Chapter 12

SUMMARY

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

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

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

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

Pacific or elsewhere.

Main Topic Areas for Studying Suicide

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

A) Cultural Patterning of Suicide

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

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

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

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

B) Psycho-social Aspects of Suicide

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

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

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

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

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

two emotions interplay in cultural interpretations of suicide?

C) Suicide Prevention

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

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

Collection and Assessment of Data

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

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

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

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

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

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

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

Prevention

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

Some of the participants noted that before taking any position at all or adopting any concrete measures for prevention, we must take careful note of how suicide is viewed within the society itself. Is suicide recognized as a

problem by the members of the society? Only to the extent that they do regard suicide as problematic will society's members be amenable to preventative action. There are important distinctions to be made here, of course. We must recognize the possibility that people's attitudes may be ambivalent. While suicide may be viewed as a regrettable occurrence for an individual, it can often serve a positive social function—as by affording marginal or deviant individuals the occasion for an honorable escape, or by ridding society of persons who are judged detrimental to it. There may also be a difference in the way that certain types of suicide are viewed within the society. For example, altruistic suicides may be judged positively in that they confirm essential cultural values, but anomic suicides regarded as a threat to society's traditional standards and values. In this case, the first would very likely be thought of as inevitable and justified, while the latter regarded as unfortunate and remediable. The success of any intervention will depend in great measure upon such attitudes, and the latter should be taken into account before planning any intervention.

The degree of intervention that one may see as appropriate and helpful varies greatly. If one views the society as an organic whole with the recuperative powers to heal its own injuries, then one can perhaps stand back and be content to watch (and possibly chronicle) events as the community makes the numerous imperceptible changes that will eventually serve to re-establish a sort of social balance. If, on the other hand, one feels that the society lacks the resources to deal effectively with the suicide problem, one may attempt intervention strategies in a variety of different ways. One possibility, that employed by the Western Samoan Suicide Study Group described in the chapter on Samoa by Oliver, was to create a forum for the discussion of the suicide problem among the local population in an effort to conscientize people. The expectation is that as people, young and old alike, reflect on the problem, they will work out practical measures for dealing with the problem. Finally, there are other modes of direct intervention through preconstructed programs aimed at either the threatened individual or societal structures.

There are various points at which the intervention can be made. Counseling those who are at risk of suicide is one possibility, and one widely utilized throughout the Pacific by expatriates in mental health care roles. Required here, of course, is both the identification of and access to

individuals in a crisis situation. This in itself imposes stringent limits on the effectiveness of this form of intervention. It is well to remember that counseling can occur at different levels. In addition to the personal level in the familiar sort of patient-counselor relationship, there are structures in many societies that enable family members to communicate about and resolve their own problems such as the Kwara'ae counseling described by Gegeo and Watson-Gegeo. Sometimes similar measures may be used among different families in a village meeting.

Intervention can also be directed at the societal rather than the personal level. A social engineering approach can be taken in an effort to reduce social pressures on certain high-risk segments of society by bringing about changes in the social environment. If indeed the multiplication of matai titles in Western Samoa has created a social climate that favors suicide among the young, then one could attempt to reverse this trend and perhaps reduce the risk of suicide. Elements that furnish a disincentive for suicide might also be introduced (or restored) to the society. An example is the attempt to strip suicide of its romantic trappings in the eyes of the young by denying victims the usual long and elaborate burial rites.

Participants pointed out that well-established but non-indigenous institutions such as contemporary religious and educational organizations may play a special role in the prevention of suicide. Yet it should be emphasized that methods of prevention used with some success elsewhere may not be effective in the Pacific. The chapters in this volume show clearly that effective measures will have to take into account the cultural patterning of suicide and the particular features of the society that may serve as valuable resources in altering suicidal or other forms of undesirable behavior.