

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 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 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) 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 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
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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 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 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: nothing happens in human affairs without the creation of new power or the redistribution of old power. 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 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.

REFERENCES

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1967 Suicide and Risk-Taking. In Tikopia Ritual and Belief. Boston: Beacon Press (originally published in 1961).

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1983 Trickle Up: A Strategy for Development Where the People at the Bottom Matter Most. Suva, Fiji: Lotu Pasifika Productions.

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 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:

- Health 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?).
- Justice Legal records (coroner's reports, letters before suicide).
Tracking the incidence (how far back did this start?).
- Church 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.
- YMCA Coordination of the group's work (calling meetings, keeping records).
Information collectors from Prof. Murphy, New Zealand, and other overseas sources.

Q4. What is the desired outcome of the study?
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. To whom does the group report?
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. What is the likely tenure of the group?
The group felt that the course of action would take many years, and that the draft goal schedule be:

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|--------------------------|------------------------------------------------|
| 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 |

July 1982

Operate remedial actions

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

Q7.

What are the first steps to take?

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.

APPENDIX B

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