Chapter 5

SUICIDE IN MICRONESIA

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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 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,

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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.

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 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

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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 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 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

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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 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

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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 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

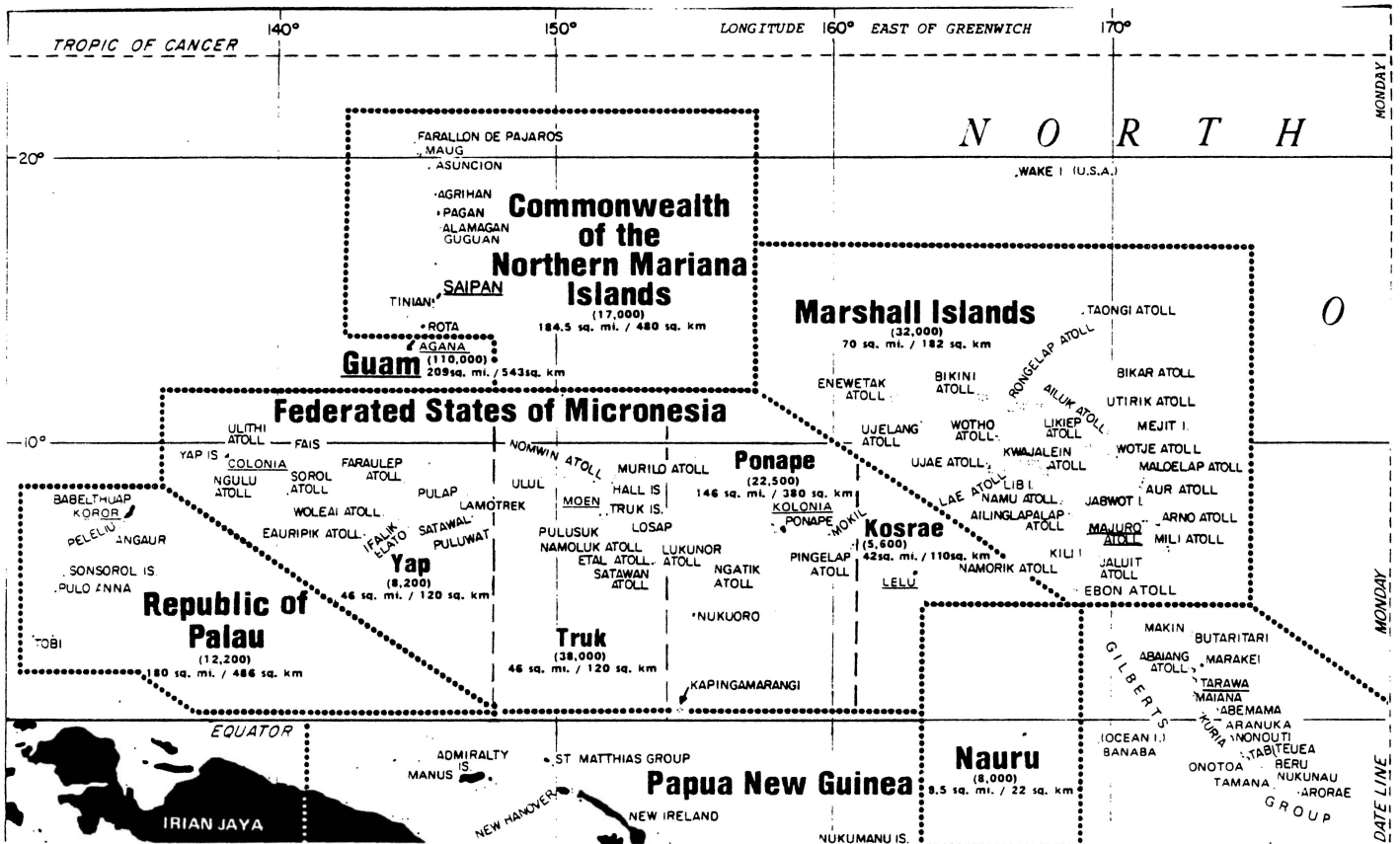Micronesia (Source: Hawaii Geographic Society)

TROPIC OF CANCER

LONGITUDE 160° EAST OF GREENWICH

140° 150° 170°

N O R T H

20°

FARALLON DE PAJAROS
MAUG
ASUNCION
WAKE I (U.S.A.)

AGRIHAN
PAGAN
ALAMAGAN
GUGUAN

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

TINIAN
SAIPAN
ROTA

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

TAONGI ATOLL

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

BIKAR ATOLL

ENEWETAK ATOLL
BIKINI ATOLL
RONGELAP ATOLL
AILUK ATOLL
UTIRIK ATOLL

Federated States of Micronesia

10°

ULITHI ATOLL
YAP IS
FAIS
COLONIA
NGULU ATOLL
SOROL ATOLL
FARAULEP ATOLL
PULAP
WOLEAI ATOLL
LAMOTREK
SATAWAL
PULUWAT

NOMWIN ATOLL
MURILO ATOLL
ULUL
HALL IS
MOEN
TRUK IS.
LOSAP

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

UJELANG ATOLL
WOTHO ATOLL
LIKIEP ATOLL
MEJIT I.
WOTJE ATOLL
MALOELAP ATOLL

UJAE ATOLL
LAE ATOLL
KWAJALEIN ATOLL
AUR ATOLL
LIB I.
NAMU ATOLL
JABWOT I.
MAJURO ATOLL
ARNO ATOLL
MILI ATOLL

BABELTHUAP
KOROR
PELELIU
ANGAUR
EAURIPIK ATOLL
IFALIK
ELATO
Yap
(8,200)
46 sq. mi. / 120 sq. km

PULUSUK
NAMOLUK ATOLL
ETAL ATOLL
SATAWAN ATOLL
LUKUNOR ATOLL
NGATIK ATOLL

Kosrae
(5,600)
42 sq. mi. / 110 sq. km
LELU

PINGELAP ATOLL
NAMORIK ATOLL
KILI I.
JALUIT ATOLL
EBON ATOLL

SONSOROL IS
PULO ANNA

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

TOBI

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

NUKUORO

KAPINGAMARANGI

MAKIN
BUTARITARI
ABAIANG ATOLL
MARAKEI
TARAWA
MAIANA
ABEMAMA

EQUATOR

ADMIRALTY IS
MANUS
ST MATTHIAS GROUP

Papua New Guinea

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

(OCEAN I.)
BANABA

KURIA
ARANUKA
NONOUTI
TABITEUEA
ONOTOA
BERU
NUKUNAU
TAMANA
ARORAE

IRIAN JAYA

NEW HANOVER
NEW IRELAND

NUKUMANU IS.

G R O U P

GILBERTS

MONDAY

DATE LINE

104

Figure 1

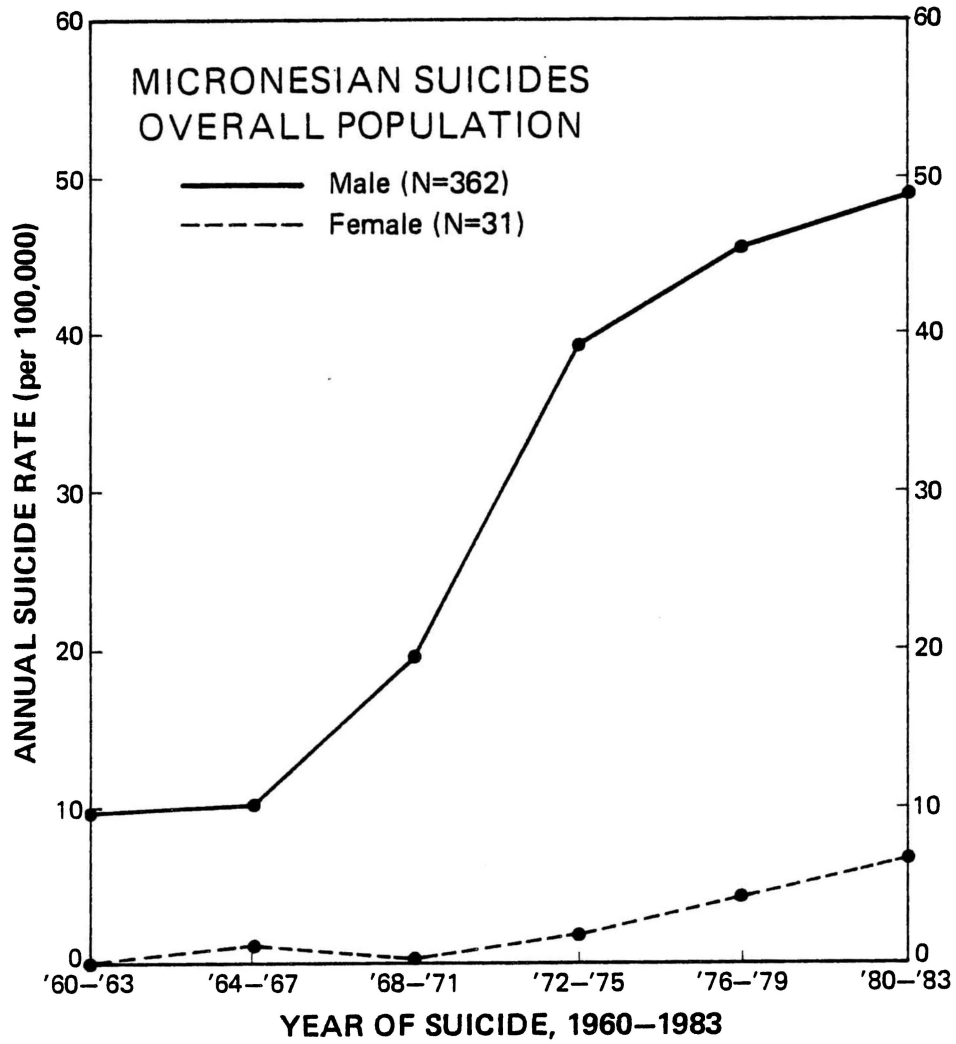## Micronesian Suicide Rate by Sex:
1960–1983

Figure 2

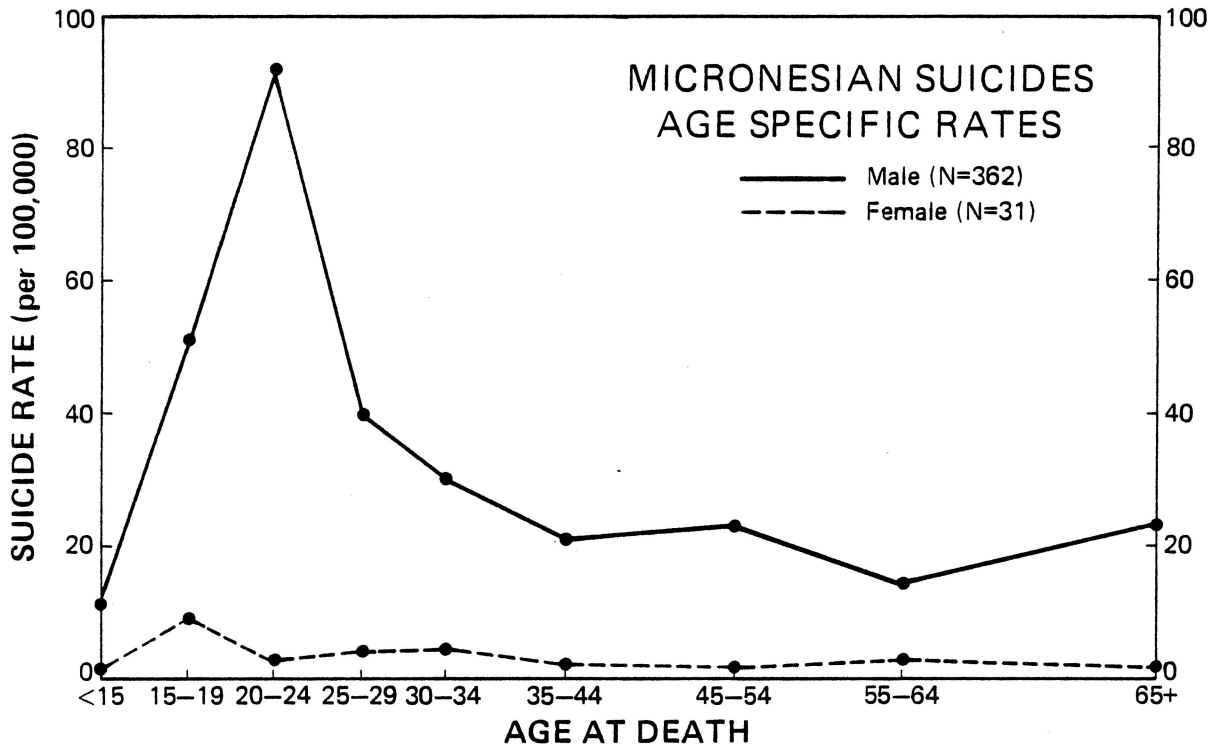Age Specific Rates of Suicide by Sex:
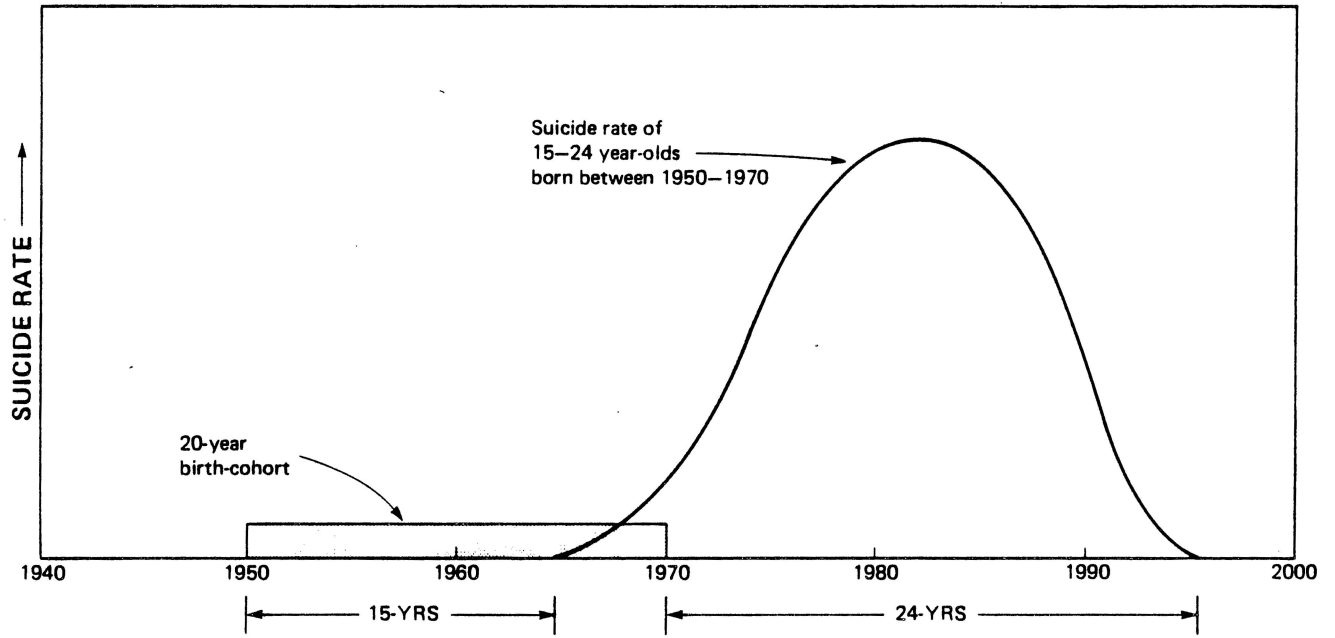1960-1983

Figure 3

Model of Postwar Generation Suicide Trends

Figure 4

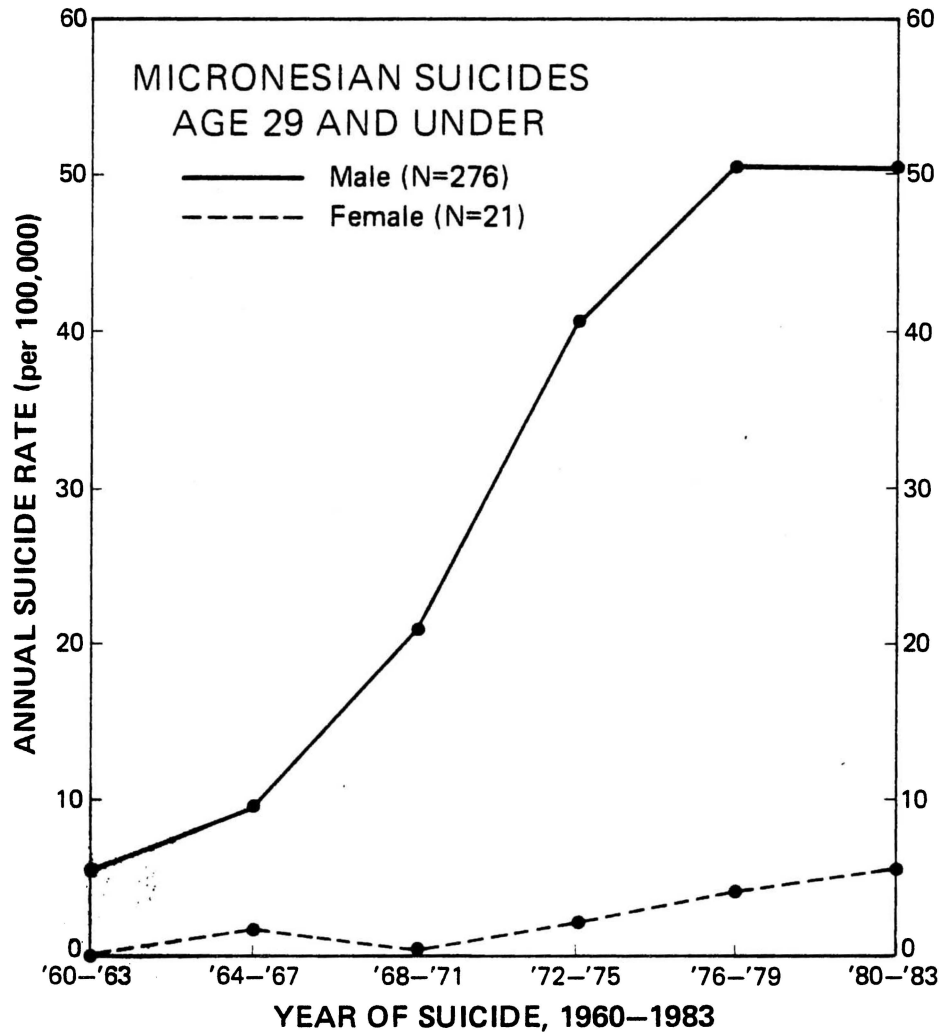Micronesian Suicide Rates Under 30 Years of Age by Sex:
1960–1983

MICRONESIAN SUICIDES AGE 29 AND UNDER

—— Male (N=276)
– – – – Female (N=21)

ANNUAL SUICIDE RATE (per 100,000)

YEAR OF SUICIDE, 1960—1983

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

ANNUAL SUICIDE RATE (per 100,000)
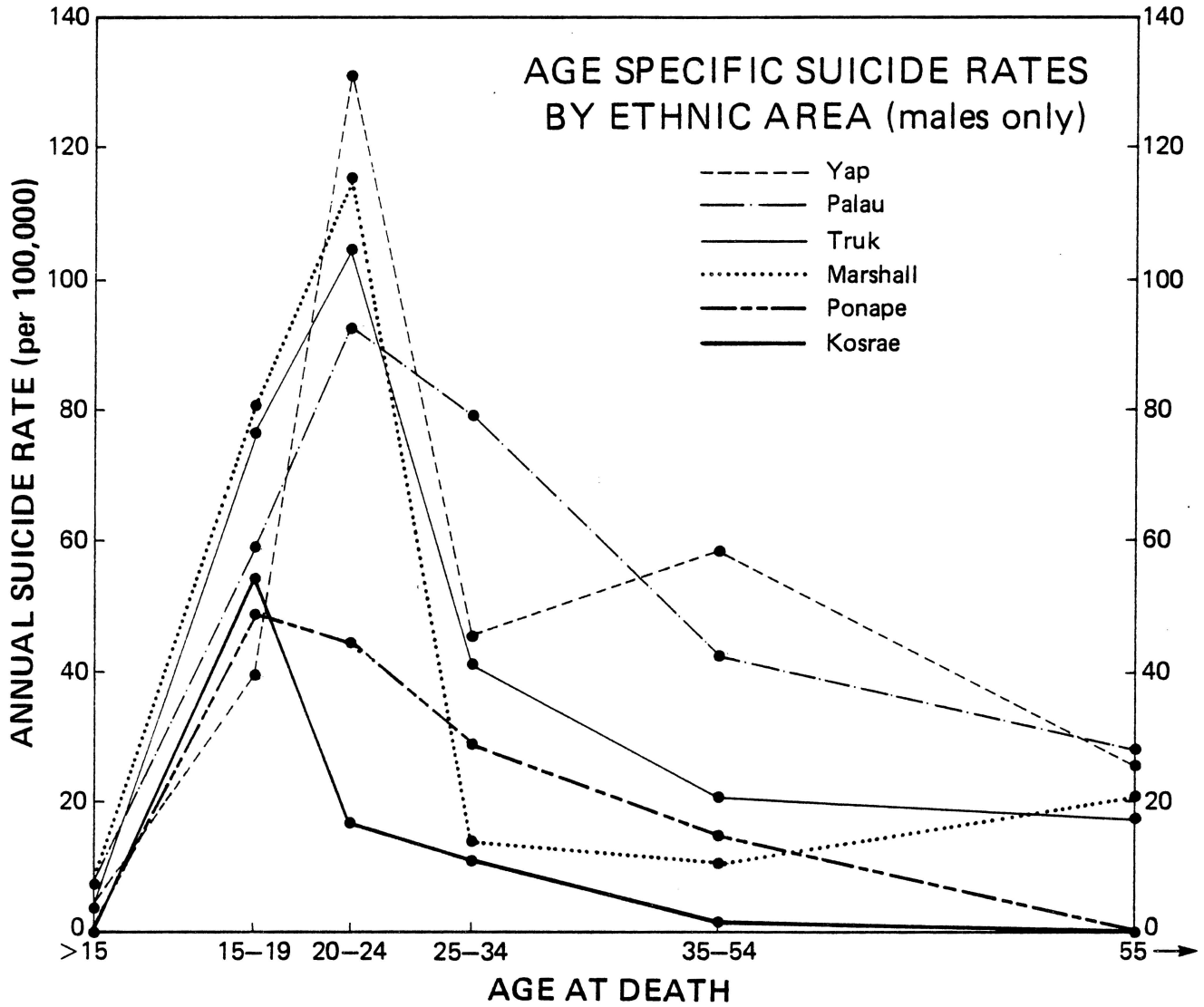
AGE AT DEATH

>15   15—19   20—24   25—34   35—54   55 →

Figure 7

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

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