid from Omid:
: twist (hair or cord); manipulate (person); twiddle something out of a person; bother (oneself) about something. Synonymous with Mengemekl.

Cher from Chemer:
: being hurt and giving up; demanding attention, the best, or being first, but when ignored or refused one would withdraw from group, etc. Not joining because one was not invited or included in the invitation. Palauans think that a person who often operates this way is an insecure one.

Blisekl from Omisekl:
: to do something but grudgingly. To continue doing an act or something beyond necessity. Cher and Omid usually precede the feeling or frame of mind of Blisekl.

Kurt:
: (n. obl. poss.) action of hurting someone's feeling; disdain; despair. This is from the word Mengurt.

Osiich Reng:
: (from Olsiich Reng meaning darken, boil until it is in molasses form; to tighten a screw. Confirmed planned action. Having satisfaction because someone understands or feels exactly as expected.

Mengemekl:
: When Blisekl is prolonged and intense, it is termed as Mengemekl. Mengemekl is to wedge in or to pry something between a tight spot.

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This study of suicide in Palau suggests that some Palauans are

experiencing considerable stress, despite their relative affluence and the seemingly peaceful times and environment. The bonds that bind individuals, groups, and villages are being stressed beyond their tensility. Individuals, families, clans and villages are losing their reference points or roots, and thus are acting erratically. Talking with some of the people with suicidal ideation or who have made suicidal gestures, one can feel in these persons a sense of bondlessness or rootlessness and uselessness. They become very lonely. They find no meaning in their existence. They find no solace in the availability of materials, money and affluence around them. A slight problem may trigger their defense mechanisms and create a frame of mind or situation that can lead to suicide.

Could this be the same reason we are, as a group, committing some form of social and political suicide? When does a Palauan feel secure, stable, comfortable, and happy? How does he try to maintain such equilibrium? These are some of the important questions we will have to address. The Office of Mental Health Service in Palau will continue to study these questions, and we would welcome others who wish to come join us in this endeavor.

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Table 1

Reported Suicides and Suicide Rates
During German, Japanese and American Times

PERIOD	No. of Cases	Annual rate per 100,000 population	Average Estimated Population
German Time 1885-1914 (29 years)	0	0	-
Japanese Time 1914-1944 (30 years)	2	1.1	6,000
American Time 1944-1984 (40 years)	61	13	11,600
TOTAL (1885-1984) (99 years)	63		

Source: Administrative Service, Republic of Palau, 1984

Table 2

Cases Made Available for Study
1914-1984

P E R I O D	Cases Available for Study
German Times 1885-1914 (29 years)	0
Japanese Times 1914-1944 (30 years)	2
American Times 1944-1980 (36 years)	23
Republic of Palau 1981-1984* (4 years)	14
TOTAL	39
Source: Alcohol & Drug Abuse Service, Palau	

*1984 figure is only for first 9 months

Table 3

Reported Cases of Suicide and Suicide Rates
for Period 1980 - 1984

Year	No. of Cases	Rate per 100,000 pop.	Republic of Palau Population[1]
1980[2]	4	33	12,116
1981	2	16	12,122
1982	4	33	12,129
1983	4	33	12,139
1984[3]	3	25	12,144

Sources: [1]Office of Planing and Statistics, Republic of Palau
[2]1980 Census
[3]First 9 months only

**Average Annual Rate per 100,000 = 28.

Table 4

Suicide Survey in the Republic of Palau (N = 39)

1.	Cases of Suicide That Were Available for Study	%
	a. German Time 1800 – 1912 (0)	0.0
	b. Japanese Time 1912 – 1945 (1)	2.5
	c. American Time 1945 – 1980 (24)	61.0
	d. Republic of Palau 1981 – 1984 (14)	36.0
2.	Sex:	%
	a. Female (1)	2.5
	b. Male (38)	97.0
3.	Residence:	%
	a. Center, Koror (25)	64.0
	b. Outside Koror (14)	36.0
4.	Domicile:	%
	a. With parents (7)	18.0
	b. Grandparents (1)	2.5
	c. Aunty's (3)	8.0
	d. Jail (3)	8.0
	e. Girl friends (2)	5.0
	f. Father (1)	2.5
	g. Relatives (2)	5.0
	h. Home with spouse (10)	26.0
	i. Brothers (2)	2.5
	j. Mothers (1)	2.5
	k. Sisters (3)	8.0
	l. School dorm (1)	2.5
	m. Nephews (1)	2.5
	n. Outside Koror, Honolulu & Saipan (2)	5.0
5.	Number of Siblings:	%
	a. Only child (2)	5.0
	b. Two (1)	2.5
	c. Three (5)	13.0
	d. Four (2)	5.0
	e. Five (3)	8.0
	f. Six (2)	5.0
	g. Seven (3)	8.0
	h. Eight (6)	15.0
	i. Nine (5)	13.0
	j. Ten or more (7)	18.0
	k. Ten (3)	8.0

6.	Number of People in the Home	%
	a. Alone (1)	2.5
	b. Less than five (10)	26.0
	c. More than five (23)	59.0
	d. Not known (5)	13.0

7.	Birth Rank	%
	a. Only child (2)	5.0
	b. No. 1 (8)	20.0
	c. No. 2 (7)	18.0
	d. No. 3 (4)	10.0
	e. No. 4 (2)	5.0
	f. No. 5 (3)	8.0
	g. No. 6 or more (1)	2.5
	h. Youngest (5)	13.0
	i. Missing (7)	18.0

8.	Adopted:	%
	a. Yes (11)	28.0
	b. No (28)	72.0

9.	Parental Level of Education:	%
	a. None (3)	8.0
	b. Elementary (4)	10.0
	c. Japanese Elementary School (28)	72.0
	d. German (4)	10.0

10.	Religion:	%
	a. Modekngei (4)	10.0
	b. Seventh-day Adventist (2)	5.0
	c. Protestant (8)	21.0
	d. Roman Catholic (20)	51.0
	e. Others (5)	13.0

11.	Education:	%
	a. Attended Elementary (8)	20.0
	b. Attended High School (16)	41.0
	c. Attended College (5)	13.0
	d. Graduated Japanese Schooling (7)	18.0
	e. Did not attend school (3)	8.0

12.	School Leaver Status:	%
	a. Drop-out (18)	46.0
	b. Completed school (18)	46.0
	c. Never attended school (3)	8.0

13.	Marital Status:	%
	a. Married (6)	15.0
	b. Divorced (4)	10.0
	c. Separated (2)	5.0
	d. Single (23)	59.0
	e. Living together (4)	10.0
14.	Marital Problems:	%
	a. Adjustment (14)	36.0
	b. Financial (3)	8.0
	c. Social (0)	0.0
	d. Love (0)	0.0
	e. No problems (22)	56.0
15.	Occupation:	%
	a. Government (7)	18.0
	b. Sawmill (1)	2.5
	c. Carvers (2)	5.0
	d. Businessmen (1)	2.5
	e. Sales boy (1)	2.5
	f. Band players (1)	2.5
	g. Sailors (3)	8.0
	h. Unemployed (15)	38.0
	i. Carpenters (4)	10.0
	j. Fishermen (3)	8.0
	k. Copra maker (1)	2.5
16.	Travel:	%
	a. Palau only (22)	56.0
	b. Guam (5)	13.0
	c. Saipan (2)	5.0
	d. FSM (7)	18.0
	e. Hawaii (1)	2.5
	f. Mainland USA (1)	2.5
	g. Others (0)	0.0
17.	Criminal Record:	%
	a. Offense (5)	13.0
	b. Custody (6)	15.0
	c. Charged (3)	8.0
	d. Sentenced (2)	5.0
	e. Discharged/paroled (0)	0.0
	f. No criminal record (23)	59.0

18.	Medical Condition:		%	
	a. Any known medical condition (21)		54.0	
	1. Mentally ill (8)	21.0		
	2. Epigastric problem (2)	5.0		
	3. Asthma with arthritis (1)	2.5		
	4. Pulmonary tuberculosis (1)	2.5		
	5. Weakness of leg (1)	2.5		
	6. High B/P and obese (1)	2.5		
	7. Epilepsy (1)	2.5		
	8. Neck & back aches (2)	5.0		
	9. Asthma (2)	5.0		
	10. Leprosy (1)	2.5		
	11. Amputee (1)	2.5		
	b. None (16)		41.0	
	c. Not known (2)		5.0	

19.	History of Suicide in Family:	%	
	a. Yes (10)	26.0	
	b. No (29)	74.0	

20.	Previous Suicide by Friend:	%	
	a. Yes (3)	8.0	
	b. No (36)	92.0	

21.	Changes in Behavior before Suicide:	%	
	a. Eating (2)	5.0	
	b. Sleeping (6)	15.0	
	c. A & B (7)	18.0	
	d. Others (6 mos.) (7)	18.0	
	e. Not known (16)	41.0	

22.	Frequency of Suicidal Ideation:	%	
	a. Once (3)	8.0	
	b. Twice (2)	5.0	
	c. More than 2 times (7)	18.0	
	d. Never (27)	69.0	

23.	Frequency of Gestures:	%	
	a. Once (4)	10.0	
	b. Twice (2)	5.0	
	c. More than 3 times (4)	10.0	
	d. Never tried (29)	75.0	

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24.	Reasons:	%
	a. None given (22)	56.0
	b. Anger (2)	2.5
	c. Depressed (1)	2.5
	d. Mentally ill (5)	13.0
	e. Frustration (1)	2.5
	f. Financial (2)	5.0
	g. Family problem (2)	5.0
	h. Under the influence of ETO/Drug (4)	10.0
25.	Event Leading to the Act:	%
	a. Due to illness (2)	5.0
	b. Mentally ill (4)	10.0
	c. Love Affair (0)	0.0
	d. Anger (6)	15.0
	e. Not known (10)	26.0
26.	Drinking at the Time of Act:	%
	a. Yes (14)	36.0
	b. No (20)	51.0
	c. Not known (5)	13.0
27.	Method Used:	%
	a. Hanging (33)	85.0
	b. Drowning (1)	2.5
	c. Stabbing (2)	5.0
	d. Dynamiting self (1)	2.5
	e. Shooting self (2)	5.0
	f. Not found (0)	0.0
28.	How Far Away from People in General and Family in Particular:	%
	a. In the house (17)	44.0
	b. Near the house (14)	36.0
	c. Far Away (8)	20.0
29.	Act Discovered by Whom:	%
	a. In-laws (6)	15.0
	b. Children (1)	2.5
	c. Friends (4)	10.0
	d. Parents (1)	2.5
	e. Search Team (7)	18.0
	f. Not found (1)	2.5
	g. Others (19)	49.0

30.	Mementos:	%
	a. Notes (2)	5.0
	b. Letter (5)	13.0
	c. Messages (7)	18.0
	d. Not known (20)	51.0

31.	Reaction from Family to the Act:	%
	a. Shocked (20)	51.0
	b. Sad (4)	10.0
	c. Unexpected (11)	28.0
	d. Carefree (0)	0.0
	e. Scared (1)	2.5
	f. Expected (3)	8.0

32.	Reaction by Friends:	%
	a. Unexpected (19)	49.0
	b. Sad (5)	13.0
	c. Scared (0)	0.0
	d. Shocked (10)	26.0
	e. No feelings (5)	13.0

33.	Informant:	%
	a. Mother (8)	20.0
	b. Father (3)	8.0
	c. Sister (14)	36.0
	d. Brother (5)	13.0
	e. Daughter (3)	8.0
	f. Aunt (2)	5.0
	g. Nephew (1)	2.5
	h. Cousins (2)	5.0
	i. Wife (2)	5.0
	j. None (0)	0.0

Chapter 8

SUICIDE IN CONTEMPORARY PAPUA NEW GUINEA:
AN ATTEMPT AT AN OVERVIEW

K. J. Pataki-Schweizer

There is a stark quality in any assessment of death by suicide, and few of
life's passages convey such immediacy and termination. One is caught within
the antinomy of a panhuman, collective possibility we all share and an
intensely focused, utterly personal act. This antinomy is not complete,
however, for a third element provides a triad: there is also an immediate
existential situation attending that act, for some set of specific
circumstances conjoin to inform the decision which leads to it. One might say
that suicide thus pays little respect to geography, yet I shall attempt to
provide some information concerning it in the independent state of Papua New
Guinea, from the perspective of a behavioral scientist and medical
anthropologist with clinical experience in mental health.

Papua New Guinea, referred to for convenience as PNG, will be familiar to
most readers, yet some brief comments may be useful. It occupies the eastern
half of a very large island, second only to Greenland, divided into PNG to the
east and the Indonesian province of Irian Jaya to the west (Pataki-Schweizer
1984; Setyonegoro, Satya and Gunadi 1978). Melanesian cultural proveniences
characterize the indigenous peoples of both parts and include some seven
hundred definable languages, roughly one-quarter of the world's total. PNG's
population was 3,200,000 in 1983, 52% male and 48% female. Originally the
northern half of PNG was a German possession, Kaiser Wilhelmsland, claimed by
Bismark Germany in the 1880s. The southern half, claimed by Britain at the
same time as British New Guinea, became Papua under Australian administration.
Independence was achieved in 1975. A sizeable portion of the country's
population, the Central Highlands, was totally unknown to the outside world
until the mid-1930s, and sizeable areas remained uncontacted as recently as the
1960s. This situation still exists in isolated pockets of the country's rugged
terrain. Thus traditional, transitional and more modern life-styles are
simultaneously present, experiencing the acceleration and stress of rapid
acculturation and social change (Pataki-Schweizer 1983a). This situation is
evident in the changing health patterns of the country, as shown in Table I.

Stressors related to traditional and modern life-styles are reflected in this table, although specific mental health problems as such are not listed. Some information is available which should, however, be used with caution. The first one thousand psychiatric referrals for PNG during the period 1959-1969 were characterized by clinical schizophrenias (34.9%) and indicated a crude referral rate of 47.2/100,000 (Burton-Bradley 1969). A World Health Organization project in 1979 monitored in-patients and out-patients in the national capital, Port Moresby, and concluded from this limited protocol that "leading conditions were schizophrenia and affective psychosis" (Moi 1979; also see Murphy 1978). A more detailed study was conducted in 1983, and provided a prevalence rate of "major mental disorders" ranging from 23.8 to 56.1 per 10,000 at ages 15-plus, for several local populations. This study also provided an incidence of psychiatric hospitalization for 1980-1981 of 5.8/10,000 for ages 15-plus. This compares with Western Samoa, is somewhat lower than Kiribati, and is higher than Vanuatu over a roughly comparable timeframe (Murphy 1983; see Table 2). It is uncertain, however, if such figures provide any coherent broader picture of mental health problems in PNG (a limitation recognized in the reports), because of isolation, traditional constraints, lack of administrative contact and followup and in particular, unreported cases. This is particularly true for suicide.

Any epidemiology is characterized by, and suffers from, the problem of scale, and while we gain by structuring general rates, we lose in terms of critical local behavioral variables. The assessment of suicide in PNG poses particular difficulty because of the absence of generalized data and the difficulty of obtaining it with respect to geographical and cultural constraints. Data for PNG is sparse and highly selective, usually health facility- group- or locale-related, and still excludes sectors of the national population.

In addition to the information provided by Poole in his chapter for this volume, some evidence is available for several societies in the Highlands which provides crude suicide rates ranging from 8.5 to 17.0 per 100,000. However, the rate for one of these Highland groups, ages 15-45, is 34/100,000 for both sexes. And the rate among females in that age cohort (61/100,000) is much higher than that for males (7/100,000), making for a male/female ratio of 1:8.9. These are high figures when compared to say, Australia with 11.1/100,000 in the 1970s or certainly the very low rate of 1.8/100,000

reported for aborigines in a remote area of northern Australia. (Smith 1981, see Table 3).

An even higher figure of 72/100,000 is given for a very traditional group in the Highlands, closer to the border with Indonesia and in a different cultural provenience than those cited above. Ten ranked "causes" of suicide cases for this group are given: bereavement, no reason, witches, quarrelled, scolded, adultery, accused as witch, frustration, misfortune, and fright (Weeks 1981). It is interesting that the first three include 'no reason,' and rank essentially equally (total: 58% of the cases). These factors are also reported elsewhere in the country in association with the act of suicide. They are hardly exhaustive, however, and the matter of causality is far more complicated, as reflected for example in the triad posited earlier.

The popular assumption that traditional populations are free of mental illness has, in conjunction with the very selective nature of available data, led to conclusions that suicide is relatively rare in these societies. Yet there is evidence, such as given here, which challenges this assumption (cf. Stanhope 1967). The assertion is also made that suicide now occurs more often in urban than rural centers. There is some evidence that this is possible, but the situation is much more complicated than a simple urban/rural dichotomy would account for. The National Capital District (Port Moresby and its immediate area) indicated an "urban" rate of 10.7/100,000 for 1982, with major regional rates from 1.7 to 2.2 and an overall rate of 2.4/100,000 for the country, derived from police daily incident reports (see Table 4; Murphy 1983). However, these aggregate rates are much lower than the preceding Highland rates given, and certainly much lower than suicide rates among the rural Bimin-Kuskusmin discussed by Poole in his chapter.

Some very recent data from Port Moresby indicate a suicide rate of 5.5/100,000, derived from coroner records, with a male/female ratio of 1:1.47 and a modal cohort of females aged 15-35 (age is difficult to determine, since much of the population is nonliterate and nonnumerate and there is no national or provincial recording of births or deaths.) In this study, there were also far more attempted suicides by females (4:1), for whom the preferred method (attempted or completed) was poisoning by chloroquin, an anti-malarial drug. The second choice was hanging which was employed equally by both sexes (Bage and Faru 1984; see Tables 4 and 5).

The higher PNG rates are cohort-specific, yet available general rates

appear to be substantial. The general impression from fieldwork is that, to some degree, suicide in these societies is recognized as a way of resolving grievous personal problems. Whether it is "socially acceptable" is a more complicated matter involving deeper cultural premises and also comparative semantics. Overall, the lack of an accurate denominator population, the nonparametric nature of the data itself, and the traditional enculturation underlying the psychodynamics of most of the national population lead one to suspend judgement on inclusive rates. Furthermore, almost nothing is available on that enigmatic and related phenomenon, attempted suicide.

Yet figures, however indicative and of whatever Durkheimian elegance, remain symbols devoid of emotion, at least for considerations of suicide. Returning to the triad suggested at the beginning, if we are to understand the act of suicide, we must consider the individual and the contextual circumstances involved. While assessments still appear to fall short of any real insight, some patterns do emerge for PNG from cases studies and ethnography. Interpersonal conflict, often between spouses, appears as a major precipitant and "shame," while often present, does not appear to be the prime or dominant factor. Indeed, this point is similar to that concerning suicide in Truk, raised by Hezel (1981), who observes that shame is not singled out as their explanation for suicide. I do not know if "anger" is a perceived or attributed cause in PNG, although one does hear the observation in Tok-Pisin that em i kros long em, "he/she was angry at her/him." Rather, another possibility is that a severe and instrumental ego-dissociation is involved, which would have particular impact on adolescents and younger adults (Beckett, personal communication, 1975).

Referring to the triad again, one might add another element, that of the "observer." These are often spouses, lovers or relatives who are left to deal with the aftermath of suicide, and they are the most immediate sources of information. This addition would produce a tetrad or pyramid, a reasonable configuration for those domains in the suicide nexus. Matters are compounded greatly if there is a cross-cultural condition involved, such as the non-indigenous mental health worker dealing with an indigenous suicide. Since I believe that some degree of trans-cultural communication is possible, given the deeper function of culture with respect to human needs and the commonality of the sapient condition, one concludes that the situation is not impossible. Rather, it is very difficult and demanding, especially in light of the second

element of that tetrad, the uniquely personal internal state effecting the act of suicide. The following vignette, taken from a short story derived from the actual dual suicide of a Highland woman who drowned herself and her young son, gives a poignant example of this difficulty and the felt intensity associated with it. The speaker is an expatriate:

> I took Kelare over to the store to make a formal identification, and watched him standing over his son, and realized I had nothing to say to him, and could do nothing for him, and didn't even have the slightest idea what he was thinking, or even who he was. They were his wife and child rolled in the government's rice sacks... They had lived here a year... I saw the woman — and spoke with her — every day... She laughed a lot and loved the boy — and I have eaten kaukau with her... And then on Monday they come up and tell me she has just gone into the river. And when I ask Kelare tomorrow — I have to as coroner — I won't know whether what he is giving me is the truth... Because there are things they won't say and parts they won't let me know... But, until today, I thought it was different with Kelare... (Shearston 1979).

The above speaks to the complexity of human motivation, which reaches a zenith or nadir in the case of suicide. Fortunately there are useful methods, approaches, and concepts available for which the social and behavioral sciences are as germane as the clinical sciences. In the case of PNG, we find a basic datum of traditional cultures and their still deeply-seated values, as are assessed by Burton-Bradley (1975) in their relation to any analysis of suicide in tradition-based societies. We also find that modernization has now made major inroads to many of those self-continued cultural units, sometimes reasonably, sometimes disastrously as in the case of cargo cults, and in any case inexorably. Indeed, if the desire by humans for experience and understanding beyond the immediate constraints of daily life is any indication, the use of stimulants and substance abuse can also put one very close to prodromal states antecedent to self-extinction, as in cases of the use of ethanol, methylated spirits, methanol ,and, more recently cannibis in PNG (Pataki-Schweizer 1976, 1982a, 1982b). In our desire for transcendence beyond a specific state of being, we approach the edges of our psychobiology, and on occasion do not return from the quest; not for destruction, but for release.

Despite what is essentially a paucity of data, some general points can still be reasonably made concerning suicide in Papua New Guinea. First, it does occur among all ethnic groups which have been queried about it; second,

what rates are available vary greatly internally and with respect to societies elsewhere; third, suicide still occurs in essentially traditional sociocultural settings for the majority of the population; fourth, new information inputs have made strong inroads into PNG with often disproportionate acculturative effects on mental health, with possible implications for suicide (Pataki-Schweizer 1981a); fifth, urbanization is now proceeding including peri-urban and squatter settlements (Pataki-Schweizer 1981b), and appears to correlate with an increase in suicide; sixth, suicide appears to occur and have occurred more frequently among females; seventh, reporting of both suicides and attempted suicides is intermittent; eighth, methods used are similar to other Pacific cultures, including hanging as a preferred traditional method, drowning, ingesting traditional poisons, chloroquin, and more recently paraquat among younger females (Wolfahrt 1981); ninth, it appears that PNG societies condone suicide as a solution to personal problems, though whether it is socially acceptable or actually sanctioned remains uncertain; and tenth the psychodynamics motivating suicide in PNG are not readily explicated by recourse to generalizations about emotional states, e.g. shame, guilt or retaliation.

It does not do to get too mired in abstruse concepts, yet a consideration of suicide evokes questions of ontology, epistemology and metaphysical concerns. We can however focus in on these categories, since they all occur in some cultural milieu which partly provides meaning for them. Specifically, we are presuming to discuss the act of death enacted by an individual on himself. Yet that word can have different meanings both for different cultures, and for different individuals. What are the conceptual limits of "life" for an Ok Sapmin elder, compared with myself, quite apart from the technical complexities of determining clinical "death?" I do not know explicitly, but I do know that there are profound differences in the perceived, apperceived, cognized and empathized meanings between him and myself, as with any transcendental mobility across the interface of life vis-a-vis death and the reverse. Rather than giving primacy to any one discipline, this justifies the need for a variety of data about suicide, and, indeed, requires that we suspend our preferred tools of trade.

From the information available concerning suicide in Pacific societies, some commonalities appear. Broadly speaking, the behavioral patterns suggest that certain disordered relations between an individual and some other person or persons, present or absent, may lead that individual into a state in which

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emotions can no longer be controlled internally and demand resolution. While cultural norms, sanctions and sensitivities may situate or exacerbate that state (such as shame), these are not the ultimate prime movers to the act of self-annihilation; rather, there results some intolerable and immediate internal nexus of emotion which exceeds the psychobiological tolerances of that individual, and the cognized act follows. We can not yet see into that immediacy, or do so only through our own filters darkly.

In conclusion, health in the broader sense includes factors which are not explicitly curative. The psychiatric epidemiology we are considering here implies what I would call a "behavioral epidemiology," inasmuch as certain non-morbid behavioral states are antecedent to and provide the context for specific subsequent morbidity or decisive acts such as suicide (Pataki-Schweizer 1983b). Transcultural comprehension of health requires sociocultural, psychosocial and psychocultural information which put major pressures on, for example, the methods of ethnography, yet activities such as medical anthropology are firmly grounded in that approach and rationale. While it is not true that we thus know more and more about less and less, any disciplinary orthodoxy (and that is what the enactment often is) coupled with wide uncertainties at present about the appropriate relation between quantitative, qualitative and scalar domains does not promote understanding. This is particularly true for contemporary health concerns. Indeed, what does result is often self-serving, restricted and reflexive, if not retrospective. Any consideration of suicide evinces how far we are from a paradigm (itself an uncertain proposition) which can yield valid information from behaviorally valid information and generate understanding, while at the same time offering a hermeneutic coherence, some praxis of usefulness. And in the case of suicide in societies where traditional factors still provide guides for living, it is no longer sufficient to simply return the next day to continue the interviews. This is in fact to endorse a reciprocally alienating format, and we all remain the poorer for it.

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Table 1

Disease Trends in Papua New Guinea
(Rank ordered, for periods from 1922 through 1980)

1922-1939	1960-1972	1978-1980	(USA 1982)
1. Pneumococcal	Gastro-enteritis	Pneumonia	Heart Disease
2. Tuberculosis	Accidents/ Violence	Malaria	Neoplasms
3. Bacillary Dysentery	Cancer	Meningitis	Cerebrovascular Diseases
4. Septic Infections	Heart Disease	Accidents/ Violence	Accidents/Suicides and Homicides
5. Tropical Ulcer and Sequellae	Perinatal	Heart Diseases	Pulmonary Diseases
6. Enteric Fever	—	S.T.D.	Pneumonia and Influenza
Source: Pataki-Schweizer 1983b			

Notes

Selected Crude Rates (per 1,000) determined from PNG Dept. of Health data,
1978-1980:

CBR:	41.2	Malaria:	41.3 (positive slides/population)
CDR:	14.2	Tuberculosis:	2.7 prevalence
IM:	80.7	Leprosy:	9.1 prevalence

Table 2

Selected Psychiatric Hospitalization Rates (per 10,000) in Oceania
(Ages 15-plus)

Area	Rate	Dates
Vanuatu	3.1	1970-77
Papua New Guinea	5.8	1980-81
Western Samoa	6.2	1972-76
Kiribati	9.3	1972-77
Source: Murphy 1983		

Table 3

Suicide Rates (per 100,000) for Selected Highland PNG Societies, 1970s

A.

Area	Rate
Range of Available Information	8.5-72.0
Yari Basin, Southern Highlands Province	34 Ages 14-45 61 Ages 14-45, female 7 Ages 14-45, male
Ok Sapmin Locale, West Sepik Province	72 All ages

B. Comparative Rates

Low Example: Australian Aborigines Northern Territory Situate	1.8
Medial Examples: U.K. Australia U.S.A. Truk Hungary	8.2 11.1 12.5 32 40.3
High Example: Truk (Ages 15-25)	200
Sources: Smith 1981; Morgan 1982; Hezel 1984	

Table 4

PNG Suicide Rates (per 100,000), Urban and Regional

Area	Rate
Urban (National Capital District 1982):	10.7
By Regions, 1982: Papua	2.2
Highlands	1.7
North	2.1
Islands	2.8
Average	2.4
Urban, Port Moresby, 1974-83	5.5
$Mode_1$: Ages 20-24:	9.6
$Mode_2$: Female, 20-24:	15.8
Sources: Murphy 1983; Bage and Faru 1984; Pataki-Schweizer 1984	

Table 5

Suicides Using Chloroquin, Port Moresby, 1972-1982

Category	Attempted	Completed
N	37	30
Average Age	22.0 ± 7.1	28.0 ± 11.1
M:F Ratio	1:4	1:1.6
Estimated Rate, Effected: 11.5/100,000		
Estimated Rate, Female, Completed: 16.7/100,000		
Sources: Bage and Faru 1984; Pataki-Schweizer 1984		

Chapter 9

AMONG THE BOUGHS OF THE HANGING TREE:
MALE SUICIDE AMONG THE BIMIN-KUSKUSMIN OF PAPUA NEW GUINEA

Fitz John Porter Poole

This chapter offers a preliminary analysis of some of the most significant cultural, psychological, and social features of the complex phenomenon of 'suicide' (kup-maak kaanam-in [literally, 'to die by oneself alone']) among the Bimin-Kuskusmin of the eastern Mountain-Ok region of the West Sepik Province, Papua New Guinea. Although I shall note some comparisons with female suicidal behavior, I focus primarily on adult male self-destruction not only because it exhibits a remarkably high incidence from any comparative perspective, but also because its genesis, prevention, and ultimate social costs are of paramount concern to the Bimin-Kuskusmin. Beyond the personal tragedy of loss reflected in grief, depression, and mourning, any suicide brings about a major disruption and dislocation of the kin and community of the deceased. No formal mortuary observances, which are denied to all suicides except male ritual elders who occasionally take their lives in the face of ritual failures and in altruistic acts for the common good of their clans, are held to assuage the 'guilt' (daamantuuk) and 'shame' (fiitom) of close kin and to heal the rent in the social fabric of those communities that were most closely bound to the deceased. All too often, however, a recognizable staccato drumbeat from a men's house signals to near and distant communities of the approximately one thousand persons of Bimin-Kuskusmin society that an adult man of a particular hamlet has died by an act of suicide.

Anthropological studies of suicide remain relatively rare and are still largely encompassed, explicitly or implicitly, by particular interpretations of Durkheim's (1966) classic study, which forcefully segregated psychological studies focused on clinical explanations of individual cases from sociological analyses of those facets of social structure that produce a given pattern or studies focused on clinical explanations of individual cases from sociological analyses of those facets of social structure that produce a given pattern or distribution of suicide within a group. With its interwoven emphases on matters of social structure, social control, social change, the individual-in-society, and culture (i.e., "collective representations"), Durkheim's theory of suicide seemed to accommodate some of the most central foci of anthropological concern. Many of these emphases are represented in the

limited set of anthropological studies of suicide in Papua New Guinea. Yet, the complexities of at least non-Western suicides, as exemplified in Malinowski's (1926: 77-79) renown Trobriand case, were not readily encompassed by the limitations of Durkheim's typology.

Some of these limitations seemed to be recognized and partially resolved, however, in an important contribution by Jeffreys (1952), which introduced a critical nexus among cultural values, social status, power, and revenge in the form of "Samsonic" suicide. Indeed, Jeffrey's view, explicitly or implicitly, has significantly informed a number of recent analyses of suicide in Papua New Guinea, both in general (Gatenby 1968; Healey 1979; Parker and Burton-Bradley 1966; Stanhope 1967), and in particular among the Maenge (Panoff 1977), Gainj (Johnson 1981), Kaliai (Counts 1980), several Eastern Highlands groups (Berndt 1962), several groups in southwest New Britain (Hoskin, Friedman, and Cawte 1969), and the Oksapmin northern neighbors of the Bimin-Kuskusmin (Boram 1980: 317-322). Many of these and certain other studies of suicide in Papua New Guinea have also noted the significant role of shame as a mechanism of social control and as a culturally constituted provocation of and motivation for suicide (see also Sinclair 1957; Smith 1981). Few of these studies, nevertheless, include much, if any, descriptive or analytic attention to psychological features of suicide (but see Hoskin, Friedman, and Cawte 1969; Parker and Burton-Bradley 1966; Smith 1981; Stanhope 1967).

The predominant concerns of these studies of suicide in Papua New Guinea have often been focused exclusively on women's suicides. The analyses have attended prominently to female suicide as an expression of the assertion of power among the otherwise powerless — especially in contexts of marriage (see Counts 1980; Gatenby 1968; Healey 1979; Johnson 1981). Mention of suicides among the aged are almost non-existent, and children's suicides are rarely noted (but see Boram 1980). Although comparatively less is known about the cultural nature and social circumstances of men's suicides, male suicide is noted in a number of these studies (Berndt 1962; Boram 1980; Gatenby 1968; Malinowski 1926; Panoff 1977; Parker and Burton-Bradley 1966; Sinclair 1957; Smith 1981), but male suicide too is typically encased in discussions of shame and revenge.

All of these studies, however, document rates of suicide to be not only significantly higher than any Durkheimian expectations, but also much higher than the admittedly low estimate of a 0.7 per 100,000 indigenous suicide rate

for the whole of Papua New Guinea from 1960 to 1965 noted by Parker and Burton-Bradley (1966). Furthermore, only some of these analyses give special prominence to aspects of historically recent, socially disintegrative, and traumatic social change as a significant factor in high suicide rates, although such social change does figure in Parker and Burton-Bradley's (1966) interpretation of their estimated rate. Thus, there is at least some evidence to suggest that a number of more or less "traditional" Papua New Guinea societies may have had or may have quite high, but relatively stable rates of suicide in the normal course of socio-historical events.

Among Bimin-Kuskusmin, the overall rate of suicide in a population fluctuating between 900 and 1700 persons over about six generations slightly exceeds 10% (131) of all known deaths (n=1293) prior to the period of field research (1971-1973), for which reasonable case histories could be reconstructed. Of these 131 suicides, 61.8% (81) were adult men, and 38.2% (50) were adult women. During the 24 months of field research, 56.8% (33) of all known deaths (n=58) were suicides. Of these 33 suicides, 66.7% (22) were adult men, and 33.3% (11) were adult women. There is no clear evidence that dramatic, disruptive social change among the relatively isolated Bimin-Kuskusmin has yet significantly altered these remarkably high suicide rates, or that notions of social disintegration, revenge, or shame will largely account for them. Thus, Bimin-Kuskusmin suicide, especially among adult men, requires a multifaceted explanation befitting the complexity of the phenomenon.

The Myth of the Hanging Tree

The most explicit cultural image of Bimin-Kuskusmin suicide is the myth of the hanging tree, that portrays the primordial origins of suicide as preceding "natural" death in mythico-historical time. As in most images of suicide, the myth emphasizes adult male suicides and depicts them as fundamentally the consequence of a flaw in both bodily and spiritual constitution implanted in the fetus at conception by the mysterious force of 'ancestral fate or destiny.' It also recognizes that an individual's life circumstances, especially the experience of severe social isolation, may exacerbate this congenital flaw.

In this myth, the great androgynous ancestress Afek, after giving birth to the ancestors of all of the original Bimin-Kuskusmin clans, divided her walking staff into three parts. She planted one of these parts in the valley forests, one in the foothills, and one on the mountain summits. Three great trees grew

from these pieces of her walking staff. The lowest tree became the 'tree of life,' and its path was immediately followed by all the ancestors. The highest tree became the 'tree of death,' and its path was not trodden until Afek eventually bestowed the curse of death on the people. The middle tree, however, became the 'hanging tree,' and its path always exhibited the signs of the passage of lone travellers. The path from the 'tree of life' is a single path for children, then branches into paths that follow the life-course and rites of passage of males and females, and finally again becomes a single path at the base of the 'tree of death.' Travellers interact together as they pass along this straight, cleared, and brightly lit path, surrounded by ancestral spirits and by flora and fauna of special importance. The 'tree of death' festooned with brightly decorated skulls is full of leaves, nuts, fruits, and singing birds.

In contrast, the narrow path to the 'hanging tree' is gloomy, overhung with vines and spiderwebs, stony, and barren. Neither ancestral spirits nor flora and fauna are to be found near it, and lonely travellers pass along its course without seeing or hearing one another. The 'hanging tree' is leafless, bare, and broken. Vine ropes hang from its branches, and piles of shattered, rotting skulls surround its base. Travellers to the 'hanging tree' are almost always forlorn, slovenly, depressed adult men, stumbling along the rocky, twisting path.

The myth portrays complex cultural schemas or folk models of suicide etiology. In brief, the suicide-prone individual is notable for a fundamental flaw in bodily and spiritual constitution. This flaw, brought about at conception by the mysterious force of 'ancestral fate or destiny,' is manifested mainly in defects of the finiik 'spirit.' Finiik represents the ordered, judgemental, and responsible aspects of personhood that govern proper cognition, emotion, and behavior and that develop through socialization and enculturation. As a consequence of these defects of the finiik, there is no regular or certain control of the erratic impulses of the khaapkhabuurien 'spirit,' which represents the more idiosyncratic aspects of the self that are prompted by unpredictable thoughts and feelings, and emerge in the course of individual life experiences. In women and children, who are invariably dominated by the khaapkhabuurien, such defects may exaggerate their erratic behavior, but they are more enveloped by the immediate environment of hamlet communities than are men.

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For men, the decade-long cycle of male initiation rites should ritually strengthen the _finiik_ and bring the erratic _khaapkhabuurien_ into appropriate alignment with the dominant _finiik_ (Poole 1982b). With flawed, suicide-prone men, however, the expected consequences of initiation do not properly occur because of the fundamental defects in the _finiik_. Thus, such men are known to carry into manhood their flawed childhood behaviors, and to be obviously defective men. Indeed, the portrait of such men conforms in many respects to the image of the "rubbish man" — the antithesis of the prestigious, influential, politically and ritually powerful "big man." They cannot conform to the elaborate and demanding image of adult masculine strength, force of personality, stoicism, and self-control (Poole 1982a). They fail in the expected tasks of ritual and politics, and of hunting, gardening, warfare, and exchange. They neither give nor receive much support in their communities, where often they are despised and unwelcome. It is said that many of them will build a house in the isolation of the forest or will frequently retire to an isolated garden hut, and that many of them, meeting with some personal disaster, will end their days by walking into the mountain forest on a moonless night and hanging themselves from the limb of a tree.

The Nature of the Data

The two sets of data on Bimin-Kuskusmin suicide include reconstructed cases (see Table 1) that occurred before the period of field research (131 suicides out of 1293 deaths); and cases (see Table 2) that occurred during the period of field research (33 suicides out of 58 deaths). Both sets of data include only adult male and female suicides. These cases are the typical suicides 'by hanging' (_sauk_ _terotero_ _kaanam-in_, literally, 'to die by or on a taut rope'), which is the most common method. The next most frequent method is leaping from a cliff or jumping into a torrential, boulder-strewn river.

The Bimin-Kuskusmin recognize a number of ambiguous and special cases of suicide, including certain animals endowed with significant aspects of _finiik_ 'spirit'; some ancestral spirits that commit a special form of 'spirit suicide'; spontaneous abortions or stillbirths categorized as 'fetus suicides'; certain violent men of 'angry hearts' believed to be possessed by a form of violent insanity, who sometimes expose themselves to outrageous risks in warfare; and some deaths classified as accidental but typically involving a man of skill and strength who has recently experienced some traumatic event that

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has left him in a state of 'depression', and then suddenly has a simple but rather suspicious and fatal accident in the course of everyday pursuits. There are also unusual deaths that conform somewhat to Durkheim's characterization of altruistic suicides. These include the suicides of some male ritual elders, who may, after repeated failures in the conduct of important clan rites, serve their clan best by taking their own lives. There are also brave men who, in the heat of battle, deliberately take the blows of enemy weapons to shield a comrade. Also, an uninitiated and unwed girl who is found to be pregnant may rid her kin of the enormous stigma by performing that inevitably lethal form of "abortion" that involves hurling oneself, abdomen first, from a rock ledge into the fork of a tree below. Finally, a woman divined to be a 'witch' may relieve the community of the trauma of a public execution by killing herself. In all, thirteen reconstructed cases and four contemporary cases conformed to these various kinds of altruistic suicide. Although this chapter does not focus attention on these forms of altruistic suicide, or the other special and ambiguous cases of suicide mentioned above, I would note that all these cases tangibly enhance the Bimin-Kuskusmin view that they suffer a considerable loss of lives through acts of suicide.

My concern in this essay, however, is primarily to explore the less unusual or ambiguous cases of suicide. In most of the suicides that occurred during the period of field research, I was able to witness some aspect of the suicide paraphernalia, the context of the suicide, and the condition of the body of the deceased person. Although there are neither public periods of mourning nor formal funerals for suicides, there are invariably post-mortem, divinatory "autopsies" of the bodies by ritual elders to determine both the immediate and the ultimate "causes" of the suicides. Through some surgical excavations of the corpse, these "autopsies" — cast in the idiom of the fate of the 'spirit' of the deceased — align various aspects of life-history and recent misfortune with cultural schemas concerning the etiology of suicide. All such "autopsies" were both witnessed and recorded during the period of field research.

The reconstructed cases present different problems, for no direct observation is possible. The stigma of shame descends upon the entire clan and community of the deceased for not having recognized the signs of and prevented the impending suicide, and people within these communities are reluctant to discuss the suicides among themselves. Yet, an identification of past suicides

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is nonetheless possible. First, suicides of adults do not result in the deletion of the person from genealogies, but there is a general taboo on the use of the name of a suicide among many relatives until divinatory "autopsies" are completed and the corpse has been informally buried or disposed of in a river, and there is a permanent taboo within the clan on the use of that name. A nameless person in a genealogical narration is unusual, and the only other persons appearing without names are 'witches' and children who died before they received formal names and became proper social persons, both of whom are identified in other ways. Members of other clans, with the sole exception of members of the lineage of the suicide's mother, however, can provide both a name and details of the circumstances of the suicide and the deceased's life-history. Second, the skulls of suicides never appear in clan ossuary caves or clan cult houses. Third, all ritual paraphernalia of a suicide are destroyed. Fourth, the gardens of the deceased are abandoned for three generations. Fifth, the hamlet of the suicide is reorganized so that no houses are built on the site of his or her men's or woman's house, which has been burned. Sixth, special taboos are placed upon the cognatic descendents of a suicide for three generations until the female-linked 'male blood' of the deceased is no longer viable. Thus, they may not intermarry with members of the lineage of the suicide's spouse, who is usually implicated in the immediate "causes" of the suicide. They may neither wear cassowary-plume headdresses nor hunt or trap cassowaries, for a suicide is an offense against the great ancestral figure Afek, whose paramount symbol is the cassowary. They may neither visit nor take food from the hamlet, garden areas, or pandanus groves of the deceased. They must conduct special sacrifices and wear special amulets to ward off attacks of the suicide's khaapkhabuurien 'spirit,' who remains angry at them for their lack of support. They must undergo divinations to ensure that they themselves have not become suicide-prone, for the khaapkhabuurien 'spirit' of the deceased will attempt to weaken their finiik 'spirits' and turn them toward depression and suicide. Furthermore, these divinations insure that they have not inherited, through the 'male blood' of the deceased, some vestige of his or her 'ancestral fate or destiny' and consequent vulnerability to suicide. Finally, the shrine of the lineage of the deceased contains a distinctive sacra marking the presence of a suicide.

These linked markers serve well to identify the presence of a suicide. Persons beyond the clan and descendent cognatic kin of the deceased will

usually provide a variety of gossipy details about the circumstances of the act, the results of the divinatory "autopsy," the life-history and personality characteristics of the person, and miscellaneous observations. For all cases in which the suicide was known to living Bimin-Kuskusmin, I conducted interviews that generally followed Weisman and Kastenbaum's (1968) "psychological autopsy" format, but adapted to the local features of the Bimin-Kuskusmin behavioral environment and cultural schemas for suicide. I also had an unusual opportunity to observe and interview persons regarded as acutely suicidal. Bimin-Kuskusmin recognize that certain personal characteristics, in conjunction with certain personal misfortunes, may produce an acute vulnerability to suicide. Under such sets of circumstances, clan ritual elders will conduct formal divinations of the person to determine the extent of vulnerability and to recommend certain preventive measures. Typically, such preventive measures involve assigning some close kinsperson, friend, or 'bond friend' — a ritually constituted relationship among men of the same initiation age grade who are usually also informal friends — to stay with the suicidal person day and night and to guard against suicide attempts. At the time of my fieldwork, nine men were divined as suicidal and given preventive attention. I already knew these men to varying degrees and was able to interview both the putatively suicidal man and the person assigned to watch over him. The interviews with the suicidal men also included the administration of certain projective tests that I had already used with a number of other men. In addition, I inquired into each man's reputation and social networks of friends and supporters by tactfully posing questions of a limited number of the man's close hamlet-mates. It should be noted that, of those men divined as suicidal, three committed suicide before the conclusion of field research and two more subsequently.

The Suicides of Men

Although male suicide is highly stigmatized (except in the rare cases of the altruistic self-destruction of failed ritual elders and selflessly heroic warriors), even greater stigma attaches to men who attempt suicide and fail. Such men are treated with utter scorn for lacking the forcefulness, strength, and stoic self-control of proper Bimin-Kuskusmin masculinity. During the period of field research, one unfortunate man, held in low esteem in his men's house and often despondent over a bitter, failing, and childless marriage, made

an unsuccessful attempt at suicide. The rope apparently broke, and a group of foraging women found him gagging and semi-conscious, and brought him back to his hamlet. For almost three months thereafter, he was universally and constantly ridiculed, and his shame became increasingly acute. Finally, his wife left him in the midst of a public and humiliating quarrel. That night he disappeared from his men's house, and he was found two days later by boys playing in the forest. He was hanging from a sacred pandanus tree, a symbol of the male ritual domain in which he had never been able to gain even a modicum of prestige.

The combined total (n=103) of all men reported or known to have committed suicide in both reconstructed and contemporary cases exhibits a number of interesting commonalities. All were between 23 and 34 years of age, a time in the Bimin-Kuskusmin social life-course when men have recently completed initiation, have married and are beginning to start families, and are launching careers in the linked domains of ritual and politics. Only two of these men had become incipient 'curer-diviners,' which is the least prestigious of ritual "ranks." Aside from the previously mentioned ritual elder who had committed a form of altruistic suicide, none of these men had ever become any kind of 'ritual leader' or 'man of political-economic importance.' In contrast, 86% (89) of these men had the reputation for possessing one or more of the following traits: being stingy and failing to share; being cowardly and unsupportive of others; being generally irresponsible in expected familial duties and collective male responsibilities in hamlet and clan; being irascible; being thoughtless, tactless, and uncaring; being self-centered in many ways; being subject to explosions of anger at minor slights; being slovenly and unkempt; and being childlike. Virtually all of these characteristics exhibit a decidedly unmasculine demeanor. Most emphasized was that such men are petulant complainers and express their fears and anxieties publicly and often. This trait might well be viewed as the antithesis of expected masculine behavior.

Such men are often said to be despised and subjected to insult in public settings, with the dire consequence of shame. In the face of insult they become petulant or withdraw rather than defending themselves verbally or with weapons. A number of such episodes, which are quite rare among men in general, occurred during fieldwork. Among the contemporary cases (n=22), ten men spent uncommon amounts of time in isolated garden huts. Two men had a reputation for

frequent visits to distant men's houses where they were more comfortable and less subject to insult. Four men did not even live in a men's house, which is very unusual for young men. Two men were the object of incessant arguments in their men's house over their expulsion. Sixteen of these men had a reputation for not being asked to join in cooperative hunting, gardening, and trapping. In my questions about the social networks of men divined as suicidal, six of the nine men rarely appeared among any informant's favored fellows. These men had managed to create only a few weak bonds with other men, i.e., the relationships seemed to involve little time and energy, emotional intensity, intimacy (especially mutual confiding), and reciprocity. The impression of their social isolation was truly overwhelming, and the self-assessments of the putatively suicidal men I interviewed reinforced this impression.

In all cases of men who had committed suicide or were deemed suicidal (n=112), a particularly striking characteristic is their relationship to the institution of bond friendship. The bond friendship is a ritually constituted relationship between two men of the same age grade who have often been lifelong friends on an informal basis. Bond friends support each other in disputes, assist each other in exchange, participate in the rearing of each other's sons, fight together in battle, help each other in raising bridewealth or compensation prestations, and share in a common lifelong bond of sharing and trust in myriad ways. Above all, they can confide in each other without fear that the personal anxieties revealed in the relationship will be communicated elsewhere, for severe ritual sanctions befall any man who betrays his bond friend in this way. Thus, bond friendship offers a psychologically important refuge for relaxation and acknowledgement of weakness and self-doubt among men who otherwise must wear a rigidly stoic mask in even their daily encounters, or else risk humiliation, shame, and a decline in their manly careers in ritual and politics. Only 12.5% (48, n=387) of all Bimin-Kuskusmin men who are fully initiated and never associated with suicide during the period of field research did not have a bond friend, and many ritually and politically important men had two or more bond friends. In contrast, a startling 93.2% (104, n=112) of the men who had committed suicide or who were deemed suicidal did not have a bond friend. Presumably these men did not have any male friend close enough to choose them or to accept their choice as a bond friend. As a consequence, most of them were denied a vitally important relationship of intense social support among men.

Perhaps the other social relationship that provides intense support, albeit differently, for men is the bond of marriage. Despite ideological assertions about the inherent antagonism in male-female relations (Poole 1982b), marriage not only is almost universal for men and women, but also marriages are commonly characterized as being good when husband and wife share familial aspirations, exchange confidences, and support each other in countless ways. In the privacy of marriage, men rarely fear that their divulgence of personal matters will surface publicly under humiliating circumstances unless the quality of the marriage has deteriorated and separation or divorce is imminent. Most men marry in their early twenties and begin the all-important task of raising families, especially sons. Without children, a man's chance for a ritual or political career of prominence is doomed, and he may never become a proper ancestor. The affinal relations wrought in marriage become vital bridges in extending exchange networks and gaining political support. Less than 8% of all Bimin-Kuskusmin marriages are ever threatened by serious forms of separation, and less than 6.5% terminate in divorce. In the entire Bimin-Kuskusmin community, only two men and three women over the age of 25 had never been married. The most fragile marriages often involve inmarried alien women from other groups, notably the Oksapmin, because bridewealth transactions founder on differences of custom. Affinal relations are also impaired and do not easily gain solidity over long distances and infrequent contact, and these inmarried women are often desperately unhappy in their strange new communities.

In all cases of men who committed suicide or were deemed suicidal, almost 8% had never married, and 67% had married relatively late, often after one or more rejections and some difficulties in raising appropriate bridewealth. About 19% of these marriages had suffered serious separation or had ended in divorce. Some 31% of these men had married Oksapmin or other alien women. Among the contemporary cases those married men whose marriages were more or less intact were still judged to have fragile marriages in 14% of these cases. Of the nine suicidal men, five gave special prominence in interviews to the difficulties of their marriages. In none of these cases was a man married polygynously, although about 4% of the more prestigious men in the general population have more than one wife. Perhaps because of both late and bad marriages, 15% of the men among the contemporary suicide cases who had surviving marriages and were 28 years old or older had no children, which was true of only 2% of all other ever-married, living men. Thus, the suicidal man,

by virtue of failures in friendship, bond friends, and marriage, is likely to be significantly more isolated from his community at large and from the possibility of intimate social relationships than is the general population of men.

Many men deemed suicidal were characterized as generally strange and at times highly reclusive. Although most initiated men undergo ritual forms of possession on certain occasions, these suicidal men were said, in 7% of all cases, to undergo bizarre, idiosyncratic forms of possession, which were attributed to their uncontrolled khaakhabuurien 'spirits'. Indeed, their life-histories revealed a number of peculiar traits and tendencies. In 34% of all cases, these men had had a traumatic experience in early childhood, such as the death of a parent, sibling, or friend; a suicide in their extended family; or the separation or divorce of their parents. In many instances, lifelong traits of frustration, hostility, aggression, petulance, selfishness, and friendlessness were variously attributed to this trauma.

In a striking 28% of all cases, these men were lastborn or only children of their parents. The lastborn or only child has a reputation for being monumentally spoiled by the mother, to whom it clings for a prolonged period of time. Lastborn or only children are often weaned one to two years later than other children. Of course, because parents cannot always know that their most recently born children are their lastborn, some children are treated as though they were the lastborn despite later births; and an additional 3% of these men (among the contemporary cases) were treated in this manner. The fate of the lastborn child is particularly inauspicious for sons, for being the 'mother's child' does not bode well in local reckoning for the subsequent development of masculine traits. Indeed, the lifelong traits attributed to these men bear much affinity to the stereotypic characteristics of the lastborn child, and such men are often said to be unmasculine, feminine, or childish in their demeanor. Ultimately, their fundamental flaw of 'ancestral fate or destiny' and their isolated, friendless childhood are said to give way to a failure in male initiation, which is later detected in divinatory "autopsies" after they have committed suicide. Thus, faced by the considerable demands of the male realm of Bimin-Kuskusmin social life, they have shown themselves to be significantly lacking in manly qualities, and they have suffered many consequences from the public recognition of this lack. Both interviews and projective tests among the suicidal suggest an ambivalence and often a

resentment of the many demands of being a man in this society, as well as an occasional glimpse of self-doubt concerning their ability to conform to this demanding image.

The intensive interviews with the men who had been divined as suicidal showed many signs of the frustration, hostility, petulance, resentment, and sense of personal isolation attributed to them. They revealed innumerable slights and insults suffered over a lifetime. In the midst of these complaints, so uncharacteristic of adult men, occasionally appeared glimpses of enduring depression and a lingering sense of helplessness and hopelessness. Interestingly, the very fact of their being labelled as suicidal was a common focus of resentment and anger, for they uniformly predicted, with ample justification, that such labelling would exacerbate many of their already severe difficulties in their communities. Indeed, I often discovered, in the course of these interviews, that I was providing a kind of concern and support by my questions which was an unfamiliar but welcome experience for them. I suspect that the issues of transference in these interviews are different and far more complicated than in many other interviews of similar kind with other men.

Divination and Prevention of Suicide

Divinations of vulnerability to suicidal impulses proceed from two forms of local recognitions that are complexly interwoven. First, the conformity between stereotypes of suicidal men and knowledge of the life-histories of particular men is inevitably in the background, for certain men are known to be less able to withstand traumas than others. Second, certain kinds of circumstances are believed to trigger massive and overwhelming sakhiik 'anxiety', that may culminate in suicide by such already fragile men. These recognized circumstances, believed to function as the immediate "cause" of suicide, seem to be of two kinds. One kind has to do with a single, sudden, and highly traumatic loss, typically in the form of the death of a parent, child, or wife, or more rarely, a sibling or a treasured friend. This trauma seems to be focused on the final loss of one of the very few truly personal and possibly supportive relationships that such men have. The other kind has to do with a convergence of a number of minor traumas that enhance a sense of failure and self-doubt: a minor insult in a public place; an incident of disrespect from a child; the loss of a garden to landslides; a quarrel with a spouse; et

cetera. In this instance, it appears to be the accumulating weight of minor misfortunes that tip an already fragile balance in a man. When personal traits and misfortunes converge in an inauspicious manner, a clan elder is usually summoned for the divination of the presumably vulnerable man.

The divination itself usually takes place in the man's hamlet plaza, where his reflection is examined in a pool of water and pig's blood. Divinatory objects are floated on the liquid, and the pattern of objects on the reflection of the man's face is "read." Often the clan elder already is acquainted with much detail concerning the life-history of the man and the circumstances of his recent misfortune, but other hamlet members add information from their observations in response to the cryptic, open-ended questions of the elder. The vulnerability to suicide is never in much doubt; and if it is deemed serious, the elder will bestow upon another man the responsibility of keeping watch over his suicidal clansman. Ideally, this guardian should be a bond friend, but often suicidal men do not have any such relationship.

The guardian is instructed to permit the suicidal man to withdraw from the hamlet, which is usually his desire. Often, the two men retire together to the isolation of a garden hut or forest haunt for many days. During this time, the assigned guardian encourages the suicidal man to talk about his sense of trauma and anxiety and assures him that his revelations of personal frailties and doubts will not be publicly acknowledged. Within about a week, however, the guardian begins to draw the suicidal man out of his self-imposed isolation. First, he is taken to some isolated vantage point where from a distance he can watch gardens being tended and children at play. Then a few men of his own choosing are invited to visit the suicidal man in his isolated abode, and they often bring gifts of food and tobacco and news of the everyday events of the hamlet. Later, the suicidal man is encouraged to visit his hamlet in the quiet of midday or the still of night, but he may withdraw at will. Finally, and very gradually, the man is encouraged to return to his men's house where he will be warmly greeted, left in peace, but carefully watched by the other men. If all goes well and there are no signs of impending disaster, the man will gradually and carefully be reintegrated into his hamlet community, which will nurture him as never before for a period of time. When the crisis has passed and divinations reveal no acute vulnerability to suicide, the man may again resume his former life. However, his former life being what it most likely was, the cycle of crisis, divination, and preventive action may again emerge.

Of the nine men deemed suicidal, three had experienced this cycle at least once before.

Cycles of Suicide and Social Change

Although the suicides and attempted suicides of women seem randomly distributed throughout the social calendar and embedded in the immediate circumstances of loss or marital discord or threat and fear, the suicides of men appear to be patterned differently (see Table 2). There are often more exaggerated delays between immediate "causes" and suicidal acts, especially if the causes involve a loss of relationship through death. Three patterns seem to emerge. First, many male suicides appear to cluster in the approximate three-month period between the semi-annual pandanus nut harvests when ritual activities, trading expeditions, ceremonial exchanges, and communal feasts are in abeyance, and when many persons have deserted the hamlets to live in garden huts and prepare gardens or to engage in prolonged hunting, trapping, and gathering. The distant stands of semi-cultivated fruit trees must be tended at this time, and many people use the occasion to make visits to kin and friends residing in other "tribal" groups. During the periods of intense social activity when the hamlets are fully populated, even the most estranged of suicidal men is encompassed by the frenzy of rites, exchanges, feasts, trading expeditions, and constant ebb and flow of social interchange. As people disperse and the hamlets begin to empty, however, a sense of isolation may increase.

Second, many male suicides seem to exhibit an "anniversary effect." The trauma of a death may immediately result in some enhanced expression of anxiety and of depression, but there is no resulting suicide for a period of time. Then, often in the season of social dispersal when the sense of isolation is most acute, some encounter with a favored haunt of the deceased, recognition of a time of some special event shared with the cherished person, or other environmentally induced remembrance of the loss seems to lead to another bout of massive depression and an act of suicide. In this instance, it may be the convergence of a period of relative social isolation and the sudden memory of trauma produced by an event within that period that is most important. In the aftermath of a suicide, a number of immediate family members of the deceased reported the apparent triggering of such memories and the quickly ensuing depression and suicide.

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Third, within the three-month period of social disengagement from the hamlet centers, male suicides are not randomly distributed, but rather seem to occur in clusters. During the period of field research, an initial suicide might be followed by two to eight other suicides within a few weeks, and then there would be no further suicides for a month or more (see Table 2). This pattern occurred three times in two years. I suspect that the pattern may be partially explained in terms of Phillips' (1974, 1979) view of the significance of suggestability and imitation in the triggering of suicidal acts, especially when the publicity given to such acts is intense and local. In the Bimin-Kuskusmin case, the cycle of events seems to take the following form. An initial suicide becomes the intense focus of immediate gossip that radiates throughout a widening sphere of hamlets until most of the Bimin-Kuskusmin community is privy to the news. Even in the season of social dispersal, people will visit one another in isolated garden sites and forest haunts and even distant "tribal" groups to convey the information about the event. There is often a lull in the intensity of gossip at the time of the divinatory "autopsy," and then the intensity of gossip again peaks to convey the information revealed through divination. When this second burst of gossip has subsided, there is a lapse of three or four days; and then a succession of suicides often follows. Perhaps this intense and repeated focus on suicidal action, coupled with a diffuse but exacerbated sense of social isolation and the sudden memory of an acute, traumatic loss, may provoke the suicidal person to action.

There is no evidence for long historical cycles in the distribution of suicides among Bimin-Kuskusmin, although such cycles would be most difficult to reconstruct from local ethnohistory. Yet, there is some suggestion of occasional outbreaks of suicide during times of collective stress, such as famine, drought, warfare, and illness. On the one hand, such special times of collective stress might seem to enhance social solidarity through the banding together of groups in the face of common threat, and to some extent such incidents probably did produce that effect. On the other hand, such events clearly generated a great deal of collective fear and anxiety and occasionally resulted in the temporary abandonment of hamlet settlements as people traveled abroad in search of food and water, sought refuge in more defensible but scattered stilted war houses or cliffside caves, or dispersed to farflung kith and kin to avoid the sorcery attacks bringing epidemic illness. Cycles of

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famine and drought have probably always been traumatic features of Bimin-Kuskusmin history, and such collective traumas may well exacerbate personal ones, especially if they are coupled with community dispersals and the ensuing sense of social isolation to which the suicidal person seems so vulnerable. Episodes of intense warfare are also traditional, but certain patterns of warfare and the advent of epidemic illnesses are not. In these latter instances, the recent social changes brought about by the coming of white explorers, administrators, and missionaries began to have certain initial consequences, and some of these consequences have affected or may affect the patterns of suicide in various ways.

In the mid to late 1940's, the government station at Telefomin to the west became a center for exploration patrols that began to move throughout the Mountain-Ok region. At the same time, both a famine and a drought were sweeping the region. Many small groups, fleeing government contact and seeking food and water, began to attack the Bimin-Kuskusmin from all quarters. Traditionally, the Bimin-Kuskusmin were accustomed to fighting on one flank while protecting themselves elsewhere through the establishment of alliances. In this instance, however, attacks are said to have come from everywhere, and there is archaeological and genealogical evidence that many hamlets were burned and the population suffered very heavy losses. In the midst of this chaos, a dramatic outburst of suicides also occurred.

In the mid to late 1950's, an epidemic of influenza began to spread from the area of Telefomin. Bimin-Kuskusmin attributed this phenomenon to some form of sorcery attack by Europeans in revenge for the so-called Telefomin Massacre. They watched its course as it crept ever closer to their settlements. As the epidemic took its toll among neighboring groups, they noted its particularly devastating impact on young children. For various reasons, Bimin-Kuskusmin came to the conclusion that this peculiar sorcery attack was directed at their young boys, the future of their ritual and warfare prowess, and their calculated response was unfortunate. Leaving girls dispersed among their scattered natal hamlets, they relocated all the boys from the three communities that lay in the apparent path of the epidemic, and moved them into a giant, stilted defense house, where they adorned the boys with powerful amulets and set about performing protective rites. As both ethnohistory and genealogy reflect, when the epidemic struck, the dispersed population of girls suffered relatively minor losses; but the congregated boys were almost annihilated. In

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the immediate aftermath of this immense tragedy, a large number of male and female suicides occurred within a short time, and among these suicides were many parents of the boys who had succumbed to influenza.

The new forms of social change were again influencing patterns of suicide during the period of field research. Lured by extravagant promises of adventure and fortune, a small group of young men volunteered for coffee plantation labor at a site near Mt. Hagen in the Western Highlands. Their decision went against community consensus and the expressed wishes of their clan ritual elders, and they departed in a state of anger and shame. During their short absence, the gardens of the families of two of these men fell into disarray in a landslide, and pigs destroyed the remaining crops. The wives of these two plantation laborers committed suicide. They had been plagued by incessant rumors of the deaths of their husbands, troubled by the complaints of their hungry children, and no doubt worried about their ambiguous fate under these unknown circumstances.

The men on plantation fared little better in the end. Far from their known world, they met with unexpected and degrading humiliation and physical abuse, fought with European overseers and indigenous co-workers, inflicted wounds on their own bodies, lapsed into deep depression, and were promptly repatriated home within two months. Shortly after their return, and for the first time in Bimin-Kuskusmin living memory, two of these men were stricken by what was divined as the characteristically female 'possession' of newly married women far from their natal hamlets and supportive kith and kin. In the remaining six months of fieldwork, one of these men committed suicide in the classic fashion. Subsequently, the other man followed him to the 'hanging tree'. The remaining ex-laborers were subjected to divinations for vulnerability to suicide and were given appropriate preventive measures, and for several years these ritual precautions were taken with all returned laborers.

Contrasts with Suicides of Females, Children, and the Aged

Suicides of females, children and the aged present a contrastive picture and different sort of data from suicides of men. For example, only men are divined for possible vulnerabilities to suicides. Unambiguous suicides among the elderly are extremely rare and usually do not appear among the reconstructed cases.

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During fieldwork, one old man with a serious upper respiratory infection
traveled to the high mountain forest at night in the wind and rain to conduct a
minor sacrifice. One of his sons had recently died, and another was neglecting
and often arguing with him. His two wives had long since died, and his three
daughters and other two sons lived in distant hamlets. Although the community
had abandoned the hamlet in which he had lived for many years, he refused to
move to the men's house of the new hamlet, but remained alone in the ramshackle
men's house of the old and decaying hamlet. These circumstances, in
conjunction with his long illness and increasing frailty and the peculiarity of
his nighttime venture, led members of his community to wonder about the "cause"
of his death when he did not return from the mountain and was found dead by his
unsupportive son on the following afternoon.

Although unequivocal suicides among the elderly may be rare however,
suicide threats are not, and during fieldwork I recorded 22 instances of such
threats by old men and women, primarily against sons and occasionally
daughters. Such threats almost always refer to hanging. Often they are
embedded in standard curses and involve serious complaints about children's
neglect of aged parents. Usually these threats do not result in suicide
attempts. But one old and furious woman stood all of one day in the forest
near her son's men's house, cursing loudly while trying to lodge a vine-rope
among the branches of a tree. Although the son sought to calm her, it was
generally recognized that she was far too frail to accomplish her threatened
task.

Children, regardless of their congenital flaws and defects of character,
are assumed to be nurtured lavishly and encompassed by throngs of adoring kith
and kin who tend to all their needs and whims. Indeed, such adoration and
attention is remarkably common, even towards children who are admittedly
obnoxious in elaborate ways. Yet, during the course of field research, two
young boys between five and seven years of age made serious attempts at
suicide. In one case, both of a boy's parents had died within the previous six
months. Although he was adored by his father's brother who had formal
responsibility for his care, this man's wife, who directly looked after the
boy, resented her new responsibility and verbally abused him for being too
demanding. Her children bullied him mercilessly and took some cherished
trinkets that had belonged to his dead mother. For several weeks, he moped
about the hamlet alone and often wandered off to sit in his dead mother's

garden and cry. One day, after he had refused to eat or to talk, he wandered at dusk into the forest. He followed the path to cliffs that are renown for suicides, but was turned back by marsupial hunters with torches who were returning from the mountains.

In the other horrifying case, a young boy's mother was formally accused of witchcraft, and the community agreed to a public execution. Her husband, in a predictably unwise action, rushed armed to her defense and was caught up in the community frenzy of execution as a witch's accomplice. In this form of execution, both parents were bound to a tree trunk, and long cassowary-bone slivers were driven into parts of their torsos. The screaming young boy was forced to watch the lengthy ordeal. Immediately afterwards a clan elder angrily denounced the community for having inflicted this horror on the boy, and assigned one of his close friends to watch over him. The two boys wandered for weeks along isolated forest paths, sleeping in caves and foraging for food. When they returned tired, hungry, and filthy, the boy who had guarded his friend reported that the latter had tried to slip away several times at night, until he had bound them together with a liana rope. Much more commonly, children of both sexes threaten suicide rather elaborately in the course of a variety of complaints, but adults almost never seem to take such threats very seriously.

The threats of adult women between about 18 and 35 years of age, however, are usually taken quite seriously. Women do commit suicide with some regularity, but they attempt suicide far more than they commit it and far more than does any other category of persons. During the period of fieldwork, 11 adult women committed suicide, but nine other women made one or more of the 18 female attempts at suicides. All women's suicides seem to be associated with family misfortunes. Of the 11 completed suicides, four were associated with the death of a child, one with a divination of permanent barrenness that boded certain divorce, two with the death of a parent or sibling, and three with the death of a spouse. One case among these three was associated with the impending fate of leviratic or widow remarriage, and one with severe marital

death of a spouse. One case among these three was associated with the impending fate of leviratic or widow remarriage, and one with severe marital discord that involved harsh wife-beating. Of these 11 women, seven were inmarried wives from the Oksapmin people to the north. It should be noted that such women from the Oksapmin reside at a great distance from their own kith and kin, often do not speak the local vernacular, and are often treated quite badly by local women of their husband's hamlet. For long periods of time following

their marriages and relocations, they find little friendship and support among other women, and older women are often loath to defend these alien wives against an abusive husband.

The attempted suicides of women are virtually always due to one form or another of marital discord. Some women have attempted suicide repeatedly. Indeed, of the nine women who attempted suicide during fieldwork, one did so on four occasions, another woman three times, and yet another woman twice. The more typical pattern, however is a single attempt by a young woman during the early months of her first marriage before she has borne children. Many young women have difficulty adjusting to the many responsibilities of being a wife, after the less demanding schedule of maidenhood. Being at the command of a mother-in-law compounds the burden, and young husbands are often intolerant, and may strut their masculinity by being domineering and abusive. If the burdens on young wives become too difficult, the first sign is often an attack of the distinctive maarmaar 'possession', which quickly brings a divination, a temporary repatriation of a woman to her natal hamlet, and a stern admonition to a wayward husband. It is widely recognized that 'possession' is sometimes a prelude to a suicide attempt, which is often quite public and ostentatious. A flurry of suicide threats, which are extremely frequent among women whose demands are not being met, may precede the suicide attempt. Indeed, 93 such threats were recorded among 67 women during the course of field research.

When women are apparently intent upon committing suicide, however, they may not threaten frequently or at all, but rather exhibit varying signs of withdrawal and depression. At such signs other hamlet women may intervene to comfort and console the dejected woman, and to take over responsibilities of hearth, home, and garden. Under such circumstances, women informally keep a watchful eye on one another and offer empathic support, but there is no formal divination of suicide risk or preventive intervention except by women who have special responsibilities in the domain of male ritual. On occasion, suicidal women, on the pretext of going on a round of gardening or gathering, slip away into the deep forest to hang themselves.

More usually, however, women making suicide attempts first begin to prepare vine ropes in a hamlet plaza, angrily claiming that they are making pig tethers or rope to lash house beams. Then, in the early morning or late afternoon when people are busily moving between hamlet and garden, they tend to station themselves along a main path. They make it apparent they intend to

hang themselves, until passers-by dissuade them from their "intent" or, in the most serious cases, cut them down. Not at all to her surprise, however, the woman often then finds herself the recipient of gifts and kind attention from her husband, who is faced with community concern and pressure.

Interestingly, although women attempt suicide almost twice as often as they actually commit it, Bimin-Kuskusmin perceive the opposite relationship to be true. Furthermore, women attribute high rates of female suicide to excessive female work and overbearing male dominance. Men, however, usually claim it is the dominance of the erratic khaapkhabuurien 'spirit' in women that characteristically causes them to attempt suicide, though sometimes incompetently.

Summary

It is clear that Bimin-Kuskusmin suicide is complex and deeply embedded in traditional cultural forms and social forces, although recent social change, epidemics, and plantation labor experiences, have somewhat exacerbated the problem. This essay has sketched some apparent patterns of this complex phenomenon by attending to matters of social solidarity, cultural schemas, modes of local divination and prevention, and case studies. The distinctive characteristics and extraordinarily high rates of adult male suicide are intricately bound up, I suggest, with the considerable psychological "costs" of a highly demanding, widely pervasive, and markedly rigid emphasis on the stoicism, toughness, bravery, ferocity, strength, and self-control of culturally constituted masculinity. This emphasis begins in early boyhood, is massively reinforced in the ordeals of male initiation, and subsequently becomes the basis of achievement and prestige in the male sphere of social life. Even suicide itself, ordinarily a sign of the failed man, is caught up in this imagery in the emphasis on not failing in this final act. Ironically, yet somewhat predictably given the emphasis on self-control, a vestige of masculinity is better preserved in suicide as a supreme act of self-control and forceful assertion than in a vengeful act of homicide, which is relatively low among Bimin-Kuskusmin outside of contexts of warfare with other groups (see Palmer 1965).

To acknowledge frailty of almost any kind, except in the privileged and protected revelations to bond friends and wives, if available, is to risk humiliation and shame and to witness the erosion of public prestige and

self-esteem.   Perhaps most men learn to cope in varying ways with their inevitable recognition of a discrepancy between the public image of their person and the private knowledge of their self.   Indeed some features of this discrepancy are recognized in the cultural schemas focused on the contrast between the _finiik_ and _khaakhabuurien_ 'spirits'.   Some men opt out of the cycle of prestige to devote time and energy to families of origin and procreation, to become magnificently skilled in forest and garden pursuits, and to build networks of friends.   Some men, however, allow no sign of stress to surface publicly, conform splendidly to the expected image of manhood, and may rise to the pinnacles of male prestige.   Yet others, perhaps due to early socialization, enculturation, and life experiences, fail disasterously in pursuing the option of prestige that they have chosen; but they cannot gracefully withdraw from its incessant demands, and they plummet into a downward spiral of increasingly social isolation, humiliation, self-doubt, self-reproach, helplessness, and despair.   Once caught in this spiral and unable to activate any meaningful socio-psychological support systems to extricate himself, a man is perhaps always near some threshold of endurance and is extremely vulnerable to any additional stresses that deepen his descent into despair.   One outcome all too commonly may be to exit by means of suicide.

These tentative conclusions support the claim that Bimin-Kuskusmin suicides are only partially explicable by exclusive reference to the Durkheimian model, to "Samsonic" social motivations, and to culturally constituted notions of shame.   These suicides are not only shaped by cultural forms and embedded in social contexts, but also enacted by individuals somehow caught in the potential snares of these socio-cultural forces.   In anthropologists' understandable allegiance to some variation of Durkheim's profound insights into the phenomenon of suicide, the struggle of the suicidal individual has been predictably lost from view and relegated to the realm of an individual psychology or psychiatry that often ignores the socio-cultural context of that struggle.   I prefer to conceptualize Bimin-Kuskusmin suicides as the acts of enculturated individuals — not of automatons driven only by external forces — in a "culturally constituted behavioral environment" (in Hallowell's phrase).   This view demands the difficult theoretical task of constructing an analytic framework that accommodates cultural, psychological, and social factors in a principled way that illuminates fundamental problems of the individual-in-society.   With that task in mind, this essay has emphasized

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certain characteristics of suicide in a small, remote Papua New Guinea society that cannot be properly understood without some conceptual clarification and resolution of these more abstract issues.

NOTES

Table 1

Reconstructed Cases of Death with Attribution of Primary Cause[1]

Infant Mortality	329	(25.5%)
Witchcraft[2]	287	(22.1%)
Suicide[3]	131	(10.1%)
Warfare	109	(8.4%)
Homicide	94	(7.3%)
Illness	91	(7.0%)
Other[4]	74	(5.7%)
Accident[5]	56	(4.3%)
Ancestral Spirits	45	(3.5%)
Sorcery	33	(2.6%)
Old Age	27	(2.1%)
Non-ancestral Spirits	17	(1.3%)
	1293	(99.9%)

1. Almost all cases exhibit mixed etiology. Thus, "primary cause" designates the most frequently cited, most emphasized, and most significant ultimate cause of death in each case. It is a very rough categorization.

2. Here "witchcraft" is defined by the indigenous category of tamam, where "witches" are primarily adult women and their "victims" are largely adult men. Some suspicion of witchcraft permeates almost all cases of death.

3. Suicide here includes cases reckoned as relatively unambiguous by Bimin-Kuskusmin, e.g., by hanging, by leaping from great heights or into men. Some suspicion of witchcraft permeates almost all cases of death.

3. Suicide here includes cases reckoned as relatively unambiguous by Bimin-Kuskusmin, e.g., by hanging, by leaping from great heights or into dangerous rivers, ravines, etc. (when witnessed by others), and certain cases of stillbirth (when the mother has provoked anger in the fetus) and of fasting. Some cases are positively valued (e.g., certain ritual sacrifices of self, certain self-destructive acts in battle); some are mixed (e.g., women who are pregnant with illegitimate children, men who have committed incest or rape of uninitiated girls); but most are negatively valued and involve a denial of critical aspects of personhood

and, consequently, of proper burial, mortuary observances, and ancestorhood. Of these 131 suicides, 81 (61.8%) involve men, and 50 (38.2%) involve women. Suicide is very rare among the very young and the aged, but is somewhat more common among the latter.

4. The category of "Other" includes all cases of deaths where there is more than one "primary cause," or where ambiguity precludes other classification.

5. Bimin-Kuskusmin themselves suspect that some accidents are, in fact, suicides, but are often loath to judge them so formally when no witnesses to the act can support the suspicion. The probability of the suicidal character of an "accident" is generally assessed in terms of evaluations of the "personality characteristics" of the individual, the intimacy of social support available to him, recent stressful events and circumstances, history and present signs of "depression," and peculiar characteristics of the "accident" itself.

Table 2

Chronology of Attempted and Completed Suicides During Fieldwork
(July 1971 to July 1973)

		ATTEMPTED SUICIDE		COMPLETED SUICIDE	
		Male	Female	Male	Female
1971	Jul.		1	2	
	Aug.			3	1
	Sep.		1	2	1
	Oct.	1			
	Nov.				
	Dec.		1	1	1
1972	Jan.				
	Feb.		1		1
	Mar.				1
	Apr.				
	May.				1
	Jun.		2		
	Jul.			1	
	Aug.		3	9	2
	Sep.			2	
	Oct.				1
	Nov.		1		
	Dec.				1
1973	Jan.		2		
	Feb.		1		
	Mar.		1		1
	Apr.				
	May.		1		
	Jun.		1		
	Jul.		2	2	
		1	18	22	11

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Chapter 10

PATTERNS OF SUICIDE IN WEST KWARA'AE, MALAITA,
SOLOMON ISLANDS

David W. Gegeo and Karen Ann Watson-Gegeo

Introduction

The precipitous rise in suicide rates in certain parts of the Pacific over the past ten years has reached epidemic proportions in some areas. The findings reported in this volume for Micronesia by Hezel and Rubinstein and for Western Samoa by Bowles, the Macphersons and Oliver show high rates of adolescent male suicide in communities affected by rapid social change. It is worthwhile examining cultural and social factors associated with suicide in other parts of the Pacific where the rates, although perhaps also rising, have not shown an epidemic tendency.

Melanesia presents an interesting case in this regard. Suicide rates in the Solomon Islands and most parts of Papua New Guinea are still relatively low, and the dominant pattern in some areas of Melanesia is of young female suicides rather than young male suicides (the Bimin-Kuskusmin case described by Poole in his chapter for this volume is a noted exception). What differences in cultural meanings, social organization, and social change might be related to male and female suicide patterns respectively?

The following is a report of research we conducted in West Kwara'ae, Malaita, in the Solomon Islands from May through August, 1984. In the course of pursuing a study of children's socialization, we conducted interviews across three generations on occurrences of suicide and its cultural meaning. In West Kwara'ae, as in the Solomon Islands generally, the suicide rate is higher for women than for men. The Solomon Islands government and the local provincial governments do not keep statistics on suicides, but the impressions of rural villages, health workers (both Solomon Islanders and expatriate Europeans) and police coincide to support the contention that the suicide rate has risen in the past ten years, and that females are more likely to kill themselves than males. Another impression of rural villages is that young people are committing suicide for "less important reasons" than in the past, although, as we shall see, our case data do not necessarily support this contention.

Finally, our report provides an interesting comparison with that of David Akin (this volume), who describes the neighboring Kwaio who live in a relatively remote area less affected by social change than is West Kwara'ae. West Kwara'ae, a heavily Christian district, is essentially a peri-urban area which has undergone very rapid social change over the past ten years.

We will begin by sketching the nature and meaning of suicide in traditional and colonial times, then turn our attention to suicide today and explanations for it.

Suicide in Traditional and Colonial Times

Although the Kwara'ae term li'o is used to gloss "suicide," its true definition reflects the kinds of death recognized as suicide in the past, as well as the traditional method of committing it. Li'o means to commit suicide, be killed having requested it, or die by noose (hanging or strangulation); its transitive form means to kill oneself, kill on request, or kill by noose. Hanging was never used for murders or in warfare, only for suicides and suicide killings. The noose was constructed of hand-made string in which three knots were tied to press on both sides of the neck and on the throat when the victim jumped.

Informants say that traditionally suicide occurred primarily among women. Like the Kwaio myths referred to in Akins' chapter, most of the myths and legends involving suicide have female victims. Suicide might be committed as the result of a sexual love affair, the death of a husband or wife, or (in the case of a man) the commission of a wrong so serious that it was punished by banishment from the village. All of these constituted grave problems under the traditional system. For example, a woman involved in a sexual affair greatly feared its coming to public notice, as it would bring shame to the family, a dispute between the kin sides involved, and possible violence to herself and her lover. On the other hand, if her lover could not or would not marry her, she knew that her suicide would result in his being killed by her kin side. Secondly, despair over the death of a spouse motivated some to suicide. Women were especially in a difficult position if their husbands died when their children were still small. If a widow wanted to remarry or return to her family, or if her husband's family forced her to leave, she would be separated from her children. Thirdly, in the case of banishment, a man might choose suicide to ensure protection for his wife and children. Banishment was a

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virtual death sentence unless other, more remote kin were willing to take in the offender.

To illustrate traditional suicide, here are examples from three traditional stories ('_ainimae_, 'myth', 'folktale') and three actual cases older informants remember from their childhood. In one story, two young women went to their lovers' village after the lovers had been killed elsewhere for a tabu violation. The women insisted that their lovers' relatives kill them, because the men met their death on their way to keeping a rendezvous with the women. The men's relatives agreed and hung them. This suicide resulted in a war between the two kin sides. Out of grief, the widow of one of the men killed in the war asked her relatives to kill her as well, and they did. In another story, a bride committed suicide when her rival sabotaged the marriage. Subsequently the groom killed his bride's rival, then attempted suicide himself by jumping into a pool of sharks. Instead he was carried on the back of a shark to another island, where he won renown for warfare. He returned, brought both women back to life, and married them. Finally, a legend explaining the fission of a descent group tells how the younger brother of the last reigning paramount chief was possessed by an evil spirit, causing him to rape his sisters. He then committed suicide out of anger for being scolded by his older brothers.

In one actual case from traditional times, a woman requested suicide and was killed after her husband divorced her. In another, a woman requested suicide after her husband died. Her brothers refused, but she swore at them with traditional tabu epithets until they became angry and granted her request. In a third, a woman committed suicide after her love affair with a man was found out, and her father and other relatives said they were going to kill her; she ran away into the forest and hung herself.

In general, Kwara'ae people maintain that suicide was more rare in pre-contact times than today. The truth of this is difficult to judge. There were recognized cultural ways of dealing with suicide attempts in the past. The man or woman who attempted suicide or asked to be killed would be counselled, and the cause of her/his action discussed. If a young unmarried woman admitted sexual intercourse, and if her family did not agree with the marriage, they might ask compensation from the man, or in extreme cases, kill him. To make sure that she did not shame the family again, they might drag the woman to the house of an older bachelor or widower and say, "Here is your

wife." After the two had been together for sometime, they would ask for the brideprice. The same recourse might be taken when a woman insisted her family kill her, threatening them that unless they did, she would have sexual affairs with many men; forcing her to marry was seen as preventing both the suicide and further shame to the family by getting her to settle down. There was no stigma associated with suicide in the past.

Under the British colonial rule, assisted suicide was called murder, and attempted suicide became a crime punishable by imprisonment. Husbands were liable for imprisonment if they were judged the cause of their wife's suicide, as in cases of wife-beating or adultery. Informants said that suicide rates fell during the colonial period, and have risen again since self-government.

Suicide Today

As in the traditional pattern, women today are more likely to commit suicide than men on Malaita. Case data we collected from rural informants, as well as from the Head of the National Mental Health Unit at Kilu'ufi Hospital in West Kwara'ae and the Principal Medical Officer, Honiara Town Council, suggest that the majority of suicides and attempted suicides are among young women, usually unmarried, in their early 20's. These are often women who have lived in an urban area, especially Honiara, for a period and then returned home. Sometimes these young women are educated and have jobs.

For both men and women, suicide most often is associated with a love affair or conflict with parents. Among single women, a failed love affair, or one that resulted in a pregnancy the woman wished to conceal, are examples of precipitating events. Conflicts with parents occur when the parents disagree with the woman's choice of husband, have found out about a love affair, or are overly restrictive in their attempts to protect her reputation. Among married women, a love affair outside marriage by either party, marital conflicts, and despondency over the husband's drinking are the most common circumstances associated with suicide.

Hanging is still a frequent method of suicide, but more commonly young men and women take overdoses of the anti-malarial medicine of chloroquine. Aspirin preceded chloroquine, but has been carefully regulated by the government for several years now due to its use in suicide cases. As malaria is endemic to Malaita, chloroquine is less easy to regulate.

The following are sketches of typical suicide and attempted suicide cases

we collected from village informants and from the Head of Mental health at Kilu'ufi Hospital. All but one of the cases have occurred since 1980. Although we collected more suicide cases among women, we have balanced our presentation here with male cases, and with an eye to illustrating variation.

1. In 1957, a woman tried to cut her throat with an ax. People said that a spirit entered her and possessed her. She was depressed and angry with her husband. A few years earlier her brother had committed suicide by slitting his throat with an American razor, apparently because he had been ill for sometime and had family problems. Subsequently the woman recovered, and she and her husband were given traditional counselling.

2. In 1981 a young woman from an interior village still following the ancestral religion hung herself. Before her death she had frequently visited her Christian relatives, expressing a desire to convert to Christianity. When she returned home after each visit, her father beat her for polluting the family by being in contact with Christians, and he forbade her to convert. She was depressed, and hung herself.

3. In 1983, a young married man in an interior village attempted suicide by making a noose with his lavalava, but was discovered and cut down by his brother. He told his brother that his life was too painful for him; that he and his wife had marital problems, and she was critical of everything he did.

4. In 1983, a young man hung himself over an unsuccessful love affair.

5. Recently a woman from a village in Southwest Kwara'ae took a fatal overdose of chloroquine. She was having an affair with a man who was simultaneously involved with another woman. Her mother counselled her to forget him and find someone else. The mother was insistent, and after awhile the woman committed suicide.

6. In July 1984, a young man whose older brother had confronted him over his love affair with a close cousin, was caught in a suicide attempt. He had admitted the affair to his brother during the confrontation. Shortly after, his mother walked into the house and saw him about to swallow a handful of chloroquine tablets. They discussed the confrontation, she counselled him, and he abandoned the attempt.

7. Recently a young woman, 25 years of age, who was a laboratory technician and had been married for three years, committed suicide by taking more than 100 chloroquine tablets (a dosage of 6 tablets may be lethal). She

was despondent over her husband's heavy drinking.

8. Similarly, a trained nurse for Malaita Province, about 24 years old, recently committed suicide over her parents' opposition to her boyfriend; she took more than 100 chloroquine tablets.

9. A young man of 18 years recently hung himself when his girlfriend left him.

10. A young woman of about 17 years recently hung herself because of scoldings from her parents. She was unable to confront them about it and became despondent.

The case for which we have the most information took place in 1982, and involved a young woman of 21 or 22 years of age in the Christian bush village of Satola. On the morning of her suicide, she went to the village store to buy biscuits, but acted strangely and did not go inside the store, calling out from the doorway instead. After helping her mother fetch a pig which had escaped from the family pen, she returned to her house and locked herself inside. She tidied up her room, hung all her clothes neatly, and folded her other possessions, storing them in her case. A relative passing by glanced through the window and saw the young woman sitting in a chair, drinking from a cup and looking into a mirror after each swallow. Later another relative passed by and heard her crying out for help. He and others broke down the door and found her dying.

In reconstructing the events that led to this suicide, we learned that the day before a man from another village had seen the woman in a clandestine meeting with a man he did not recognize, presumably her boyfriend. Before her death she had been gaining weight and her breasts were enlargening; she began to wear heavy, loose clothes. She had been ill, and gone to the hospital where she was ex-rayed. The radiologist was her mother's brother, and at the time said that he found nothing. After her suicide, he admitted that she was pregnant, and that he had hesitated giving the diagnosis until her lover might be identified. Interestingly, immediately after her death a number of people said they saw her ghost, and it was carrying a baby — probably reflecting public suspicion. The Malaita police investigated the death, but as the woman had never revealed the identity of her boyfriend, the case was eventually closed. Not long after, her sister also tried to commit suicide with an overdose of chloroquine, but was taken to the hospital and survived.

Another type of suicide case that occurs on Malaita is sub-intended

death. We interviewed the widow of a man whose death in 1983 was seen by his relatives as a case of choosing to die. The events leading up to the death were as follows. Several years before B and his wife adopted a deaf-mute girl; they themselves had only sons. When the girl was about 15 years old, she was twice raped by a relative of B. The second rape was witnessed by B's female relative. The case was taken to the police, and the violator immediately imprisoned for one year without trial, under Solomons law (when witnesses can testify to the rape of a handicapped person, there is no trial). The mother's brother, D, and father of the rapist were angry and blamed B and his wife for their young relative going to jail. They frequently confronted B, were hostile to him and his wife, and threatened them in village meetings. The situation was especially difficult because their houses were side by side, they were relatives, and B was a sensitive and peaceful man. B tried to appease D, but he and his close kin said no settlement was possible. Finally B told his wife, "Only death will resolve it." Shortly after this B fell ill, and he grew steadily worse. He refused to go to the hospital, telling his wife that he was not dying of any illness, but rather of the anger between the two families. As his condition worsened, he spoke more and more of death. On the last morning of B's life, D dressed up carefully, combed his hair, put on new clothes, and came to B's house where he peered through the window at B. All of these actions are those of a sorcerer; B may or may not have been fully conscious of D's behavior. A truck was sent to take B to the hospital. As he got up onto it, he told his wife, "This is my last trip." He told his mother-in-law, "Look after my children." On the way to the hospital he fell unconscious, and died shortly after the arrival. Death was from a bleeding ulcer.

Suicide occasionally occurs in pairs or strings, as the case above in which the sister of the woman who committed suicide attempted suicide herself a few days later. In another case, shortly after a man had committed suicide his brother did the same, for no known reason; both men were married. Strings of suicides, however, are not common in Kwara'ae. Kwara'ae informants talk of kwakwalali'o, a string of suicides through generations in which suicide is seen

as "running in the family." People said that the woman in Case 1 above (who attempted suicide with an ax) was a kwakwalali'o case. Although rare in Kwara'ae, informants said kwakwalali'o is common in neighboring Lau and To'abaita, as well as the outlying Polynesian population of Ontong Java. And, as David Akin describes in his chapter, the Kwaio regard suicide as highly

"contagious" and take definite measures to prevent its spread.

Sometimes the Kwara'ae attribute suicide to possession by an ancestral spirit, as in Case 1 cited above. The spirit confuses the person, and as the victim dies, he or she has a seizure and "eats dirt." Suicides of this type are called boborodi'a. It is the boborodi'a spirit which causes kwakwalali'o suicides in families. A boborodi'a is a club formerly used to kill enemies with a blow to the head which resulted in seizures, hence its metaphorical usage here.

But possession by a spirit is not the most typical explanation for suicides today. Kwara'ae people do a lot of speculating about and analysis of cases. News of a suicide is quickly carried throughout the district, and becomes a topic of evening conversation. We turn now to cultural interpretations and meanings of suicide.

Analysis: Cultural Meanings and Social Change

As suggested by a comparison of traditional stories of suicide, actual cases prior to Christianization, and modern cases, cultural explanations for suicide stress two primary emotions — shame and anger. Although the particular case material we have been able to gather emphasizes anger as a motive, informants said that among young women, shame is a more common motivation for suicide. Generally it is shame over a love affair, or especially a pregnancy outside of marriage. Kwara'ae sexual mores are very strict; both men and women are supposed to be virgins at marriage. It can be hard to find a suitable marriage partner if one has gained the reputation of having one or more sexual love affairs. Yet it is women who are most severely affected by this rule, whether or not they actually become pregnant. A woman who has one or more affairs, or becomes pregnant, brings great shame to her family. The shame is increased for her if her lover rejects her, or her parents refuse to let her marry him, perhaps asking compensation instead. Compensation is meant to fa'aabu (make sacred again) the woman, but in practice her only likely possibility of marriage will be to a widower. Moreover, after

Compensation is meant to fa'aabu (make sacred again) the woman, but in practice her only likely possibility of marriage will be to a widower. Moreover, after the episode her parents are likely to be even more strict in their control of her movements and behavior. A young woman who has become pregnant or fears she might be, whose parents are very strict about sexual mores, and with whom she does not enjoy open communication, may be at risk for suicide if her lover rejects her or her parents express opposition to the marriage. She knows that

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she faces years of shame in trying to "live down" her love affair; if she has a child, it is a constant reminder to everyone of her behavior, and the child itself enters the society as an orphan with an uncertain social future. Men are less likely to commit suicide out of shame over a love affair, for reasons which will be considered below. When a failed love affair is the motivation for a man's suicide, it is usually out of despondency; women also commit suicide for this reason.

In the case material presented above, the myth ('ainimae) involving the bride whose marriage was ruined by her rival was a case of suicide motivated by shame: she was ashamed because her rival had made it appear that the bride was an incompetent worker. The case of the Satola woman exemplifies shame over a pregnancy; it is not known whether her lover also rejected her.

The second primary emotion mentioned as the cause of suicide is anger. Open expressions of anger are forbidden in Kwara'ae culture, although of course they occur. But a strong cultural value for the Kwara'ae is to live in peace and harmony, to the extent that anger is repressed and hidden behind a veil of smiling politeness. When parents criticize and scold their children, they are supposed to remain silent and accepting even when they themselves are adults. Another strong cultural value is seniority, reflected in the power parents and other older relatives have over youth, and older siblings over younger siblings. Because Kwara'ae is patrilineal, a wife is also subordinate to her husband, a position emphasized by the conservative Christian churches in the area. In families where open communication does not exist or has broken down, and where serious tensions exist, the result may be violent behavior by one or more members: wife- or husband-beating, child abuse, and suicide are all possible examples we have observed.

Many of the cases cited earlier appear to involve a combination of emotions: both shame and anger, resulting in depression or despondency. The sub-intended death case is especially complex. B and his wife endured great shame over the rape of their adopted daughter. As her adoptive parents, they were responsible for her safe-keeping and reputation for the period she was to stay with them (adoption is never permanent in Kwara'ae). That she was raped by one of his relatives deepened the shame for B. That this relative's father and classificatory father then blamed B for their son's imprisonment, and persecuted him and his wife, must have engendered a great deal of anger in B, which he turned inward by sacrificing his life to end the dispute. (In this he

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failed, since D has now threatened to kill B's wife, and has said that the dispute is not over). Both this case and other sub-intended death cases we heard about seemed to involve people in their mid-life, who were usually married and possibly had children.

Rapid social change and exposure to modernization are also seen by the Kwara'ae as factors in suicide. West Kwara'ae is almost a peri-urban fringe area. The Malaita road connects all of West Kwara'ae to Auki, the island's provincial, urban center, which itself is located in West Kwara'ae. Twice daily flights to Honiara leave from the Gwaunaru'u airfield, located in West Kwara'ae. Twice weekly ferries depart from Auki to Honiara, the nation's capital and primary urban center. West Kwara'ae is experiencing the growth of a mixed economy, where subsistence gardeners and workers in wage labor live side by side in the village. People are increasingly mixing Pijin and English words and phrases into their speech. Young men and women are attracted to urban lifestyle and dress; and a sprinkling of radios, tape recorders, and bicycles are appearing in most villages. It is almost becoming a rite of passage for young men who fail or leave school to go to Honiara or the Western Solomons to work for one to five years before returning home to marry. Unlike parts of Polynesia, however, most Kwara'ae men do in fact return with whatever money they are able to save, to start a business, such as poultry, piggery or plantation, on their own land.

We think the higher rate of suicide for women has to do with the greater social pressures on them, made more critical by rapid social change. Women's lives have always been very restricted; in the past resembling more closely the strict ideology of pollution described by Akin (this volume) for Kwaio. For example, under the traditional tabu system, seclusion of women in special houses protected men from the pollution of menstrual and birthing blood. Under the Christian churches these tabus are gone, but the church teaches that women are subject to wishes of their husbands and fathers. Even as small children, girls are expected to work harder and be adult more quickly than boys but they are allowed to play and go about with relative freedom until adolescence. At that point their movements are restricted, they are expected to move around in the company of other women, and their behavior is carefully watched and critiqued by their adult relatives. Yet on the radio, rock and roll songs play all day, sex and love are glamorized, and the shops in Auki carry clothes designed to attract male attention. Male adolescents do not face the same

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kinds of restrictions. Although they are expected to do their share of garden work, they are free to go about with their peers from village to village, without suspicion.

Similarly, young men who experience a failed love affair or conflict with their parents have a number of options for dealing with it. They can go off to Honiara on another island or elsewhere to work for awhile, removing themselves from the problem. For example, a man who gets a woman pregnant can run away and wait until the matter blows over; a woman cannot do this. More than likely she will not have the money for a ferry ticket, and her relatives are not likely to give it to her. Or a man can go live with relatives in some other village for long periods. Women have much less mobility. As one male informant pointed out, even if she escapes to the garden to be away from the village for awhile, it is to her parents' garden that she goes.[1] This restricted sphere of action must affect greatly a woman who has lived in Honiara and experienced the relative freedom of urban life. As mentioned earlier, informants pointed out that many female suicides are women who had recently returned from town.[2]

The clash of urban and rural values, therefore, in a period of rapid social change, seems to be involved in many female suicides. Moreover young people today want to fall in love when they marry (traditionally marriages were arranged by parents), and the restrictions on women hamper their attempts to get to know young men. The departure of young men to other islands to work for several years — often marrying non-Kwara'ae women — has also meant that marriageable age women outnumber men in Kwara'ae, and that many Kwara'ae women never manage to marry. Moreover, a woman's opportunity to marry is further restricted by cultural rules forbidding marriage between people who are in any way related. A woman's parents also control her destiny by setting the brideprice they want for her. In summary, a man can leave to pursue work or find a spouse, thereby gaining independence and control over his life. Very few women have this option.

Social Strengths and Alternatives

The Solomon Islands is now experiencing social changes experienced a few years earlier in Micronesia and parts of Polynesia. Development has come slowly, with the islands gaining their independence only in 1978. Although the suicide rate is said to be rising, there are no signs of the precipitous rise

typical of parts of Micronesia or Western Samoa, nor does the age of suicide victims seem to be dropping. We suggest that there are several factors providing strength to social systems in the Solomon Islands undergoing change which may help forestall increases in suicide. One of these is a resistance to out-migration. Large numbers of Solomon Islands men do migrate to town and to other parts of the Solomons to find work; this is especially true of Malaita men, according to government statistics. In fact, half of the paid jobs in Honiara are held by Malaitans, and among these the Kwara'ae are well-represented. But Solomon Islanders do not migrate to other countries to work, at least not in large numbers. And migration of young men to town or elsewhere is usually temporary. Solomon Islanders are strongly tied to their land. As mentioned earlier, most who leave it work for a few years and then return home to start a project and a family on their own land.

A second source of social organizational strength is the family and its traditional modes of conflict resolution. The Kwara'ae descent group has weakened over the past generation, but the extended and nuclear families are still strong. Within the nuclear family, conflicts are often dealt with through fa'amanata'anga, or counselling, which occurs on a regular basis. Parents observe their children's behavior carefully, then counsel them on strategies for coping with problems that arise. Often incidents in other families are used as the basis for a counselling session. Counselling tends to keep the members of a family close, and creates a supportive context for adolescence. Young persons unable to accept counselling from their biological parents may be sent or go themselves to stay with other adult relatives from whom they will accept it.

For example, in one case this summer a young man of 21 years stole money for beer from his family's store, and was caught by his father. This episode was one in a long series of actions indicating the young man's personal problems. The youngest in a long line of brothers, his mother had died at his birth, and he had lived in various adoptive families before returning home at the age of 14 years. Once home he found it hard to accept his father's and elder brothers' authority, and he began associating with a group of adolescents who drank beer and engaged in petty thievery. He was greatly ashamed of his theft from the family store, and he feared that his brothers were angry with him. He went to Honiara, where he fell in with a gang known for fighting and drinking. After seriously injuring someone in a fight, he was jailed for a few

days. When released, he went to the house of his mother's sister, where he attempted suicide (in circumstances suggesting he hoped to be saved) by taking 20 chloroquine tablets over three days. He survived because of the prompt action of his mother's sister. When he had recovered, she began to systematically counsel him. In a meeting between both families, it was agreed that he would remain with her until he felt he had straightened out his life, and that he would also be counselled by a priest. When we left, he was making plans to return home.

Sometimes the larger kin group beyond the extended family is involved in supporting a person with serious problems. In another recent case, the young chief of a village suddenly began crying out one evening that he was dying. He was under great stress due to several factors: his political role, a large debt he had been unable to pay, the immediate need to build a house for his mother as well as his own family, and the burden of supporting the children of two deceased brothers along with his own. He later described his feeling as one of dissociation from his body and imminent death. His relatives rallied around him — in fact, the whole village turned out. They went with him to see the Anglican priest, whose prayers and counselling calmed him. On the following day one relative visited him and in a traditional personal <u>fa'amanata'anga</u> session, listened to the pressures he felt, then offered him advice and support. The relative then met with other relatives, who put up the money to pay off the chief's debt. These expressions of support apparently restored the chief's sense of connectedness to his village, and he reportedly returned to all of his responsibilities with new confidence.[3]

Ties to the land, a strong family system, and traditional counselling are positive cultural factors mitigating against suicide. An important negative factor which seems to especially discourage young women from committing suicide is their knowledge of the unpleasant aftermath of suicide. First, death by chloroquine leaves the body in a hideous state, and many young women who have seen such a body say they will never commit suicide themselves. Secondly, the Church of Melanesia still follows the old Anglican law in the treatment of

suicide victims: they are wrapped in cloth and buried without church ritual like animals in unmarked graves, their heads pointing to the west rather than to the east. Anglican women express horror at the prospect of being so treated after death, and they also accept the church teaching that a suicide victim does not go to heaven.

Summary

In this chapter we have described briefly the cultural patterning of suicide in West Kwara'ae, Malaita, and have reviewed the current suicide situation in a society which, more than most Solomon Islands societies, is undergoing rapid social change. It is important to note that it is impossible to ascertain suicide rates in this area (or, indeed anywhere in the Solomons) with any degree of certainty due to the lack of systematic record keeping. Rather than deal with an analysis of suicide rates, across different sub-groups in the population or across time, we have presented descriptive information which will provide interested readers with the social meanings of suicide when it does occur in West Kwara'ae, and with an understanding of some of the points of stress experienced by those who appear to be most at risk in suicide: young, marriageable people, especially women. By examining suicide as an indicator of wider strains in a changing society, and by considering the internal strengths which these communities themselves bring to deal with the problems of conflict and suicide, we hope that the discussion in this chapter may shed light on an even wider range of social and cultural issues in the Solomon Islands today.

NOTES

1. It should be noted that when we asked informants why women committed or attempted suicide more frequently than men, we were told that women have many fewer options for responding to family problems, out-of-wedlock pregnancies, etc. — independent of our own hypothesizing along the same lines.

2. Informants also said that members of the South Seas Evangelical Church are more likely to commit suicide than Anglicans and Roman Catholics. We are unable to judge the validity of this statement. However, SSEC members are considerably more westernized than members of the other two churches; they are more likely to have lived for a period in town; and it is our impression that conflict between children and parents during adolescence and young adulthood is more frequent among them.

3. A woman would be unlikely to behave in the way the chief behaved, because women are socialized from childhood to avoid extravagant displays of emotion, with the exception of grief over death. Even more than men, women are expected to internalize anger and frustration. Interestingly, the chief went into seclusion for two days after his outburst, due to shame. A woman in a similar circumstance would have secluded herself for perhaps two weeks. In Case 1, the woman secluded herself, in shame for attempting suicide, for about five years. During this time she moved about the village only after dark or before sunrise.

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Chapter 11

SUICIDE AND WOMEN IN EAST KWAIO, MALAITA

David Akin

The people of East Kwaio consider women more likely to commit suicide than
men, an attitude reflected in Kwaio mythology as well as popular belief.
However, a collection of cases from the last 40 years indicates suicides by men
and women are about equal in number. The Kwaio associate suicide with women
because there are many unsuccessful suicide attempts by women, and few by men.
Women are also seen to threaten suicide more often than men. When a woman
shows certain signs of being a potential suicide, rigorous prevention
procedures are put into effect by the community. In this chapter, I briefly
review the sociocultural significance of suicide among the Kwaio, based on case
materials gathered during my work there between 1979 and 1983.[1] I focus
particularly on the significance of suicide and threatened suicide as an
effective means of conflict resolution for women.

The Kwaio

Kwaio is one of ten ethnolinguistic groups on the island of Malaita in the
Southeastern Solomon Islands. This chapter deals primarily with the
approximately 800 Kwaio living in the mountains behind Sinalagu Harbor on the
East Coast. An equal number of the Sinalagu Kwaio are Christians living in
large villages on the coast. The Kwaio in the mountains live in small
scattered hamlets and continue to practice their traditional religion. They,
with other traditionalist Kwaio, make up the largest non-Christian group in the
Solomons. This chapter concerns suicide in the context of the non-missionized
culture.

The Kwaio practice slash and burn horticulture. Their main staples are
dry taro and sweet potato. They raise pigs for ritual and feasting purposes,
and for sale. Although there is some fishing in inland rivers and in Sinalagu
Harbor it has never been as important as in most areas of Malaita. Until this
century there was no coastal population in Sinalagu Harbor.

The Kwaio area is divided into named segments of land, which are centered
around major shrines first founded by ancestors many generations ago (Keesing

1969:122). In these shrines, and many others of lesser importance, priests sacrifice pigs to, and communicate with, ancestral spirits on behalf of their descendants.

The Kwaio world is believed to be controlled by these ancestors, who enforce a strict tabu system. Ancestors are particularly concerned with the bodily functions of women, who must be isolated from the rest of the community during menstruation and childbirth. Pigs must be sacrificed to these spirits to expiate tabu violations, and to gain support for successful living. If violations are not corrected, the ancestors will punish the offending group of their descendants with sickness, deaths, or other misfortunes. The Kwaio have a strong emotional attachment to these deceased ancestors, and there is very little in their lives that is not believed subject to ancestral control. The most powerful ancestors are those that died long ago. Some of them are common to a great many people, and are given pigs in hundreds of different shrines.

Until the colonial era, the East Kwaio area as a whole was never united politically. Big men earned power through the feasting economy, as warriors, or as priests. Some men were noted for their oratory, and were important in politics within and between kin groups. One man might become powerful by combining all of these roles. Today all but the warrior status are still important. In addition there is now the role of leader in Kwaio, provincial, or national level politics. There is an area council, with those groups interested in district level politics choosing their own representatives.

The introduction of steel tools more than 100 years ago greatly reduced the work load of men. Men formerly cleared the trees from gardens and built fences around them to keep out pigs, all with flint tools. Women, however, have not benefitted as much from western technology. Their work of weeding and planting is still done by hand and with wooden digging sticks. In addition a taro blight in the 1950s made the Kwaio more dependent upon the introduced sweet potato. Sweet potato gardening has always been considered women's work, so their work load was increased even more.

Kwaio women are more traditional in orientation than men. They are not

so their work load was increased even more.

Kwaio women are more traditional in orientation than men. They are not allowed to leave the area, while Kwaio men have been leaving to work on plantations since the 1870s. They may stay away for months or even years. Up to half of the young men of the area may be away at any one time (Roger Keesing, personal communication).

The history of Kwaio contact with Europeans has been long and sometimes

violent. In the early years of the Queensland and Fiji labor trade, several recruiting ships were attacked in the Kwaio area. Two missionaries were killed, one in 1966. The area was pacified in 1927 when a devastating government punitive expedition followed the killing of a district officer and 14 others at Sinalagu.

Following World War II Kwaio was a major center of Maasina Rule, a revitalization movement which strove for political autonomy for Solomon Islanders. Although it was eventually suppressed by the British colonial administration, many of the sentiments of the movement are still strong in East Kwaio today.

Suicide in Kwaio

The Kwaio recognize suicide as a serious problem. They say that the suicide rate is much higher today than in the past. Whether there actually has been an increase in suicide is difficult to say. There are no government records for the area, and the Kwaio have a tendency to idealize some aspects of their past history. The question has also gained political importance of late. In 1983 a contingent of Kwaio leaders went to Honiara to demand government compensation for the 1927 punitive expedition. They claimed that their ancestors were still punishing them for the expedition's desecration of shrines by, among other things, causing more people to commit suicide. The Kwaio also blame this rise in suicide on an increase in the importation of sorcery into Kwaio, and on ancestral anger over the violation of tabus by Christians. Whether or not the suicide rate has risen, it is quite high today. From 1979-1983 there were four suicides, three men and one woman, in the Sinalagu population of about 1500. This is an annual rate of approximately 53/100,000.

By far the most common method of suicide in Kwaio is by hanging, either from a tree in the jungle or from house rafters. The Kwaio term for suicide, ri'onga has the literal meaning 'strangle' but has become a generic term for suicide regardless of method. In addition to hanging, other methods include jumping off cliffs or walking into the sea. More recently a woman attempted

suicide regardless of method. In addition to hanging, other methods include jumping off cliffs or walking into the sea. More recently a woman attempted suicide by taking an overdose of aspirin. A government doctor reported that suicide by chloroquine overdose is becoming a problem in other areas of Malaita.[2]

Another method of suicide was practiced by women in the past. When a woman was shamed (noniria'a), usually by being raped, she would climb to her

group's sacred men's house to demand that her male kin kill her. In all but one such case recorded, the woman was killed by strangling her with a cord. Men's houses were tabu and the usual penalty for a woman entering such sacred areas for any reason was death. When demanding that she be killed the woman would make clear the reason she wished to die, telling the name of the man who had raped her. The rapist himself was seen as the girl's actual murderer, and in every case he was hunted down and killed (see case #3 below).

As can be seen from Table 1, the Kwaio give a wide variety of explanations for individual suicides. It should be stressed that these explanations are Kwaio explanations. In some cases there were tensions in inter-family relationships that were not cited in explaining the suicide.

All of the pre-World War II suicides shown in Table 1 were by women, as were the few suicides which occurred in mythical accounts. The suicides in myth were the result of sorcery performed by men who had been insulted by the women. Although Kwaio discuss suicide as a problem associated primarily with women, the cases we collected for the period following World War II (post-1943) show the number of suicides by men and women to be about equal.[3] It would, however, be misleading to interpret these statistics as contradicting. Suicide is associated with women because women attempt suicide and threaten to commit suicide much more than men. Similar to the data discussed by Poole in his chapter on the Bimin-Kuskusmin, only one unsuccessful attempt by a man was recorded, and he succeeded the next day.

Women can be burdened with a great deal of emotional stress in Kwaio society. Their real or supposed tabu violations are blamed for most of the serious misfortunes which befall their groups. In 1967 one woman committed suicide after being blamed for the terminal illness of her brother, to whom she was very close (Keesing 1983:120).

The most common reason for suicide among Kwaio women is a bad marriage. This was a reason cited for five of the ten post-war cases for which we were given an explanation. If the husband is thought to be the cause of the suicide he will be forced to pay compensation to his wife's kin. Before pacification

given an explanation. If the husband is thought to be the cause of the suicide he will be forced to pay compensation to his wife's kin. Before pacification he might have been killed by her kin. The following cases both occurred in the 1970s:

Case #1:   A man treated his wife badly, beat her (uncommon in Kwaio), and spread rumors about her. They argued all the time. In 1979, after they had been married about a year, she spoke to him in front of several people: "You won't be able to hit me next time you see me." Later that afternoon she hung herself. The next day her mother attacked the husband's sister with a knife and severely wounded her. Both the husband's and mother's groups paid each other equal compensation.

Case #2:   A woman who had recently been married became upset because her husband refused to consumate the marriage, and wasn't kind to her. She told her mother about it, and later the same day hung herself. The man had to pay a small death compensation and also lost the large brideprice his kin had just paid for the woman.

As can be seen from these two cases, suicide may also be a means of getting revenge against someone. In these and some other cases the women made clear to others the person causing their suicide. This could be even more effective in the days before pacification as the following case illustrates:

Case #3:   A woman, Kofe'au, was raped by a man named Lamolamo. She followed him home in an effort to get him to marry her, but he made a curse against her entering his village. She spent that night at the edge of the village with his sympathetic relatives. The next morning she left, telling his relatives that, "I can't do anything about what he has done to me, so I'll just go home now. But listen for the slit gongs from my village."
    She returned to her village and climbed to her family's men's house. "Come and strangle me [brother] Tagailamo!" And her brothers strangled her with a bowstring. Afterwards they played the song on the slit gongs that announces a death.
    Lamolamo's kin heard the drums and said to him: "That is what you asked for and of course it has happened. They've killed Kofe'au."
    "So the people up there, they killed Kofe'au and then they put up a bounty for Lamolamo's death. And no matter where Lamolamo ran, he was going to die for Kofe'au's death. Lamolamo asked for it, so what could he do? People hunted him ... and they killed Lamolamo for the death of Kofe'au."

This demonstrates how suicides in Kwaio could be, like those described by Counts (1980:332) in Kaliai, "an expression of power by otherwise powerless people." Kofe'au had been raped in revenge for another rape by one of her brothers, for which only a tiny compensation had been paid. She knew that her relatives would, therefore, only be able to demand a similarly unsatisfactory compensation for her own rape. The only way she could strike back at Lamolamo brothers, for which only a tiny compensation had been paid. She knew that her relatives would, therefore, only be able to demand a similarly unsatisfactory compensation for her own rape. The only way she could strike back at Lamolamo was by forfeiting her life. Some of the female suicides today can still be seen as expressions of power, although women are no longer likely to cause another's death through their own.

Kwaio women have more power than the Kaliai women described by Counts.

They may choose to raise their own pigs, and take part in the prestige economy independently of their husbands.[4]   A woman can usually count on her kin supporting her if it is felt she has been beaten wrongly, or if her husband has had an extramarital affair.   A woman so wronged may leave her husband, and demand that he pay her compensation before she returns to him.

However, if a woman is having other less drastic problems in her relationship with her family, husband, or in-laws, she may feel powerless to correct the problem.   Women are very conscious of their importance to their group.   They take great pride in being good workers and in carefully following tabus.   A woman thought to be lazy, or careless concerning tabus, will be strongly criticized by others, including other women.   There may be times when a woman becomes distressed about her status vis-a-vis her relatives, especially if they are treating her in ways she feels are inappropriate.

As will be shown, the threat of suicide can force a woman's relatives to acknowledge her value to them by going to a great deal of trouble and expense to avert her death.   To understand how this can occur, one must understand a kind of spirit possession called lafulafu.

Lafulafu and the Threat of Suicide

The most common kind of spirit possession in Kwaio is called lafulafu. Lafulafu may be caused either by angry ancestors of the victim, or another kind of spirit called kwasi. Kwasi are wild ancestral spirits. Many were purchased from other areas of Malaita, for a particular power they possessed, and then their "owners" died before teaching anyone how to control the spirit with sacrifice.   If a group's true ancestors are angry they may allow these wild ancestors to enter the hamlet.   Lafulafu is sometimes caused by sorcery as well.

There are a wide variety of symptoms of lafulafu possession.   These may include irrationality, supernormal strength, sleeplessness, and trance-like behavior.   Victims can sometimes be quite violent and often have to be physically restrained.   Men occasionally become lafulafu, but much less often

It is assumed that a person who is lafulafu will try to commit suicide if given a chance, and this is why this possession is so feared by the Kwaio. While we have only one case of a woman verbally threatening suicide, the threat is implicit in lafulafu. It is a very real threat. Two of the female suicide

cases, and several serious attempts, were _lafulafu_ at the time.

For this reason, and because she might trespass into tabu areas, a _lafulafu_ woman must be kept under constant observation. Usually a large group of the woman's kin and in-laws will gather at her village to help keep watch over her. If she needs to be restrained people will take turns holding her. In extreme cases the woman may try to trick those watching her into letting her go, by saying she has recovered. But the symptoms are still obvious, and her guards 'know' she only wants to escape to hang herself. Violent cases may injure their guards, and potential weapons must be kept out of their reach.[6]

While the woman is being watched, men try to divine which ancestor is causing the possession, and what is required to effect a recovery. Usually one or more pigs will be sacrificed to expiate a tabu violation which caused the ancestor's anger. If a diviner must be consulted from another group he will be paid. If it is determined that a wild ancestor is possessing the woman, an exorcist may have to be employed as well. A woman may be _lafulafu_ and virtually monopolize her family's activities for several days. Thus a case of _lafulafu_ may cost the victim's group a great deal in terms of time, pigs and shell money.

Lafulafu is often contagious. Sometimes all of the younger women in a hamlet will be _lafulafu_ at the same time. From this probably comes the belief that suicide itself is very contagious. After any hanging, strict ritual procedures must be followed to decontaminate the corpse and the hamlet. If this is not done it is thought that other suicides will soon follow. Only one double suicide was recorded outside of mythical accounts, although there have been several cases of suicide being followed immediately by others' suicide attempts.

It is difficult to determine the seriousness of many failed suicide attempts by _lafulafu_ women. Since they are so closely watched, even if they escape, they are unlikely to succeed in hanging themselves before they are found. Genuine attempts may appear to have been calculated to allow interruption. Women have been found hanging unconscious, and revived.

found. Genuine attempts may appear to have been calculated to allow interruption. Women have been found hanging unconscious, and revived.

Lafulafu often afflicts women during a time of inter-family problems. In many cases the women may feel that they have been treated unfairly by their family, husband, or in-laws.

Case #4: G had been _lafulafu_ off and on since her father's death in the early 1970s. Soon after his death she was married to R. By the late 70s their relationship was deteriorating. She felt he was treating her badly, and even accused him of stealing one of her pigs. In 1980 she was _lafulafu_ at least five times, and tried to commit suicide twice. Each time she was temporarily cured through pigs being sacrificed, by her family and in-laws, to the ancestor possessing her. Even when not _lafulafu_ she spent many evenings alone in her house crying. In 1981 she was diagnosed by a doctor as being depressive and given tryptanol to take the next time she felt _lafulafu_ coming on. In 1981 her feelings towards her husband began to turn into anger. Although she eventually had to take the medicine once, she had no further attacks of _lafulafu_, despite a dangerous miscarriage. In 1984 she left her husband and returned to her home. She now says she is cured of the _lafulafu_ and healthy again. Some Kwaio said her illness was caused by one of her ancestors, but that the ancestor was angry because her husband had stolen one of her brother's pigs.

The Kwaio themselves recognize that _lafulafu_ symptoms may be related to inter-family tensions. In case #4 the ancestral anger was connected to actions of the woman's husband. The validity of a supernatural explanation may even be questioned altogether for some cases:

Case #5: An unmarried woman in her late 20s tried to hang herself. The explanation given was that someone had made a ritual mistake, and one of her ancestors had possessed her to express its displeasure. She had been sick for several days before the attempt. This was the second time she had tried to commit suicide in a short period of time. Another woman, who was close to her, privately expressed doubt at the explanation given. She said that the woman tried to hang herself every time her brother became angry at her, even when his anger was justified.

It is also recognized that some women may fake _lafulafu_ symptoms in order to manipulate situations:

Case #6: A young unmarried woman showed _lafulafu_ symptoms for two days. Her mother and other close relatives treated the possession very seriously, and said she was suicidal. They blamed it on ancestral anger over tabu violations. However, two men who happened to be at the scene found it quite humorous. When I asked why, they explained that the woman obviously wasn't really _lafulafu_, and was probably faking in order to get the attention of some young boy she was interested in. They cited numerous cases of women pretending to be _lafulafu_, over men they eventually married.

But the vast majority of cases are taken very seriously. Even over men they eventually married.

But the vast majority of cases are taken very seriously. Even questionable cases are, at least formally, declared supernaturally caused. It is this supernatural element which gives a _lafulafu_ victim's kin the cue to become openly concerned with her distress to the extent that they do.

Before the suicides in cases #1 and #2 above, the women let it be known to others that they were having serious problems. But there was no public

outpouring of support or understanding from their kin. People will be reluctant to interfere in others' marital relationships. If a woman is having problems with a brother or father, she may be unlikely to get a fair hearing or sympathy in the face of her more powerful male kinsman.

However, when the crisis becomes a supernatural one, it allows everyone to get involved. The woman will receive a dramatic reaffirmation of her value to her family and the kinsgroup as a whole. This is no longer an act of intervention into other's affairs, but rather an act of group solidarity, defending one of its members against the wrath of the ancestors. If the possessed woman is not protected she will die because the ancestor will force her to commit suicide.

The group is also mobilizing to protect itself. The group's ancestors, by possessing the woman, or allowing wild ancestors to possess her, are showing their displeasure with the group as a whole. The possession is symptomatic of a breakdown in relations with the ancestors. Even if the woman was allowed to kill herself, if the cause of her possession was not discovered and corrected, the group would be beset by further misfortunes, possibly in the form of further suicides.

To prevent her suicide, and further problems, the group restores good relations with their ancestors by discovering the cause of ancestral anger and correcting it with the sacrifice of pigs. But at the same time they may restore the secular balance of the group by reassuring the possessed woman that they sympathize with her distress, and that she is a valued member of the group.

Summary

There is evidence that "supportive interactions among people are protective against the health [including mental health] consequences of life stress (Cobb 1976:300)." Kwaio women can suffer from serious stress due to doubts about their place in, and value to, their communities. These doubts are usually the result of some breakdown in family relations.

A culturally acceptable reaction to such situations, especially for women, is lafulafu possession. Because lafulafu victims are assumed to be suicidal, kin must rally to support them to prevent their death. This evidence of group concern serves to reassure the woman of her importance to the community and may thus result in a reduction of stress. In some cases a lafulafu woman may be

seen to be testing her kin's resolve to protect her. There are several cases of lafulafu women escaping and succeeding or almost succeeding in killing themselves.

Women become lafulafu, and attempt suicide, more than men in reaction to family problems. This is very likely because men have more options available to them in such situations. As noted by the Gegeos in their chapter about Kwara'ae, Kwaio women have much less mobility than men. It is easier for men to change residence than women and non-Christian women are also forbidden by men from leaving the Kwaio area. In contrast, men frequently leave for long periods of time in order to escape family conflicts such as marital troubles or fights with senior kin which are the same type that often lead to women being lafulafu.

NOTES

1. My wife and I were working with the Kwaio at the Kwaio Cultural Centre at Ngarinaasuru above Sinalagu Harbor. The Cultural Centre project was established by the Kwaio with the help of Dr. Roger Keesing of The Australian National University.

2. This information was given to me in 1981 by Mike Clark, then a provincial doctor and head of the Mental Health Unit on Malaita.

3. It should be noted that suicide was not a major focus of our research in Kwaio, and there were undoubtedly many suicides in the past, which we did not record. Most of our cases surfaced in relation to other topics.

4. For a more in-depth look at women's roles in Kwaio, readers are referred to "Ni Geni," a paper by Roger Keesing (1984) which includes transcripts of statements made by the women themselves.

5. Men more often suffer from a kind of possession called kakaru in which the threat of suicide is not always involved.

6. I once caused a panic by foolishly offering my walking staff to a lafulafu woman who asked for it claiming she was having trouble standing. Unbeknownst to me she had earlier struck another man with a piece of firewood.

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Table 1

Implied or Actually Given Reasons for Suicides in Kwaio

Female:

(in myth)	Sorcery	Possession	Fear	Revenge	Grief	Shame	Mistreatment by close kin
1.	X						
2.	X						
3.	X						
4.	X						
5.	X						
(pre-1927)							
6.					X		
7.						X	X
8.				X		X	
9.						X	X
(post 1943)							
10.							X
11.					X		
12.							X
13.							X
14.		X					
15.		X					
16.		X					
17.							X
18.	X						
19.						X	X
20.					X		

Male:

(post 1943)	Sorcery	Possession	Fear	Revenge	Grief	Shame	Mistreatment by close kin
1.						X*	
2.		X					
3.			X				
4.		X					
5.		X					X
6.			X				X
3.			X				
4.		X					
5.		X					X
6.			X				X
7.		X					
8.		X					
9. (no reason given)							
10. (no reason given)							

*This was disputed by some informants who said there must have been some hidden reason for the suicide.

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Chapter 12

SUMMARY

Francis X. Hezel

The discussions of suicide in various cultural areas of the Pacific, first
presented at the East-West Center conference, and contained in this volume, are
both rich and complex. Unsurprisingly, it is evident from these chapters that
the meaning of suicide is embedded deeply in the unique cultural context of the
local situation, and that suicide is often attributed with more than a single
meaning within a locality. To attempt to summarize all of these data in any
meaningful way, much less to reduce them to a single set of generalizations,
would be impossible.

The principal aim of the conference was to encourage the discussion of
suicide in different cultures in the hope that a shared understanding would
broaden the perspectives of each of the participants. It was hoped that the
interaction of persons representing different disciplines (cultural
anthropologists, psychologists, psychiatrists and practitioners) would further
facilitate the achievement of this goal. If there was any particular insight
that participants could take home from the conference, it was anticipated that
it would be a more structured and comprehensive approach to the investigation
of suicide in any locale rather than a set of answers to the question of
suicide. This necessarily modest goal was, we feel, realized as well as it
could be in a conference of this composition and duration.

By the end of the conference, substantial agreement was achieved on the
methods of approaching suicide within Pacific Island societies. There was
nearly universal recognition that suicide could not be studied apart from the
cultural context that provided its patterns and meaning in that society. The
major areas of concern, both socio-cultural and psychological, were outlined in
provisional form. Problems in the collection and assessment of data were also
discussed, and some tentative conclusions reached.

Finally, the problem of weighing and determining intervention strategies
was also considered, with important cautions made by participants. We present
these here, provisional as they may be, in the hope that they might provide
assistance for others engaged in research on suicide, whether in the

Pacific or elsewhere.

Main Topic Areas for Studying Suicide

In the presentations, certain major themes emerged that participants felt might serve as organizing principles for the cross-cultural study of suicide in any part of the world. These were presented to the participants for discussion and amplification on the final morning of the conference. After the conference, these themes were reorganized in light of the discussion and are presented here as tentative guidelines for suicide research.

A) **Cultural Patterning of Suicide**

    1. Historical—What is the historical, ethno-historical or mythological occurrence of suicide in the culture? Is there a lexical term for suicide? What were the typical methods and traditional interpretations of suicide?

    2. Contemporary—Is there a cultural script for suicide today? What are the commonly recognized situations, methods, actors, emotions, and messages communicated by the suicides in a culture?

    3. Cultural evaluation—Do members of the society evaluate suicide positively or negatively? Do people make attributions or accusations of responsibility or blame for other people's suicide?

    4. Rates—What is the recent rate of increase in suicide, male-female ratio, and geographical clustering?

B) **Psycho-social Aspects of Suicide**

    1. Social cohesiveness—Do villages or areas with high suicide rates show evidence of a lack or a disruption of cohesiveness, due to cultural change, political fragmentation or conflict, etc.?

    2. Social bonds—What is the strength of affiliation between victims and their family, kin group or society? Are victims generally marginal individuals?

    3. Psychological profile—what is the psychological profile of the victim? Is there any mental abnormality? Can certain high-risk personality types be identified? Are suicide victims typically described, in local cultural terms, as being 'strong' or 'weak', etc.?

    3. Psychological profile—what is the psychological profile of the victim? Is there any mental abnormality? Can certain high-risk personality types be identified? Are suicide victims typically described, in local cultural terms, as being 'strong' or 'weak', etc.?

    4. Impulsivity—To what extent is the suicide an impulsive act? Does spatial or temporal clustering, or other signals, also suggest a high degree of impulsivity in the suicide acts?

    5. Emotions—What are the emotions generally associated with suicide? Especially, what is the nature of 'anger' and 'shame' and how do these

two emotions interplay in cultural interpretations of suicide?

C) <u>Suicide Prevention</u>

1. Problem status--Is suicide identified as a problem within the society? Are there local reasons for resisting or denying the identification of suicide as a problem?

2. Prevention--What forms of prevention/intervention are now in use? What forms could be used?

Collection and Assessment of Data

The incidence of suicide and its cultural significance vary so greatly from one part of the Pacific to another as to forbid any neat generalizations. The participants felt, however, that they could make general observations on the problems surrounding the collection and assessment of data on suicide.

The reliability of official statistics on suicide seems to be a problem everywhere. In just about every case, researchers discovered that official records were seriously faulty owing to inadequate procedures for recording deaths, communication difficulties, and the reluctance of groups — from families to governments — to admit the problem. For 1981 in Western Samoa, for instance, Bowles uncovered 49 suicides, only one of which was recorded in published figures. The Trust Territory of the Pacific, which had reported 5-10 suicides a year during the late 1970s, was found to have had in fact 20-40 annually. Furthermore, the official suicide figures that do exist are often restricted in an effort to preserve a positive national image. All of this creates serious difficulties when it comes to comparing official figures or relating them to those derived by anthropologists in single-society studies.

The collection of field data by the researcher presents serious problems as well. Attempts to gather data on suicides through clinicians and health staff in the field have generally not fared well. Reports from such personnel have often been incomplete and sporadic, so that the researcher is obliged to oversee the collection of case data himself. Mental health personnel in Micronesia, for example, proved unable or unwilling to provide data on a oversee the collection of case data himself. Mental health personnel in Micronesia, for example, proved unable or unwilling to provide data on a regular basis even after undergoing a special training program to provide them with the necessary skills. In addition to the biographical data on the suicide victim, the researcher should gather data on the family and the social groups of which the victim was a member, as this provides the important contextual understanding of the event. The data should be as full as possible, with

different types of complementary information on the victims. This should include a psychological description where possible, even if such information must be derived through indirect methods of questioning.

As the researcher reconstructs the prior events and probable reasons for the suicide, it is necessary to be aware of biases deriving from the researcher's own culture and commitment to a certain discipline. The researcher often may meet with attempts to mask reasons for suicide, particularly in interviews with the family of the victim, when the suicide is likely to reflect unfavorably on the family itself. Furthermore, folk explanations for suicide are often limited and overly glib such as when the informants suggest that a young man committed suicide because he was intoxicated. Such explanations require probing and delving beyond stereotypes, and broadening the usefulness of the popular etiology of suicide.

The cultural patterning of suicide should always be related to the broader texture of cultural events--the daily round of ordinary activities, the festive side of life, the celebrations of community solidarity, and other features of the flow and cycles of normal life.

Overall, the researcher is looking at individualized personal behavior in order to ascertain socio-cultural patterns in such behavior. To the extent that one focuses exclusively on the individualized behavior of the person, one may ignore the social patterns that play a great part in conditioning personal choices. On the other hand, concentrating exclusively on the social climate runs the risk of flattening the personal elements and losing them to an "average behavior."

Prevention

Suicide prevention encompasses a wide range of strategies from taking a non-interventionist stance to assuming the responsibility for shaping concrete programs that will bring down the suicide rate in a society. The position that an individual takes will be partly determined by one's view of several factors, including: the degree to which outside intervention in a society is appropriate, the seriousness of the suicide problem in the society, and the repertory of techniques at one's disposal.

Some of the participants noted that before taking any position at all or adopting any concrete measures for prevention, we must take careful note of how suicide is viewed within the society itself. Is suicide recognized as a

problem by the members of the society? Only to the extent that they do regard suicide as problematic will society's members be amenable to preventative action. There are important distinctions to be made here, of course. We must recognize the possibility that people's attitudes may be ambivalent. While suicide may be viewed as a regrettable occurrence for an individual, it can often serve a positive social function—as by affording marginal or deviant individuals the occasion for an honorable escape, or by ridding society of persons who are judged detrimental to it. There may also be a difference in the way that certain types of suicide are viewed within the society. For example, altruistic suicides may be judged positively in that they confirm essential cultural values, but anomic suicides regarded as a threat to society's traditional standards and values. In this case, the first would very likely be thought of as inevitable and justified, while the latter regarded as unfortunate and remediable. The success of any intervention will depend in great measure upon such attitudes, and the latter should be taken into account before planning any intervention.

The degree of intervention that one may see as appropriate and helpful varies greatly. If one views the society as an organic whole with the recuperative powers to heal its own injuries, then one can perhaps stand back and be content to watch (and possibly chronicle) events as the community makes the numerous imperceptible changes that will eventually serve to re-establish a sort of social balance. If, on the other hand, one feels that the society lacks the resources to deal effectively with the suicide problem, one may attempt intervention strategies in a variety of different ways. One possibility, that employed by the Western Samoan Suicide Study Group described in the chapter on Samoa by Oliver, was to create a forum for the discussion of the suicide problem among the local population in an effort to conscientize people. The expectation is that as people, young and old alike, reflect on the problem, they will work out practical measures for dealing with the problem. Finally, there are other modes of direct intervention through preconstructed programs aimed at either the threatened individual or societal structures.

Finally, there are other modes of direct intervention through preconstructed programs aimed at either the threatened individual or societal structures.

There are various points at which the intervention can be made. Counseling those who are at risk of suicide is one possibility, and one widely utilized throughout the Pacific by expatriates in mental health care roles. Required here, of course, is both the identification of and access to

individuals in a crisis situation. This in itself imposes stringent limits on the effectiveness of this form of intervention. It is well to remember that counseling can occur at different levels. In addition to the personal level in the familiar sort of patient-counselor relationship, there are structures in many societies that enable family members to communicate about and resolve their own problems such as the Kwara'ae counseling described by Gegeo and Watson-Gegeo. Sometimes similar measures may be used among different families in a village meeting.

Intervention can also be directed at the societal rather than the personal level. A social engineering approach can be taken in an effort to reduce social pressures on certain high-risk segments of society by bringing about changes in the social environment. If indeed the multiplication of *matai* titles in Western Samoa has created a social climate that favors suicide among the young, then one could attempt to reverse this trend and perhaps reduce the risk of suicide. Elements that furnish a disincentive for suicide might also be introduced (or restored) to the society. An example is the attempt to strip suicide of its romantic trappings in the eyes of the young by denying victims the usual long and elaborate burial rites.

Participants pointed out that well-established but non-indigenous institutions such as contemporary religious and educational organizations may play a special role in the prevention of suicide. Yet it should be emphasized that methods of prevention used with some success elsewhere may not be effective in the Pacific. The chapters in this volume show clearly that effective measures will have to take into account the cultural patterning of suicide and the particular features of the society that may serve as valuable resources in altering suicidal or other forms of undesirable behavior.