Chapter 10
PATTERNS OF SUICIDE IN WEST KWARA'AE, MALAITA, 
SOLOMON ISLANDS

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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
To illustrate traditional suicide, here are examples from three traditional stories ('ainimaé, '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'amatu (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
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...
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
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. 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.

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'amana, 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 fa'amana'ata'anga 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.
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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.
REFERENCES

Hezel, Francis X.

Rubinstein, Donald H.